

Chapter 2

Care leavers' experiences of COVID-19 in Uganda and Ghana: Implications for their mental health and psychosocial wellbeing

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Introduction

In Ghana and Uganda, two low-income sub-Saharan African countries, an increasing number of young people leave residential care each year to begin life on their own in the wider society. The increase in young people making their transitions to adulthood from care contexts is because, in both countries, many children live outside without parental care because of a complex and interrelated set of socioeconomic factors, consisting of poverty, orphanhood, abandonment, and detrimental cultural practices (Casey, 2011; Ministry of Gender, Labour and Social Development, and UNICEF Uganda, 2015). In Ghana, children under 18 make up 45% of the population of 25,904,600. Despite economic growth and peaceful political environment, a third of the populace live below the poverty line and food insecurity, with Ghana ranked 142/189 on the United Nations Human Development Index (Better Care Network & UNICEF, 2015). Uganda is ranked 161/186 in the United Nations Human Development Index and is among the countries with the fastest growing populations in Africa, with an annual population growth rate of 3.2% (UBOS and ICF, 2018). Youth (aged 12–30) constitute almost 80% of Uganda's 34.6 million citizens (UBOS & ICF, 2018). Uganda is among the countries that experienced high prevalence of HIV and AIDS and armed conflict. It is estimated that because of these and other factors including poverty, Uganda has about 2 million orphans (Wylde, Ssewankambo, & Baryabanoha, 2012).

Most orphan and vulnerable children (OVC) live in informal foster care provided by extended family members (Milligan, Withington, Connelly, & Gale, 2017). However, for some OVCs, these informal care arrangements are

either unsuitable or unavailable. For such children, the State, through the 2004 Children's Act Cap 59 (Uganda) and 1998 Children's Act 560 (Ghana), assumes responsibility for their care and protection. Despite reforms to reduce the institutionalization, residential care remains the main formal alternative care option, due to the unavailability of foster care, domestic adoption, and family support services (Frimpong-Manso, 2014; Mutenyo, Machingaidze, Okello, Otai, & Asekenye, 2019). In Uganda, recent estimates show that almost 50,000 children, 80% of who have one or both parents alive, live in 800 residential care facilities, the majority of them private orphanages (Koenderink, 2019). In 2013, 4332 Ghanaian children were living in residential care in Ghana (Better Care Network & UNICEF, 2015).

While in both countries residential care is a temporary arrangement, the evidence suggests that some children spend their entire childhood in these facilities (Frimpong-Manso, Deliege, Wilson, & Norman, 2019; Walakira, Dumba-Nyanzi, & Bukenya, 2015). As a result, several children, once they turn 18 years, the age of majority in both countries, have to leave residential care to live independently in the community. The scant research from Ghana and Uganda (Dumba-Nyanzi, Fricke, Hong Max, Namboozee, & Riley, 2019; Frimpong-Manso, 2018; Luboyera, 2014) and other African countries (e.g., Diraditsile & Nyadza, 2018; Pryce et al., 2015; Sekibo, 2019) suggests that many young people who leave care experience several challenges.

Unemployment is high among care leavers, and those working often doing temporary, low-paying informal sector self-employment (Pouw, Hodgkinson, Le Mat, & van Dam, 2017). Several African studies report that the limited job opportunities result in many care leavers experiencing exploitation, intimidation, and sexual abuse from employers (Dziro & Rufurwokuda, 2013; Pouw et al., 2017; Pryce et al., 2015). The care leavers struggle to find jobs because they usually have limited social connections to tell them about jobs or provide references that employers require (Pryce et al., 2015). Pouw and her colleagues highlight that though the policy of many residential facilities is to provide young people with vocational training and entrepreneurship, many care leavers lack the capital or support to start their own businesses. The care leaver's inability to secure jobs makes it difficult for many care leavers to access and maintain housing, health-care, and further their education (Sekibo, 2019). Many care leavers also experience stigma and discrimination due to their care or orphan identity. Several studies (e.g., Dziro & Rufurwokuda, 2013; Luboyera, 2014; Pryce et al., 2015) report that they struggle to get accepted in their families and communities and denied housing and jobs as they are seen as deviant youth who do not share in the cultural norms and practices of the wider society. The experiences of stigma and social exclusion result in low self-esteem and reduction of social capital.

A major reason for the challenges faced by care leavers is the lack of statutory policy and mandated services for young people during and after their transition from care (Bond, 2018). Much of what exists depends on the policies of individual care facilities, but they provide this in an ad hoc fashion because of the lack of resources (Mhonger & Lombard, 2016). Preparatory programs have

been found to be effective in equipping youth leaving with the socioemotional, psychological, and economic resources to cope with and adjust to life after care (Tanur, 2012). For example, work readiness programs are effective in facilitating self-reliance of care-experienced youth through employment in the formal sector and self-employment (Bukuluki, Kanya, Kasirye, & Nabulya, 2019). There is the lack of after-care support from the residential facility for care leavers in most African countries (Frimpong-Manso, 2012; Gwenzi, 2018). Young people who leave care cannot count on or receive support from their families and communities because they often lose contact with these informal networks while in care and also lack the social skills to build relationships to access support from these support systems. The purpose of the assessment on which this chapter is based was to appreciate the mental health and psychosocial experiences, challenges, and coping mechanisms of young adults who left residential care that can be attributed to the COVID-19 pandemic. The information generated would help inform policy and programming for care leavers in the context of COVID-19 and other pandemics.

Methodology

We employed a qualitative approach and followed a phenomenological design to gain an in-depth understanding of the lived experiences of participants (Groenewald, 2004; Hycner, 1999). Given the study sort to understand the lived experiences of the participants, phenomenology was an appropriate design (Kvale, 1996; Welman & Kruger, 1999). The essence of qualitative research is the focus on a person's own perspective, views, and experiences (Curtin & Fossey, 2007; Qu & Dumay, 2011) about a phenomenon.

Purposive sampling was used to select care leavers who meet the following criteria: had been in residential care and left care in less than a year. The research team, working closely with practitioners in residential care facilities, identified and nominated care leavers who met the inclusion criteria. In addition, recruited participants were to provide information about their potential peers who would take part in the study. Overall, 11 care leavers consented and participated in the study. Six of the care leavers had left the care of SOS children village in Uganda while five had left care in SOS children's Village in Ghana. Care leavers from the SOS Children's Village were purposively selected because of its presence in the two countries and similar approaches to care across the two countries. We contacted three of the 11 participants through a snowball process. The participants had all left residential care within a period ranging from 11 months to 2 months before the interviews and were facing the COVID-19 pandemic as care leavers. All the participants we interacted with have been in residential care with SOS children Villages either Uganda (6) or Ghana (5). Given the risks that the COVID-19 pandemic presented and considering the PH&S measures, such as the Lockdown, stay at home orders, social distancing, and restriction on both private and public means of transport, we deemed telephone inquiry proper for interviewing the participants [Table 1](#).

TABLE 1 Summary of social demographic data of the care leavers who participated in the study.

Pseudo Name	Gender		Civil status	Age	Employment	When left care	Education	Country of residence
	F	M						
Phiona	X		Cohabiting	25	Student	July 2020	University	Uganda
Moses		X	Cohabiting	25	Employed	December 2019	University	Uganda
Hillary		X	Cohabiting	26	Employed	December 2019	University	Uganda
Joan	X		Single	23	Teacher	December 2019	University	Uganda
peter		X	single	21	Employed	December 2019	Technical institute	Uganda
Evelyn	X		Single	23	Volunteer	July 2019	University	Uganda
Brian		X	Single	24	Self-employed	August 2019	Technical College	Ghana
Joan	X		Single	22	Employed	November 2019	University	Ghana
David		X	Cohabiting	24	Working	August 2019	Higher National Diploma	Ghana
Gerald		X	Single	23	Self-employed	October 2019	Senior High School	Ghana
Adrian		X	Single	22	Employed	October 2019	University	Ghana

We interviewed the participants between May and June 2020. An unstructured interview guide was used to facilitate the interactions (interviews) with the care leavers (Knox & Burkard, 2009). We prepared the guide with (substantive) questions aligned to the study objectives (Knox & Burkard, 2009; Taylor, Bogdan, & DeVault, 2015). The key domains covered in the guide included experiences in relation to social networks/relationships, social support, resilience, and personal coping mechanisms, socioeconomic and psychosocial status, and family dynamics. The intention was to facilitate an understanding of these domains from the experiences and viewpoint of the care leavers (Vaismoradi, Jones, Turunen, & Snelgrove, 2016). Before the interview, the researchers called each participant to explain the purpose of the study, the time needed, possible risks, and benefits. They emphasized voluntary participation and the right to withdraw. Permission to audio-record the interview was requested, and each participant was also encouraged to appoint schedules convenient to them for the interview to take place. As we did the interviews through telephone calls, it was not possible to make visual observations of the nonverbal cues of the participants. This could have provided additional data that could have possibly offered different dimensions to further enrich the study's findings (Lechuga, 2012). We conducted all interviews in English, which was the preferred language by the participants.

Data analysis

Thematic analysis was used to organize the data into meaningful themes and subthemes. Following each interview, the researchers listened to the audio recordings generated to familiarize and make sense of the views presented. The audios were then transcribed and processed into Microsoft Word document to support further familiarity and reflection on the content, and support the extraction of codes, subthemes, and themes (Vaismoradi & Snelgrove, 2019). Manual analysis was conducted using a matrix with codes, themes, and subthemes (Vaismoradi et al., 2016). We illustrate an example in Table 2.

It is from such a matrix that the researchers were able to transform the voices of the participants into themes and subthemes and arguments on experiences of study participants with of the COVID-19 pandemic and the related MHPSS effects.

Results

The themes generated from the data transcripts illuminate the challenges these young people faced and how they dealt with them. We divided results into two sections, the first section focusing on the care leavers' psychosocial and mental health.³ In the second part, we look at the different ways the young adults approached the challenges, paying attention to the resource systems both intra-personal and connected to external systems of support and their role in coping.

a. The term young adults in the current chapter will be used synonymously with care leavers to reflect our target population.

TABLE 2 Matrix illustrating the output from the data explication process.

Main theme	Subtheme	Relevant extract	Extract Source	Additional notes
Coping	Faith, religion, and prayer	<i>Our head pastor has been just be supportive, and he calls, he calls us, to check on us how we are doing and he just pray with us, assuring us it will be well and we will get back to our normal times, we should just believe in God and have faith in God and it will soon pass away....</i>	Gerald, Ghana	
	Financial discipline	<i>I had savings that's what was saving me in the start yeah and I had to just cut my budget short and later I got some kids to coach you know so I can be there</i>	Joan, Uganda	Being mindful of one's consumption patterns
	Social Support (family and Friends)	<i>Oh yeah, I think it could be because sometimes I sit down to think if I didn't have a foster family, (Someone speaking at the background) what would I have done? Because now I'm out of work, I'm not working.</i>	Adrian, Ghana	Difference in experience comparing those with and without known families
		<i>I think they have gone through the worst and at some point yes I think so because at least they don't have anyone, they don't expect any help from anyone at least me am lucky if I don't have food I can get from home but I think they experiences it in a hard way for them to go through a hard situation us</i>	Evelyn, Uganda	

Resilience	Optimism and accepting change	<i>I stay positive because I know that these things will not last, these are challenges that come and go, I watch TV, movies and all that just to keep myself occupied busy and talk to neighbors.</i>	Phiona, Uganda	
		<i>In the start I was losing concentration but right now am kind of even getting used to the situation, am kind of getting used to everything so I no longer lose concentration that much.</i>	Joan, Uganda	
	Constant fear of COVID-19 infection at work place	<i>Well, for me I have been stressed, I feel stressed Because I still go to work [...] the people even if you go privately in your own ride or something okay, is still not safe, you interact with people in their offices, I mean, yeah, for me is still usual. I mean, nothing really has changed, probably quality, in terms of running shift in office, and you feeling insecure about your new customers that come your way, when there is [...] maybe a face to face or in person meet up okay, interactions outside the virtual ones, well that's all I have to say.</i>	David, Ghana	
		<i>Okay, during this period, I feel unusual because recently within our area where I live, we heard that there were some cases, some cases within our locality, so, they have to come and pick up those patients who have and it was a bit scary for me personally and so I had to tread very cautiously with my family anytime I am going out for any essential need.</i>	Gerald, Ghana	

The effects of COVID-19

The participants reported several experiences that reflected the psychosocial and mental health issues and challenges attributed to or associated with the situation at hand. The related issues and challenges are further described as follows.

Employment and livelihood-related issues

There were several employment issues with psychosocial and mental health implications. The young adults we interacted with had distinct realities in terms of employment. Some had lost their jobs, which was producing stressful outcomes for them. Even those who kept their positions and continued working reported feeling insecure because of sustained fear of contracting COVID-19 through their interactions with clients/customers at the workplace. Others felt frustrated about losing additional income streams besides their formal employment:

Well, for me I have been stressed, because I still go to work and I feel unsafe. You interact with people in their offices, I mean, yeah, for me is still usual. I mean, nothing really has changed, probably in terms of running shift in office, yes it and has. You feel insecure about new customers that come when there is [...] maybe a face to face or in person meet up.

(Brian, Ghana).

Because I am into IT, I would get gigs that you would get me some money. But here I have to stay home and depend only on my salary. It is frustrating because how am I going to deal with things like my rent when I am only relying on my salary.

(Moses, Uganda).

Those who lost their jobs expressed a sense of hopelessness and stress as it often led to the total loss of livelihoods. Not being able to work put the young adults in situations of idleness and constrained their capacity to deal with negative thoughts, especially around livelihoods which having a job helped to confront. Consequently, several of them, especially those who in single-headed households, reported the presence of depression.

I was chef but for the past three months I have been in the house due to COVID. Right now, a lot of staff have been laid off so, things have been...bad for me because it has made my business come down

(Adrian, Ghana).

COVID means stress... the mere fact that you aren't receiving any money from anyone and yet you don't have a source of income, not being able to buy what you want like. I don't know like having nothing to rely on even if 20k or 10k. So, it's kind of depressing, especially if you are not working and on top of it, you won't be getting what you have been getting

(Evelyn, Uganda).

No particularly my job no—I don't think they will resume this year because even the way the president speaks about it there is no hope for schools don't think they will resume this year because even the way the president speaks about it there is no hope for schools

(Joan, Uganda).

Strained relationships and disrupted social support systems

The young adults reported difficulties managing their social relations including interactions with their immediate families and intimate partners, during the lockdown. They explained that the difficulties were as a result of the burden of providing economically for themselves and their others they were living, without their inability to travel and communicate with friends and relatives due to the existing public health and social measures:

COVID-19 has affected my relationship with my siblings, my two (2) little sisters. When they closed down the Universities, she asked me to allow her to come to my place. I am somehow [...] for example if I want something, it should be like that, more so when it is at my place. So, my sister came. I don't know maybe if I was..... She wants a nice phone, chicken, meat, ice-cream, pizza and those things. So, I would shop for food, for example 50,000 Ugandan shillings and it would literally get done in a week, and she is alone at home. She was staying at my place alone so it would really puzzle me and whenever I would talk to her, and she would get pissed.

(Hillary, Uganda).

Visiting family and friends is difficult because of the lockdown. We sometimes talk on phone and WhatsApp or chat on Facebook, but because I am not working, I don't have money to buy internet or airtime

(Adrian, Ghana).

Some of the young adults reported that they experienced limited access to needed support during the COVID-19 period, especially difficulty accessing advice and other emotional support to deal with their challenges. This was because the networks they tried to reach out to cited COVID-19 and the corresponding public health and social measures as contributing to their inability to offer help.

Like there something's that happen and you would feel I wish I can talk to someone but because [...] you can't talk to them about the same issue to be much easier unless you are talking face to face about it yes it stresses

(Peter, Uganda).

There is a challenge in accessing advice and other help. When you are in trouble and you try to reach out for advice or help, people tell you they can't assist now—during this COVID time

(Moses, Uganda).

Fear and anxiety

The pandemic and related controls have created concern for the young adults because it introduced anxiety and fear about their survival during and after the pandemic, especially as they had no help from former carer (SOS children's villages). The findings also indicated that the fear and anxiety exhibited by some of the young adults was related to the lack of 'biological family' who they could rely on for support.

Yeah, what makes me worried is one—am always worried about my tomorrow like how is my tomorrow going to look like. This what am worried about [...] I don't have any connection or anyone close to. You don't have anyone you can run to. You don't have anyone you can cry to. Because personally if I had someone I can run to or someone I can cry on. Am worried as the way Uganda is right now everything is about who knows you, the connection [...] people don't have time of listening to yourself so it is a big worry and I feel like I don't really know how my tomorrow will be, I really don't know how life will be like if you aren't so close

(Peter, Uganda).

It [COVID-19] is stressed me. That was the time my medications [for mental health issues] were also not working and the drugs I taking were not working. It was because of the stress, being locked down and the uncertainty around the whole virus things and no one to talk to....

(Brain, Ghana).

For other young adults, the anxiety resulted from the fact that they had used up their savings, uncertainty about the prospects of keeping their jobs, or being able to revive their small businesses after the lockdown. This kept the young adults wondering about what would happen to them next.

What worries me most is that the year is going to end when am just at home, my savings I have now used them up like there is nothing I totally have, this is a school that has just started this was its third year so being that she is not earning am worried and she was already speaking of closing it up and starting something else, am like by the time we resume will it still be there

(Joan, Uganda).

Yeah... right now I've felt terrible and worried because one... I was working, but because of the COVID, I have been in the house for the past three months. I'm doing some errands and stuff to get something to at least get some money to feed myself...

(David, Ghana).

Because of the anxiety and fear related to the uncertainties resulting from the pandemic, several of the young adults reported irregular sleep patterns; sleeping for only a few hours. They slept late and still woke up early because they felt stressed by the challenging situations they found themselves as illustrated by Evelyn from Uganda and David from Ghana.

You just wake up in the middle of the night. You lack sleep because maybe you sleep at midnight and wake up at 3 am. It has been happening during this period [COVID-19], like sleeping only to wake up, check and its still 3 or 4 am. I may go back to sleep around 6 am, but when you wake up you are tired.

(Evelyn, Ghana).

A not eating well and sleeping at all too. I am always tired. I go to bed tired, wake up tired, and I spend fewer hours in bed. It is like I go to bed I cannot sleep I get like two, four hours of sleep. And I wake up I am still tired.

(David, Ghana).

Coping mechanisms

The narratives from the young adults depicted several ways in which they coped with the psychosocial and mental health issues or challenges they were experiencing, including the use of intrapersonal resources and the others associated with connectedness to support systems.

Religion, faith, and prayer

A number of young adults pointed out the important role of faith and prayer to their ability to cope with the challenges caused by the pandemic. Those who belonged to a faith group found their networks of support very useful as they received encouragement from their religious leaders through constant follow-ups, praying together, and reassurance that things would be well. The participants noted that having these support instilled a sense of hope.

Our head pastor has been just be supportive. He calls, he calls us, to check on us how we are doing and he just pray with us, assuring us that it will be well and we will get back to our normal times. That we should just believe in God and have faith in God and it will soon pass away, because it is said that, it said in the Bible that, everything shall pass away but except the word of God, so we are, we are having faith and we are believing having hope that surely it will come to a time where by it will be there no more and we will turn to our normal times.

(Gerald, Ghana).

I wouldn't say am so much of the church person, but at least somehow it has made me more committed to God. I pray a little more and actually spend more time with the pastor. Yeah because they aren't allowing gatherings in churches so I have this pastor [priest belonging to Pentecostal Christian Churches] this side, he is actually a missionary so we normally at gather at his home about 10 people and we pray from there so I would say that somehow to me it has brought me closer to God

(Hillary, Uganda).

Changing or holding on the known

The narratives of the participants suggested that they made several adjustments to their lifestyle to fit with the wider changes brought about by COVID-19. Several mentioned that they changed their eating patterns by cutting down on the number of meals they had daily.

You have to reduce some expenses. Yeah, there are some things I had to do away with. One was eating the normal course meal, that is the three meals—morning, afternoon and supper. I now either eat breakfast and supper, or you eat breakfast, lunch and leave supper.

(Moses, Uganda).

The young adults also mentioned a reasonable level of financial discipline through forethought consumption decisions in the study. Having accessed information about the lockdown, they stocked up essential items in anticipation of the lockdown imposed to combat COVID-19.

I prepared myself well enough, yeah, by God's grace I got the stuff I needed. I made sure that my internet was intact and working so I wouldn't have to step out of the house [often during the lockdown]. I prepared because I was already following the news from other countries, lockdown is the same so you should speculate that it is possible this could happen to us

(Brian, Ghana).

Others made adjustments to their budgets as Joan from Uganda illustrated, “I had savings that’s what was saving me in the start yeah and I had to just cut my budget short and later I got some kids to coach you know so that I can be there.”

The results showed that practicing adherence or nonadherence to some measures to combat COVID-19 was considered by the participants as ways to cope with the challenges of the time. Some of the young adults seemed relaxed on the vigilance to social distancing where they were involved in interaction with friends, in part due to the desire to maintain the friendship and avoiding hurting it. This was despite the recognition of the risk of transmission of the virus.

It should be easy to comply. But let me say you are talking to a friend or a person you are used to, you will forget about COVID-19. You will move closer, something like that. I won't lie, I haven't practiced social distancing, maybe isolating myself....

(Evelyn, Uganda).

Faced with a sense of dwindling hope and rising anxiety, some young adults complied with the instituted guidelines as matter of finding reassurance against the constant fear of contracting COVID-19.

You have to be very cautious and also looking at you with your family and moreover too I was bereaved, my wife.... My in-law passed on so it was a blow to us,

we had to go to a private funeral in May and looking at the COVID – 19 situation; we were scared going for the private funeral. We had to take care of precautions like the measures: wear our nose mask, and using our sanitizer...

(Gerald, Ghana).

However, it [COVID] has also increased in one way or the other my personal hygiene because I'm always cautious of washing my hand like every time, I'm very careful of who I touch, I don't just go out anyhow. I'm... like I'm mostly indoors and very reserved.

(Joan, Ghana).

Maintaining an optimistic position and accepting change

The interactions we had with the young adults showed that when the COVID-19 events unfolded, there was a loss of concentration, a panic mode that anyone one can experience when faced with a situation of the magnitude of a global pandemic. However, as time went on, some became more optimistic and developed plans to deal with COVID-19 and it is ensuing challenges. For instance, Phiona shared:

I stay positive because I know that these things will not last, these are challenges that come and go. I watch TV, movies, and all that just to keep myself occupied busy and talk to neighbors

(Phiona, Uganda).

Yes, one of the things, just like you take long to see a friend, psychologically, you miss each other, we are not going to do things like the way we have been doing, changes are going to come in where few people will participate and others will not. Then you find that some people within that same click that you would want to interact with so psychologically it brought in the change of I would say missing someone

(Moses, Uganda).

A number of the young adults reported starting up business ventures, for example rearing of chicken with the view not only surviving in the lockdown but basing on these ventures as a plan for the post-COVID-19 period. There were also those who turned to expanding on their skills. At the time of collecting the data that informed the current chapter, countries such as Ghana had lifted the lockdown, and some young adults felt disappointed that they could not accomplish the skills training they started during lockdown.

Is been a bit positive right...I got occupied during the lockdown, I find myself... I study, catch up, learn new stuff, you know, perfect my skills and all those things in the house. So when the lockdown was lifted, I was actually disappointed because I couldn't cover everything.

(Joan, Ghana).

Connectedness to informal support systems

Narratives from the young adults who we interviewed showed that they recognize the importance of support from family and friends. The support from their informal social networks came in different forms—both material and emotional (e.g., offering advice or showing concern during the pandemic). To some extent, the participants who received such support wondered what the situation would have been like if it was unavailable. This can be observed in the following excerpts:

Sometimes I sit down to think if I didn't have a foster family, what I would have done [in this situation] because, [right] now I'm out of work, I'm not working.

(David, Ghana).

... My grandfather calls me and they ask me how am I the sickness...so am I going to work ...yes...they really care about me so they will call me and find out... because they know that the sickness is dominating in Accra so they are also afraid for me, My grandfather says don't go out—make sure you take your sanitizer, your protective things when you are going out. If I'm not going to do anything, I should stay at home...he advises me. So, I took the advice and it has really helped me.

(Gerald, Ghana).

Discussion

Care leavers are generally vulnerable and marginalized young adults who have received residential care in institutions and transitioned out of care (Kelly et al., 2020). Our study revealed that common mental health and psychosocial challenges facing young people transitioning out-of-care in Ghana and Uganda, in the context of the COVID-19 pandemic, include loss of employment and livelihoods, disrupted and reduced social support, and stress resulting from the fear and anxiety of the unknown. These experiences have also been documented by Bukuluki, Mwenyango, Katongole, Sidhva, and Palattiyil (2020) in their article on urban refugees in Uganda.

While the loss of jobs within this period is not peculiar to care-experienced young adults and impact several other people, the consequence for them is dire and more severe, especially as many care leavers in Africa, without these extra hardships, are already struggling to find stability and lack a strong support system, on which they can fall on (Frimpong-Manso, 2015; Mhongera & Lombard, 2016; Ddumba-Nyanzi et al., 2019). The care leavers in this study have heightened stress levels that could cause mental health issues or exacerbate existing ones such as the case of the Ghanaian care leaver because of the limited social support. This study has also demonstrated limited awareness and access to mental health and psychosocial support services among the care leavers. In many cases, availability of mental health and psychosocial support services is limited or even nonexistent, aggravated by the public health measures and presidential directives in response to COVID-19 that limited mobility of people, and

in many communities these services were not considered among the essential services (Bukuluki et al., 2020).

Generally those who had employment or a source of livelihood coped better and were more resilient compared to their counterparts with no stable employment opportunities (also see Bukuluki et al., 2019). However, this is happening in the context where globally, and particularly in developing countries like Uganda and Ghana, COVID-19 has led to the reduction in incomes or no earnings, especially for those working in the informal economy (Daily Monitor, 2020a, 2020b). These effects of the lockdown were mostly felt in the services sector, informal trade sector, domestic transport, and retailers among others. These are activities that employ most of the care leavers and young people in Africa (Pouw et al., 2017).

Regarding social protection, this study revealed that most of the care leavers interviewed in this study had not benefited from social assistance programs from the state or nongovernment organizations, possibly because in both countries care leavers were not prioritized and categorized as part of the vulnerable and marginalized groups who could be hardest hit by the COVID-19 pandemic. Care leavers felt abandoned by the government and the care institutions they had come to their rescue, contributing to the further weakening of their social support system and rendering them vulnerable to negative coping strategies, highlighting the need for policies in both countries that guarantee statutory support for care leavers during this period of crisis and also beyond it.

The study also reveals a combination of positive and negative coping mechanisms. The positive coping mechanisms included relying on spirituality through prayer and faith-based networks and adapting to challenges, factors, that other studies have also found as vital to the resilience of care leavers (Frimpong-Manso, 2018; Refaeli, 2017). However, some care leavers engaged in less resilient coping strategies which included reducing spending by cutting down on the number of meals they had and social isolation through withdrawal from networks (Bukuluki et al., 2020). Some, particularly the female care leavers, were forced to make compromises and move with their boyfriends earlier than they had planned because they could not live independently. Less resilient coping or maladaptive coping strategies were common among those who lacked employment and sources of livelihoods that did not have strong linkages to families and other forms of social support (also see Kelly et al., 2020). This too is similar to findings by Frimpong-Manso (2018) that the care leavers were experiencing challenges with employment, housing, and social integration. He noted that risk factors for lack of resilience included having inadequate social and cultural skills and leaving care without employment.

Therefore such effects combined with lack of strong and systematic social protection responses for young people, particularly care leavers, have driven some of them to engage in negative coping strategies, such as cutting down on consumption to the bear minimum. There is need for care to prioritize vulnerable young people especially care leavers in providing social protection, men-

tal health, and psychosocial support services to further build their resilience to cope with the impact of the COVID-19 pandemic. In terms of preparing children to leave care, this study points to the need to strengthen focus on employable skills, building social networks, and strengthening linkages to the families (Kelly et al., 2020). Care leavers who had these opportunities and resources shared experiences of resilience, and the reverse was true for their counterparts without these resources.

Conclusion

In spite of the limitation of having a small sample of care leavers from one care institutions, this study has highlighted the challenges care leavers in Uganda and Ghana are experiencing during the COVID-19 pandemic. It has shown that care leavers have a limited fallback mechanism, unlike their peers with no care experience, to deal with the loss of jobs and social isolation imposed by the public health restrictions, which pose a serious risk to their mental health. While care leavers are ingenious in drawing on their internal resources such as their spirituality and adjusting their lifestyle to adapt to their challenges and utilizing the limited social resources, they need more formal support as this pandemic is exacerbating existing challenges that they encounter on their own as independent adults. The findings raise policy questions as the child welfare systems in both countries have ignored issues pertaining to this group of young adults whom the state has been their ‘parent.’ We need further research using mixed methods (quantitative and qualitative) and a big sample to further enhance our understanding of the situations of young people during pandemics like COVID-19 and how they cope with them.

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