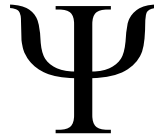




## DET PSYKOLOGISKE FAKULTET



*”It can save you if you just forget.”  
Closeness and competence as conditions for coping  
among Ugandan orphans.*

HOVUDOPPGÅVE

*profesjonsstudiet i psykologi*

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## ABSTRACT

This qualitative study explores the psychological constructs of closeness and competence as protective factors among Ugandan orphans. Closeness is defined as quality of dyadic relation, quality of care in the family, and supportiveness of the network. Competence is defined as being able, being of use, receiving and taking responsibility, and experience of encountering and handling adversity. Results are based on semi-structured interviews with 8 orphans and their guardians. All informants live in a slum area outside Kampala City, and are connected to a community-based organisation. The rough neighbourhood negatively affects all participants. In child-headed and foster parent-headed households, the quality of relations is poorer than in families headed by biological mothers/grandmother. The child-headed households have problems managing basic routines of everyday life. Children's sense of competence is evident through schooling, their participation in household chores, and their coping strategies in face of hard living conditions. Children's coping strategies include forgetting, not thinking about, accepting, adjusting, and getting an education. Although some are contradictory to Western theoretical ideals of handling adversity, these strategies appear to be culturally appropriate. Closeness is found to be significant in providing children with culturally appropriate competence.

## SAMANDRAG

Denne kvalitative studien omhandlar tilhøyrslø og kompetanse som beskyttande faktorar hjå foreldreause born i Uganda. Tilhøyrslø vert definert som kvaliteten på dyaden, kvaliteten på omsorgen i familien og graden av støtte i nettverket. Kompetanse vert definert som å kunne noko, å vere til nytte, å få og ta ansvar og å møte og meistre motgang. Studien baserer seg på kvalitative intervju med 8 foreldreause born og deira omsorgsgivarar. Informantane bur i eit slumområde utanfor Kampala, og er tilknytt ein lokal grasrotorganisasjon. Alle informantane kjenner seg hemma av det tøffe nabolaget. Kvaliteten på relasjonane er dårlegare når omsorgsgivar er born/fostermor enn i familiar som er styrde av biologisk mor/bestemor. I heimane kvar born er omsorgsgivar har ein problem med å oppretthalde daglege rutinar. Kompetansen til borna kjem til uttrykk gjennom skulen, deltaking i rutinar, og meistringsstrategiar i møte med vanskelege tilhøve. Mestringsstrategiane borna syner er å gløyme, ikkje tenke på, akseptere, tilpasse seg og å skaffe seg ei utdanning. Somme av desse strategiane står i motsetjing til vestlege teoretiske idealer om å takle motgang, men ser ut til å vera kulturelt adekvate. Tilhøyrslø spelar ei tydeleg rolle i overføringa av kulturelt tilpassa kompetanse.

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## LIST OF ABBREVIATIONS AND KEY CONCEPTS

Child-guardian	The guardian of a child-headed household.
Child-headed household	Household whose head either is a child, or was a child when given the responsibility of caring for the family
The Child Welfare Office	The children's department of the Kamwokya Christian Caring Community.
Community-based organisation	An organisation based on initiatives and maintenance of local community members.
Guardian	The person identified by a child as his/her primary caregiver
KCCC	Kamwokya Christian Caring Community
Orphan	A child who has lost one or both parents. According to UNICEF's and UNAIDS' definitions, an orphan is a child below 15. In this study we follow the Ugandan definition of orphans as children below 18 years.
UNAIDS	Joint United Nations Programme on HIV/AIDS.
UNICEF	United Nations International Children's Emergency Fund.
UNDP	United Nations Development Programme



## INTRODUCTION

This study is based on qualitative interviews with 8 orphans and their guardians living in the slum area of Kamwokya, a suburb of Kampala City, Uganda. The aim of the study has been to explore the constructs of closeness and competence as conditions for coping and contributors to resilience in children facing adversity (Sommerschild, 1998). An important purpose of the study is to understand how these constructs are reflected in a Uganda slum setting. The study has been carried out with the help of a community-based organisation in Kampala, The Kamwokya Christian Caring Community (KCCC).

### Theoretical framework

A change of perspectives is evident in the field of psychology during the last decades. From the traditional focus on pathology, there has been a change towards a focus on individual strength and health promotion (Cadell, Karabanow & Sanchez, 2001). As a contrast to the concept of pathogenesis, Antonovsky (1987) introduced the concept of salutogenesis. Pathogenesis, or the disease-oriented position, is based on an assumption of a dichotomous difference between health and sickness. From a salutogenetic perspective, the individual is seen as on a disease/health continuum, and interest is concentrated on factors that will lead the person towards the health pole. According to Antonovsky (1987), the focus should be on individual coping resources, rather than on stressors. A stressor will not necessarily be negative for the individual. It can serve a salutary function, depending on its characteristics and the possible successful handling of the stressor. It is important to search for all sources that may facilitate active adaptation of the organism to the environment (ibid).

### *Risk and protective factors*

Risk factors, or adversity, are negative life circumstances that are associated with negative adjustment (Luthar & Cicchetti, 2000). In psychological literature, there seems to be a consensus that certain major life events or life changes may lead to increased stress and maladjustment (Cohler, 1987; Thuen & Aarø, 2001). Events most likely to have adverse effects are uncontrollable, undesirable, aversive, hazardous, unexpected, and/or 'off-time' (Cohler, 1987).

Risk factors range from prenatal biological factors or risk traits to environmental conditions and contextual effects that might affect children (Kirby & Fraser, 1997). Distinguishing between 'distal' and 'proximal' levels of risk might be useful. Distal variables, such as socioeconomic factors, are mediated by proximal variables, such as factors

of parenting (Masten, Best & Garmezy, 1990). The cumulative effects of stress and the concept of risk chains show that there is a complex relationship between risk factors, child development, and adjustment (Kirby & Fraser, 1997).

The consequences of risk factors will, to a large extent depend upon the co-occurrence of protective factors (Thuen & Aarø, 2001). Rutter (1987) describes protective factors as moderators of risk and adversity that enhance developmentally appropriate outcomes. Protective factors range from personal characteristics such as easy temperament and internal locus of control (e.g. Werner, 2000; Luthar & Cicchetti, 2000; Cadell et al., 2001) to contextual variables such as high socio-economic status, absence of early separation or loss (e.g. Fonagy, Steele, Steele, Higgitt, & Targe, 1994), maternal competence (e.g. Luthar & Cicchetti, 2000), and social support (e.g. Thuen & Aarø, 2001).

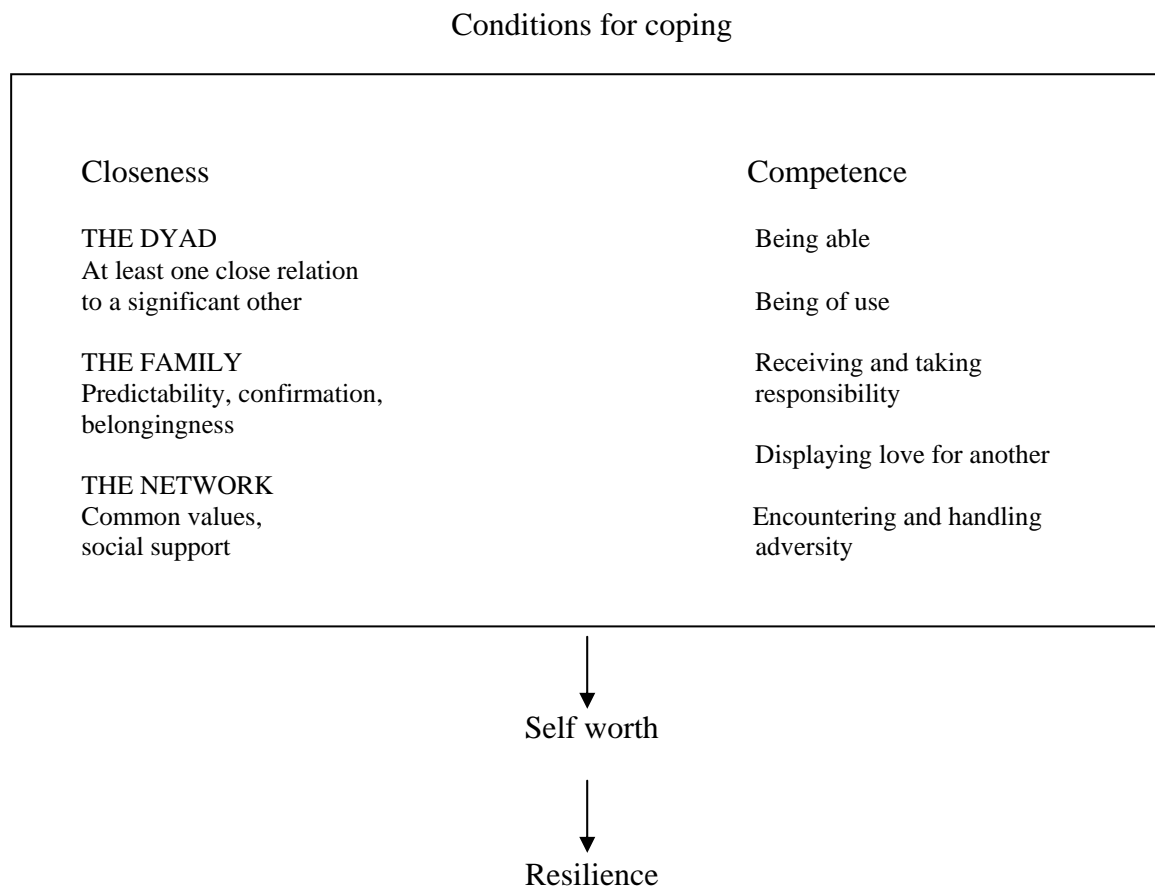
### *Resilience*

Rutter (1985) argues that simply listing variables operating as protective factors is insufficient. Protection is not an inherent attribute of the protective variable in itself and should be defined through its effects, not through its qualities. To determine whether a variable will function protectively or not, consideration of developmental and situational mechanisms involved in the protection process is necessary (Rutter, 2000). The outcome of this protective process is resilience. Resilience can be defined as the ability to adapt to, cope with, and even be strengthened by adverse circumstances (Cadell et al., 2001). It is governed by a dynamic interaction between risk and protective factors within the individual, his/her family environment, and the larger social context (Werner, 2000). Resilience is neither a trait, nor a characteristic. Rather it reflects a range of mechanisms and processes that operate before, during, and after the stress experience (Rutter, 2000). Resilience should therefore be viewed in a developmental perspective, where risk and protection shift according to developmental or maturational status (Kirby & Fraser, 1997). Masten et al. (1990) point to the fact that certain behaviour might have adaptive effects in one culture but not in another. This is also the case with risk factors. These concepts need to be handled with care in a cross-cultural perspective.

### A model of the conditions for coping

Based on empirical and theoretical knowledge of child development, Sommerschild (1998) has developed a model of the conditions for coping that primarily focuses on the constructs of closeness and competence (Figure 1).

Figure 1

*Conditions for coping, Sommerschild (1998)*

Possible aspects of the child's life that need to be strengthened can be identified through the different levels of the model. When the various conditions of the model are fulfilled, there is a basis for self worth and the child will be enabled to face adversity with the characteristics of resilience. By appreciating multiple aspects of the conditions for coping Sommerschild (1998) avoids the pitfall of solely focusing on resilience in terms of individual traits of 'strong' children.

Rutter (1985) argues that there are two kinds of experiences that foster a protective self-concept: the presence of a secure intimate relationship to another person and the experience of success in one area or another. These two experiences may be regarded as equivalent to the constructs of closeness and competence. Several psychological theories emphasise similar constructs. In attachment theory, Bowlby (1988) argues that the child must have the experience of an attachment figure as a secure base in order to explore his/her surroundings. In clinical theory, Safran and Muran (2000) claim that one of the main focuses

of therapy should be on the client's relatedness and his/her agency. In social psychology, relatedness and competence are important factors of self-determination theory (Ryan, Sheldon, Kasser, & Deci, 1996). The fact that equivalent constructs to those of closeness and competence are extensively present in psychological theories indicates that they might represent universal psychological needs.

### Closeness

Sommerschild (1998) suggests three potential sources of closeness: the dyad; the family; and the network.

#### *The Dyad*

The importance of having a close relation to at least one significant other is frequently referred to as an important protective factor in a child's life (e.g. Rutter, 1985; Fonagy et al., 1994; Sommerschild, 1998; Walsh, 1999; Goldberg, 2000). Sommerschild (1998) describes a close relation as based on trust, openness and mutuality. Research on children who display the characteristics of resilience has shown that there is at least one person who accepts them unconditionally, regardless of temperamental idiosyncrasies, physical attractiveness, or intelligence level (Werner, 2000). The propensity of individuals to make intimate emotional bonds to others is seen as a basic component of human nature. In healthy development, these bonds make internal working models that persist throughout the lifespan (Bowlby, 1988).

A caring adult does not promote resilience by removing stress and adversity from the child's life, but rather helps the child encountering gradual challenges that enhance the child's competence and confidence (Werner, 2000). This close adult should have an understanding of the child's needs, both in the short term and in the long term. It is important for the child to experience that the adult exists without reservations, also beyond his/her immediate perspective (Hafstad & Øvreide, 1998).

Ainsworth, Blehar, Waters & Wall (1978) describe a securely attached child as confident that the parental figure will be available, responsive, and helpful in adverse or frightening situations. The caregiver will function as a secure base that provides the child with the confidence he/she needs to explore the environment. In case of distress, the secure parental base will serve as a place to which the child can turn (Grossmann, Grossmann & Zimmermann, 1999). This use of a secure base is referred to as a child's 'primary' strategy (Main, 1990). This is a direct and effective way to restore a feeling of security that allows the child to return to further exploration (ibid). A parent who is available and sensitive to the

child's signals and loving and responsive when the child seeks protection and/or comfort promotes a secure attachment pattern (Bowlby, 1988). Thus, the quality of attachment is largely determined by the child's confidence in the availability of the caregiver, and closely related to the quality of childcare (George & Solomon, 1999).

If the parental figure fails to respond to the child's needs, an insecure attachment pattern may develop. The attachment figure then fails to serve a restorative function in case of distress, and the child will be forced to rely on 'secondary' strategies (Main, 1990). There are two such strategies. In the case of deactivation of attachment, the child needs to develop his/her own survival strategies. These strategies are often characterized by distrust in others, and some degree of self-sufficiency. In hyperactivation, the child exaggerates attachment behaviour and emotions, and seems preoccupied with the attachment figure (Kobak, Cole, Ferenz-Gillies, Fleming & Gamble, 1993). In insecure attachment patterns the child may experience tension and healthy exploration is inhibited (Goldberg, 2000).

A secure attachment pattern seems to be self-perpetuating. A secure child is happier, less demanding, and more rewarding to care for compared to an insecure child (Bowlby, 1988). Thus, it will be easier for a securely attached child to develop new relations to other significant persons than for a child with an insecure attachment pattern.

### *The Family*

Generally, many of the risk and protective factors in children's lives are linked to the quality of care in their home environment (Thuen & Aarø, 2001). Although the relationship between family variables and child adaptation is complex and may depend on several factors, parenting factors seem to provide important protective functions for children in families who experience large amount of stress (e.g. Egeland, Carlson, & Stroufe, 1993; Fonagy et al., 1994). Nevertheless, 'adaptive' or 'good' parenting may not be easy to define. It is suggested that 'quality parenting' can be translated into such components as structure, warmth, and expectations that lead to obedience, achievement, and social functioning among peers (Osofsky & Thompson, 2000).

Sommer (1997) refers to upbringing as the transferral of relevant traits of the culture. The family's 'small traditions', or the routines of everyday life, are of importance to child development. The 'small traditions' are characterized by repetitions that provide the child with a sense of security and predictability. Further, they serve as a fundament of cultural integration. Stability of care and parenting is crucial for normal development and mental

health in children. In critical life situations, routines will serve as a buffer against change and instability (Schaffer, 1993).

### *The Network*

Social networks may be defined as “those people outside the household who engage in activities and exchanges of an affective and/or material nature with members of the immediate family” (Cochran & Niego, 1995; cited in Osofsky & Thompson, 2000).

A broad view of social networks includes their role in providing both material and social assistance to the family, as well as serving as role models for the child and his/her family (Osofsky & Thompson, 2000). As role functions, they enable parents to gain additional information about developmentally appropriate methods of parenting, and serve as buffers against maladaptive parenting and stressful life situations (ibid). Further, through their social networks, children meet common norms and values that will strengthen them. Together with belongingness, these help the child to find superior meaning in life (Sommerschild, 1998). Traditions are transferred to the child through culturally competent significant adults or other children in their network (Sommer, 1997).

As for the function of social and material support, it is shown that supportive pro-social behaviour received from members of a person’s network has great effects on physiology, cognition, and emotion (Burlison, Albrecht, Goldsmith, & Sarason, 1994). However, a large network and frequent relationships with others will not necessarily ensure that the individual will utilize these when in need of help (Robinson & Garber, 1995). Further, members of social networks are not always supportive (Osofsky & Thompson, 2000). It is therefore important to distinguish social networks per se from the phenomenon of social support (ibid).

Common functions of social support include approval or positive regard, emotional support, instrumental aid, and social companionship (Robinson & Garber, 1995). *Perceived social support* is the subjective appraisal of support (ibid), and is generally associated with resilience in both adults and children (Thuen & Aarø, 2001).

### Competence

The construct of competence can be seen as the capacity to cope with opportunities, challenges, frustrations, and threats in the environment (Masten & Coatsworth, 1995). Ford (1995; cited in Masten & Coatsworth, 1995) has identified five meanings of competence: 1) a motivational phenomena; 2) a belief about one’s own effectiveness; 3)

specific abilities; 4) a personality trait; and 5) a manifest accomplishment. All refer to effective functioning but differ in their focus on internal processes, mental structures, abilities, or behavioural outcomes.

Waaktaar and Christie (2000) identify three areas within the resilience field that appear to be similar to Sommerschild's (1998) construct of competence. The first is mastery, which can be defined as cleverness. This is an important protective factor in children. Experiences of being able and showing this to others, in addition to the acquirement of new abilities, are important processes throughout development. In this way, mastery will be associated with confirmation of identity, self-realization, and a sense of autonomy, or being self-sufficient. This development is gradual. Acquired abilities should be age-related and carefully adjusted to the individual. A sense of helplessness and degradation is then avoided (Waaktaar & Christie, 2000).

Coping strategies in the face of adversity and distress is the second area referred to by Waaktaar & Christie (2000). According to Sommerschild (1998), encountering and handling adversity is an important contributor to competence in children. There has been some discussion of the impact of adverse life events in children and adults. Children may be less resistant than adults to spontaneous reversibility following unfortunate experiences (Cohler, 1987). Generally, competence in resolving such issues over time is thought to make the individual broadly adapted to the environment and prepared for competence in later periods of life (Stroufe & Rutter, 1984; cited in Egeland et al., 1993). Antonovsky (1987) points to three elements of handling adversity which apply to children as well as to adults: comprehending the situation; believing in one's ability of finding possible solutions; and finding meaning in trying. These three elements contribute to a sense of coherence and are central components of effective coping. A sense of coherence involves a feeling of confidence that one's internal and external environment is predictable and that things will probably work out as well as reasonably expected (Rutter, 2000).

A third important area within the resilience field is social competence (Waaktaar & Christie, 2000). Social competence is considered to comprise social skills, positive self-esteem, and lack of social anxiety (Röhrle & Sommer, 1994). It is thought that children who display the characteristics of social competence have the ability of actively recruiting and forming special attachment ties with influential adults in their social environment (Walsh, 1999).

### The relationship between closeness and competence

Different theories are focusing on the important relation between the constructs of closeness and competence. For instance, socialization theories emphasise that the child learns the norms and values of the culture through his/her interaction with others. Socialization is thus a process of growth where the child gradually is brought in to the society through social learning, imitation, and identification (e.g. Bø, 2000). Further, a child's social competence may partly be seen as the result of the quality of relations in the child's family. Throughout childhood, positive and supportive relations provide the child with internal working models that enhance social competence (Wills, Blechman & McNamara, 1996). Similarly, although facing adversity might enhance a sense of competence and confidence in the child, it is important that this is experienced in the context of an organized and predictable environment that combines warmth and caring with clearly defined structure and an established setting of explicit limits that are consistently enforced (Werner, 2000).

### The Ugandan context

The meaning of risk and protective factors should be seen in the light of contextual factors (Thuen & Aarø, 2001). The effects of risk and protective factors will vary according to living conditions, population density, employment rates, social welfare practices, economic equity, and political participation among others. The importance of such context factors is highly visible in a Ugandan setting. In Uganda, 35% of the population live below the poverty limit (UNDP, 2001), and more than 50% of the population have to survive on \$1 pr. day (Wakhweya et al., 2002). Poverty has several dimensions. The 1997 Household Survey shows that 31% of the Ugandan population has no schooling at all, and that 51% only have a few years of primary education (Ugandan Ministry of Finance, Planning and Economic Development, 2000). In Uganda, the infant mortality rate is 106 pr.1000 births, as measured in the late 1990's (UNAIDS, 2002). This measure has not decreased since 1965 (Mackinnon & Kabande, 1996). 38 % of children below 3 years are stunted (UNICEF, 2002), and life expectancy at birth is 42 years (Mackinnon & Kabande, 1996).

Due to unstable employment conditions throughout Uganda and highly instable security in the North, migration is frequent throughout the country. In addition, Uganda suffers the instability of the Great Lakes Region, housing an unknown number of immigrants and refugees from its neighbouring countries of Sudan, Kenya, Tanzania, Rwanda, Burundi, and The Democratic Republic of Congo.



Like other sub-Saharan countries, Uganda is heavily impacted by the AIDS pandemic. UNAIDS (2002) claims that approximately 600 000 of the total population of 24 million people are living with HIV/AIDS. Uganda AIDS Commission (2002), on the other hand, reports that 1.9 million people are living with HIV/AIDS. Although numbers are uncertain, the impact of the pandemic is devastating for the Ugandan society, and will continue to be so for several decades. This is in spite of the fact that Uganda as an exception to neighbouring countries has managed to decrease the prevalence of HIV-transmissions to the current estimate of 5.0% (UNAIDS, 2002).

#### The situation of orphans

A devastating consequence of poverty, war, ill health, and especially the AIDS pandemic, is the great number of children who are orphaned. In Uganda, the term *orphan* is used for children below the age of 18 who have lost one or both parents (Wakhweya et al., 2002). It is estimated that approximately 20% of the Ugandan child population are orphans, the majority of them being orphaned by AIDS (Muzaki, 2002). UNICEF (2001) estimated the number of children orphaned by AIDS to be 1.7 million by the end of 2000, and expects the number to rise to 3.5 million by 2010. Because UNICEF defines orphans as children below 15, the number of orphans will be higher according to the Ugandan definition of orphans as children below 18. The potential socio-economic impacts of the orphan crisis are massive. Loss of inheritance, reduced school attendance, and increased labour is common (Wakhweya et al., 2002).

#### *The psychosocial health of orphans*

Little research has been done regarding the psychosocial health of orphans. Research that is done has mostly focused on the situation of children orphaned by AIDS in sub-Saharan Africa. Common psychological problems found among children orphaned by AIDS include depression, aggression, insomnia, failure to thrive, helplessness, loss of control, and behavioural problems (Foster & Williamson, 2000; Wakhweya et al., 2002). Returning problematic issues for these children are a sense of being different from other children, and experiences of stress and abuse (Foster, Makufa, Drew, Mashumba, & Kambeu, 1997). The children further suffer from anxiety and fear regarding their parents' disease and sorrow and trauma after the death of the parents. Their worries about their future include new forms of care, shelter, food, medical care, guidance, emotional support and economy (ibid). Problematic issue for children orphaned by AIDS is stigmatisation. Children may be

withdrawn from school due to stigmatisation and discrimination (Foster et al., 1997; Wild, 2001). In a study of 326 Ugandan families caring for orphans, Wakhweya et al. (2002) found that parents and guardians often stop treatment and refuse counselling of their children due to AIDS-related stigma.

#### *Care situation*

1 in 4 Ugandan household is fostering orphans (UNICEF, 2001). On average, orphan households houses 7.2 people. This is 2 more than other Ugandan households (Wakhweya et al., 2002). Most Ugandan orphans are paternal orphans living with their widowed mother (ibid). The traditional and most common solution to the situation of double orphans has been to be brought up and cared for in extended families, usually headed by the children's relatives (Rutayuga, 1992). Grandparents or older siblings are most likely to be the heads of such families (Wakhweya et al., 2002). In the early 1990's, local Ugandan politicians and community leaders expressed doubt that traditional extended family coping mechanisms could contend with the burden of caring for additional children (Hunter, 1991). Later, it has been indicated that households and entire communities may cease to function as social and economic units because of the AIDS pandemic (Foster, Makufa, Drew, Kambeu, & Saurombe, 1997). Today, given the situation of growing urbanization and migration due to conflicts and labour seeking, and the fact that the number of orphans is still increasing, the ability of extended families to absorb the problem of orphans is about to reach its limits (Lie, 2001).

Many children have guardians who are either too young or too old to provide adequate food, clothing, shelter, care, and protection, and who are less able to provide discipline and adequate socialization (Hunter, 1991). Generally, extended families caring for orphans have tighter economy than families without orphans (Foster et al., 1996). In a study of 326 Ugandan households housing orphans, Wakhweya et al. (2002) showed that approximately three fourths of guardians found it "very difficult" to financially support their family. More than 70% of widowed guardians (both male and female) who participated in the study reported difficulties supporting their families. All guardians described their most common problems to be inadequate food, lack of clothing and/or bedding, health care, education-related needs, and general financial scarcity.

### *The cause of parent death*

In some of the recent literature on orphans there seems to be a tendency towards not differentiating between children orphaned by AIDS and other orphans (Wakhweya et al., 2002). It is appreciated that all children who live under difficult circumstances are vulnerable, independent of the cause of parent death. Focusing on the reason of parent death may raise both ethical and practical difficulties. In a report on vulnerable children in Tanzania, UNICEF (1999) points to the dilemma of segregating children orphaned by AIDS as a separate group. If a community-based organisation is to concentrate their work on helping children orphaned by AIDS, what happens with the children who are not 'lucky' enough to be children orphaned by AIDS, and thus do not receive help?

### Kamwokya Christian Caring Community

Throughout Uganda, organisations are working to improve the life conditions of vulnerable groups. The Kamwokya Christian Caring Community (KCCC) is a community-based organisation that operates in the slum area of Kamwokya, a Kampala City suburb. The slum area is approximately one square kilometre, and has approximately 45.000 inhabitants. It is estimated that more than half of these are children, a large percentage of which are orphans. In Kamwokya, families experience increasing poverty and distress in the face of HIV/AIDS, making children a particularly vulnerable group. The number of children affected by HIV/AIDS is increasing, as is the number of children lacking funds for school fees. Poverty among guardians, alcoholism, child abuse, and increasing numbers of street children are additional problems associated with the pandemic.

All the slums of Kampala City inhabit employment seekers and refugees from the entire East-African region, as well as people from all of Uganda's 53 different ethnic groups. The fact that the population of Kamwokya is unstable and constantly migrant makes children even more vulnerable when parents die.

KCCC was established in 1987 as a response to the increasing effects of the HIV/AIDS pandemic in the community. It was formed as a community initiative to address health, educational, and social needs of people living in Kamwokya following the pandemic. Today, their vision statement is to improve the quality of life of vulnerable and marginalized groups of people in Kamwokya. Funded by the Catholic Church, to empower the community and promote community cohesiveness. KCCC has a multi-sectored approach and provides social services, promotes spiritual and human values, and gives access to education, training,

and employment. They also provide community services to people with HIV/AIDS and to orphans.

KCCC has five departments, each concentrating on different target groups: The Child Welfare Office; Health Community Workers; The Youth Department; The Gender and Social Welfare Department; and a Health clinic. The Child Welfare Office has been most involved in this study. The important work of the office includes identification of children's needs, organisation of seminars for children, and counselling of children and guardians. Through foreign sponsors, the Child Welfare Office supports approximately 700 children with school fees and gives basic education to approximately 180 children in an informal school. The Child Welfare Office has set up 4 foster homes and is now hosting 25 orphans.

### Rationale

In their report on the situation of orphans in Uganda, Wakhweya et al (2002) claim that:

While our study (...) has documented the tremendous efforts expended in caring for orphans, many of whom the caretakers refer to as their own children, we should not ignore the tragedy of their lives and the harsh reality in which many of these orphans live (pp.2-3).

Empirical knowledge from sub-Saharan Africa shows that the situation of orphans is very difficult and that more research is needed on the psychosocial health of orphans (Mrumbi, 2000).

Sommerschild's (1998) model of the conditions for coping may serve as a useful theoretical framework for exploring the psychosocial situation of orphans. The model easily incorporates theoretical and empirical knowledge of the psychological needs of children. Through its' sub-categories, different aspects of the constructs of closeness and competence are identified as important conditions for coping. Further, the model appreciates that resilience cannot be characterised as a trait in the child, but is rather reflected through a dynamic interaction between different factors of the child's life. Thus, through the different constructs of Sommerschild's (1998) model, the situation of orphans may easily be explored, at the same time as the model is true to the theoretical ideas concerning the concept of resilience as a process (e.g. Rutter, 1985; Masten, Best, & Garmezy, 1990; Kirby & Fraser, 1997; Rutter, 2000; Werner, 2000).

### Study questions and definitions

The main study question is twofold:

Do orphans in a Ugandan slum setting have a sense of closeness and competence?

How are these constructs, and the relationship between them, reflected in this setting?

Based on the theoretical framework presented above, we have made the following definitions of constructs: By an 'orphan' we mean a child below 18 who has lost one or both parents. The constructs of closeness and competence are defined in terms of Sommerschild's (1998) model. By 'closeness', we mean the possible experience of a close relation, quality of care in the family, and a supportive network. A 'close relation' is an emotional bond to a significant other based on trust, openness and mutuality. By 'quality of care', we mean the guardians' involvement, in addition to structure, routines, and predictability provided to the child in his/her everyday life. 'A supportive network' will be defined in terms of perceived support of the informants. By 'perceived support', we mean the subjective report of material and social support.

By 'competence' we mean a sense of 'being able' and of 'being of use', and the experience of 'taking and receiving responsibility', 'displaying love for another' and 'encountering and handling adversity'. The strategies that appear in encountering and handling adversity are considered to be a reflection of competence in the children.

## METHODS

### Overview of the study

The initial intention of this study was to explore the situation of children orphaned by AIDS in a sub-Saharan setting. Uganda was chosen as a convenient field site as English is the official language. This means that most children who have attended a few years of schooling are likely to have the adequate language abilities to participate in a semi-structured interview. Further, the Frame Agreement between the University of Bergen, Norway, and Makerere University in Kampala, Uganda, has been of extensive practical importance in making this study possible.

For practical and ethical reasons we wanted our informants to be connected to a non-governmental or community-based organisation. Through our personal network we learned about KCCC. We established contact with the organisation via e-mail. We met the workers of the organisation in Kampala, July 2002. The study has been carried out in close cooperation with this organisation. The interviews took place from July to September 2002.

When meeting KCCC we realized that the organisation does not differentiate between different groups of orphans, which made our plan of strictly sampling children orphaned by AIDS practically difficult. The policy of KCCC is to treat all vulnerable children the same, emphasising that all children in the slum area live under difficult circumstances. Since we depended upon cooperation with the organisation, we decided to handle this issue according to their policy and not make the reason for orphanhood an explicit issue. This policy is in line with current theoretical and organisational practices in Uganda (Wakhweya et al., 2002).

### Choice of method

When doing psychological research that is based on Western theory in East Africa, there is a risk of cross-cultural insensitivity. Little research has been done on the psychosocial situation of orphans in developing countries. It is therefore important to use methodology that enables exploration and understanding of children's situation from their own point of view, unfolding the meaning of their particular experience without too rigidly preset categories of thinking. Thus, qualitative methods represent a sensible approach (Malterud, 1996; Kvale, 1996). Through the process of qualitative interviewing it is possible to adjust questions, wordings, and themes introduced based on responses and feedback from informants. Prolonged time spent in the field, and interaction with the local population through a field study give the researcher access to important information regarding the informants' general living conditions. Further, by using a qualitative approach chances increase of gaining important knowledge of ethno-psychological thinking and local use of phrases and expressions. Thus, information gathered goes beyond the immediate content of the actual interviews and is supplemented by valuable field knowledge (Kvale, 1996).

### Inclusion/exclusion criteria

Beforehand, the criteria were as follows:

1. The informants should be orphans who had lost one or both parents and his/her guardian. We wanted information from both boys and girls in different living arrangements.
2. The informants should have adequate English language abilities. In Uganda this would be most likely for children at school levels of primary 6 and above.
3. The children should have an age ranging from 10 to 15 years. This age-range was set to ensure that they were able to reflect on the questions of the interview, and thus constitute an information rich sample (Denzin & Lincoln, 2000). The age-range would also increase the possibility that they would speak English well enough not to need an interpreter.

4. We wanted the children to be in a somewhat stable care situation, as judged by KCCC.

5. We wished not to interview children or guardians who were sick or had recently experienced loss.

#### Sampling procedures

Sampling was purposeful. We sought informants who were likely to have the experience to shed light on our study questions (Denzin & Lincoln, 2000). KCCC played a key role in the sampling of informants. The children were first identified through the files of the KCCC Child Welfare Office. For practical reasons, we decided to sample children who went to schools situated close to the KCCC building.

#### The Participants

The final sample consists of 8 dyads of orphans and guardians, and 4 KCCC community health workers.

The orphans are between 12 and 16 years old. 4 of them are boys, and 4 girls. The cause of orphanhood differs. The majority are children orphaned by AIDS. In some of the cases, the cause of the parents' death has been difficult to determine. It is common not to label the disease HIV/AIDS, but rather talk about "the disease", or refer to a person as being "sickly". Some caregivers did not explicitly tell us that they had HIV/AIDS, but told us they were on the KCCC food programme. This programme is for families with HIV-positive adults only. One child is not an orphan, but lives with his sisters because his parents are disabled due to alcoholism, and living elsewhere. All the children in our sample go to school funded by foreign sponsors through KCCC.

All guardians are female. Three are biological mothers of the child, two are sisters, one is a maternal grandmother, one is a cousin, and one is a foster mother not related to the child. The youngest guardian is 18 years. The oldest does not know her age, but she is estimated to be in her sixties. One guardian goes to school. One guardian neither works nor goes to school and gets all her financial support from KCCC or relatives. One guardian is employed full time by a business company. The rest of the guardians have occasional work with very low income, most of them being petty traders.

We arranged two group discussions with the 3 child counsellors of the Child Welfare Office, one before and one after interviewing the children and their guardians. We also

interviewed the director of KCCC. These interviews serve as background information on the organisation and the Kamwokya area.

#### *Deviations from the initial inclusion/exclusion criteria*

The children are somewhat older than initially planned. The reason for this is that younger children did not have adequate English abilities to take part in the interviews.

Further, we realized that finding guardians who could speak English well enough to take part in an interview was difficult. Most adults in Kamwokya only speak the local language of Luganda. If they know English, this might indicate higher educational and socio-economic levels, making them less typical of the community. We therefore decided to use an interpreter in five of the interviews with guardians. One of the guardians is sick with AIDS, thus matching an exclusion criterion. However, she showed great interest in participating and it was therefore decided to let her take part. Some of the informants tell severely harsh stories in the interviews, and may be traumatized. These cases did not initially meet the exclusion criteria as this knowledge came through the actual interviews.

#### Procedures

##### *Practical and informational procedures*

The children were approached by researchers and KCCC representatives at their school and asked to meet at the KCCC boardroom with their respective guardians the following day. Informants who did not attend this meeting were later approached in their homes and asked to participate based on the same information as participants at the meeting.

At the meeting, all informants were briefed about the content and purpose of the study. The intention of this meeting was double. Firstly, the guardians received information concerning the study (appendix A), and signed a written consent form that permitted us to interview their child (appendix B). A separate information sheet was given for the children (appendix C). Secondly, the children talked informally in a group with the person who would perform the interviews with them. This was done to let the children know the interviewer and make them less anxious about the actual interview. Appointments for the interviews were made in this meeting.

All information was repeated orally on the day of the interviews. Before the interview started, the informants signed a written consent form, confirming that they had received this information and that they accepted it (appendix D). Immediately after the interviews, there



was a short debriefing where the main points of the interview were summed up. Insurance of confidentiality and anonymity was repeated.

### *Data collection procedures*

#### *Interviews*

Separate interview guides are constructed for each group (appendixes E & F). The interviews are qualitative research interviews as described by Kvale (1996) and are based on Sommerschild's (1998) model of the conditions for coping. The interviews are semi-structured and contain 4 main topics: background information; important persons in the lives of the children; the daily life of the children; and the relation to KCCC.

#### *The interview situation*

The interviews lasted from 25 to 80 minutes, the most common being approximately 45 minutes. One of the researchers interviewed the children, the other the guardians. All interviews were taped for later transcription.

All interviews took place within the KCCC building or in the homes of the informant, based on the informant's preference. The interviews with the children took place during school hours. In cooperation with KCCC we made an agreement with the schools that the children could get time off for the interview. For the 8 guardians, 4 depended upon an interpreter to perform the interview. One needed the interpreter as an assistant concerning language, while 3 of the interviews were conducted in English without an interpreter present. We used four different interpreters, all community health workers or volunteers of KCCC. Some of the guardians knew their interpreter others did not.

With the children, the interviewer noted some of the questions and summarized the main points learned on a piece of paper. This was done to increase understanding and reduce the effects of pronunciation differences. One child needed an interpreter, but only for the first part of the interview.

#### *Field notes*

Immediately after the interviews were finished, the interviewer noted main impressions from the situation. This included duration and location of the interview, in addition to the informants' reactions and behaviour during the interview. Together with the two group discussions and the interview with the director, these serve as field knowledge and important background for the analysis of the interviews.

### *Transcription*

The respective interviewer transcribed the interviews continually. Common norms for transcription were agreed upon beforehand (Kvale, 1996). Some of the recordings were somewhat impaired by background noise. When impossible to understand the wordings on the tape, we marked the text with the sign: (...). The transcribed interviews make approximately 400 pages of text.

### *Analysis*

An adapted approach of Giorgio's psychological-phenomenological method described by Hafting (1995) and Malterud (2001) was used in the analysis of the interviews. The process of analysis is described in 4 steps: 1) getting a total impression; 2) identifying meaning units; 3) translating the contents of the individual meaning units; and 4) summarising their importance. Step 2, the identification of meaning units, was guided by Sommerschild's (1998) theoretical framework. This framework also guided step 3 and 4, sorting the information based on psychological theory. Guided by theory, the procedure of analysis includes aspects of template analysis method as described by Crabtree and Miller (1999). The aim of the analysis is not to develop new models or theories, but rather to bring new understanding to the theory of closeness and competence.

After several readings of the entire material, the text was coded using 22 categories (appendix G). The categories were developed by close readings of one child interview (appendix H), and one guardian interview (appendix I). These interviews were chosen because they are considered to be information rich, as well as typical for the sample. Throughout the coding process, the categories were revised and adjusted so as to be as true to the voices of the informants as possible (Malterud, 1996). The categories were a pragmatic tool for extracting meaningful units from the interviews. For each category, the statements of the informants were condensed to more precisely formulated units of meaning. This was done for each dyad, separately.

After condensing meaningful information from the interviews, information was sorted based on the earlier mentioned theoretical framework. For each dyad, we ended up with two lists of meaning units that were found to be expressions of closeness and competence. These two lists of units were then further sorted according to the sub-categories of Sommerschild's (1998) model. For closeness these were: 1) The dyad; 2) The family; and 3) The network, and for competence: 1) Being able; 2) Being of use; 3) Receiving and taking responsibility; and 4) Encountering and handling adversity. There was little information in our data on the children

displaying love for another, which is one of the sub-categories of competence in Sommerschild's (1998) model. We decided therefore not to include this sub-category in the presentation of results.

We use 'closeness' and 'competence' as main headings in the presentation of results. The results are divided according to the sub-categories under each heading. Some of the categories are further divided into different main themes. These appeared in the text as different angles from which the categories could be described. The themes are theoretically based. They also help to make the presentation of results as clear as possible. We extracted one or more quotations from the interviews to illustrate the themes. In the interviews, the interpreters often refer to the guardian in third person. To reduce confusion in the presentation of the results, we will refer to the statements where an interpreter was used as 'Guardian (In.p)'.

The process of analysis was performed in close cooperation between the two researchers, with continuous assistance from our supervisor and additional members of the university staff.

#### Ethical considerations

Doing research involving orphans raises several ethical issues. Personal topics, especially those related to disease and death, might be sensitive and associated with guilt, shame, stigma, and even taboo, especially in African countries. It might be painful for both children and adults to share issues that are personally and culturally sensitive.

To face some of these problems, it was important to us that the informants were recruited through an organisation. The KCCC Child Welfare Office knows the children and their guardians well, and they provide a system that is able to follow up informants, should this be necessary.

At all stages, it was emphasised that participation was voluntary, and that the informants could withdraw from the study whenever they wanted.

In our interviews, we choose not to focus directly on AIDS-related issues. We paid close attention to the psychological state of the informants during the interview. The informants were all told that they were free to end the interview at any time, and that they could abstain from answering any question of the interview. None of the informants chose to do this. The anonymity and confidentiality of the informants were ensured, both in writing and orally.

*Ethical clearance*

In Norway, ethical clearance was granted through “Regional komité for medisinsk forskningsetikk, Helseregion Vest (REK III)” (appendix J). Ugandan ethical research permit was granted through Ugandan authorities (appendix K). The research project was carried out in the context of “The Frame Agreement between Makerere University and University of Bergen”. Dr. Janet Nambi has been our contact person at the Institute of Psychology, Makerere University.

## RESULTS

## Background

The dyads are briefly presented in table 1.

Table 1

*Presentation of the dyads*

No.	Child	Guardian	Family situation
1	Boy, 12 yrs.	Mother	Father deceased, reason unknown.
2	Boy, 12 yrs.	Cousin	Child-headed household. Guardian reports both parents to be deceased, while the boy believes his father to be alive. The actual situation is unknown.
3	Girl, 12 yrs.	Foster mother	KCCC foster home the last 2 years. Both biological parents are deceased, reason unknown.
4	Girl, 14 yrs.	Mother	Mother is sick with AIDS. Father died of AIDS. Family is on the KCCC food programme.
5	Girl, 12 yrs.	Grandmother	Mother is sick with AIDS, lives partly elsewhere. Father died of AIDS. The child has lived with her maternal grandmother since she was 2 months old.
6	Boy, 16 yrs.	Sister	Child-headed KCCC foster home the last 1½ years. Both parents died of AIDS.
7	Boy, 13 yrs.	Sister	Child-headed household. The sisters have told the boy that his parents are deceased, but they are alcoholics and live elsewhere. The boy reports his mother to be living with him.
8	Girl, 15 yrs.	Mother	Father is deceased, reason unknown. Family is on the KCCC Food programme

All informants live in small houses in the densely populated slum area of Kamwokya. Household sizes vary. The smallest household in our sample counts three members, the largest houses ten people.

KCCC pays school fees for all children in the sample. They also provide for all basic necessities in two households that are part of the KCCC foster programme. Two additional households are on the KCCC food programme and get basic food supplies every month. The remaining households depend on occasional financial support from friends, relatives and KCCC, in addition to some scarce income, mostly from petty trade. All informants report financial difficulties.

### Closeness

Information regarding the children's experiences of closeness and the quality of these experiences can be described through the levels of the dyad, the family, and the network.

### *The Dyad*

All guardians provide basic care for their children, in terms of shelter, food and clothing, at least at times when money is sufficient. There are no evident cases of abuse or neglect.

There are some differences in the quality of the dyadic relation according to the living arrangements of the children. In half of the dyads, the relation between the child and the guardian seems to be characterised by trust, openness, and mutuality. All of these are biological dyads. Three of the guardians are mothers. One is a maternal grandmother, with whom the child has stayed since she was two months old. In these 4 dyads, both the guardian and the child claim the guardian to be the most important person in the life of the child and say that the child will approach the guardian in case of any worry, problem, or difficulty. These children seem to have an overall sense of their guardian being accessible and available to them. When asked to tell the interviewer about her guardian, a 12-year-old girl says:

Girl: Yes, she is perfect. If I don't go to school, she can come here (*KCCC*) and make them help me. She gives me food to eat, she can also help me and she can ok, sometimes she wash for me, when I have no time and I read my books. (...) She helped me from I still was young up to now.

Dyad 5

In these dyads, there is a consistency in perspective between the guardians and the children, making their stories "fit" one another. In some cases, both the guardian and the child tell of the same incident when the child approached the guardian. Two sequences from the interviews with a 15-year-old girl and her mother exemplify this. The girl has missed some years of schooling due to lack of finances, and thus she is older than her fellow students. A

teacher commented on this, which made her sad. The first quote is from the girl; the second is from her mother:

I.

- Girl: There is one teacher whom I don't want.  
 Interviewer: Who is that?  
 Girl: The teacher who told me that I'm old in his class, the class teacher.  
 Interviewer: Yes, he said that. Did you get sad then?  
 Girl: Yes, because if the teacher said that, I cried, I cried.  
 Interviewer: What did you do when you cried?  
 Girl: I...nothing, I just told my mother, and she keeps quiet.

II.

Guardian (In.p)<sup>1</sup>: So, they where in class, one of the teachers was commenting, and thus, the teacher was like, oh (*name of child*), you are so big, you're not supposed to be in this class, you're supposed to be in secondary school. So it hurt (*name of child*) so, so much. She over cried, the whole day, and when she reached home, she told the mother.

Dyad 8

In one of these 4 dyads, the mother is obviously sick. Her daughter tells the interviewer that her father has died of AIDS. This girl is very attached to her mother and says there is no one else she can approach with her worries and problems. She feels quite helpless in her situation:

- Girl: (*Whispering*) Ok, my mother maybe has AIDS.  
 Interviewer: Your mother maybe has AIDS?  
 Girl: Yes, I can see, now every time I can think, we are going to remain when we don't have anything to do. We have a number of children, we are many at home, now the other one (*the mother*) is going to die and I pray to God.

Dyad 4

The 4 last dyads differ somewhat from the others. The child-guardians and the foster mother seem to lack the ability to serve care functions beyond those related to basic physical needs. In two of the child-headed households, the guardians seem to have the will to cater for psychological needs, as well as an appreciation of their importance. However, they report a failure to fulfil them. Concerning the challenges of being a guardian to her younger brother, a child-guardian says:

- Guardian: Like I said, I cannot be a mother; we cannot be mothers to him. ...And the fact that we have to, to... The challenge it is for you to be able to provide.... And always keep constantly providing so much... like him, because he needs more than clothes, he needs more than food, he needs attention – and we sometimes cannot do that. So it's a

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<sup>1</sup> The interpreters often refer to the guardian in third person. To reduce confusion, we will refer to the statements where an interpreter was used as 'Guardian (In.p)'.

challenge for, for, for us to keep up like that... and sometimes we get short. Cause, I mean, we would like to give him so much, as sisters, and he doesn't have that much, and it's a challenge, because... It's just challenging.

Dyad 7

The children in these families refer to their guardian as the single most important person in their lives to a lesser extent than the children in other families. They mention more persons in their surroundings as people they can approach, but does so rather automatically and without obvious belief in those persons being accessible or trustworthy to them. The replies of a 13-year-old boy in a child-headed household to questions regarding to whom he would go for help vary throughout the interview. His answers are more of the tentative kind:

Boy:                    When I'm worried I would tell someone  
 Interviewer:        Tell someone, who would you tell?  
 Boy:                    I would tell like my sisters maybe.

Dyad 7

In the foster home, the guardian does not know much about the child's interests, and is scarce on information regarding what makes the child happy or unhappy. When asked about important persons in her life, the child answers different people in the organisation. As to why they are important, she answers that they provide her with a home, food and the opportunity to go to school. Later in the interview, she starts talking about her sisters and the grandmother who live in her home-village. It is evident that she thinks a lot about her relatives, and that she worries about them. The foster mother knows little about these relatives.

In two of the child-headed households, the stories of the child and the guardian are not compatible. The children, both of them boys, tell the interviewer that one parent is alive, while the guardians tell a different story. Both these children describe a positive and trusting relation to the parent they claim to be alive and present in their life.

### *The Family*

The information on family can be described in terms of involvement, structure/routines, and predictability.

#### *Involvement*

All guardians claim to know their child's whereabouts at any time, and report this to be important to them. Most guardians say they will contact the schoolteachers or administration to discuss schooling issues if they feel the need to, and all of them attend

school meetings when called. A short sequence between the interviewer and a child-guardian illustrates this:

- Interviewer: Mm. In what situations do you talk to his teachers?  
 Guardian: Ok, at times when performance is poor. And when...when he is being disturbed by other people at school.  
 Interviewer: So is it then the teachers who come to you, or you go to the teachers?  
 Guardian: I go to the teachers.

Dyad 2

Some guardians, however, are not involved in the lives of the children to the same extent. For instance, one child-guardian tells the interviewer that the brother mostly takes care of himself during the day. Further, she says he sometimes feels very lonely compared to other children in the neighbourhood, whose parents live:

- Guardian: Sometimes he's really alone. He can just sit in the house and you can see he's wishing he has.... he doesn't have to do all that work, because most of us are not there and probably working or work, my big sister is also at work, and my cousin is not around as well, so he's, has to do look after himself, you know. And he's so young, you know he needs sometimes attention and care for... We cannot give that to him, we can only be big sisters, tell him to do this, do this then that....

Dyad 7

The foster mother also seems to be less involved in the child's life. She does not know much about the child before she came to live with her, and she does not know how long she will be staying. Decisions about vacation and visiting relatives are the responsibility of KCCC, as is the contact with the school.

An apparent difference between the dyads headed by biological mothers/grand mother and the others concerns the guardians' future perspectives. The former tend to see their child beyond the immediate situation, and have perspectives for the child's future. In contrast to this, the child-guardians and the foster mother have a tendency of being less future-oriented when talking about the children. The child-guardians talk more about their own future plans than those of the children in their care. For instance, one child-guardian says that it is her dream to go to boarding school. However, she has no perspectives on what will happen to the brother and sister in her care if she does so.

### *Structure/Routines*

All of the children know basic routines of everyday life and can actively describe their own part in the daily life of the family. In all families, children do a considerable amount of



housework, including fetching water, sweeping the compound, mopping the house, cooking, washing the utensils, and washing clothes. A 12-year-old girl tells the interviewer what she does after school:

Girl: I come back, wash my uniform sometimes, after I wash my uniform, then there are some clothes, I wash, I eat food, I clean, after that I read my books and I study. After that I sleep.

Dyad 5

Housework seems to have a social dimension. The children work together with their siblings, and report that their friends do housework too. A 15-year-old girl describes how she and her sister divide the housework between them:

Girl: Yes, because sometimes my what, my sister do cook, or I cook. Or I will sweep the floor or I will wash the plates, and we change and we do the work, and we do it together.

Dyad 8

There are some differences according to living arrangements. In the child-headed households, both the child and the guardian report some difficulties in keeping the daily routines. One child-guardian tells the interviewer that they have difficulties attending school every day:

Guardian: Ok, as I've told you, when we wake up in the morning, we prepare, but at times we wake up late (*laughs*), and at times we wake up, but...that one, it's not what you can explain to him (*the teacher*), can explain at school. Yeah. They understand. But when it's too too late, they don't allow.....and we have to bounce back.

Dyad 6

### *Predictability*

Through routines, the daily life of the children seems to be predictable in a short term. In some dyads, however, guardians and children report that it is difficult to plan ahead whether there will be food for everyone in the family or not. When asked about her worries, a mother answers:

Guardian (In.p): She gets worried. That what worries her is that if she doesn't get anything for eating for (*name of child*), she's so worried.

Interviewer: So it happens that, that....It happens sometimes that there's not food?

Guardian (In.p): It's not so usual, but then it happens, it worries her so, so much, cause they're all looking on to her, and...it goes direct to her heart, and she's like, what am I going to give the children?

Dyad 8

Another worry is that of unexpected incidents. In the case of disease, many will have difficulties raising money for treatment. Similarly, many worry that KCCC will decide to withdraw the support for secondary school due to problems with funding. If this happens, guardians report that they will not be able to raise money for the child's future education.

Some children and guardians express worries regarding what will happen if the guardian should die. They feel helpless, and state that it is difficult to know what will happen in such a situation. When asked about her worries, one mother says:

- Guardian (In.p): So she is saying that she worries as if she dies, who is there for (*name of child*), because the father is not alive...And that's a worry about (*name of child*)'s future.  
 Interviewer: Mm... Can I ask you that, what do you think will happen if that happens?  
 Guardian (In.p): She says she doesn't really know what can take place, but all she can think is that maybe the child will have to suffer. That's ... she's not certain. That's why she gets so worried.

Dyad 1

Two of the children, a boy of 16 years and a girl of 14 years, have the experience of living with and taking care of a mother who has AIDS. In one case, the mother died two years ago. In the other, the mother is still alive, but very sick. In these families, predictability seems impaired. Both children tell about problems planning ahead, and the helplessness of their mothers. The boy tells the interviewer about what happened when his mother died:

- Boy: Because the time when our mother died, ok, life was very difficult for us. Because in the house we were staying, where we used to stay, the landlord decided to chase us. Because our mother at that time, was dead. And the landlord told us that you have to find where you are going to be, to stay, so everything. I thought that everything in my life, in our life, me and my sisters, we thought that this would be the end of everything.

Dyad 6

A later sequence of the same interview illustrates how difficult the situation was for the mother, and how helpless she probably felt:

- Interviewer: Did she, when she died, did she know that KCCC would provide for you?  
 Boy: No, she didn't. Sometimes when we would come back from school, we could find her in the bedroom crying, very, and if your mother is crying...it's not good, when they found her in the bedroom she was crying (*the boy cries*).

Dyad 6

### *The Network*

Information regarding the network can be divided into three themes: the child's close environment; the perceived support of the guardians; and the relation to KCCC.

*The child's close environment*

The Kamwokya slum area is described as a rough neighbourhood. Bad groups, low morals, alcoholism, and the risk of violence are reported to be common threats to the children.

There are gender differences in how this affects the children. Girls worry more than boys about security. Therefore, they stay at home. It is also important to them to avoid bad groups in fear of rape and pregnancy. A 15-year-old girl says:

- Girl: Some, even we have a neighbour, he is in a bad group, but for us, our mother refused us to be in that group.  
 Interviewer: Ok, because it is not a nice group. But how is it not nice?  
 Girl: Because, even they can get pregnant or something like that.  
 Interviewer: That's why you can get pregnant and something like that.  
 Girl: Even they can beat you from there  
 Interviewer: Ok. It's not nice, is it?  
 Girl: No.

Dyad 8

Boys seem less impaired by the bad neighbourhood. For instance, it seems less common for boys to stay at home in the evenings. Still, even boys worry about the roughness of the neighbourhood. Their concerns mainly apply to violence, alcoholism, and drug use.

Guardians also describe Kamwokya as a hard community. Avoidance of bad groups is highly encouraged by them. Most of the girls and their guardians hope for the children to attend boarding schools as a possibility of protection and escape from the neighbourhood. Unlike the girls, however, none of the boys or their guardians mentions boarding school.

Neighbours are frequently mentioned as important in the everyday life of the children. For instance, if the guardian is not at home, children can inquire for their whereabouts at the neighbours. Some of the children report the possibility of approaching other grown-ups in the neighbourhood for help in case of any difficulties or trouble. One girl says that neighbours sometimes give her small jobs for money or food to eat. A 12-year-old boy tells the interviewer what he would do if he gets in trouble with children in the neighbourhood:

- Boy: If your friend, who are your enemy beats you, you go to the mother of that enemy and you report him (...) can punish. At that time you don't need to go to your mother.

Dyad 1

There is a tendency for both guardians and other adults in the community to serve guidance functions for the children, in terms of teaching them how to behave, what to do and what not to do, which friends to have and which not to have, and so on. A girl living with her maternal grandmother gets this advice:

Girl: Don't join those groups; they bring bad manners in, bad manners. It can cause fighting and what what.

Dyad 5

*Perceived support of the guardians*

Guardians talk of both material and social support. For many, KCCC is the only provider of financial support. Few guardians get regular material support of any kind from relatives, friends, or neighbours. It is emphasised that everyone is in a trying situation and that resources often are too scarce to share.

Some guardians though, say they occasionally can approach relatives in the area or in the rural village to receive support. In two of the child-headed households, the guardians tell of older brothers who are no longer able to support them. In one of these cases, the older brother has married and thus he has his own family to take care of. The grandmother tells the interviewer that her son used to support her financially, but that he got infected with HIV and was not able to continue the support. Now, she says, lack of food is often a problem. When asked whether there is someone she can approach for support, she tells the interviewer:

Guardian (In.p): Ok, she's saying that she has many, many problems. And...she has no one to talk, because she feels that her problems are many.... Only she does is to pray to God and commit herself and her situation to God.

Dyad 5

Social support is more frequently reported than financial support. In everyday life, neighbours provide important support. One guardian says that it is important to talk to others and seek advice from people in the same situation. The child-guardians all talk of friends as important support. These also frequently mention the elders.

However, some guardians say they have no social support. Others feel they can only approach KCCC. A widow who takes care of four children is asked what she does in situations when she is worried or has problems. She answers:

Guardian (In.p): She keeps everything to herself.

Interviewer: Ok. You don't talk to anyone about it?

Guardian (In.p): No.

Interviewer: Why is that?

Guardian (In.p): She feels that no one can get to that and help maybe.

Dyad 1

*The relation to the organisation*

KCCC provides security for all informants. All point to the fact that they pay school fees for the children. Some mention that the KCCC clinic gives treatment in the case of illness, and many say that the different departments of the organisation can be approached when in need. All guardians express their gratefulness to KCCC, and many hope for their continuance. When asked about the organisation, one guardian says:

Guardian: KCCC has been around, and it's not one of those things that come and come like this and goes down, it's just been going up...and it's very reliable, most people around here in Kamwokya, I mean, this is the like the care centre there is, so the fact that the people who work here are involved in our lives, we grew up with them, so it's a very reliable place and very active, and I mean, they do their jobs pretty well, I think, so far.

Dyad 7

The influence of the organisation on the family varies according to their situation. In the two families on the KCCC foster programme, both guardians and children have a sense of security that differs from the other families. They know that the organisation will provide food every day, and that they can get help in case of an unexpected incident. The foster mother tells the interviewer that KCCC provides financial support every week, and that they provide cooking oil and soya flour once a month. The organisation is financially responsible for most basic needs in the child's life, including schooling, food, and clothing. When asked if they do anything else, the foster mother answers:

Guardian (In.p): Even looking after them (*the family*). If anyone gets sick, they are the people who give them treatment. In case one of them is sick. So most of them, ok, most of them ...KCCC people look after them.

Dyad 3

The two families that are part of the KCCC foster programme, as well as the two on the food programme, are more dependent on the organisation than other families. In these four families, the decisions of the organisation have a deep impact on their daily lives. The foster mother, for instance, claims that KCCC is responsible for everything that has to do with school, including school meetings. This differs from the statements of other guardians. Further, whether the foster child gets to see her relatives during holidays or not, is also a consequence of the financial priorities of KCCC.

The children's contact with KCCC varies. The children on the foster programme see the people of the organisation more often than the others. The head of the Child Welfare

Office is an important person who is easily approachable in case of any problem. Some of the children will also go to her to report positive experience. This is most evident for the children on the foster programmes. In the child-headed foster home, she is a stable figure that makes sure that structure and routines are maintained, through two visits a day. One girl was sent by her guardian to the head of the Child Welfare Office when she did not accept the fact that she could not go to boarding school.

Some of the children mention the KCCC seminars as important. The positive effects of these seminars include information on how to protect oneself from HIV/AIDS, how to avoid the streets, and how the Child Welfare Office can be approached in case of any problems. Another positive aspect of the seminars that the children mention is the fact that they get food there.

The guardians were asked if they felt KCCC could do something differently, or if they had any advice for KCCC. Besides from keeping up their good work, no one suggests any changes, or has complaints. By the end of interviews though, many express wish for us to influence KCCC for payments to other children in the family, or support for boarding school for girls.

### Competence

Information on competence can be sorted into four main categories: 1) being able; 2) being of use; 3) receiving and taking responsibility; and 4) encountering and handling adversity.

#### *Being able*

School is an important arena for the children's sense of being able. With no exception, the children report that they like school. They find school to be very important. All children work hard with schoolwork, both during breaks and in the evenings. Many children have a history of changing schools for financial reasons. Further, many have dropped out of school for longer or shorter periods of time, depending upon the sponsoring situation.

For many, school seems to be important in the sense that it confirms their abilities. Some explain that they like a particular subject by referring to the fact that they succeed in it or that the teachers tell them that they are doing well. A short sequence from one interview illustrates this. The child says she has four teachers and that all of them like her. The interviewer then asks why they like her, the girl answers:

- Girl: Them? Because I obey them, and they think I am smart. And another one: I'm not absent. And some days I can be absent, but if I'm sick. I always ask for permission. If I am going, I always ask for permission. That's why they like me. And whatever they teach, I get.
- Interviewer: You understand?
- Girl: Yes, and I'm active.

Dyad 5

Some of the children and the guardians report how they are rated in class. Both children and guardians proudly talk about positive school reports. One guardian showed her granddaughter's report card as an answer to the question of whether she was content with the school and the teachers.

The fact that the children believe in their own abilities can also be seen through their ambitions. Many of the children have plans of being doctors, pilots, nurses, managers, or the like. This applies both to the statements of the children themselves, and also to those of their guardians. In two sequences, a 15-year-old girl and her mother talks independently about the girl's future dreams:

- I.
- Girl: Yes, a pilot, or a doctor, or a nurse. Sometimes I tell my mother I will be a vice- president (*laughing*).
- II.
- Guardian (In.p): So she really doesn't know, but the girl, though she has had, she's like, maybe when I finish school I will become a vice-president, maybe no, a nurse, something like that.

Dyad 8

Apart from school, spare time activities also appear to be important to get a sense of being able. The children report that social activities mostly happen in weekends and during holidays because of the importance of studying and the load of housework. To some extent, this seems to be a stricter routine for girls than for boys. Boys do report that they play football and basketball both after school and during the weekends. For girls, spare time activities are reported less frequently. Some girls say they sing in the church choir and play with their friends, and one girl is a scout. A boy in a child-headed household says he draws well:

- Boy: And that's why I study art history. I know art, I'm so called talented, I have even, there is pictures I drew.

Dyad 6

Additionally, many children report their participation in daily household chores with a certain pride of their abilities. A 13-year-old boy talks about the chores he does:

Boy: I come back at... I wash my uniform.  
 Interviewer: You wash it yourself?  
 Boy: Yes.  
 Interviewer: You do?  
 Boy: Yes, I'm old enough to wash myself (*laughing*).

Dyad 7

### *Being of use*

Children report to be of use in terms of participating in daily household routines and by taking on small jobs for relatives or neighbours. When asked what they do to help others, many children mention their house chores. When asked how she helps her grandmother, a 12-year-old girl answers:

Girl: I wash for her, sometimes I sweep, and with blankets sometimes I take them to the well, and I wash, I fetch water and things like that.

Dyad 5

Some also run errands for neighbours. This short sequence of the interview with a 12-year-old boy illustrates how he feels of use:

Interviewer: They send you to the shop.  
 Boy: Yes.  
 Interviewer: What do you buy?  
 Boy: Sugar. Even they can send me to the well.  
 Interviewer: They can send you, yes that's true, you fetch water.  
 Boy: Yes, and I bring for them.

Dyad 2

### *Receiving and taking responsibility*

The children doing daily chores seem to have two functions. In addition to help with everyday routines, they also need to learn their responsibilities. The children proudly report that they know their chores, and that they do them without being told. The guardians also focus on the importance of teaching the children how to work. When asked who decides what he is going to do during the day, a 12-year-old boy answers:

Boy: It is my mother.  
 Interviewer: Your mother decides.  
 Boy: But she no longer decides, I decide for myself, because I know.  
 Interviewer: You know what you're supposed to do?  
 Boy: Yes.

Dyad 1



Many of the children have at least one relative in their rural home village. The children may visit relatives during holidays, depending on travel distance and the availability of money. Through these relatives, the children are taught such activities as managing small farmlands and handling crops. A 12-year-old boy tells the interviewer what he does in the village:

Boy: I dig.  
 Interviewer: You dig, you dig, what do you dig? In the earth.  
 Boy: Food.  
 Interviewer: Food. What kind of food?  
 Boy: Like beans, cassawa, bananas, all these things.  
 Interviewer: All these things, yes.  
 Boy: Sometimes kill cocks.  
 Interviewer: Oh, wow – did you learn all this from your grandparents?  
 Boy: Yes, but I could manage to raise cows, but I fear.  
 Interviewer: You fear cows?  
 Boy: Yes.

Dyad 1

In households with sick parents, the children seem to take on much responsibility for the daily household chores. A 14-year-old girl living with her mother, who is weakened by AIDS, talks more extensively about housework than other children. She appears to stay at home all the time, except from when she is at school. Another girl, whose mother is impaired by an accident, says she can't go far from the home in case her mother needs her.

In the child-headed households, there seems to be a tendency for the children to take on considerable responsibility. A child-guardian who takes care of her 13-year-old brother says this about the things he has to do:

Guardian: Sometimes it gets stuck (...) he has to wash his clothes and cook for himself and... wonder... look, think of things that he needs at that age. Cause most of the time you need like a parent, like a mother, to provide certain things. But... he... has to do that. And even to maintain, to take on job, things that are not for him at a very early age. That makes him really unhappy.

Dyad 7

### *Encountering and handling adversity*

Different strategies for coping with strains and adversity can be identified. These are presented below. A sub-category called symptoms is also included. This final category can be understood as an effect of the hard living conditions in the children's lives.

*Education as strategy*

The strong focus on the importance of schooling appears to be a strategy in the face of hard living conditions. All the children and most guardians advise other children in Kamwokya to work hard with school. The children, as well as their guardians, seem to consider school as one of few possibilities for a better future.

It seems that the children think that if they go to school, they will get a job, and if they get a job, they might be able to get away from the slum area. This applies to both genders, although there is a tendency for girls to be more explicitly determined than boys. As one girl says:

Girl:                    So in my life, when I grow up, I want to first get a job, then I try and find a family.

Dyad 4

The mother of this girl is sick. The girl reports that she has no friends and no social activities, since she always has to study. In a highly unstable life situation, education and schooling seems to be her only chance. When asked if she talks to her mother about the fact that the mother has AIDS, she says:

Girl:                    My mother can talk about that, because when we are two at night, we can talk like that and tell me, she tells me about that, that soon for me I am going to die, and then she tells me that I have to work hard.

Dyad 4

Learning English is judged to be highly important by many children. Knowing English is an ability that unfolds possibilities, and can be regarded as a strategy. To the question of why she likes English, a girl answers:

Girl:                    You know that it is the official language, and if you don't know English, no job, that's why I like English.

Dyad 4

Generally, guardians also emphasise school as important to the children, in terms of opening possibilities and serving as protection against negative influences of the community. Most of the guardians say that one of their advices to orphans is to study hard, and that they find it important for guardians in general to provide schooling for their children. Two guardians do not mention schooling as important. These are both child-guardians.

*Forgetting/not thinking about*

A frequent advice from guardians to children is to forget and not think about the difficulties of life. This particularly concerns the death of parents. In some dyads, guardians say they will talk to the child about the deceased parents in suitable situations. In other dyads, guardians say that the child probably thinks about the parents, but that this seldom or never is a topic of conversation. A boy in a child-headed household talks about what he does when he feels sad:

- Boy: I can tell my sister, I tell her, I can tell that don't be sorry  
 Interviewer: You say that. Does it help when they say don't be sorry?  
 Boy: It can save you if you just forget... so... mostly it happens when I think about my mother.  
 Interviewer: Mm, you get very sad?  
 Boy: Yes, yes I feel very sad, she can never come back again... so that I just have to forget her the best I can.

Dyad 6

*Accepting and adjusting*

Accepting and adjusting are closely linked to the strategy of forgetting and not thinking about. For instance, when food is scarce, the only thing to do seems to be to accept the situation. A guardian says:

- Guardian (In.p): Sometimes food becomes a problem. And if she finds it hard to feed (*name of the child*), and her (...), but she is telling her to welcome the situation as it comes. If they get food, they eat, and if they don't get food, they don't eat.

Dyad 5

Self-pity is discouraged, and many guardians encourage their children to think of the many others in the same situation, and to think of those whose troubles are worse. A child-guardian who takes care of her cousin says:

- Guardian: And for the orphans, they have to... ok, they have to... to face the challenges in the world, ye. They have to be happy in times of sorrow. Let them forget the... the past. This is part of us, we have to die, so... They have to get used to the world.

Dyad 2

When children are sent to live with a new guardian, the most important thing to do is to face and accept the new life and the fact that things will be different than when they lived with their biological parents. A grandmother talks about the problems she faced when she started taking care of her granddaughter after the death of the girl's father. She says:

Guardian (In.p): The father of (*name of the child*) used to love her very much. And in case the grandma tried to discipline her, she would refer to the situation when she was still staying at her father. So, and they told her that it is not good, because you have another who is responsible for you now.

Dyad 5

An important aspect of adjusting and accepting seems to be to learn the routines in the family. One guardian talks about the work she has done to make her foster child take part in family responsibilities:

Guardian (In.p): Ok. Since... By the time they handed her (*the child*) over to this one, she didn't want anything to do with working. But now she has caught up with... she works. She knows working. Yeah. She does the work.

Interviewer: Why do you think that has changed?

Guardian (In.p): Ok. It's the work of this one (*the foster mother*). She tried to advise her.

Interviewer: She tried to?

Guardian (In.p): Advise her. She told her to work. So it is most the work of this one that she learned how to work.

Dyad 3

Generally, emphasis is put on children accepting the norms of the family and the community. Frequent advices from guardians to orphans are to respect the elders, behave disciplined, and be patient.

#### *Avoiding the influences of the neighbourhood*

To face the threat of a rough neighbourhood, the children stay at home in the afternoons and evenings. This strategy is widely mentioned by both guardians and children, and they seem to agree upon the necessity and importance of it. However, this appears to be more evident for girls than for boys. Girls and their guardians report that they must be careful to avoid the gangs due to the risk of rape, pregnancy, and HIV/AIDS-infection. A 14-year-old girl gives this advice to other orphans:

Girl: To be careful. If you can avoid walking at night. Because in Kamwokya, life is hard to live here. If you are not careful, they can rape you.

Interviewer: So you have to be careful?

Girl: So that's why I'm mostly at home.

Dyad 4

The mother of this girl describes her daughter as very quiet. The interviewer then asks if this worries her. The guardian replies:

Guardian (In.p): What she is saying ... that her (*the child*) being quiet is quite important action to her in one, in a sense that when she is talkative she can actually fall into a bad crew. So being quiet actually reduces the chances of her meeting bad groups.

Dyad 4

### *Symptoms*

Some of the children are described as sad, either by themselves or by their guardians. All the children living in child-headed households are reported to be sad. An 18-year-old girl who takes care of her cousin says that the child has problems accepting the fact that his parents are dead. Further, she tells the interviewer:

Guardian: When he's at school, normally feels sad, and he normally cries at school, that's what they told me.

Dyad 2

In many dyads, the health of the children becomes an issue. Apart from physical illness such as malaria, there seems to be a tendency for the children to have somatic symptoms like headache and stomach ache. One guardian says that her foster child sometimes pretends to be sick to stay home from school.

## DISCUSSION

### Methodology

Malterud (2001) describes qualitative research as a systematic collection, organisation, and interpretation of textual material derived from interviews or observation. According to her, the method is based on "an understanding of research as a systematic and reflective process for development of knowledge that can somehow be contested and shared, implying ambitions of transferability beyond the study setting" (Malterud, 2001, p. 483). To maintain scientific quality, Malterud (2001) lists relevance, validity, and reflexivity as overall standards for qualitative inquiry.

Relevance is an important criterion for judging internal validity and for assessing whether method and design are relevant tools for illuminating the study questions of a particular study. In this study, an important question is whether semi-structured interviews with the orphans and their guardians are the relevant tools for assessing the quality of closeness and competence in the children's lives, and further whether the interview guides adequately captures this information. Whether the study explores what it intended to explore, is also important for validity. In cross-cultural research, this is special importance. Do our

findings reflect experiences of closeness and competence, or are we studying other phenomena?

External validity, or transferability, assesses whether or not the content of the findings can be applied to contexts outside of that in which the study was done. Do these results based on interviews with 8 dyads apply to children in a different setting? A saturated sample, together with thorough descriptions of demography and the study setting are necessary to make such judgments (Malterud, 2001).

Reflexivity is the influence of the researcher on knowledge construction throughout the research process. It is appreciated that the researchers will affect the research process and that this cannot be prevented. Objectivity is only obtained through the realization that knowledge is partial and contextual, and through a thorough account of the effects of the researchers on the study (Malterud, 2001).

#### *Our role as researchers*

In Kamwokya, being “wazungu”, the Swahili plural for “white people”, the researchers may have been associated with money, power, and possibilities. This might challenge the validity of information gathered. European sponsors pay school fees for all children involved in our study. Further, all departments of KCCC are heavily dependent upon foreign funding. Possible Western donors frequently visit the organisation to see their work. Throughout the area, there are stories and hopes of the one “mzungo” who by chance appeared in someone’s life and granted a happier future for the family through payment of schooling, shelter, food, and treatment.

To prevent some of these expectations from our participants, we made our connection to Makerere University and the University of Bergen explicit to all informants and emphasised our independence of KCCC sponsors. In spite of this, it may have been difficult for some of the informants to appreciate that we were not sponsors, and this may have influenced their responses in the interviews. For example, none of the informants said they missed school or spoke negatively about school issues in other ways. Is this a true reflection of their schooling attitudes, or does it rather reflect a fear that information revealed in the interview might have consequences for their future sponsoring options?

By the end of the interviews, all informants were encouraged to ask any questions they might have. In most cases, guardians would use this opportunity to ask the interviewer for financial help or assistance in influencing KCCC to increase their support of the family. This

tendency reveals our role ambiguity and gives reason to question both the informants' agenda for the interview and the validity of the information they gave.

#### *Our connection to the organisation*

To further emphasise our independence from KCCC, we stressed the fact that participation in the study was voluntary, and that a refusal would have no effect on the informants contact with the organisation, or the donors. None of the informants refused to participate in the study. Whether this is an effect of compliance to KCCC or a reflection of the informants' wish and curiosity is uncertain.

The informants' relation to KCCC was one of the main themes of the interview. It might have been difficult for some informants to appreciate our independence from KCCC. The fact that an interpreter from KCCC was used in 5 of the interviews with guardians further increases the risk of confusion as to our loyalty and purposes. Two of the guardians explicitly asked about our relation to KCCC by the end of the interviews. If informants believed us to be a part of KCCC, or doubted confidentiality, it might have affected their way of answering questions regarding KCCC. Negative experiences with KCCC, criticism, or suggestions of policy change are hardly present in the interviews. Is this a true reflection of the fact that all informants are satisfied with the work of KCCC, or does it rather reflect the informants fear that a "wrong answer" might have an effect on support received from the organisation? A last interpretation of the phenomenon may be that this is a reflection of the cultural customs of being polite and not showing discontent or criticizing authorities. There is therefore reason to consider the possibility of negative views of KCCC and their work being underreported in our material.

#### *Language difficulties and use of interpreters*

Both interviewers and interviewees used their second language. All children in our sample have been learning English in school for more than 5 years. However, some of them seemed to have some problems understanding all questions and answering them richly. The interviewer using pen and paper hopefully increased the modes of understanding for both the interviewer and the interviewee. Ugandan and Norwegian pronunciation of English quite differs, as does the use and meaning of certain terms and expressions. For instance, Ugandan-English use of terms for 'relatives' does not necessarily imply biological bonds in the same way as in Western terms. For instance, a 'brother' is not necessarily a sibling; it might be a good friend, or simply a clan member.

Volunteers from KCCC were used as interpreters. There were practical advantages of this. For instance, KCCC volunteers showed us the way to the informants' home, and provided additional background information on the particular family. Further, it is possible that the presence of a KCCC-representative during the interview eased and relaxed the informants, and thus helped them to trust the interviewer. However, informants may worry about confidentiality issues when using an interpreter, especially if they are both members of a small cultural community (Phelan & Parkman, 1995).

Ideally, we would have used trained professional interpreters, or alternatively psychology students from Makerere University. Unfortunately, though, as we were unprepared for the need of an interpreter, and data collection took place during the student holidays, this was not possible.

Although the interpreters were briefed about the purpose of the interview, and discussed the interview guide with us beforehand, some information may have been lost due to the use of untrained interpreters. To decrease the possible distance between the interviewer and interviewee that the use of an interpreter might add, informants were addressed in second person (Phelan & Parkman, 1995). Seating positions were triangulated to make the interpreter's position as neutral as possible.

#### *Data collection*

Before the first interview, the interview guides were discussed with volunteer workers of the KCCC Child Welfare Office in order to detect any culturally insensitive, non-understandable, or ambiguous questions. No questions were changed due to these discussions. However, in the course of the data collection period, we learned that some of the questions were frequently misunderstood by the informants or seemed strange to them. For instance, the question "If (name of the child) could change anything in his/her life, what do you think that he/she would change?" did not seem to give meaning to the guardians. Thus, in most cases, this and other questions with similar effects were left out. Some questions were also added as based on discussion between the researchers and information from the first interviews. An example of such a question is "Is there anything you think that KCCC might have done differently?".

In the interview situation, we could have been more explicit on our purpose and have posed more follow-up questions to extract specific information on the different concepts than we actually did. Throughout the process, though, both interviewers got more experienced.



Strategies such as getting the informants to tell stories rather than answering abstract questions were more frequently used (Kvale, 1996).

A sample of 16 informants may be regarded as small. Nevertheless, in the end of the interview process, the informants' replies seemed to be similar to those of the informants earlier in the process. The sample was then perceived to be saturated and thus the external validity enhanced.

We got little information on Sommerschild's (1998) competence factor of displaying love for another. It seems reasonable to explain this by the fact that our interview guides were not made to assess this well enough.

For ethical reasons, we were somewhat reluctant to follow up issues regarding cause of death and HIV/AIDS-related issues. This was done to spare the informants any discomfort or perception of stigma. After close readings of the transcribed material, we have questioned whether we have been too careful in our choice of topics and thus have lost relevant background information. Asking more thoroughly about the children's loss and HIV/AIDS might have been perceived as less stigmatising or threatening than we initially suspected. Group discussions with KCCC workers gave us reason to believe that this was indeed the case.

### *Analysis*

Kvale (1996) argues that the ideal interview should be analysed through continuous clarification of meanings and testing of hypotheses during the actual process of interviewing. When this is not properly done, a common mistake is to pose what Kvale (1996) calls the '1000-page question'. In our case: How should we analyse our 400 pages of transcribed interviews? Being inexperienced in the field of qualitative research and unfamiliar with the Uganda setting, we might have made this mistake.

In the analysis of the material, we used Sommerschild's (1998) model as a theoretical framework. Extracting meaningful units through the 22 categories was a pragmatic strategy, making the material easier to handle. An obvious risk of this strategy is that some information may have been lost in the presentation of the results. However, given the available time and workload, it was necessary to take this risk. The process of sorting the condensations further into the categories of closeness and competence involves a degree of interpretation in deciding what the different statements actually are reflections of. The interpretations are based on empirical and theoretical knowledge, as well as acquired field knowledge. It is important to discuss to what extent these interpretations are true to the voices of the informants, and

whether the statements are true reflections of closeness and competence. Malterud (2001) emphasises the importance of questioning findings and interpretations, instead of taking them for granted. Our results are the reflection of our particular background and interpretations. Approaching the material from a different angle may have lead to different findings.

### *Metapositions*

Malterud (2001) describes metapositions as “strategies for creating distance from a study that you are personally involved in” (p. 484). Such distance will enhance objectivity. An advantage of this study is the close cooperation between the two researchers, who have had continuous discussions during all stages of the study, including writing of the thesis proposal, data collection, analysis, and reporting. Through these debates, diverse opinions and possible interpretations have been questioned and discussed for validation. Since both the researches were personally involved in the study, input from elsewhere was necessary. Our supervisor, Professor Gro Th. Lie, has supplied valuable information concerning the cross-cultural perspective, and the practical aspects of the fieldwork. At the Department of Psychology at Makerere University, Dr. Janet Nambi gave advice concerning the Ugandan setting. In the further analysis and writing process, other members of the university staff have been helpful contributors.

The process of analysis has been thoroughly described, and should give the reader an impression of the different steps and interpretations made. One child and one guardian interview, as well as the categories for coding the text, have been appended to the thesis (appendixes H, I, & G).

### *Ethics*

Throughout the interviews, we were always attentive to the psychological state of the informant. It is our impression that none of the informants experienced discomfort. On the contrary, the director of KCCC stated that the interviews seemed to have been a positive experience for the participants, as people of Kamwokya are not used to be in situations where someone listens closely to their particular story.

The standards of anonymity and confidentiality were somewhat challenged in the actual interview situation. The use of interpreters may have caused the informants to worry about these standards. Further, the premises of KCCC are quite crowded and busy, thus it was impossible to be left undisturbed in an office for longer periods of time. The interviews that

took place in the informants' homes were also frequently interrupted by neighbours or children in the compound.

Our sample is small, and in some cases it will probably be possible for a reader who knows our informants to identify them through the presentation of our results. We will modify the report we send to KCCC to increase anonymity of the informants.

### Results and implications

Based on Sommerschild's (1998) model, closeness and competence can be considered to be significant protective factors. However, these terms are relative, and need to be seen in light of both their cultural context and their co-occurring risk factors.

#### *Risk factors*

All the children in our sample have experienced loss or separation from at least one parent. Some also have the experience of living with and taking care of sick parents. Emotionally, the children in our sample express grief and sorrow. Orphans who have lost one parent fear that the other parent may die as well. Experience of loss is a risk factor that may threaten the basic security and stability of the child's world (Steinberg, 1997). Children's reactions regarding parent death may include denial, hostile reactions to the diseased and others, idealization, panic, and/or guilt (Grollman, 1995).

Many guardians worry about what will happen to the children if the guardian dies. The fear of disease is a related worry. One might assume that such fear is higher in families struck by AIDS, as the likelihood of children losing other family members is higher in this case (Wakhweya et al., 2002).

All of the children in our sample have either lost or live without their father. In Ugandan families, the father is usually the main breadwinner. The death of a father has great economic consequences for the family, because of the loss of income and property grabbing by other relatives (Foster & Williamson, 2000). The economic worries of the informants include food, clothing, medicine/treatment, and schooling. Some of the children have only one meal a day, and most guardians say they cannot afford treatment in case of disease. Most of the children have been forced to drop out of school for periods of time, and change of schools is frequent.

The Kamwokya slum area is considered to be a rough neighbourhood. Both children and guardians worry about this, and it clearly inhibits the children in their everyday life. Ecological theories emphasise that networks influence growth and development in children

(Bronfenbrenner, 1979). The negative characteristics of the community may influence the individual wellness of the community's inhabitants (Cadell et al., 2001).

Whereas some risk factors make the individual indirectly vulnerable to strain, others have more direct health consequences (Thuen & Aarø, 2001). The quality of care in families with orphans needs to be considered together with distal risk factors of the community as a whole.

All of the guardians in our sample are single women. Vilby (2002) claims that the single African woman is an increasingly typical representative of the world's poorest. In understanding all aspects of our informants' lives, poverty needs to be considered as a significant distal risk factor.

Risks have cumulative effects. Risk factors need to be understood based on their co-occurrence, not on their presence per se. The co-occurrence of two risk factors increases the likelihood of negative psychological consequences four times. Four or more risk factors increase the probability of developing psychopathology 20 times (Thuen & Aarø, 2001).

Taken together, loss and separation, poverty, disease, and the influences of a bad neighbourhood may be considered to represent risk chains in the lives of the orphans. Considering the psychological health of orphans one needs to consider these risk chains together with the presence of possible protective factors.

### *Do the orphans have a sense of closeness?*

#### *Dyads characterized as close relations*

In half of the dyads, the guardian seems to function as a secure base that gives the child confidence for further exploring. Three of these guardians are biological mothers of the child, and one is a maternal grandmother. All have been taking care of the child since he/she was an infant. Thus, the attachment tie to their mother has not been broken. This may imply that the guardian's reactions and behaviour are consistent with the child's internal working models and thus predictable for the child (Goldberg, 2000).

A close relation to an important person whom the child trusts and experiences to be available and who is involved in the child's life, is believed to moderate the impact of adversity (e.g. Bowlby, 1988; Egeland, Carlson & Stroufe, 1993; Robinson & Garber, 1995; Goldberg, 2000). Thus, it is reasonable to assume that the fact that these children have such a relation represents a protective factor in their lives. The adult provides a sense of security and comfort in the children, and serves a guiding function in the face of challenges.

The 'small traditions', as described by Sommer (1997), seems to be fulfilled in these families. The guardians are able to provide stability and predictability in the short term. However, distal risk factors influence the guardians' ability to provide security in the long term. Poverty makes planning ahead difficult. Unexpected incidents such as sudden illness or temporary loss of income weaken stability. Nevertheless, most of these children seem to have guardians who protect them against this harsh reality by providing hope for the future and a belief in the guardians' ability to manage and provide.

#### *Living with a sick parent*

In one of the dyads, the mother is evidently weakened by AIDS. The relationship between the mother and her daughter is close, and the child is very dependent upon her mother. The mother's disease is seldom subject of conversation between the mother and her daughter. Western theory emphasizes the importance of talking to children about illness (e.g. Doka, 1995). Children will often get external cues from friends and relatives telling them that something is wrong. In Uganda, it is probable that children have experienced disease or learned about AIDS via others. Theory claims that concealing information about parent illness inhibits the child from seeking support, creates anxiety, impairs trust, and complicates the child's response to crisis (Doka, 1995). Thus, one could impose that the mother not talking about her disease may impair the quality of the relation to her daughter.

However, in Uganda, disease may be considered a sensitive issue. Talking about this may be regarded as culturally inappropriate. Further, there may be a cultural consensus to protect children from illness (Foster & Williamson, 2000). If culturally inappropriate, talking about disease and death may create confusion and anxiety in the child. Nevertheless, the KCCC Child Welfare Office encourages parents to talk about their illness to their children and has anecdotal information of this being a positive experience for families. In their 'Memory Project', The National Community for Women Living with HIV/AIDS (NACWOLA) encourages HIV-infected mothers in Kampala to prepare their children for the fact that they will die. Research shows that this has positive effects on the relationships between mothers and children (Bjørgero, 2001). It may therefore be adequate to encourage sick parents in Uganda to communicate about the disease to the children.

#### *The case of child-headed households*

Three of the households in the sample are child-headed. In these dyads, the guardians have difficulties in fulfilling the responsibility of taking care of the child. This applies to both

providing structure and routine in the every day life, and other psychological needs. Some of the child-guardians report that they see the child's needs, but that they are unable to act on this due to poor resources and to the fact that they themselves are children. Two of the child-guardians in our sample actually talk more extensively about children's needs than any of the other guardians. This might indicate that they feel the needs of children also apply to them, as they themselves are children.

The children in child-headed households do not describe their guardian as the single most important person in their lives. They seem to rely more on themselves. They say they need little help from others, and that they can manage much of their everyday life themselves. This resembles the secondary strategy of deactivation of attachment, where the child develops his/her own survival strategies, e.g. that of self-sufficiency (Kobak et al., 1993). Thus, it is reasonable to assume that the relations in the child-headed households are not based on trust, openness, and mutuality.

All of the child-guardians were given the responsibility of parenting at an early age. Even though they were not mature enough to take care of themselves, they had to care for younger children in their family. Baggaley and Needham (1997) claim that childhood is lost for many children who prematurely have to take on the adult roles of being guardians. In a study of 8 child households in the Rakai district of Uganda, Wakhweya et al. (2002) found that child-headed households were poorer, had lower school attendance, and were more vulnerable to physical and mental health problems than other families with orphans. The number of child-headed households is increasing in Uganda (Mayanja, 2002). It is therefore important for communities and non-governmental/community-based organisations to be aware of their vulnerable situation and help provide adult assistance and care to these families.

#### *The case of the foster child*

One child in the sample lives with a foster mother to whom she has no biological ties. This guardian manages to provide structure and routines in the child's everyday life. Further, since this family is on the KCCC foster programme, economic stability and predictability is provided in the short term for the child, implying that the child has some sense of security. However, the bond between the child and the guardian does not seem to be emotionally close. The foster mother fails to see the girl's interests and psychological needs. She knows little of her background and has little perspective of the child's future. In return, the foster child mentions different people as important in her life, the mother not standing out as more

important than others. People at KCCC seem to be of extensive importance, as they are the ones who provide her with shelter, food, and schooling. It may be reasonable to believe that this child has not been able to develop a new attachment tie after her parent's death. This may be considered to be a risk factor in the girl's life.

In Western practice, the aim of placing a child in a foster home is to help children who have experienced multiple risks to gain renewed coping strategies and competence. To enhance a child's coping, it is important that the foster parents cope with their responsibilities and the situation (Havik, 1998). In East-Africa, fostering by non-relatives is rare, mostly because of the extended family system (Foster & Williamson, 2000). This may imply that the foster mother in our sample has some problems adjusting to her role. It may also explain the fact that she is mostly oriented towards the practical aspects of care taking. Havik (1998) emphasises the importance of resources provided by external systems to enhance foster parent coping. In this case, KCCC may provide such a system. However, it seems as if they take on too much responsibility, making the foster child more a child of the organization than of the foster mother.

### *Incompatible stories*

In two of the child-headed households, the children talk about their parents as they were still alive and living with them, while the guardians tell a different story. There may be several explanations to this. The children may be answering the interviewer in a socially desirable or acceptable way. They might feel ashamed or embarrassed by the fact that the parents are dead and may wish to conceal this. Stigmatisation is still a common problem for people living with HIV/AIDS in Uganda, especially for orphans (Wild, 2001).

It is also possible that the interviewer misunderstood the story of the child, due to language problems and/or cultural differences. The child may also have misunderstood the interviewer, thus think that he was to tell about persons that were important to him, whether they are present today or not. The child may be talking in past tense and not be able to express this properly in English.

However, both guardians say that the child has problems accepting the fact that the parents are not there anymore. The fact that children talk about the parents as still alive may be a sign of wishful thinking. They may have wanted to impress the interviewer by idealized stories of their guardian. Denial and attempts to form imaginary relationships to the deceased parent is a common grief reaction in children (Siegel, 1994; cited in Wakhweya et al., 2002). Both guardians report a failure to cater for the child's psychological needs and to find the time

and ways to comfort the children. They describe the children as sad, lonely, and non-communicative. Therefore, it seems reasonable to believe that these children are not living in satisfying conditions and further shows the significance of providing adult assistance and emotional care to child-headed households.

### *Future perspectives*

In Western developmental theories, there is an emphasis of the child's need for the presence of a stable adult who is able to both see the child's immediate perspectives, needs, and wishes, and to have a perspective of the child's future (e.g. Hafstad & Øvreide, 1998). Making plans for the future seems very difficult for all the guardians.

Poverty has multiple aspects (Chambers, 1995; cited in Vilby, 2002). In addition to economical and social aspects, there are aspects such as powerlessness, e.g. lack of influence of the immediate situation, and vulnerability, e.g. defencelessness in the face of crisis such as disease, death, or drought. These aspects will influence the guardian's ability to have future perspectives for their child.

The ability to make plans for the child and to have a perspective of his/her future are slightly different phenomena. The child-guardians and the foster mother have difficulties in fulfilling the function of having a future perspective for the child. The other guardians manage to have a perspective of the child that goes beyond the immediate situation. However, it is evident that they often feel helpless in providing what is needed to fulfil this perspective, i.e. to make plans for the child.

Havik (1998) argues that a main risk factor in the life of foster children is the fact that plans for the future are unsure. For instance, it may not be decided how long the child will stay with the present family, and further where the child will go afterwards. These are aspects that threaten predictability and the sense of security for children (Sommerschild, 1998). This seems to be the case for the foster child in our sample. In the context of the AIDS pandemic and the increasing number of orphans and the impairment of the extended family system, having future perspectives and providing predictability may be difficult for the guardians.

The guardians in the sample worry what will happen if they die. In this case, the situation of the child will be uncertain. Foster and Williamson (2000) argue that pre-planning of death enhance the chance of orphans being cared and provided for appropriately. Writing a will might enhance economic security for the orphan after the parent's death. Due to the taboo of talking about death, such planning is not usual practice in Africa (ibid). Programs in Tanzania have focused on the training of sick mothers to make a will before they die, and thus



make the future for their children to some extent more secure after their death (Lie & Lothe, 2002).

### *The impact of the network*

Cadell, Karabanow and Sanchez (2001) introduce a model of wellness where they see the mutual influence between individuals and their community as a cyclical pattern. Healthy individuals make a healthy community, and healthy communities foster healthy individuals. The children in our sample describe their community as threatening, and avoiding bad groups is important to them. Many have future plans of escaping the community. The people of the slum area are poor, and their problems are massive. Thus, one can imply that the conditions for building a healthy community are weak.

In the model of Cadell, Karabanow and Sanchez (2001), 'wellness' is seen as incorporated by resilience, empowerment, and community building. One of the visions of KCCC is to empower the community. However, they report this to be problematic, as the community is constantly migrant and many of its inhabitants do not consider the community to be their responsibility.

Although they describe their neighbourhood as bad, the children in our sample say they have a network of neighbours and friends who are socially supportive to them. Neighbours provide practical help and serve guidance functions to the children. The child-headed households frequently mention friends as important. The informants who have stayed in Kamwokya their whole life have supportive others in their network, and all informants are connected to KCCC. Thus, our data material does not imply that the children do not have a sense of belongingness to their community. The fact that the children want to move away may rather reflect the effects of poverty. Nevertheless, these results do imply that interventions regarding orphans must involve their network and community, as this clearly impacts children's psychosocial functioning.

### *Do the orphans have a sense of competence?*

For the children in the sample, school is an arena both for showing ability and getting confirmation. Much weight is laid on academic performance, both from guardians and children. Through active and considerable participation in housework, and by episodic work experience in their rural home villages, children seem to get an additional sense of being able and of use.

### *The responsibilities of children*

In a UNICEF-study of children in Tanzania, parent beliefs concerning the responsibilities of children were explored through group discussions (UNICEF, 1999). According to the parents in the UNICEF-study, children's responsibilities included learning from their parents, respecting elders, washing the utensils, cooking, and keeping the compound clean. As for the responsibility of guardians, the parents mentioned supervising and caring, which included making sure that children gradually take on responsibility both for themselves and for certain household duties. The transferability of these findings to a Ugandan setting is reasonable, as they are both Bantu-speaking East-African groups. Thus, it seems that competence in this setting has important aspects of the child learning and gradually knowing his/her responsibilities regarding household chores. The discussions with the KCCC workers and the results from our interviews confirm that learning how to work and helping with every day chores in the family is expected from Ugandan children.

The children whose parents are sick, as well as the children in child-headed households, seem to take on more responsibility than other children in the sample. It may be expected that these children have to receive and take on more work than the other children. However, the sickness may last for a long time, and the children may be forced to take on responsibilities that are not age-adequate. The emotional challenge of taking care of sick parents may also be profound (Foster & Williamson, 2000; Wakhweya et al., 2002).

### *The coping strategies of children*

Cultural expectations as to how multiple risks should be handled are evident in the data material. The coping strategies that appear in this context can be seen as the reflection of important competences of the child (Sommerschild, 1998). Closely interrelated strategies are those of forgetting, not thinking about, and accepting. Avoidance is appearing as a strategy to handle the threats of a community that is perceived as bad.

At first glance, these strategies may appear to be passive. The strategies of forgetting and not thinking about are frequently discouraged by Western theory. Regarding death of a significant other, for instance, most Western clinicians consider it important to acknowledge or confront a loss explicitly and to work through feelings and emotions related to the loss experience (Fraley & Shaver, 1999). Bowlby (1980) considered acknowledgement of beliefs, expectations, and emotions related to loss of attachment figures to be a fundamental part of the recovery process. In therapeutic work with children who have experienced trauma, James

(1989) emphasizes that the child needs to acknowledge and explore his/her pain while in therapy in order to integrate the experience.

In Uganda, however, these assumptions may not be valid. In this study, it is evident that the guardians play an active role in transferring the strategies of forgetting, not thinking about, avoiding, and accepting as cultural norms and values to their children. Thus, they may be appropriate expressions of the cultural expectancies to children living under difficult circumstances. The assumption of the importance of active and confrontational grief has also been questioned in Western literature. For instance, Stroebe and Stroebe (1991) point to the fact that the empirical evidence of actively thinking about the loss leading to better adjustment of mourners is contradictory. In a study of adjustment in German widows and widowers, they found no differences in adjustment according to confrontational or more avoidant strategies (ibid).

Death and reactions to death is a sensitive cultural issue. In any culture, absence of proper mourning procedures, rituals and an acceptable way of dealing with grief may make adjustments more difficult (Firth, 1993). Thus, grief reactions and coping mechanisms in an East-African culture needs to be approached with care, considering local cultural beliefs and weaknesses of Western theoretical assumptions.

#### *Education as opportunity*

Getting an education is an active strategy that both children and guardians emphasise as a chance of a better life. In their Tanzania study, UNICEF (1999) found that guardians considered “getting an education” to be one of children’s responsibilities. The study further showed that guardians perceived education to be the key to the basis of life. They found providing education to be the responsibility of parents, the community, and the government (ibid).

Vilby (2002) defines ‘relative poverty’ as the lack of opportunities. The possibilities of life decrease as a consequence of poverty. Unemployment and lack of social security are common examples of socio-economic effects creating relative poverty (ibid). For the children in our sample, the focus on schooling as the single possibility of a better life may be seen in light of this sociological phenomenon.

#### *The meaning of symptoms*

Somatic symptoms are not included in our theoretical framework, and it was not an explicit issue of the interview guide. However, health issues emerged as explicit worries of many guardians and children. The children show somatic symptoms such as headache and

stomach ache. There are also some reports of children pretending to be sick to stay home from school. These symptoms may not be more than what can be expected in any child population. In normal child populations, 10% show non-organic stomach ache (Grøholt, Sommerschild, & Garløv, 2001). 10-30% of 'normal' children have headache "often" or "once a week" (ibid). However, one might ask if these symptoms are a consequence of the many adverse circumstances in the children's lives. Headache and stomach ache are typical symptoms of somatization disorders (Grøholt, Sommerschild, & Garløv, 2001). Somatization disorders are often seen in children living in difficult situations, such as living with sick family members and/or being forced to take on responsibilities not compatible with their age (ibid). Many of the children in our sample have such experiences. Another understanding of the symptoms is that they may be reactions to the children's experience of loss. Bodily distress is reported to be a common reaction to parent death (Grollman, 1995).

These results imply that the presence and meaning of somatic symptoms in orphan populations should be further explored. Again, the importance of considering multiple aspects of children's lives when trying to understand their situation is evident.

*What is the relationship between closeness and competence?*

Competence may be seen as transferred by important persons in the child's immediate surroundings (Bø, 2000). That is, competence evolves through the experience of closeness. According to Hundeide (1991), a child needs an intimate, interactive relationship with one or more adults who can guide the child to participate in the shared system of skills, knowledge, needs and values that constitutes a culture.

The dynamic of a secure base and the development of primary or secondary strategies are expressions of the relationship between closeness and competence. In the dyads where the guardian functions as a secure base, the primary strategy of seeking comfort in an attachment figure will provide the child with confidence for further exploration. In cases where the guardian fails to serve as a secure base, the child needs to develop his/her own survival strategies. In our sample, tendencies of secondary strategies are seen in children living in child-headed households, as they seem to depend upon self-sufficiency. The lack of adult supervision may cause the child to miss out on cultural learning of competence.

In our sample, competence, in terms of being able and of use, receiving and taking responsibility, seems to be expressed through the children's participation in housework and work in their relatives' rural home villages. In this way, competence seems to evolve through close interaction with significant others. It is also apparent that adults serve an important

guidance function for the children. Through interaction with guardians, grandparents and other adults, the children learn relevant attitude and behaviour for this particular cultural setting. We have found the coping strategies to be expressions of this cultural transferral.

Due to the massive AIDS-pandemic, deaths among the parent generation are numerous, and researchers refer to the now-living children as ‘the lost generation’ (Wakhweya et al., 2002). A potential consequence of this is the lack of transferral of competence from adults to children. The cultural value of children learning routines and practical abilities, in addition to the norms of the community from their guardians, neighbours, and grandparents is of crucial importance. The impact of the AIDS pandemic regarding this issue needs to be further explored.

*Is the model applicable to this setting?*

Psychological theories that are rooted in Western thinking must be seen in light of the specific cultural context (Gardiner, Mutter & Kosmitzki, 1998). Western psychology is criticized for being too individual-oriented (Burman, 1997). Sommerschild’s (1998) model appreciates different levels of functioning, including the influence of the network. However, when exploring the theoretical constructs of the model in an African culture, there is a risk of underestimating the influence of collective African thinking. Holdstock (2000) stresses the interrelatedness of the African concept of the self. In this light, the understanding of closeness may be different in Western cultures as compared to East-African cultures. When assessing relations and closeness based on Western understanding, questions and included wordings may not appreciate the African way of thinking about these constructs. The fundamental cultural assumptions of interrelatedness and common belongingness seen in African cultures may to such an extent be interwoven with language and the way of thinking that they are taken for granted among African people. In the Bantu-tribes for instance, the very close relation between a mother and her infant may be embedded in the cultural construct of motherhood to such an extent that making this an issue of conversation seems strange or does simply not come into mind (Lie, 2001).

Although each child’s development is unique in itself and also within the child’s particular culture, Super and Harkness (1994) stress that there are overall aspects of child development that are common across cultures. For instance, all children need to experience the departure and return of their mothers and learn to be responsible contributors to their communities. Super and Harkness (1994) introduce the concept of the ‘developmental niche’ as a framework for understanding how culture influences human development. Within this

framework, the child and his/her development is seen in light of physical and social settings of everyday life, customs of child care and child rearing, and the psychology of the caretaker. Thus, an understanding of children can be reached through a systematic analysis of the culturally constituted components of the child's environment, in addition to general theories of child development (Super & Harkness, 1994).

Sommerschild's (1998) model of the conditions for coping can be considered to appreciate such a cultural understanding. The concepts of the model are flexible, and thus regarded as applicable across developmental niches. By including different levels of the child's life, including the impact of the network, this psychological theory serves as a meaningful approach in different cultural settings. However, the importance of adjusting hypotheses, models, questionnaires or interviews to the specific culture should never be underestimated.

## CONCLUSION

Through Sommerschild's (1998) model, it is possible to identify conditions in children's lives that may impair coping, self worth, and resilience. Such identifications may guide intervention.

This study shows that the influence of community characteristics on the psychosocial health of orphans needs to be assessed. Child-headed households are especially vulnerable, and in need of adult assistance and emotional support. In the face of an extended family system that is slowly breaking down, foster families will be more frequent. It is necessary to aid these families to cope with their situation, helping them to create an environment that satisfies the needs of children who face adversity.

The impact of the orphan crisis in sub-Saharan Africa is massive, and will continue to be so for several decades. Action is needed, both from local African communities, as well as from the international society. The growing generation of orphans is a joint responsibility.

Longitudinal studies focusing on process variables would be needed to thoroughly assess the characteristics of resilience in the children of this study. Many of the children in the sample have guardians who are able to provide them with a sense of closeness that protects them and functions as a basis for competence. The children's sense of competence can be seen through their schooling and the participation in daily routines. Many have high aspirations for the future, and a belief in their own abilities. They show culturally appropriate strategies that help them cope in the face of adversity. There is reason to question whether these strategies are adequate for children facing crisis. It is evident that life is very hard for

both the children and their guardians in Kamwokya. Children living in child-headed households, in foster homes and also those living with sick parents, need special attention to help them get more satisfying life conditions.

The orphans of Kamwokya are brave children who represent the future generation of Uganda. Their guardians and KCCC try their best to improve the future possibilities of the children. Continued support from KCCC is of vital importance to the informants. With the help from such an organisation, orphans do have hope of a better future.

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**Appendix A**

**Informed consent - Guardians**  
**Participation in the study “The psychosocial health of orphans in the local community of Kamwokya: A case study of a Kampala City suburb in Uganda”**

This study explores the situation of orphans in Kamwokya. We wish to interview orphans, guardians and local community workers within the KCCC-network, to get their view on issues regarding these children in their community. We know that orphans and guardians sometimes experience difficulties. Through this study we hope to learn and understand more about the situation of these children.

The interviews will last approximately one hour. The interviews will be recorded on tape and transcribed into full text. Based on these texts we will make a written report to be delivered at the Faculty of Psychology, University of Bergen, Norway, in December 2002. The report will also be made available to KCCC and to the Norwegian branch of Save the children. The anonymity of the participants will at all time be ensured.

Through your participation in this study you help us gain access to valuable and unique information regarding your situation. This information is important for researchers, local community workers and the international society. We are therefore uttermost grateful if you decide to take part in the study. If you decide to participate, we need you to read the following statement and to sign it below. This is for you to be ensured that the information you share with us will not be misused.

Thank you for your cooperation!

Best regards,

Krister W. Fjermestad

and

Ingrid Kvestad

## Appendix B

<b>Written consent from guardians concerning the participation of the child</b>
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I have been given information that all data material from the interviews will be presented with absolutely anonymity; it will not be possible to trace the child's particular opinions and statements. Both the tapes and the transcribed text will at all times be handled with absolute confidentiality and will be kept locked down. Only the researchers involved, Krister Fjermestad and Ingrid Kvestad, will have access to them. When the study is completed the tapes will be deleted. I have been told that during the interviews the child is free not to answer questions, without explaining why. The child is free to stop the interview at any time.

**Date:** \_\_\_\_\_  
**ID-number:** \_\_\_\_\_  
**Name of child:** \_\_\_\_\_  
**Name of guardian:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

**Thank you very much for your cooperation!**



## Appendix C

**Informed consent – Children**  
**Participation in the study “The psychosocial health of orphans in the local community of Kamwokya: A case study of a Kampala City suburb in Uganda”**

This study explores the situation of orphans in Kamwokya. We wish to speak to orphans, guardians and local community workers within the KCCC-network about the daily lives of orphans and their guardians here in Kamwokya. We know that orphans sometimes experience difficulties. Through this study we hope to learn and understand more about the situation of orphaned children.

If it is ok for you, we will speak together for about one hour. The conversation will be recorded on tape and then written into full text. Based on these texts we will make a written report to be delivered at the Faculty of Psychology, University of Bergen, Norway, in December 2002. The report will also be made available to KCCC and to the Norwegian branch of Save the children. In the report, it will not be possible to trace who have said what. We will also not tell your guardian, other children we speak to, or the KCCC-workers exactly what you tell us. Only my colleague, Krister Fjermestad, and I will know what you said.

Through your conversation with me you help us gain access to valuable and unique information about your life. This information is important for researchers, community and help workers and the international society. We are therefore uttermost grateful if you decide to talk to me. If you decide to participate, we need you to read the following statement and to sign it below. This is for you to feel ensured that the information you share with us will not be misused.

Thank you very much for your cooperation!

Best regards,

Krister W. Fjermestad

and

Ingrid Kvestad

**Appendix D**

<b>Written consent</b>
------------------------

I have been given information that all data material from the conversations will be presented so that it is impossible for anyone to know who have said what. Both the tapes and the written text will at all times be handled with absolute confidentiality and will be kept locked down. Only the researchers involved, Krister Fjermestad and Ingrid Kvestad, will have access to them. When the study is completed the tapes will be deleted. I have been told that during the interviews I am free not to answer questions, without explaining why. I am free to stop the interview at any time.

I hereby agree to participate in the study performed by Krister Fjermestad and Ingrid Kvestad.

**Date:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**ID-number:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

**Thank you very much for your cooperation!**

## Appendix E

## Interview guide Children

### 1. Background information

- Age
- Years in Kamwokya
- Relationship with the caregiver, the child's name on the caregiver
- Number of children in the same house
- Number of siblings – where do they live
- Other children in the same house
- Education

### 2. Significant persons in the child's life

- a) Could you make a list of persons that are important and significant in your life?  
(Hand out paper and pen, let them write or draw)

*Significant persons:*

- *who mean something for you/you mean something for them*
- *who you do things with*
- *who you care about*
- *who you think of when you go to sleep*

*Remember:*

- *persons that are not with you now (dead, live different places), in addition to those in your network*
- *include other children, friends, grown-ups and old people*

- b) Tell me about each of these persons.

- How often do you see each other?
- Tell me about things that you do together.
- Tell me about things that you like the most to do with this person.
- Are there things that you do not like to do?

- c) Do any of these persons have contact with each other?

- d) Who would you go to for help and/or advice? To tell about something good that happened to you?

- e) What do you do if you have worries?

- f) Is there someone who can listen and give help?

- g) If someone were not nice to you, what would you do? Who would you tell, if anyone?

### 3. The everyday life of the child

- a) What did you do yesterday?

- When did you get up?
- Meals?
- Time when everybody is at home?
- Favourite things to do?
- Chores in the home, outside of the home. Chores of the other children in the same house.

- School.
- Time for returning to the house.
- Homework.

- b) Who decides what you should do during the day?
- c) Who makes sure that all your chores are done?
- d) Who makes sure that you get food, have clean clothes?
- e) Who makes sure that you get your homework done everyday?
- f) Does someone know where you are during the day?
- g) If someone needed to see you, would they manage to find you?
- h) How do you help others throughout the day? How do others help you?
- i) Is there something you wish were different in you everyday life?

#### **4. KCCC**

- a) What do you know about KCCC?
- b) What do KCCC do for you and your family?
- c) In what situation would you go to KCCC?
- d) In what situation would your guardian go to KCCC?

#### **5. Summary**

- a) *(brief summary)* Is there something you would like to add? Questions?
- b) What advice do you have to other children in your situation?
- c) What advice do you have to people who would like to help children in your situation?

*Repeat information on how our data will be kept and treated. Emphasize our connection with KCCC, where the child can find us if they have questions or needs after this interview.*

*Thank you!*

## Appendix F

## Interview guide Guardian

### 1. Background information regarding the guardian, the child, and the family.

- Age
- Marital status
- Occupation
- Relation to child (relative, friend, etc.)
- Place of living
- Number of persons in the household
- Number of biological children, their age
- Number of foster children, their age
- How long has the child stayed with you?
- How did the child come under your care?
- What do you know about the child's life before he/she came to you?
- Has the child also stayed with other guardians?
- Where are the child's siblings?
- Do you receive any sort of financial or other support for being the guardian of an orphan?
- What are the future plans for this child?

### 2. The daily life of the child

#### a) Describe a typical day in the child's life

- What does the child do before he/she goes to school?
- Tell me about the child at school
- What happens when the child return from school?
- How much time does the child usually spend at home?
- Where is the child when not at school or at home?
- If you need to see the child, what would you do?
- When does the child have to be home in the evening?
- Is there anything that would make your child particularly happy? Particularly unhappy?
- Do you think there is something the child would like to change in his/her life situation?

### 3. Meaningful persons in the child's life

#### a) Could you tell me about important and significant persons in the child's life?

*Significant persons:*

- *who means something for the child/the child means something for them*
- *who the child does things with*
- *who the child cares about*
- *who the child thinks of when he/she goes to sleep*

*Remember:*

- *persons that are not with the child now (dead, live different places), in addition to those in their current network*
- *include other children, friends, grown-ups and old people*

- b) To whom do you think the child would go if he/she was experiencing difficulties or was worried about something?
- c) To whom do you think the child would go if he/she wanted to tell about something pleasant or funny?
- d) To whom do you think the child would tell if he/she had been teased or harassed?
- e) Do you think that it is more difficult for your child to share problems or difficulties with you than it is for your biological children?
- f) Do you think the child thinks a lot about his/her parents? Do you talk together about this?

#### **4. Perceived support**

- a) What are the most important challenges you face as a guardian of dependants?
- b) Who would you go to if you wanted to talk to someone about these challenges?
- c) KCCC
  - What do you know about KCCC?
  - What does KCCC mean to you and your family?
  - In what situations would you contact KCCC?

#### **5. Summary**

- a) (*brief summary*) Is there something you would like to add? Questions?
- b) Do you have any particular advice to other guardians?

<p><i>Repeat information on how data is to be stored and treated, and underline our connection to KCCC in case the informant has questions or needs after the interview session.</i></p>
--

*Thank You!*

**Appendix G****Categories for coding of the text**

- 1 Background
- 2 Relation to the deceased parent
- 3 Important persons in the child's life
- 4 Persons less important
- 5 Other children in the household
- 6 School issues
- 7 Contact with KCCC
- 8 Living conditions and strategies in handling these
- 9 Health complaints
- 10 Worries and strategies in handling these
- 11 Sponsors
- 12 House chores
- 13 Thoughts concerning the child's future and strategies in handling these
- 14 Negative experiences and strategies in handling these
- 15 Friends and spare time
- 16 Guardian involvement
- 17 Characteristics of the child
- 18 Thoughts regarding care of orphans
- 19 Guardians' perceived support
- 20 Personal inquiry to the interviewers
- 21 Everyday life/routines
- 22 Advice to others (guardian/orphans)

**Appendix H****Child Interview**

Id-number: O-8

Date: 25.08.02

Girl, 13 years. She was waiting for me, because I had done a double booking. School had holiday so she didn't miss school because of this interview.

The interview took place in the church. The girl was holding the tape recorder during the interview. This because I thought she would not speak loud. She seemed a little bit reserved in the beginning, but turned out to be a very informative informant.

**Int.**

Like that, maybe you can hold it, and then you can talk into this one (laughing) you don't need to, you can talk like that now. You are... I call you (*name of child*)?

**O-8**

Yes.

**Int.**

And how old are you?

**O-8**

I'm 13 years.

**Int.**

13, yes and then you are in P..

**O-8**

P6.

**Int.**

P6. So you finished second term now?

**O-8**

Second what?

**Int.**

Second term.

**O-8**

Second term yes, we are going to finish on Friday.

**Int.**

On Friday, so then you are going to get your report?

**O-8**

(*nodding*)

**Int.**

Is it exciting?

**O-8**

No.

**Int.**

No, you know what you will get?



**O-8**

(nodding)

**Int.**

Oh, good. So then you have next year you will start P7.

**O-8**

Yes.

**Int.**

And you have... you go to Modern Infant School I know, have you gone there all the time?

**O-8**

On Modern Infant?

**Int.**

Yes.

**O-8**

I went there in P5, but that is all.

**Int.**

So before there you went somewhere else?

**O-8**

Yes.

**Int.**

You've gone to a different school?

**O-8**

I went?

**Int.**

Yes.

**O-8**

When I was in Modern.

**Int.**

You have always been at Modern?

**O-8**

No, I started from (*name of school*), the money was lost, now I came here, they sponsored me and I could go back.

**Int.**

Ah, ok. Yes. And who do you live with?

**O-8**

I live with... I have one sister, a brother who live here, and my uncle and the daughter of my uncle, even my mother.

**Int.**

And then your mother. So yes, so you are a big family?

**O-8**

Yes.

**Int.**

That is four children, your uncle and your mother.

**O-8**

But another daughter is big.

**Int.**

Ah, I see, so she is not a child?

**O-8**

No.

**Int.**

But she lives at home?

**O-8**

Yes.

**Int.**

Are you the oldest?

**O-8**

?

**Int.**

The children, are they older or smaller than you?

**O-8**

My sister older than me, and I'm older than my brother.

**Int.**

I see. He goes to school here?

**O-8**

Yes.

**Int.**

But your father is he dead?

**O-8**

Yes.

**Int.**

Long time ago?

**O-8**

Yes, I don't know him.

**Int.**

You don't know him.

**O-8**

But my mother has told me that he died.

**Int.**

He died, you never met him, you don't remember him? No. Do you think of him sometimes?

**O-8**

Yes, sometimes when at school, they accuse me, the teacher that I'm old in his class and things like that.

**Int.**

Oh, and then you think of your father? Why do you think of your father then?

**O-8**

Because, I could not be in that class, I completed secondary.

**Int.**

So you are older, yes. When your father...you didn't have any money that's why?

**O-8**

*(nodding)*

**Int.**

I see, I can understand that. But now you are in P6, and you can come to secondary later. Yes, right. You just have to go through P6 and P7 and then you can go to secondary. Yes, do you think so?

**O-8**

*(nodding)*

**Int.**

I would like to talk to you about persons...persons that are important to you.

**O-8**

Sponsors?

**Int.**

No not sponsors, sponsors are important, but other people also, other people that are important.

**O-8**

My mother.

**Int.**

Your mother, yes. Can you tell me about your mother?

**O-8**

If I get a problem she will care for me. Even buy for me clothing. Sometimes even here they give for me clothing.

**Int.**

You get clothes from here also. Yes. But your mother she cares for you. How does she care?

**O-8**

When food is lost, she is the one who buy food.

**Int.**

Yes...yes, that is good. You said that if you have problems your mother can deal with that. What kind of problems would that be?

**O-8**

When I'm sick, when I can't go alone to the hospital, then she will take me.

**Int.**

She will take you to the hospital. Have you been to the hospital?

**O-8**

No.

**Int.**

No, you haven't, to Mulago, you know?

**O-8**

(nodding)

**Int.**

There?

**O-8**

(nodding).

**Int.**

Are you often sick?

**O-8**

Me?

**Int.**

Are you sick sometimes?

**O-8**

Yes sometimes, headaches.

**Int.**

Headaches. Very bad headaches?

**O-8**

?

**Int.**

Very much?

**O-8**

Very much, but sometimes it stops.

**Int.**

It stops. Good. Or no, not good, because it is not good to have headache. Do you go to school when you have headache?

**O-8**

My mother gives me medicine, and I go.

**Int.**

You go even though you have headache.

**O-8**

Yes.

**Int.**

How often do you have headache?

**O-8**

Even one hour, after one hour it goes away and is not as bad. It is like that.

**Int.**

Like that, you have it sometimes. When you have headache, can you read?

**O-8**

Read? Yes I can, because I can just do what... I can just take medicine and I read.

**Int.**

Ah, ok, so the medicine is very good.

We have to see if it stops, and then we turn (*pointing to tape*)

So your mother is important. Do you have other people in your life that is important?

**O-8**

No.

**Int.**

No, do you have, some children that I have talked to they have like a grandmother in the village or something.

Do you have a grandmother?

**O-8**

I don't know.

**Int.**

You don't know?

**O-8**

I have only the mother of my grandmother, or the one who produced my mother.

**Int.**

Yes, do you know her?

**O-8**

Yes.

**Int.**

Where is she?

**O-8**

In the village.

**Int.**

In the village, do you see her sometimes?

**O-8**

Sometimes she comes to my home, and stays here.

**Int.**

Yes, is she nice?

**O-8**

Yes.

**Int.**

(*laughing*) How is she nice?

**O-8**

She is not too old like these.

**Int.**

Not very old.

**O-8**

No.

**Int.**

Do you visit her sometimes, in the village?

**O-8**

When mother is there, we can go sometimes. Sometimes we don't because of money.

**Int.**

It's far.

**O-8**

Yes it is far, even when (...)

**Int.**

So you go there. Do you work there, or... what do you do when you are... when you see your grandmother, what do you do?

**O-8**

(...) we care for her.

**Int.**

You care for her. Do you talk to her?

**O-8**

Yes.

**Int.**

Yes. Do you have other people, do you think you have other people close to you?

**O-8**

I don't.

**Int.**

You don't.

**O-8**

Only the uncle is there too, sometimes even the what... he says that he is tired of paying the house, the house money is too much. Other people say that, his children and even his wife they say that my mother eats his money.

**Int.**

Ah, but that is not true is it?

**O-8**

Yes, it is not true.

**Int.**

No. So you don't like your uncle or...?

**O-8**

Even sometimes I like, sometimes I feel that I don't want.

**Int.**

I see, I see. Do you ever come to him if you have a problem?

**O-8**

No.

**Int.**

No, you don't tell him. (*shaking head*) I see. Some children are sometimes worried about something, you know worried?

**O-8**

(*nodding*)

**Int.**

Are you ever worried about something?

**O-8**

Yes, because I'm worried about my mother if she any times she dies. And I live with another mother.

**Int.**

Yes, yes I understand. Do you ever talk to her about that?

**O-8**

No.

**Int.**

No, you never tell that you worry about that?

**O-8**

(*shaking head*)

**Int.**

No. What do you think you would do? What would happen if she dies do you think?

**O-8**

I will tell my sponsor to take me.

**Int.**

Yes. You need to be taken care of.

**O-8**

(*nodding*)

**Int.**

Do you think you sister worry about the same? What would happen if your mother dies?

**O-8**

Even my sister was sponsored, but I don't know weather her sponsor can take her.

**Int.**

No you don't know.

**O-8**

Even her kind, then they can tell her sponsor that they need...

**Int.**

Who are your sponsor? Do you know your sponsor?

**O-8**

My sponsor? I know the name, but I don't know the what... I don't know the face.

**Int.**

No, you don't know, but you have the name?

**O-8**

Yes.

**Int.**

It's Italian or? An Italian name? What is the name?

**O-8**

*(Name of sponsor)*

**Int.**

*(Name of sponsor) (laughing)*, that is good. Did you write letters?

**O-8**

Yes, here they first tell me that I write, then I write.

**Int.**

Yes, and then you write letters. Have you been, are you sad sometimes?

**O-8**

Yes.

**Int.**

Yes, can you tell me about a time when you have been sad?

**O-8**

When the money is lost for food.

**Int.**

Yes you are sad. Do you tell anyone that you are sad then?

**O-8**

*(Shaking head)*

**Int.**

No.

**O-8**

Only my mother.

**Int.**

Your mother, what does she do?

**O-8**

Sometimes when the money is lost I also keep quiet.

**Int.**

You keep quiet. Why do you keep quiet?

**O-8**

Because there is no one we can tell.

**Int.**

There is no one you can tell. Is it often that there is no money?

**O-8**

?



**Int.**

Is money lost often?

**O-8**

Yes, when even...when my mother (...) where they work from. Sometimes they tell them to take the money which she have, and she is there and remain with nothing.

**Int.**

I understand. Yes. If you need help or something, I think I know where you would go... Who would you go to?

**O-8**

When?

**Int.**

If you need, is there sometimes you need help for something. Do you need help for... maybe.... If you, when you need to pay your exams, who do you go to then?

**O-8**

Ah, my mother.

**Int.**

You go to your mother.

**O-8**

I tell her to pay some, and we pay another day.

**Int.**

Yes, she will do that, so you trust your mother.

**O-8**

*(Nodding)*

**Int.**

Yes, I see. Do you ever go here? Do you go here to KCCC?

**O-8**

Here?

**Int.**

Not in school, but in KCCC.

**O-8**

Sometimes, sometimes but not, I don't come almost. But sometimes I bring the report, I show them here even at school the teachers and I take them up.

**Int.**

Yes, and they look at them and they have them in your files. And then they can see how you are doing?

**O-8**

?

**Int.**

Then they can see how you are doing.

**O-8**

Yes

**Int.**

Good. Ehhm, ok. I would also like to talk about your life in Kamwokya.

**O-8**

?

**Int.**

Your everyday life, what do you do during the day? Everyday, what do you everything? Can you tell me something, like when do you wake up in the morning?

**O-8**

When I wake up?

**Int.**

Yes

**O-8**

When, because at school we go, at school sometimes we go when they want us at seven. And sometimes when I wake up late, I just (...) my mum, and I do what...I wash my face, even my mum wakes up and cooks for us, and then we go to school.

**Int.**

You go to school

**O-8**

Yes, when I come back, I wash plates, I mop the house, I fetch water.

**Int.**

You fetch water, yes. When you wake up in the morning, do you wake up or do your mum have to say that you should wake up?

**O-8**

She doesn't tell me, I just tell by myself.

**Int.**

You tell by yourself.

**O-8**

Even sometimes, when I don't, my sister or the brothers are the one who tell me to wake up. One of them.

**Int.**

One of them do. Do you think it is difficult to wake up in the morning?

**O-8**

No, it is not difficult.

**Int.**

You look forward to go to school?

**O-8**

?

**Int.**

You like school?

**O-8**

*(nodding)*

**Int.**

Why do you like school?

**O-8**

Because, why do I like school, because I can even be a pilot in the future.

**Int.**

A pilot! Ah, very good. Is that what you would like?

**O-8**

Yes, or maybe a doctor.

**Int.**

A doctor yes. Yes, many possibilities. That is why you like school, so you can get your education?

**O-8**

Yes

**Int.**

But, do you like your teachers?

**O-8**

Yes, but there is one teachers whom I don't want.

**Int.**

Who is that?

**O-8**

The teachers who told me that I'm old in his class, the class teacher.

**Int.**

Yes, he said that. Did you get sad then?

**O-8**

Yes, because if that teacher said that, I cried, I cried.

**Int.**

Yes, what did you do then when you cried.

**O-8**

I...nothing, I just went I told my mother. And she keeps quiet.

**Int.**

She kept quiet. Did you tell your teacher that that was not nice?

**O-8**

*(Shaking head)*

**Int.**

No you can't do that.

**O-8**

I can't. Just keep quiet.

**Int.**

Just keep quiet. What did your friends say? Did they..

**O-8**

Also them they told me that you keep quiet. They told me to (...)

**Int.**

Me too, I say that you go to P6 now, then you go to P7 and then you go to secondary, it doesn't matter that you are older, does it?

**O-8**

For me, for me I'm used. Because the children, all the children cannot be like that.

**Int.**

So you don't like him.

**O-8**

Yes, I don't like him.

**Int.**

Who do you like of the teachers then?

**O-8**

The headmaster. The teacher of English, and even the what...the director. All the teachers, not that teacher only.

**Int.**

Only, you don't like him, I understand that. But the English is the best, and the headmaster?

**O-8**

Yes, and the headmaster, and the what...even the director, the (...) and the English teacher

**Int.**

Yes, what is your favourite subject?

**O-8**

English.

**Int.**

English, why?

**O-8**

Because it is not too difficult, and that teacher does not beat every time, but some teachers teach you and they beat and beat me.

**Int.**

They beat? When do they beat?

**O-8**

If you fill in one wrong number, they beat.

**Int.**

Oh, but the English teacher doesn't beat?

**O-8**

No, but sometimes, even that teacher does.

**Int.**

That's why you like English the best.

**O-8**

*(nodding)*

**Int.**

I think your English is very good. Yes. You speak very good English. Yes, it is important to learn English isn't it? And you would like to be a pilot?

**O-8**

Yes a pilot, or a doctor or a nurse. Sometimes I tell my mother I will be a vice-president (*laughing*).

**Int.**

So how do you do if you would like to be a vice-president, what do you do?

**O-8**

I study hard.

**Int.**

Yes, you study hard. Yes, that would be good. So at school some children tell me that they don't get lunch everyday. Do you get lunch everyday?

**O-8**

Sometimes I don't. If I go home, sometimes I don't find the food. And it is a long way from school to my home, to go there and eat food and then I come back.

**Int.**

Ah, you get really tired then.

**O-8**

Like some days I go, I don't find food, she tells me that you go back, I go back.

**Int.**

Oh, sorry, it is very hard.

**O-8**

It's ok.

**Int.**

It's ok. But you don't get food at school?

**O-8**

No, because I don't pay.

**Int.**

You don't pay for food at school. But do many children don't get food?

**O-8**

Some children get.

**Int.**

I'm sorry about that. It is a long time to go and not have food isn't it?

**O-8**

?

**Int.**

It's a long time, and you don't get lunch.

**O-8**

It's a long time. Just some day, some days I will eat.

**Int.**

And some days you don't. And then you come from the school and you sweep the floor, you wash the utensils and you fetch water.

**O-8**

Yes.

**Int.**

Yes, do you see friends?

**O-8**

Yes.

**Int.**

After school.

**O-8**

After school, yes they stay there at home, some of them not all they go from here, also them they work at home.

**Int.**

They work at home, so children are busy after school. Do you study?

**O-8**

?

**Int.**

Do you revise your books?

**O-8**

Sometimes, even the lamp, the paraffin, it's not enough. Even sometimes my mother tell me that you just go to sleep.

**Int.**

You don't revise sometimes? But sometimes you do.

**O-8**

*(nodding)*.

**Int.**

Yes. Who says, is it your mother who says that you should read, or do you know that you should read? You know by yourself? Or..

**O-8**

Yes.

**Int.**

So you like to read.

**O-8**

But sometimes, there is nothing you can do, because no paraffin.

**Int.**

No.

**O-8**

So I can't study.

**Int.**

Yes so you just have to go to sleep. Yes, I understand. Who decides, during the day, who decides what you shall do? That you shall sweep the floor, and...

**O-8**

Myself

**Int.**

Yourself?

**O-8**

Yes, because sometimes my what...my sister do cook, or me I cook. Or I will sweep the floor or I will wash the plates, and we change and we do the work, and we do it together.

**Int.**

So where is your mother?

**O-8**

My mother? At home.

**Int.**

She is at home, and she helps also?

**O-8**

Yes, sometimes she helps.

**Int.**

Yes, does she work?

**O-8**

?

**Int.**

Does your mother work?

**O-8**

If not too week.

**Int.**

If she is not too week.

**O-8**

Yes, because she got in an accident.

**Int.**

Ok.

**O-8**

But, now the limb are not (...)

**Int.**

It's better?

**O-8**

Sometimes they pain her, it doesn't go back. So sometimes she doesn't work.

**Int.**

Ah, I see. Is that why you are worried about her?

**O-8**

Yes, because if she can't see (...)

**Int.**

Yes, I understand. So she have to..she can't have a job.

**O-8**

She works, but she come early, she works in the (...)

**Int.**

And then she comes home.

**O-8**

*(nodding)*

**Int.**

And you say that she makes sure that you sometimes get food, and that you have clean clothes. Do you wash your clothes?

**O-8**

Sometimes you wash, you go away, you take all the clothes and we wash together.

**Int.**

Yes.

**O-8**

Sometimes my mother, when we are the three and my sister.

**Int.**

Yes so you wash together. Ok, during the day, does your mother always know where you are?

**O-8**

Yes.

**Int.**

She knows? Why does she know?

**O-8**

Because, you don't walk too much, you don't walk too much at home.

**Int.**

So you are at home. When do you have to be in at night...in the evening?

**O-8**

At home.

**Int.**

You have to be home always

**O-8**

*(nodding)*

**Int.**

**Why?**



**O-8**

Because my mother cannot go far, because she cannot come and look for us.

**Int.**

She can come and look for you?

**O-8**

Yes, even now, she doesn't have the power to look for us, also us we have to be at home.

**Int.**

Yes, you have to be at home so she knows where you are. Are you scared? Do you fear the dark?

**O-8**

The darkness? At home?

**Int.**

No not at home, but if you are out.

**O-8**

I can't go out if it is dark

**Int.**

No, it is scary?

**O-8**

Yes, even they can have a stone and it beats you. One day a stone came and beat me here.

**Int.**

No?

**O-8**

(...) in the evening there.

**Int.**

It is not nice.

**O-8**

No, I can't go out at night.

**Int.**

No. So some children, some girls tell me that there are some bad groups in the streets that they fear.

**O-8**

Yes, exactly. Some, even we have a neighbour, he is in a bad group, but for us, our mother refused us to be in that group.

**Int.**

Ok, because it is not a nice group. But how is it not nice?

**O-8**

Because even, they can get pregnant and when they walk away their mother won't know.

**Int.**

That's why you can get pregnant or something like that.

**O-8**

Even they can beat you from there.

**Int.**

Ok, it's not nice is it?

**O-8**

No

**Int.**

So do you, your mother always knows where you are, but do you always know where your mother is?

**O-8**

Sometimes when she is at work I don't know.

**Int.**

No, so if you come home in the evening, or if you come home and your mother is not there, are you worried or..

**O-8**

Yes, I ask... when she is at work, I do the work at home and then I ....

**Int.**

Where is she? Do you say that?

**O-8**

Yes, I ask the neighbours. They tell me or they say that they don't know where she sometimes went.

**Int.**

But your uncle is he home all the time?

**O-8**

My uncle, sometimes he....even he can walk and comes back at night.

**Int.**

Ok. Sometimes. Ok I think that's it. Do you have, during holiday what do you do then?

**O-8**

At home?

**Int.**

No during the day what do you do?

**O-8**

Nothing, just little. Our pastor can say that we are going to sing somewhere, and we go with him and we sing.

(...)

**Int.**

So you are in a choir?

**O-8**

Yes

**Int.**

And you sing? Aah, very nice. So you sing in church?

**O-8**

*(nodding)*

**Int.**

Do you have friends?

**O-8**

At the church?

**Int.**

Yes.

**O-8**

Yes, I have

**Int.**

So you go with your friends?

**O-8**

Yes.

**Int.**

Do you play with your friends during holidays?

**O-8**

Yes, we play there at home in the compound. Sometimes we play netball, sometimes we skip with a rope.

**Int.**

Ok, you do things like that.

**O-8**

Yes.

**Int.**

Do you have many friends at home?

**O-8**

Not many, the friends that I have are in school from here.

**Int.**

Ok, they go to the informal school.

**O-8**

Two.

**Int.**

Two of them.

**O-8**

Yes another one at home.

**Int.**

She doesn't go to school?

**O-8**

The other one, she goes to school, (name of school)

**Int.**

I see, so you go to different schools. Do they like the school here do you know?

**O-8**

Yes they like, because even sometimes all them can go home without food, when they ate here and they don't become hungry.

**Int.**

No, they get food here, they don't get hungry. I understand. Ok, I think now we can talk a little bit about KCCC, what do you know about KCCC?

**O-8**

Just that they pay for my school fees, they give me food, and there is food which we get from here. But we have, even at home we cook with it, I get sometimes clothes.

**Int.**

From KCCC, so they help? They help you when you need it? Do they pay..and your sister, no your brother..

**O-8**

My sister.

**Int.**

She goes..no your brother goes to the informal school?

**O-8**

Yes, my sister is in a church where they

*(turning tape)*

**O-8**

My sister has a place where they pay for her school fees.

**Int.**

Oh, so someone else pays for your sister. Yes.

**O-8**

They pay for me, and also I think they are going to pay for him.

**Int.**

Yes, very good. Have you been to the seminars? The KCCC seminars, have you been?

**O-8**

Sometimes when they call me I go.

**Int.**

Is it ok? What happens? How is it?

**O-8**

They show us videos, for those children who are on the street, for the orphans and things like that.

**Int.**

Yes, do you learn things? They tell you things? Why do they show you video?

**O-8**

To not be like the children who are on the streets, not to be in groups.

**Int.**

Those things. They teach you about those things. Do you like the seminars?

**O-8**

Yes.

**Int.**

Yes, you think it is ok? And you meet other children here? There are other children also. Many children here?

**O-8**

Yes.

**Int.**

Do you meet some of your friends here?

**O-8**

Yes, we meet when we are going to the seminars, in the boardroom.

**Int.**

In the boardroom, sure. Would you ever come to KCCC just to talk? Do you sometimes come to KCCC, yes you come with the report cards. Do you come other times?

**O-8**

No.

**Int.**

No you don't.

**O-8**

Unless when they call me.

**Int.**

When they call you, so you would never come here if you had a problem or something?

**O-8**

No.

**Int.**

No, does your mother ever come to KCCC?

**O-8**

No, unless they call her.

**Int.**

If they call her, she comes.

**O-8**

Yes

**Int.**

Ok, I think we finished. You told me a little bit about your life in Kamwokya. Your everyday life, and then you told me about school, that you would like to be a pilot, and that you don't like a teacher, one of your teachers.

**O-8**

Yes.

**Int.**

And you also told me about your family, about your mother. And that you can go to your mother if you have a problem. Yes. And also we talked about KCCC. Is there something else you would like to say?

**O-8**

How?

**Int.**

No, I don't know, may be there is something you would like to tell me? May be you have some questions for me?

**O-8**

Could you take me to Norway? *(laughing)*

**Int.**

Ah, you would like to go to Norway? Why would you like to go to Norway?

**O-8**

Because I don't know how it is.

**Int.**

You don't know the country. No, it's very different from here. You know, where I come from it rains all the time. It's terrible, I don't like rain

**O-8**

*(Laughing)*

**Int.**

And it's very cold. May be when you are a pilot, if you are a pilot, you can fly to Norway.

**O-8**

Yes *(laughing)*.

**Int.**

Yes, and then you can see me *(laughing)*. Do you have an advice, so you know advice? Advice?

Like...*(writing)* advice; do you know the word? Do you have an advice to other children?

**O-8**

Yes, they tell me that (...) and advice I can't give.

**Int.**

Oh, ok. I see. Ok, I think we finished. Thank you very much!

*(The tape is switched off)*

## Appendix I

**Guardian Interview**

Id-number: G-8

Date: 19.08.02

The child followed her mother to KCCC. Because of much activity at KCCC, the interview takes place in the church. The informant does not understand English, and thus an interpreter (InG-8) has to interpret the interview. The informant seems comfortable and frank in the situation. The interview lasted approximately one hour.

**Int.**

So first there are some questions about the background of you and your family. Eh... How many people live in your household, in your house?

**InG-8**

Six.

**Int.**

Six? Ok. And who are the different ones; can you tell me about them?

**InG-8**

The other sister, then the daughter, then her, then the three daughters.

**Int.**

Then three children? And all the children are your children?

**InG-8**

Ok, two her own children, then one is an orphan, staying just with her, she's an aunt.

**Int.**

Ok. She's the aunt of the orphan? Ok. What about (*name of the child*), is (*name of the child*) your own child?

**InG-8**

(...)

**Int.**

Yeah, she's the mother of her. And what about (*name of the child*)'s father, is he dead, or?

**InG-8**

He died.

**Int.**

Ok, I'm sorry about that. How long ago is that?

**InG-8**

Around eight years now.

**Int.**

Around eight years ago, ok. And how old (*name of the child*)

**InG-8**

She's 15.

**Int.**

How do you earn a living, do you work?

**InG-8**

She says she's a petty trader. That's how she gets her little income.

**Int.**

Do you receive any form of financial support for taking care of your children or the orphan?

**InG-8**

So, she gets food. You've heard of our program? So she's on that program.

**Int.**

And besides from that do you get anything?

**InG-8**

*(Shaking her head)*

**Int.**

Ok. What about the school fees? ... Do all the children go to school?

**InG-8**

So she says the income she gets paid for the other elder child, elder to *(name of the child)*, then *(name of the child)*, is KCCC, then the other orphan in the informal school.

**Int.**

In the informal school? Ok. ... Can I ask you how old you are?

**InG-8**

38.

**Int.**

Eh... And the orphan that you care for, how long have you been caring for that one?

**InG-8**

Strictly the orphan, ey?

**Int.**

Yeah, the orphan.

**InG-8**

She says it's now, she thinks, eleven years. Cause, he's 12, and he was a baby.

**Int.**

Ok. So almost his entire life. Ok. Eh... do you know the plans for him, will he continue to stay with you, do you know anything about that? The orphan?

**InG-8**

Ok. She's saying... She really doesn't have (...) concrete plan, but all she thinks it will depend on KCCC. Cause he's here *(refers to the informal school)* and they give the fees, and then the food they get is because the boy is here. So she's actually saying maybe it will have to depend on them. If they are to stop, everything has to stop.

**Int.**

Yeah, ok. Ok. So now there are some questions about the daily life of your family. And I was wondering if you could tell me what happens in the morning, when everyone gets up and before everyone goes to school.

**InG-8**

They wake up, do the bathing and that thing, then they go to school. But then on weekends, and times when not in school, they wake up, then do their bathing, then do some house chores, fetching water, those things.

**Int.**

Ok. So do any of the children do any housework in the weekdays, before they go to school?



**InG-8**

(...)

**Int.**

No? And your sister, does she work as well, or is she at home?

**InG-8**

That she's also a petty trader.

**Int.**

And do the children walk together to school, or do they walk alone, or how is that?

**InG-8**

They all move at once. They leave the house at once.

**Int.**

And when do the different ones come back in the afternoon?

**InG-8**

Ok.... So, the one at the informal school, it's at 4, then (*name of the child*) around 5.30, and then the elder one around 5 still. 5 to 6.

**Int.**

Ok. And are you usually at home when they come back?

**InG-8**

She's always there.

**Int.**

So what happens when they come back from school, what happens in the afternoons in your house?

**InG-8**

So they come back, and put of their uniforms, then sup, takes something to eat. Then house chores, that is, washing their own uniforms, fetching water, and... washing up some dishes.

**Int.**

Ok. So all of them do this, and do they do it together, or?

**InG-8**

They're together.

**Int.**

Ok. Eh... Do any of them go outside from the house in the afternoons, to do something, to meet friends, or to... eh... do sports or anything like that, does it ever...

**InG-8**

Nothing.

**Int.**

Nothing, they just stay at home. Ok. Why is that?

**InG-8**

It's because maybe they don't want, they don't feel like moving in the evenings.

**Int.**

So, yeah. Ok. They don't want to. Do any of them go to play some sports on a regular basis, or sing in a choir, go to church, something like that?

**InG-8**

So, the small boy... goes out. There's a small nearby thing, he goes out to play football. Then the girls... understand that they are Born Agains, and... they're in their choir. Or respect of churches. So on Saturday, they go for practice, then Sunday, church.

**Int.**

Ok. So anyone of them is away from home, how easy is it for you to know where they are? Do you usually know where they are if they are not at home?

**InG-8**

Yeah, it is easy, because none of them leave home without having informed her.

**Int.**

Ok. Do you think that your children, eh... and the boy from here (*refers to the informal school*), that they have a good relationship, that they are good friends? That they like to play together?

**InG-8**

Yeah, they really love themselves, because this boy, he came to the home when he was really young, so maybe he thinks these ones are my real sisters and, they also take the boy as their own brother.

**Int.**

Yeah, they do. What does the boy call you, does he call you mother, mama, or does he call you by name, or what?

**InG-8**

Mama.

**Int.**

Ok. Then I would like to ask some questions about school, and then first about (*name of the child*). Eh... Do you think (*name of the child*), eh, how do you think (*name of the child*) likes it at school?

**InG-8**

It's too much, she likes school so much.

**Int.**

She likes school so much? Ok. Is it your impression that it is a good school, that Modern is a good school?

**InG-8**

It's not so bad.

**Int.**

It's not so bad? ... Has she gone to the same school all the time, since P1, or?

**InG-8**

It's not one school. She changed from some other school to Modern.

**Int.**

Ok. Why did she change schools?

**InG-8**

Ok... She actually changed cause there was some time before she came to the program, she was lacking fees. So when she joined the program, they told her to look for the school, so she chose Modern.

**Int.**

So is Modern a better school than the other one, or the former was better than Modern?

**InG-8**

Modern is better.

**Int.**

Modern is better. Ok. Does it ever happen that you meet her teachers?

**InG-8**

Ok. Yeah. She visits them.

**Int.**

Ok. In what situations do you meet them, and what do you talk to them about?

**InG-8**

Ok. So it was a parent's meeting, and they were called. They wanted to check on the performance of the children, and the teachers knowing the real parents of the child. .

**Int.**

Mm. Ok. So is it your impression that they are good teachers, that they.... care about (*name of the child*)?

**InG-8**

She says they are good teachers.

**Int.**

Is there anything at all regarding the school that you are not satisfied with?

**InG-8**

Something that she's not?

**Int.**

That she's not contented with.

**InG-8**

In the school?

**Int.**

Yeah.

**InG-8**

She's not seen that.

**Int.**

Ok. What do you think about (*name of the child*)'s future, what do you think that she wants to be?

**InG-8**

So she really doesn't know, but the girl, though she has had, she's like, maybe when I finish school I will become vice president, maybe no, a nurse, something like that.

**Int.**

Yeah. Ok. Yeah. So you think she has good hopes for the future?

**InG-8**

(...)

**Int.**

That's good (*laughs*). Ok. Then if it is ok I would also like to ask about the boy who goes here. What is his name?

**InG-8**

(*name*)

**Int.**

Ok. And at what level is (*name*)?

**InG-8**

Primary 2.

**Int.**

Ok. Do you have much contact with the teachers here at the informal school?

**InG-8**

Yeah.

**Int.**

What... Eh, what do you talk with the teachers here about?

**InG-8**

So when she comes here, it's usually at meeting, then they also have, they inform them, because they have to come here and check on the performance of that child. Or in case there is maybe poor performance, they have to call upon her to ask... And they have to tell her that maybe she has to... guide the child this way or something.

**Int.**

Ok. How do you think (*name*) likes it at school?

**InG-8**

Ok... she is saying he is liking school so much, but still his performance is so weak. But he likes school, he has never refused to go to school.

**Int.**

But he... falls back?

**InG-8**

Yeah.

**Int.**

What do you think of his future, what do you think will become of him?

**InG-8**

He only has his thought, as the boy, he wants to become an engineer.

**Int.**

Ok. Yeah.... Then back to (*name of the child*) again. What do you think are the things that make (*name of the child*) happy... in her life?

**InG-8**

Ok. She over enjoys being next to the mother. And as she... I think it's an experience. When she's not around, she has to find (*name of the child*) sick.

**Int.**

Oh, she has to do what?

**InG-8**

She has to find (*name of the child*) sick. If she's not around, if she's not home. At times she comes back, (*name of the child*) is sick, so. I think (*name of the child*) over enjoys being with her mother.

**Int.**

Ok... Are there any other things that make her happy?

**InG-8**

Mmm... Playing with friends, and then knitting. If she is not at school, she knits.

**Int.**

Mm. Yeah, ok. And what are the things that make her unhappy? When is she's unhappy?

**InG-8**

When she is sick.

**Int.**

When she is sick. Ok. How often is she sick?

**InG-8**

It's so often that she's sick.

**Int.**

Ok. Then...then... How is she sick, is, is...?

**InG-8**

A chronically disease or something... Ok. It's usually malaria, headache, and then sinusitis.

**Int.**

What?

**InG-8**

Sinusitis. She gets flu and then that thing of not breathing so well.

**Int.**

Ok. I'm sorry about that. Does she receive any form of treatment for that, for that (...)?

**InG-8**

She says when it's too much, she takes her to Mulago Hospital.

**Int.**

Ok. How often does that happen, that she has to go to Mulago?

**InG-8**

It usually takes a period of three months. Three months, then she falls sick.

**Int.**

Mm. Ok. Is there anything else you think that make (*name of the child*) unhappy?

**InG-8**

She says there is nothing so much, but she realised when she's not in school, due to lack of school fees or something, she's unhappy. That's what she realised. But that's the other.

**Int.**

She's more happy in school? Ok. So all in all, do you think that she is more happy, or more unhappy?

**InG-8**

She is always happy.

**Int.**

Good. So, and you mentioned this with the sickness, but I was wondering, are there any other things that you worry about regarding (*name of the child*)?

**InG-8**

She gets worried. That what worries her is that if she doesn't get anything, for eating, for (*name of the child*), she's so worried.

**Int.**

So it happens that, that... It happens sometimes that there's (...) not food?

**InG-8**

It's not so usual, but then it happens, it worries her so, so much, cause they're all looking on to her, and... it's goes direct to her heart, and she's like, what am I going to give the children.

**Int.**

Yeah, of course. So maybe it is more about worrying about that it might happen, more than it actually happens, is that what you are saying?

**InG-8**

Hm?

**Int.**

Is it more that she worries about that it might happen, more than it actually happens?

**InG-8**

It's not actually that the thing to be there, or there is no food, it's just constant. It's like oh, where am I going to get the food. And then she says the other thing id, what if she dies, who is there for the children. That she always thinks about that. It's the most biggest worry. At least, it's like, oh, if I die, where would (*name of the child*) stay, where would so and so be.

**Int.**

Mm. Can I ask you what you think would happen then, if that happened?

**InG-8**

She says they would have to suffer. That's what she says. If she has to die, the children would have to suffer, so much.

**Int.**

Ok. Do you think that your children also worry about that, that they also think about that?

**InG-8**

Ok. They don't think about that. But personally, like (*name of the child*), I think... gets to think, when she's sick; they get the feeling, what if she dies now. But they don't usually think about it.

**Int.**

They don't usually think about it. Ok.... Eh... If (*name of the child*) could have a wish to change anything in her life, what do you think that she would say?

**InG-8**

Her wish she would be joining a boarding school.

**Int.**

She wishes to go to a boarding school. Ok. Why does she want that? How come that she wants to go to a boarding school?

**InG-8**

She told me that she thinks they over study at boarding school, cause they have the prep time that is night time, and then studying during day. That's why she likes the boarding school.

**Int.**

Do you think that that is possible, that she will go to boarding school one day?

**InG-8**

She says she doesn't think, but it has to depend to the sponsors.

**Int.**

The sponsors? Ok.

**InG-8**

For her, she doesn't have.

**Int.**

What would have to happen for her to go to a boarding school?

**InG-8**

She says for her, she can't do anything, but maybe if the donors want her to go, they... pay something, she can go to a boarding school.

**Int.**

Ok. But it all depends on the donors?

**InG-8**

With her, she can't.

**Int.**

Ok... eh... If (*name of the child*) is worried about something, or if she has some problems, what do you think that she will do about it?

**InG-8**

She, she, she, she only talks to her, when she is worried or she has a problem. That's all.

**Int.**

Ok. Is there anyone else you think that she might talk to?

**InG-8**

(...)

**Int.**

No? Why do you think that is?

**InG-8**

That maybe she over trusts the mother, and she's more to her than anyone else, that's why she actually tells her alone.

**Int.**

So it's you... It's... if she was teased or harassed at school, or something bad happened to her, do you think that she would tell you about that?

**InG-8**

Ok. She says she has to tell her, and then she was telling me of some incident at the school, what happened.

**Int.**

Ok.

**InG-8**

Would you want to be (...)? (*laughs*)

**Int.**

Yes.

**InG-8**

So, they were in class, one of the teachers was commenting, and thus, the teacher was like, oh, (*name of the child*), you're so big, you're not supposed to be in this class, you're supposed to be in the secondary school. So it hurt (*name of the child*) so, so much. She over cried, the whole day, and when she reached home, she told the mother. And then, when the teacher understood that this girl has been hurt, so she... he said I'm sorry, and he told the mother, I said something to your daughter, I saw she was hurt, I'm sorry about that.

**Int.**

Ok. What do you do to comfort her in those situations? When that happened?

**InG-8**

So she only talks to her and tells her what it means by being in a school. And she tells her maybe that you have to bare, if the teacher said something like that, you just have to read your own books (...)

**Int.**

Yeah. Ok. Ehm... Then what if something very good happened to (*name of the child*), and she was very happy about something, do you think that she would tell about that to anyone else than you?

**InG-8**

Ok, she says this to most people in the home, when she is so happy. Like the elder sister, her, the auntie.

**Int.**

Who do you think are the most important persons in (*name of the child*)'s life?

**InG-8**

Ok. She feels the most important people are the people who pay her school fees. She always says that those people are so great. (...) so much.

**Int.**

Ok. But does she know them, does she have any relation to them?

**InG-8**

She doesn't really know the actual sponsors, but she knows the office at least, the persons working in the children's office, and then...

**Int.**

So you think that the people there, the people who work in the children's office, that they are important to her?

**InG-8**

(...)

**Int.**

How much contact does she have with them?



**InG-8**

So... She doesn't usually meet them, but then when she has to, because they have to bring reports to the office, so she can come up when she has brought her report, or some information from school, and maybe bringing a letter to the donor.

**Int.**

Mm. Which other people do you think are important to her, that she thinks a lot about and that mean much to her?

**InG-8**

(...)

**Int.**

No one? ... What about... Does she have any friends, do you think, who mean much to her?

**InG-8**

She has her friends at the church.

**Int.**

Ok. Are there any other relatives, like grandparents or aunts or uncles, anywhere?

**InG-8**

(...)

**Int.**

No? Ok. Do you think that she thinks a lot about her father?

**InG-8**

(...)

**Int.**

No? ... Why do you think that is, that she doesn't think about him?

**InG-8**

She says she doesn't really think about that, because the mother is there, and at least she has done the best not to make the child think, oh, I wish my father was around.

**Int.**

Mm. Do you ever talk together about her father?

**InG-8**

(...)

**Int.**

No? Then considering your own experience as a mother to your own children and an orphan, what do you think are the biggest challenges of being a guardian here in Kamwokya?

**InG-8**

She says really... they have problems, the person she is staying with. She is actually not the owner of the house, but the sister, the one she stays with, ey, is the owner of the home. Yeah, so, it's so much really, they are sisters, but then there is the problem of not understanding each other, and she thinks it would have been better in her own home and caring about the children, at least, not burdening someone else as you care for children.

**Int.**

Ok. Does your sister have any children of her own?

**InG-8**

(...)

**Int.**

She does? Do they live there as well, in the house?

**InG-8**

Others are around, then some are in the village, but they usually come there, then they go back.

**Int.**

Ok. ... So do you pay rent to your sister?

**InG-8**

So, they do it hand in hand. She can buy the food, then the sister does the other thing, or she, sometimes.

**Int.**

Ok. So what are the problems between the sisters, what are the difficulties?

**InG-8**

Ok, so we had some wrong thing. It's the man who is the brother, then the lady, the lady they don't, what should I say, they're not in good terms, the lady is like, maybe it's the in law who takes the money, of the husband, and the lady is like, oh, I can (...) one find herself somewhere else. It's not actually the sister. It's not. The brother.

**Int.**

The one that is married to the brother? Ok. And do they live in the same house, or? ... how is that?

**InG-8**

One house, like them.

**Int.**

Ok, just nearby?

**InG-8**

No, just in the same house.

**Int.**

In the same house. Ok. And they are the ones that own the house?

**InG-8**

Mm.

**Int.**

Ok. (...) Are there any other... What other challenges do you find to being a guardian?

**InG-8**

Then there's the problem of, maybe when they fall sick...

*(The tape is switched)*

**Int.**

...challenges that you would like to mention?

**InG-8**

(...)

**Int.**

No? ... Do you have any advice to other challenges in Kamwokya, how they should manage their lives?

**InG-8**

She really says that guardians should... show a heart of love to the orphans, and not leave them as their orphans, or (...), or (...) or so much, what should I say, when they are rough, or hard on the children... cause this makes the children over think about what, ...happened. Or not even tell that's why your father died, that's why your mother died, cause this may cause them to go to the streets, and then become in gangs. So they should only show them a heart of love, share with them, the little they have, and... the kid then would have to live with the situation.

**Int.**

Mm. Ok. It's good advice. Do you have anything else you want to say as advice to guardians?

**InG-8**

(...)

**Int.**

No? Then what about to the orphans of Kamwokya? Do you have any advice to the orphans, how they should manage their lives?

**InG-8**

So she really tells them to read hard in school, and also pray to God and thank God so much, cause if it wasn't the power of God, maybe they wouldn't have been where (...), in school. To those who are help. And to those who have not yet got any help, they should still stay on their knees; there is a God who can help them.

**Int.**

And then before the last questions, there is one question, and that is concerning you. If you are troubled and if you are worried, who do you talk to about that?

**InG-8**

She doesn't tell anyone around (...) If it's possible, she has to travel to the village, and tell the mother.

**Int.**

Ok. So sometimes you travel to the village to tell your mother. To talk to her.

**InG-8**

(...)

**Int.**

Ok. But here in Kamwokya, where you live, there is no one?

**InG-8**

(...)

**Int.**

Ok. I'm sorry about that. So what do you do if you have troubles and worries?

**InG-8**

When it becomes too much, she has to come to church.

**Int.**

Ok. Ok. And when you say church, do you mean your own church, or do you mean KCCC?

**InG-8**

This church.

**Int.**

This? KCCC? Ok. And are they usually able to help you?

**InG-8**

So really she... In case it's the mother she has told, she doesn't really get, she doesn't really get what she wants, but that comfort and, maybe, because it's a village, they plant some food, then she gets some food.

**Int.**

Ok. What about KCCC, what help do you get from here? You told me that you get school fees, and food. Is there anything else you can go to KCCC about?

**InG-8**

No.

**Int.**

No. Ok. The final question is if you have any advice to KCCC how to help people here in Kamwokya.

**InG-8**

She only thanks them. (...)

**Int.**

So these were the questions that I had. Is there anything you would like to ask, or anything you would like to add?

**InG-8**

She says there's nothing so much. Yeah. But then she really understands why this was going on.

**Int.**

Why? Why what?

**InG-8**

Why this was going on?

**Int.**

Why this conversation? Yeah. Ok. Well, so let me explain a bit about it. We are writing a report about the situation of orphans and their guardians in Kamwokya, (*explains*).

*(The tape is switched off)*