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EXPLORING THE EXPERIENCES OF CAREGIVERS AND FORMAL FOSTER PARENTS CARING FOR ORPHANS AND VULNERABLE CHILDREN IN THE AKUAPIM SOUTH DISTRICT

BY

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DECLARATION

I, Antoinette Nweakoa Allou declare that this thesis is the product of my own research which was conducted under the supervision of Prof. Mavis Dako-Gyeke and Dr. Abigail Adubea Mills. All references have been duly cited. No part of this work has been submitted anywhere for another degree.

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ABSTRACT

Globally, caring for orphans and vulnerable children (OVC) is one of the vital elements of social work practice. However, the experiences of caregivers and formal foster parents of OVC is almost a missing component in the child welfare system and research in Ghana. This study sought to: (a) find out the motivations of caregivers and formal foster parents, (b) identify the challenges faced by caregivers and formal foster parents, (c) explore the coping strategies employed by caregivers and formal foster parents and (d) ascertain the support systems available to caregivers and formal foster parents in the Akuapim South District. Adopting a qualitative research design, purposive sampling was used to recruit 26 participants for the study. The sample consisted of 16 caregivers from two residential homes, six formal foster parents and four social welfare officials from the Akuapim South's Department of Social Welfare. In-depth interviews were utilised to gather data for the study. Using a thematic approach in analysing the data, the findings from this study showed that participants were motivated to care for as a result of religious beliefs and a sense of fulfilling social responsibilities. Both caregivers and formal foster parents indicated that managing behavioural problems of OVC was a greater challenge to them of which they resorted to punishing and dialoguing with the children. The study revealed that formal foster parents received more support from family and friends which motivates their future decision to continue caring for OVC. However, due to high organisational workload and work-family challenges, caregivers feel demotivated to continue caring for OVC. This study therefore recommends that the Ministry of Gender, Children and Social Protection and social workers to provide support services and training to effectively ensure the proper wellbeing of caregivers and formal foster parents.

DEDICATION

I dedicate this thesis to my family especially, my father Mr Robert Allou and my mother Mrs. Agatha Allou. I also want to dedicate this work to Dr. Albert Agbenorhevi and to the loving memory of my aunt; the late Florence Tsama who in diverse ways helped me with their ever loving and inspirational support.

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LIST OF ABBREVIATIONS

CRI	-	Care Reform Initiative
DSW	-	Department of Social Welfare
FFP	-	Formal Foster Parent
LEAP	-	Livelihood Empowerment Against Poverty
MoGCSP	-	Ministry of Gender, Children and Social Protection
NGO	-	Non-Governmental Organisation
OVC	-	Orphan and Vulnerable Children
RH/RHC	-	Residential Homes for Children
UN	-	United Nations
UNCRC	-	United Nations Convention on the Rights of the Child
UNICEF	-	United Nations Children's Fund

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Globally, the wellbeing of orphans and vulnerable children (OVC), has been an important concern to governments, communities and non-governmental organisations as many children in many countries continue to be made orphans or vulnerable due to factors such as diseases, wars and poverty. This has consequently led to caregivers and formal foster parents being at the forefront in providing short term and long-term care for OVC all over the world. OVC is an umbrella term, which includes vulnerable orphans, children exposed to moral or physical or psychological danger such as worst forms of child labour, abused children and children in need of care and protection (Department of Social Welfare [DSW], 2008).

Culturally in Ghana and many other African countries, the belief has always been that the child belongs not only to the biological parents but the entire community. Kuyini et al. (2009) add that kinship foster care is an age- old traditional social protection mechanism, which ensured that OVC were protected and given the needed social assistance for their development and survival by extended family members, clan or community members as custom demands. Unfortunately, the growing levels of poverty, HIV/AIDS, and rapid rural-urban migration in Ghana have limited the ability of extended relatives to take on the care for OVC (Imoh, 2012). Furthermore, authors such as Adu (2011) and Kuyini et al. (2009) argue that these factors and the deterioration of such social

structures due to poverty and the lack of regulation on kinship care has resulted in abuse, exploitation and some children living in child-headed households.

The United Nations Convention on the Rights of the Child (UNCRC) acknowledges that, for the full development of a child's personality and potential, the child should grow up in a family environment (United Nations General Assembly, 2019). The UNCRC further adds that for a child who is deprived of biological family, the state through child protection must provide an alternative for the child. Ghana also adopted the Children's Act 1998, amended in 2016 (Act, 560) which enjoins the state to intervene for OVC by offering various alternative care options such as formal foster care and institutionalized or residential care programmes. In the absence of biological family and kinship care, formal foster care is considered the first alternative care option for OVC and residential care is regarded as the last option to care for OVC (Morantz & Heyman, 2010).

Some studies suggest residential care comes with challenges such as corruption and abuse (Adu, 2011; Colburn, 2010; Darkwa et al., 2016). In view of these possible challenges, the Government of Ghana in partnership with United Nations International Children Emergency Fund (UNICEF) came up with the Care Reform Initiative (CRI) in 2006. As part of the CRI's goals, the initiative exists to supervise activities of residential care in the country and to pay much emphasis on family-based care options such as kinship and foster care. Despite the already existing challenges in kinship care and residential care, authors such as Frimpong-Manso and Kpei Mawudoku (2017) and Desmond et al. (2020) argue that in Ghana and most African countries such as Zimbabwe and South Africa, the main formal alternative care options for OVC remains residential care and formal foster care however, there is more reliance on residential care. Ntshongwana and Tanga (2018)

reiterates that in formal foster care, OVC are cared for by state approved individuals (formal foster parents) who are not related to a child, but willingly take up full time temporal care and maintenance and serve as family to the child in their homes. Similarly, with residential care on the other hand, the OVC are cared for by staff of the institution (Caregivers) who provide temporary full-time family, care and safe environment to the children in residential homes (Frimpong-Manso, 2016). While residential care or foster care cannot replace biological parent or family, caregivers and formal foster parents provide full-time temporary physical care, social and emotional support to children placed with them as though the OVC were their biological children (Muchinako et al., 2018). It is estimated that there are over 140 million OVC worldwide with sub- Saharan Africa topping regional rankings with over 52 million OVC (UNICEF, 2018). Further studies by Nar (2020) indicates that the number of OVC is increasing in Africa due to problems such as wars and conflicts, natural disasters, epidemics and poverty. In Ghana, OVC make up 1.1 million of the total population and 10.4% of the entire children's population (Bettmann et al., 2015).

Hannah and Woolgar (2018) consider caring for OVC challenging due to the prior experiences of the children which could have an impact on the child's behaviour and lead to high levels of stress on the caregiver and formal foster parent. O'Connor et al. (2016) credits a child's well-being to the child's caregiver's mental health. Thus, the wellbeing of the caregiver and formal foster parent caring for the OVC plays a great role in the upbringing of the child placed with him or her. There is, however, a dearth of information on factors relating to motivation and challenges of caregivers and formal foster parents caring for OVC in Ghana; especially in the Akuapim South district. Also, few studies conducted in Ghana by Frimpong- Manso, Tagoe and Mawutor (2020) and Darkwah, Daniel and Asumeng (2018) on the experiences of formal foster parents and caregivers

respectively, failed to consider the coping strategies and support systems of caregivers and formal foster parents caring for OVC in Ghana. This study therefore explored experiences of caregivers and formal foster caring for orphans and vulnerable children in the Akuapim South District.

1.2 Statement of the Problem

Ghana is relatively challenged with a growing number of OVC and there is an indication that the number continues to increase every year (GDHS, 2014). The global statistics on OVC and that of Ghana, is alarming and calls for more caregivers and formal foster parent to care for this increasing number of OVC. In spite of the inception of the Care Reform Initiative (CRI) in 2006, Ghana is still struggling to recruit more formal foster parents who will care for OVC in family settings as well as caregivers to care for in residential homes. It is also worth noting that as at 2018, only 272 foster parents were licensed in Ghana (United Nations, 2020). In addition to the springing up of more orphanages, Colburn (2010) reports that there is still high OVC to caregiver ratio in residential homes. Thus, despite Ghana practicing both foster care and residential care as temporary formal care of OVC, the existing number of caregivers and formal foster parents is likely not to suffice when compared to the growing number of orphans and vulnerable children in Ghana.

The low numbers of caregivers and formal foster parents, could overwhelm and exert stress on the existing few numbers caring for OVC which in turn can negatively affect the development of the children placed with caregivers and formal foster parents as they may not get the needed care and support. Again, the low numbers of caregivers and formal foster parents in Ghana and the struggle to recruit interested people to become caregivers and formal foster parents could be as a

result of cultural barriers that prevent people from taking in children who are non-family members and the child welfare system lacking adequate support such as proper mechanisms and structures such as financial resources and logistics thus, rendering the sector unattractive to Ghanaians.

Several studies have been conducted on alternative care in the western world regarding the support systems, challenges, termination of placement, and behavioural challenges of OVC which affect the caregiver and formal foster parents caring for OVC (De Maeyer et al., 2014; Sebba, 2012). However, in Ghana, most studies have focused on the OVC who are the beneficiaries of the care with less research on the experiences of the givers of care (the caregivers and formal foster parents); and little emphasis on their coping strategies and support systems. Thus, very little is known about the reasons why some individuals willingly opt to care for OVC in Ghana, either as caregivers in a residential home for children or as a formal foster parent in the community.

Additionally, insights from the caregivers and formal foster parents' experiences about their work, is important in discovering areas that need improvement in formal foster care and residential care system. Considering the vital role of caregivers and formal foster parents in providing care for OVC and the dearth of studies regarding their subjective experiences about caring for OVC in Ghana, this study, therefore explored the experiences of caregivers and formal foster parents caring for orphans and vulnerable children in the Akuapim South District.

1.3 Objectives of the Study

The objectives of the study are:

1. To find out the motivations of caregivers and formal foster parents caring for orphans and vulnerable children in the Akuapim South District.
2. To identify the challenges faced by caregivers and formal foster parents caring for orphans and vulnerable children in the Akuapim South District.
3. To explore the coping strategies employed caregivers and formal foster parents caring for orphans and vulnerable children in the Akuapim South District.
4. To ascertain the support systems available to caregivers and formal foster parents caring for orphans and vulnerable children in the Akuapim South District.

1.4 Research Questions

1. What are the motivations of caregivers and formal foster parents caring for orphans and vulnerable children in the Akuapim South District?
2. What are the challenges faced by caregivers and formal foster parents caring for orphans and vulnerable children in the Akuapim South District?
3. What are the coping strategies employed by caregivers and formal foster parents caring for orphans and vulnerable children in the Akuapim South District?
4. What are the support systems available to caregivers and formal foster parents caring for orphans and vulnerable children in the Akuapim South District?

1.5 Significance of the Study

Research: This study would supplement already existing literature on caregivers and formal foster parents caring for OVC in Ghana. Findings from the study are expected to serve as a guide for researchers who wish to carry out similar studies on caregivers and formal foster parents in Ghana.

Policy: Furthermore, based on findings from this study information may be provided to agencies such as the Department of Social Welfare, Ministry of Gender, Children, and Social Protection, NGOs and policymakers in effectively addressing the concerns and needs of caregivers and formal foster parents caring for OVC in order to establish salient evidence-based interventions. Also, the findings of the study would influence policies and programmes geared towards improving residential homes and formal foster care as well as enhancing the wellbeing of caregivers and formal foster parents.

Practice: Additionally, findings from this study will enable medical social workers render appropriate interventions such as counselling services and advocacy programmes aimed at meeting the psychosocial wellbeing of caregivers and formal foster parents and the OVC in their care. Child and family social workers would also be provided with information which will enable them to work with stakeholders to provide caregivers and formal foster parents with appropriate support such training programmes that would boost motivation of caregivers and formal foster parents and increase retention.

1.6 Definition of Terms

Alternative Care: Care for children who are not in custody of their biological Parents (UNICEF, DSW& MoGCSP, 2018a).

Caregiver: An individual who helps with physical and psychological care for children in residential homes (UNICEF, DSW & MoGCSP, 2018b).

Child: A person below the age of eighteen years (Government of Ghana, 1992; United Nations Convention on Rights of the Child, 1989).

Formal foster parent: A state approved person, usually not related to a child, who willingly takes up care and maintenance of the child in his or her home (UNICEF, DSW & MoGCSP, 2018a).

Orphan: A child who has lost one or both parents and is exposed to moral, physical or psychological danger as a result of neglect, abuse or other reasons (World Bank, 2005).

Orphan and vulnerable children: children who have lost one or both parents and are exposed to moral or physical or psychological danger and children in need of care and protection such as children exposed to worst forms of child labour, abused children and children without parental care (DSW, 2008).

Residential care: Long term or short-term care provided for children in any non-family-based group setting such as orphanages or residential homes (UNICEF, DSW & MoGCSP, 2018c).

Reintegration: The process of a child making a permanent transition back to his or her biological or extended family (UNICEF, DSW & MoGCSP, 2018a)

Reunification: This occurs when the court or the child welfare agency determines that its safe and in the best interest of the child (OVC) to return to his or her family (Shaw, 2010).

Vulnerable: A child whose safety, wellbeing and development are endangered due to lack of care and affection (Salifu Yendork, 2020).

1.7 Organization of the Study

The study is organized into five chapters. The first chapter includes the background, problem statement, objectives of the study, research questions, significance of the study, definition of terms, and organization of the study. The second chapter presents a review of the literature on caregivers and formal foster parents caring for OVC as well as the theoretical perspectives. Chapter three outlines the research methodology, which comprises the research design, study area, target population, study population, sampling techniques, sample size, methods of data collection, data handling, data analysis, ethical considerations, trustworthiness, and limitations of the study.

Chapter four of the study focuses on presentation and discussion of findings based on selection of themes. It also gives some insights into the motivation of caregivers and formal foster parents

in Akuapim South District; the specific challenges they face, their coping strategies and support systems available to them. The fifth chapter summarizes the research findings, draws conclusions from these findings and indicate some implications for social work. suggestions for further research on caregivers and formal foster parents caring for OVC are also considered in this chapter.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

This chapter presents the literature review and theoretical framework utilised in this study. Literature was reviewed under the following themes: (a) motivations of caregivers and formal foster parents, (b) challenges faced by caregivers and formal foster parents, (c) coping strategies employed by caregivers and formal foster parents, and (d) support systems available to caregivers and formal foster parents. Additionally, the ecological systems theory and equity theory as well as their relevance to the study are discussed.

2.2 Motivations of Caregivers and Formal Foster Parents

Caregivers and formal foster parents have various motivations for caring for OVC and these motivations can be grouped into intrinsic and extrinsic motivation. MacGregor et al. (2006) define intrinsic motivation as tasks that are performed for the pleasure they yield and are due to forces that are inherent in the person, such as values. Conversely, extrinsic motivation refers to doing something because it leads to tangible rewards (Baer & Diehl, 2019). Caregivers and formal foster parents can be motivated by a combination of both internal and external processes, intrinsic and extrinsic motivations.

A qualitative study by De Maeyer et al. (2014) attributed altruism factors centred around children, society or religion as the main reasons' individuals decide to care for OVC. Post (2002) defines an altruist as someone who does something for the other and for the other's sake, rather than as a means to self-promotion or internal well-being. Altruism, has the ultimate goal

of increasing the welfare of one or more individuals other than one's self. In a qualitative study by Baer and Diel (2019) in the USA, child-centred altruism reasons such as desire to make a change in the child's life and the need to provide the child with a safe home, was identified as the main factor motivating caregivers and formal foster parents to care for OVC. Similarly, in a quantitative study by Rodger, Cummings & Leischeid (2006) involving 652 participants in Canada, observed that the desire to save children from harm and to provide them with a stable home to grow were the main factors that motivated individuals to care for OVC. Ntshogwana and Tanga (2018) in their study on factors that influenced people to care for OVC in South Africa, also recognised child-centred altruism factors similar to that of the West such as the desire to make a positive change in the lives of the children and also to show them love and affection to be one major factor that influencing formal foster parents to care for OVC.

Another factor that motivates people to care for OVC are social reasons and social responsibilities. Frimpong-Manso, Tagoe and Mawutor (2020) acknowledged that in most developed countries such as Sweden, Canada, Germany among others, people care for OVC out of a sense of responsibility to support children in need of care within their communities. A study carried out in Turkey by Vural, Aral and Korukcu (2014) involving 124 participants, they assessed the motivations of caregivers and formal foster parents caring for OVC. The findings of the study showed that 76 per cent of the of caregivers viewed caring for OVC as a form of social responsibility. A study conducted in the USA by Cox, Coakly and Orme (2006) indicated that caregivers and formal foster parent saw caring for OVC as a means of giving back to society and also as a means of doing something good in the community they found themselves in. Furthermore, with regards to social responsibility as a motivation, some caregivers and foster parents cared for OVC as a means of incorporating positive social values in their biological children and the OVC. In a study done in South Africa by Ntshogwana and Tanga

(2018) on experiences of formal foster parents in South Africa, the caregivers reported that, caring for OVC was a means of contributing to the wellbeing of the younger generation this because through caring for OVC, they are able to teach their biological children and the children placed in their care about humanity and good values such as caring for those in need.

One major factor that influenced individuals to care for orphans and vulnerable children is the religious beliefs of the individual such as Islam or Christian religion could motivate people to care for OVC (Keys et al., 2013). In the Islam religion, the Quran, admonishes faithful Muslims to be merciful and care for orphans and vulnerable people. For example, in the Quran advises to worship Allah, and be kind orphans and those in need as well as strangers (*The Holy Quran*, 2000, Qur'an 4:36). In like manner, in Christian religion, the Bible also carries doctrinal instructions on caring for OVC similar to that of the Quran. For instance, emphasizes that, religion that God accepts as pure and faultless is for good disciples to look after orphans and widows in their distress (*King James Bible*, 1769/2017, James 1:27). Furthermore, in a qualitative study conducted in Ghana by Darkwah, Daniel and Asumeng (2016) on caregiver perceptions in Ghana, the principal motivation for almost every caregiver was a conviction that their work was a God-given duty. Caregivers further added that doing the job of caring for OVC would give them fulfilment and blessings from God. Similarly, in a qualitative study by Frimpong-Manso, Tagoe and Mawutor (2020) involving 20 formal foster parents in Ghana, it was discovered that for most formal foster parents, their Christian convictions and beliefs played a crucial role in their considerations to become formal foster parents.

Another factor that has been credited to influence caregivers and formal foster parents to care for OVC, is financial motivation. Although studies from developed countries suggest that financial motivation does not play a significant role in people's motives to become caregivers

and formal foster parents (Delgado et al. 2019; Rodger et al. 2006). However, findings from in low-resourced countries suggests that financial reasons could be the motivation for individuals caring for OVC. A qualitative study conducted in Guatemala on experiences of foster parents and their attitudes towards fostering by Gibbons, Wilson and Schnell (2009) suggest that monthly allowances given to formal foster parents to provide for the needs of OVC, also serve as a source of income for most financially constrained foster families. Gibbons et al. (2009) further add that due to the financial benefits, there is often a waiting list of prospective foster parents in Guatemala as it enables people to earn an income in a country with difficult economic situation. Also, findings of studies from South Africa revealed that financial benefits are essential motivators for would-be caregivers (Ntshongwana & Tanga 2018; Rochat et al., 2016).

For some caregivers and formal foster parents, personal reasons motivated them to care for OVC. Some of these reasons include caring for OVC as a first step to adoption, providing siblings to biological children and for companionship. Personal reasons were often found to be the motivating factor for most caregivers and formal foster parents in developed countries. A mixed methods study conducted by Lopez and del Valle (2009) on the experiences of foster carers in Spain indicated that the need for championship as their older children had left home and the desire to adopt a child in future motivated them to care for OVC.

2.3 Challenges Encountered by Caregivers and Formal Foster Parents

Taking care of orphans and vulnerable children is a stressful job as OVC exhibit more delinquent and anti-social behaviours than their peers who are not OVC. caregivers and formal foster parents' responsibilities include feeding and clothing the children, as well as providing emotional, social, and psychological support and often these children experience (Bettmann,

Mortensen, & Akuoko, 2015; Frimpong-Manso, Tagoe & Mawutor, 2020). The caregivers and formal foster parents' ability to carry out these responsibilities is crucial for the child's cognitive and physical development (Johnson et al., 2010; Richter, 2004). In the quest to carry out these responsibilities, caregivers and formal foster parents could encounter several difficulties which could even impact negatively on their work of caring for OVC.

Higher demands and greater expectations are placed on caregivers and formal foster parents as they are to commit to caring of the child placed with them, while at the same time working co-operatively with the agency to reunify the child with his or her biological parents **(**De Wilde et al., 2019). A mixed methods study done by Herbet et al. (2013) revealed that although the caregivers and formal foster parents are substitute parents and are often aware of the temporary nature of caring for OVC, caregivers and formal foster parents often experience grief when caring for OVC is terminated as a result of reunification or adoption. Additionally, caregivers and formal foster parents; especially those who provide long-term care, are encouraged to form strong attachments with their foster children, and as a result of the attachment, they experience loss and grief when the child leaves their home at the end of the placement. (Gribble, 2016; Hebert et al., 2013). Other studies indicate that although foster care and residential care is not a permanent care for OVC and is transitory nature, caregivers and formal foster parents attach more of parental roles than professional roles when fulfilling their duties as such live in fear of losing the child due to attachment they have created with children in their care (Broady et al, 2010; UNICEF, DSW & MoGCSP, 2018a). Likewise, a qualitative study conducted by Samrai, Beinart and Harper (2011) revealed that caregivers and formal foster parents experience grief even if they were part of the decision for the removal of the child and this situation of grief is worse for alternative caregivers who have the expectation of adopting the

child that is in their temporary care or those who consider themselves parents rather than professionals providing a service.

Another challenge caregivers and formal foster parents encounter is managing problematic behaviours of OVC placed in their care. A qualitative study conducted by Mnisi and Botha (2016) on placement breakdown in South Africa revealed that OVC's display challenging and disruptive behaviours such as substance abuse, fighting, stealing, temper, aggression and inappropriate sexual behaviour posed challenges to caregivers and formal foster parents. In comparing the general population of children, studies show that OVC display more problematic behaviours and the high levels of behavioural challenges and emotional problems they display are due to the abuse and familial challenges they might have encountered in the past (Frimpong-Manso, 2014; Morgan & Baron, 2011). Furthermore, quantitative research done on the behaviours of OVC in foster care by Clausen et al., (1998) found that over 40% of OVC who were administered to the Child Behaviour Checklist (CBCL) demonstrated clinically significant behaviour problems in a California sample of youth ages 0-16 years old and these behaviours may appear strange and often new to the caregiver or formal foster parent who is not with the symptoms of abuse and neglect.

Studies have discovered that the nature of the caregiving roles affect the well-being of caregivers and formal foster parents and there is a significant positive relationship between fostering roles and foster parent or caregivers' level of stress, anxiety and depression (Broady et al, 2010; Morgan & Baron, 2011). Additionally, caregivers and formal foster parents struggle to cope with the problematic behaviours of OVC due to the lack of therapeutic support, resulting in empathetic exhaustion and high levels of stress (Hannah & Woolgar, 2018; Murray, Tarren-Sweeney & France 2010). Stress is described as the psychological and physical state

resulting from insufficient resources, and prolonged exposure to stress over a length of time can affect mental and physical health (Miche, 2002). A qualitative study conducted in Ghana by Darkwah, Daniel and Asumeng (2017) revealed that different aspects of caregivers' work such as the OVC and high workload exposed the caregivers to stress. For instance, an OVC placed with a caregiver may ignore a caregiver's requests or reject efforts made by the caregivers to build a relationship through activities, meals, or conversation. Other studies have also shown that, distancing behaviours demonstrated by the OVC is often perceived by the caregiver or formal foster parent as a rejection of their parenting and this could have a negative impact on the one caring for the OVC especially when it is a new caregiver or formal foster parent (Colman, 2019; Schofield & Beek, 2005). For instance, if a caregiver feels rejected after attempting to establish a relationship with a child, this can cause strain on the relationship in the home and consequently lead to stress in the caregiver. Furthermore, a qualitative study conducted in Sweden on placement breakdown and the experiences of caregivers and formal foster parents by Khoo and Skoog (2013) highlighted caregiving requirements such as: caring for the children, responding to their emotional and behavioural challenges, providing transportation, medical appointments, psychological appointments as some roles that exert stress on caregivers and formal foster parents.

Another challenge that has been identified in literature, is inadequate financial support. Some studies conducted in Australia and South Africa, indicate that caregivers and formal foster parents did not get the necessary interventions such as financial, emotional, and training support from social workers to help them to carry out their responsibilities (Delfabbro, King and Barber, 2010; Mnsi & Botha, 2016; Samrai et al., 2011). The fees and allowances provided for meeting the direct costs of foster children and any indirect costs such as lost income and time costs are often inadequate (McHugh 2006). A qualitative study on the experiences of

formal foster parents in Ghana by Frimpong-Manso, Tagoe and Mawutor (2020) revealed that, formal foster parents faced financial challenges as caring for OVC is expensive. Unlike what pertains to some developed countries such as the UK, the US, and Canada (Schofield et al. 2013), where foster parents are reimbursed for the cost they incur whiles taking care of OVC, in Ghana formal foster parenting is purely voluntary and foster parents are not reimbursed for the costs that they incur in meeting the daily needs of the children placed in their care. On the other hand, caregivers working in residential homes, are paid a salary for the services they render to the children placed in their care. However, a study by Frimpong-Manso (2016) on the strengths and challenges of residential care in Ghana, revealed that most private residential homes for OVC rely on donations and funds from individuals and organizations to take care of the children. He further added that, this source of funding is irregular and insufficient which affects the ability of the residential homes to meet the national and international standards and to also cater for the caregivers caring for OVC. Lack of financial support and inadequate funding, leads to caregivers receiving inadequate payment for the services they render to OVC. Similarly, a study conducted in India on the perspectives of caregivers on institutionalized care by Rohta (2021) revealed that, aside the problem of caregiver child- ratio, both alternative caregivers from private and government-owned residential homes experienced financial challenges. Lack of adequate financial reimbursement is linked to the decision for parents to quit fostering (Brown & Bednar, 2006).

Furthermore, another challenge identified to be faced by caregivers and formal foster parents is negative societal perception (Blythe et al., 2012; Frimpong-Manso, Tagoe & Mawutor, 2020). Several studies suggest that residential caregivers and formal foster parents often feel dissatisfied with their role because they are undervalued in the care system particularly for formal foster parents due to their status as volunteers and this affect their access to support

systems (Colton, Roberts & Williams,2008; López & Del Valle, 2016). A study conducted in Australia by Blythe et al. (2012) revealed that formal foster parents often face stigma which forces them to hide their status as foster parents from the society owing to the perceived consequences of social isolation due to mistrust and apathy from the public. In like manner, in a qualitative study conducted in Ghana by Frimpong-Manso, Tagoe and Mawutor (2020) on the experiences of formal foster parents indicates that, formal foster parents were often perceived to be barren or infertile and fostering is regarded as an activity mainly undertaken by lazy people for its financial benefits. Findings from a qualitative study on caregivers' work stressors in Ghana by Darkwah et al. (2017) discovered that, the society showed apathy, suspicion and mistrust towards the caregivers. Darkwah et al. (2017) further indicated that caregivers reported that the society sees them as child abusers, greedy and unskilled, the society is less concerned about them and they as caregivers caring for OVC find the society's opinion and perceptions about them demoralizing.

Lack of adequate training and support, even after being licensed, is another frequently cited reason for foster parents discontinuing their care for OVC (Khoo & Skoog, 2013). Marcellus (2010) indicated that although there are many people and professionals such as social workers, psychologists, foster care and residential home managers, caregivers and formal foster parents involved in the child welfare, caregivers and formal foster parents are the least supported. In Ghana for instance, the statutory agency for child welfare activities is the Department of Social Welfare (DSW); under the ministry of Gender Children and Social Protection. Additionally, the DSW is responsible for registering, licensing and conducting regular monitoring and evaluation of residential homes for children as well as formal foster parents (UNICEF, DSW & MoGCSP, 2018b). However, a qualitative study on experiences of formal foster parents in Ghana by Frimpong-Manso, Tagoe and Mawutor (2020) indicated that the monitoring visits

supposed to be done by the DSW to foster parents was not being done at all. In another qualitative study in South Africa on foster parents' experiences by Ntshongwana and Tanga (2018), the researchers identified poor relationship with social workers posing challenges to the caregivers and formal foster parents. Ntshongwana and Tanga (2018) further revealed that often when social workers come over, they are much concerned with the OVC and do not ask about the experiences and challenges of the caregivers and formal foster parents caring for the child. A qualitative study conducted in Sweden by Khoo and Skoog (2013) also revealed although placement of the children in their care were done through the social workers, caregivers of OVC often had difficulties in establishing contact with the social workers and the monitoring visits to their homes, were not regularly done.

Besides the lack of inadequate support from social workers a challenge for caregivers and formal foster parents is inadequate support from agencies and organisations which employed or recruited them to cater for OVC (Lee, Troupe & Vennum, 2010). For instance, a qualitative study conducted in Pakistan on the challenges faced caregivers in orphanages by Yousuf and Khan (2017), caregivers reported that hectic routine given to them by their organization coupled with low stipends and diverse needs of the children placed in their care posed challenges to them. In like manner, a qualitative study conducted by Darkwah et al. (2017), caregivers and formal foster parents reported that they received little support from their organizations and their employers. Also, Darkwah et al. (2017) reported that, caregivers did not have specific routine on what to do neither is there specific closing time from work and all these situations from their organizations made it difficult for them to care for the OVC placed with them. Research has shown that system or organisational failures such as lack of pertinent information about the child prior to placement, role ambiguity and inadequate support to

caregivers could lead to unnecessary breakdown or termination of care of OVC (Darkwah, Daniel & Asumeng, 2016; Lee et al., 2010).

Another challenge of caregivers and formal foster parents which has been identified in literature, is challenges from the family of the OVC in their care. Some studies show that many of the children living in foster homes and residential care homes have contact with either their biological parents or some relatives who visit them from time to time (Hurlburt et al., 2010). In a qualitative study conducted in Canada Turcotte and Drapeau (2018) revealed that although caregivers and formal foster parents show empathy towards biological family or relatives of the OVC in their care, sometimes foster families and biological families of OVC have difficult relationships which posed a challenge to both caregiver or formal foster parent and the biological family of the child. Furthermore, in the cases where relationships between foster parents and the OVC's biological family were more difficult, the children's negative experiences during visits often led to disagreement and tensions between foster and birth parents (Turcotte & Drapeau, 2018).

Additionally, in caring for OVC, caregivers and formal foster parents also experienced challenges from their own biological families. In a mixed methods study conducted in Ghana by Castillo, Sarver, Bettmann Mortensen, & Akuoko (2012) on caregivers' perceptions, findings indicated that, caregivers were challenged by tensions within their biological family and caregivers felt of alienation from their families due to their families having misconceptions about their work and over expectation of their salaries and monetary rewards.

2.4 Coping Strategies Employed by Caregivers and Formal Foster Parents

Caring for OVC can be potentially harmful to both alternative caregivers and the OVC depending on the caregivers' ability to cope with the challenges related to parenting. Lazarus and Folkman (1988) define coping as the specific efforts (both behavioural and psychological) that individuals employ to master, tolerate, reduce or minimize stressful events. As part of coping, most caregivers and formal foster parents rely on having a strong sense of spirituality such as praying and reading scriptures (Khoo & Skoog, 2014; Lee et al., 2010). Spiritual belief, acceptance, and positive reappraisal are emotional focused coping strategies which utilize reasoning, critical thinking emotional expression, and understanding as strategies to reduce psychological strain (Shin et al., 2014). In a qualitative study by Lietz, Francie, Julien-Chinn, Geiger & Peil (2016) on how caregivers and formal foster parents of OVC cope and adapt over time, most of the caregivers and formal foster parents indicated they resorted to the emotional coping such as relying on spiritual or religious activities. Caregivers and formal foster parents reported that their main way of coping with the challenges they face when caring for the children placed in their care, was through reading of the Bible and praying to God when they are in their hardest time (Leitz et al., 2016). Similarly, in another qualitative study done in the USA by Lee, Lee, Troupe & Vennum (2010) on placement breakdown, caregivers and formal foster parents indicated that they are able to cope with challenges with the help of God and always prayed to God for help in times of challenges. In strengthening family resilience, Walsh (2006) discussed shared beliefs in spirituality, as a "moral compass" that guides how individuals and families respond to situations that can spark fear and frustration. Buehler, Cox and Cuddeback (2003) further adds that for some caregivers and formal foster parents, the strong sense of spirituality serves as a factor that ensures successful care for children placed their care (Buehler et al., 2003). Similarly, in a mixed methods study by Eagle et al. (2019) on

religion and caregiving revealed that caregivers and formal foster parents caring for OVC resorted to prayer, singing of spiritual songs and meditation and these spiritual activities served as concrete, practical and behavioural strategies they employed regularly to sustain and cope with the work of caregiving.

Stanborough and Legg (2020) define cognitive restructuring as the process where individuals experiencing negative thought patterns notice these patterns, accept and change these negative patterns to avoid interference with their work, relationship or well-being. Caregivers and formal foster parents by way of coping, engaged in cognitive restructuring through changing of their thoughts and having empathy for their foster children. Lietz et al. (2016) explored cultivating resilience in families revealed that, by way of coping, caregivers and formal foster parents accepted their new reality as foster parents and make positive appraisal, commitment and humour as means of cognitive restructuring. It is interesting to note that in the study, caregivers and formal foster parents resorted to having a sense of humour as a coping strategy. According to Lietz et al. (2016) although caring for OVC is stressful, caregivers and formal foster parents, highlighted that there is an individual spark in each OVC and the caregivers try to make their work fun by being light-hearted about situations they encounter. Similarly, Lee et al. (2010) reported that, the caregivers by means of coping and ensuring their well-being, participated in cognitive structuring activities such as placing the OVC in developmental context empathy; by understanding the child's uniqueness and having a sense of humour to lighten up the situations around them.

Also, in a qualitative study by Lietz and Strength (2011) on family resilience in child welfare, commitment was described as the key element that keeps foster family together during hard times. Most individuals view caring for OVC as a spiritual calling from God and a need that

needs to be fulfilled. Studies have shown that for such individuals, even in times of challenges, they are determined and committed to pursue their role as caregivers and foster parents and even in times of challenges in caring for the OVC, it is this same commitment that serves as coping strategy for the caregivers and formal foster parents (Oke, Rostill-Brookes & Larkin, 2013; Preston, Yates & Moss, 2012). Similarly, in a mixed methods study conducted by Proeschold-Bell et al. (2019) caregivers in the study reported as part of emotion focused coping, caregivers remained committed to their work and encouraging and reminding themselves that they have done a good job for the children.

For some caregivers and formal foster parents, by means of coping with challenges, they strive to maintain communication across all the subsystems they work in; such as the residential home or foster care agency, social welfare agencies, children and biological parents of OVC (Children's Alliance of Kansas, 2014; Minuchin, Colapinto & Minuchin, 2007). For some other caregivers and formal foster parents, communicating and connecting with other caregivers and foster parents was a means through which they cope with the challenges they face as they care for OVC. Alternative caregivers further acknowledge that, listening to success stories of other caregivers as well as opening up on the challenges they face with them, eased them of the emotional feelings they have about their work (Cooley & Petren, 2011).

In a mixed methods study conducted in Kenya, Cambodia, Ethiopia and India by Proeschold-Bell et al. (2019) identified several ways through which caregivers cope with stress and sustain their mental health. According to Proeschold-Bell et al. (2019), as a way of coping with the stress that comes with caring for OVC, alternative caregivers participated in pleasurable activities. Caregivers in the study reported that they participated in activities that we stress relieving for them such as playing sports, exercising and going for walks with other caregivers,

watching movies, surfing the internet and other activities such as singing and gardening. Similarly, in a quantitative study conducted by DeMaeyer et al. (2014) in the Netherlands, they examined Flemish foster parents' coping styles and attitudes towards parenting and identified participation in social activities outside caring for OVC as a coping strategy adopted by foster parents caring for OVC.

2.5 Support Systems Available to Caregivers and Formal Foster Parents

Support system is a transactional process, both verbal and nonverbal, to improve an individual's feelings of competence, belonging, and self-esteem (Mattson & Hall, 2011). Cohen and Willis (1985) identified four functions of support systems. The first they identified is emotional support which conveys that a person is valued for his or her own worth and experiences. Examples include validation of an individual's feelings and being available when needed. The second function of support is informational support which helps a person to define, understand, and cope with problems. This includes behaviours such as providing a shoulder to cry on and offering advice. The third is companionship support which functions to help distract individuals from their problems or to facilitate positive affective moods. This could include taking a friend to the movies to distract them from their issues. The fourth and last function of social support is tangible support which refers to provisions of financial aid, material resources, and needed services. These include loaning someone money or providing a place to stay. Daniel (2011) posits that a stronger support system for alternative caregivers lead to successful placement and satisfaction in caring for OVC.

A study by Sinclair, Gibbs and Wilson (2004) showed that the child welfare agencies in developing countries have been recruiting and supporting alternative caregivers especially formal foster parents from various socio-economic and educational attainment backgrounds.

Aside government and private agencies recruiting alternative caregivers, they also provided trainings for caregivers and formal foster parents caring for OVC. In a study carried out in Turkey by Catay and Kologlugil (2017) indicated that caregivers at orphanages were supported by their agencies through provision educational materials and toys in combination with staff training in child development and implementation of daily educational activities. It is well noting that, the care environment was found to be significantly improved, and positive changes were noted in the general development of the OVC and job satisfaction in the caregivers (Çatay & Kologlugil, 2017). Similarly, in a quantitative study done involving Russian caregivers caring for OVC by the St. Petersburg-USA Orphanage Research Team (2008) it was observed that, as part of support from the organization, it provided training to caregivers and conducted regular structural changes which led to decreased anxiety, depression, and job-related stress level in the caregivers.

Studies have shown that satisfaction and retention in caring for OVC have been linked to the alternative caregiver's perceived support from informal networks such as family and friends (Eaton and Caltabiano, 2009, Fisher et al., 2000). Studies conducted in the USA suggest that about the 63% of children placed in alternative care, living in homes headed by married couples and their families (Orme & Combs-Orme, 2013). Sinclair, Gibbs, and Wilson (2004) in their book why some foster carers leave and why other foster carers stay, conclude that the informal support of relatives and friends are crucial in enabling foster parents to continue providing care and support for the children they foster. In a qualitative study conducted by Orme and Combs-Orme (2013) on foster couples parenting together in USA, they examined family functioning, depression and parental acceptance as well as potential to foster parent successfully. This study revealed that one of the greatest potentials to foster successfully, is by having spousal support in caring for the OVC. For instance, in the study by Orme and Combs-Orme (2013), they

revealed that, spousal support is vital to caring for OVC successfully for both caregiver or formal foster parent and the OVC children placed in their care. On spousal support, they further added that, fathers who were actively involved with their wives in caring for the OVC, may be especially important to OVC in care because so many of OVC have not had fathers who were positive presences in their lives. In a mixed methods study by Geiger, Hayes and Lietz (2013) they examined factors that influence foster parents' decision to continue or discontinue providing care for OVC. In this study, Geiger et al. (2013) highlighted that for caregivers caring for orphans and vulnerable children, receiving informal support from relatives and friends is important in enabling the alternative caregivers to continue caring for the OVC. Caregivers and formal foster parents also received emotional and practical support from friends and families and that even in difficult times, they shared their feelings with them and they were ever ready to help (Geiger et al., 2013).

Although familial support such as those from relatives and friends help alternative caregivers, traditional support such as support from family or relatives and friends was not enough to handle the complex issues that often exist when working with children in foster care or residential care (Geiger et al., 2013). Additionally, alternative caregivers ought to feel supported by government agencies and the private organisations they work with. Formal networks such as residential homes and social welfare agencies support caregivers and formal foster parents by being there from them physically and emotionally through providing them with adequate information or their attachments and grief during placement such as when phone calls are returned and there is open, honest communication (Hudson & Levasseur, 2002; MacGregor et al., 2006). In a quantitative study by Rhodes, Orme and McSurdy (2001) in the USA, the researchers observed that support from agencies in terms of providing adequate pre-service training resulted in more competent and skilled alternative caregivers and also,

caregivers who are satisfied about the pre-service training, are more likely to continue caring for OVC.

Agencies as well as organisations in charge of foster care and residential care also support alternative caregivers financially. For instance, in Europe and United States of America, alternative caregivers such as formal foster parents were supported financially through monthly stipends in form of salaries and allowances for themselves and OVC in their care (Family for Every Child, 2012). In an international comparative analysis by Colton, Roberts and Williams (2008) observed that, in terms of financial support, no foster parent must lose or gain and although the purposes of the allowances given differ from country to country, these stipends are meant to cover the caregiver or formal foster parents' salary, the OVC's clothing, food, sports, cultural and leisure activities, birthday and other gifts. Colton et al. (2008) further added that these stipends serve as a source of financial support for the alternate caregivers by easing some of the financial burdens that come with caring for OVC. In Ghana for instance, formal foster care is purely voluntary and there no stipends given by the government; however, in the case of alternative caregivers who are employed by private and public residential homes, they are given salaries at the end of every month (Frimpong- Manso, 2016).

Another source of support for alternate caregivers, is community support. A qualitative study conducted by Samrai, Beinart and Harper (2011) on the foster carer perceptions and experiences and placement support, they identified some support systems that are available to the alternative caregiver (foster parents) of OVC. Findings from the study by Samrai et al. (2011) show that, aside support from agencies, support from social networks of foster parents and community members, provide alternative caregivers with encouragement and also enhance retention in foster care placement.

In a systematic review on orphanages' donations and its implications for orphans in Ghana conducted by Frimpong-Manso (2021) identified community support as a major source of support to caregivers and this came groceries and cash donations. In Ghana, most of the residential homes in operation are private owned. However, private-owned residential homes do not receive funding from the state therefore, in order to cater for their expenses such as maintenance of the children and payment of caregivers most residential homes receive donations such as money, food items and clothing from individuals and groups and corporate organisations (Better Care Network & UNICEF, 2015). As noted by Frimpong-Manso (2021) most of the donations and funding received by caregivers in residential homes, come from faith-based organisations, these donors support the orphanages primarily to fulfil their religious duty (e.g., James 1:27, Quran 107:1–2). Support from faith communities and one's own faith also contributes to successful placements as they provide sources of support and coping (Buehler et al. 2003; Howell-Moroney 2013). In a quantitative study conducted in Canada by Brown (2007) on foster parents' perceptions revealed that community support as one of the supports that was available to caregivers and formal foster parents helped them to successfully care for the children placed with them.

2.6 Summary of Literature Review

This review showed that the care of orphans and vulnerable children (OVC) is still a worldwide problem affecting both developed and developing countries. Caregivers and formal foster parents caring for orphans and vulnerable children are at greater risk of higher levels of stress as compared to their counterparts who are just caring for their biological children. Also, caring for OVC could impact on the career, social and family life of the alternative caregivers. The factors contributing to motivations to care for OVC included, religious believes, personal

reasons and wanting to make a difference in the society. Caregivers and formal foster parents also face several challenges including negative societal perceptions, inadequate financial support, stress. Furthermore, findings on the coping strategies of caregivers and formal foster parents revealed that, although caring for orphans and vulnerable children is challenging, most alternative caregivers relied on religion and spirituality, cognitive restructuring, communication, commitment and social participation as a means of mitigating the challenges that comes with caring for OVC. With regard to the support systems available to caregivers and formal foster parents, it has been reported that caregivers and formal foster parents found the demands of caring for OVC very challenging and required support. Thus, lack of support for alternative caring for orphans and vulnerable children, may result in stress, burnout and termination of residential or foster care placement.

2.7 Theoretical Perspectives

This study is guided by two theories: Ecological systems theory by (Bronfenbrenner, 1979) and Equity theory (Adams, 1965).

2.7.1 Ecological Systems Theory by Urie Bronfenbrenner (1979)

The experiences of caregivers and formal foster parents caring for OVC in Akuapim South District was explained through the lens of the ecological systems propounded by Urie Bronfenbrenner (Bronfenbrenner, 1979). The ecology of human development is defined by Bronfenbrenner (1979) as the scientific study of the progressive, mutual accommodation throughout the life course between a growing human being and the changing properties of the immediate settings in which he lives as this process is affected by relations between these settings and by larger contexts in which the settings are embedded. This theory was developed

to understand human development within the context of the relationships that form a person's environment (Johnson, 2008). Bronfenbrenner (1995) enumerated five nested systems in the environment, which are systems are the micro, meso, exo, macro, and chrono systems. He further posited that these five nested systems interact and this interaction can affect an individual's development. An individual's interaction with these systems can either be positive or negative.

2.7.1.2 The Microsystem

The microsystem is defined as the pattern of roles, activities, and interpersonal relationships experienced by a developing person in a given setting and contain other people with distinctive characteristics of personality, temperament, and systems of beliefs (Bronfenbrenner, 1995). For an individual, the microsystem is the person's closest environment and includes structures with which he or she maintains physical contact. Structures in the microsystem include the family, work, peers, neighbourhood or church group (Tudge, Mokrova, Hatfield, & Karnik, 2009).

2.7.1.3 The Mesosystem

The mesosystem consists of the linkages, interrelationships, and processes between the microsystems and how they affect or influence the development and behaviour of the person. For instance, the relationship between the individual's home and peers, church, and work, et cetera. (Bronfenbrenner, 1995).

2.7.1.4 The Exosystem

The exosystem according to Urie Bronfenbrenner (1995), is made up of larger social systems and comprises of events, decisions, and contingencies over which the individual has no influence. However, it directly or indirectly impacts the development of a person. For instance, the relationship between the home and the caregiver or formal foster parent's workplace (Johnson, 2008). For instance, with residential care and foster care being temporal, reunification of the OVC with his or her biological or adoptive family could pose grief to caregivers and formal foster parent. This is significant because such events have an impact on the environment in which the individual lives.

2.7.1.5 The Macrosystem

Bronfenbrenner (1995) explains the macrosystem to comprise the overarching pattern of micro, meso, and exosystem characteristic of a given culture, subculture or other broader social context, with reference to belief systems, lifestyles, resources, opportunities, life course options, and patterns of social interchange that are embedded in each of these systems. These include cultural norms and values as well as policies and how they influence an individual. In addition, cultural values affect people and influence them to behave in particular ways (Corcoran, Franklin, & Bennett, 2000).

2.7.1.6 The Chronosystem

The chronosystem is a description of the evolution, development or stream of developments of the external systems in time (Johnson, 2008). This system can cover either a long or short period. It also describes the changes in the systems over time that affect or influence the

development and behaviour of the individual (Johnson, 2008). For instance, the death of a spouse and this could impact the caregiver or formal foster parent's life.

2.7.1.7 Application of the Ecological Systems Theory to the Study

Applying the ecological systems theory to the study, the various systems (micro, meso, exo, macro, and chronosystems) interact with the caregiver or formal foster parent as they care for orphans and vulnerable children in either residential care or in their personal homes. The factors interacting with the formal foster parents or caregiver's microsystem may include the family, work, peers, neighbourhood, church group, and hospital. For example, family of caregiver, may be source of support and help to the caregivers caring for the children placed in their care.

The caregiver or formal foster parent's mesosystem are the various systems in their immediate environment, which interact to affect the caregiver. For example, the relationship between the formal foster parent's home and the work could interact to pose a challenge in the course of caring for orphans and vulnerable children. For instance, low stipends or salaries received by caregivers working in residential homes, could be a challenge for the caregivers. This may lead caregivers quitting their jobs and putting more strain on existing caregivers due to high OVC to caregiver ratio. Similarly, lack of support for formal foster parents and caregivers caring for the OVC, could lead to termination of placement. The exosystem of caregivers and formal foster parents refers to the contingencies over which they have no influence, however, may affect the caregiver in caring for OVC. Thus, the exosystem may be the relationship between the caregiver's work and the social welfare officials. For instance, social welfare officials not giving adequate information about medications, trauma histories and behaviours, at initial placement of the child could impact on the alternative caregivers negatively.

The macrosystem consists of societal values and cultural norms as well as governmental policies and how they affect the alternative caregiver. For instance, if policies are not put in place to support caregivers and formal foster parents, the process of caring for OVC, could be overwhelming and this could lead to alternative caregivers quitting their duties. The fifth system; the chronosystem which encompasses change over time, could also interact with the caregiver. For example, the transitions of OVC into adolescence could impact on the caregiver or formal foster parent. Similarly, with residential care and foster care being temporal, reunification of the OVC with his or her biological or adoptive family could pose grief to caregivers and formal foster parent.

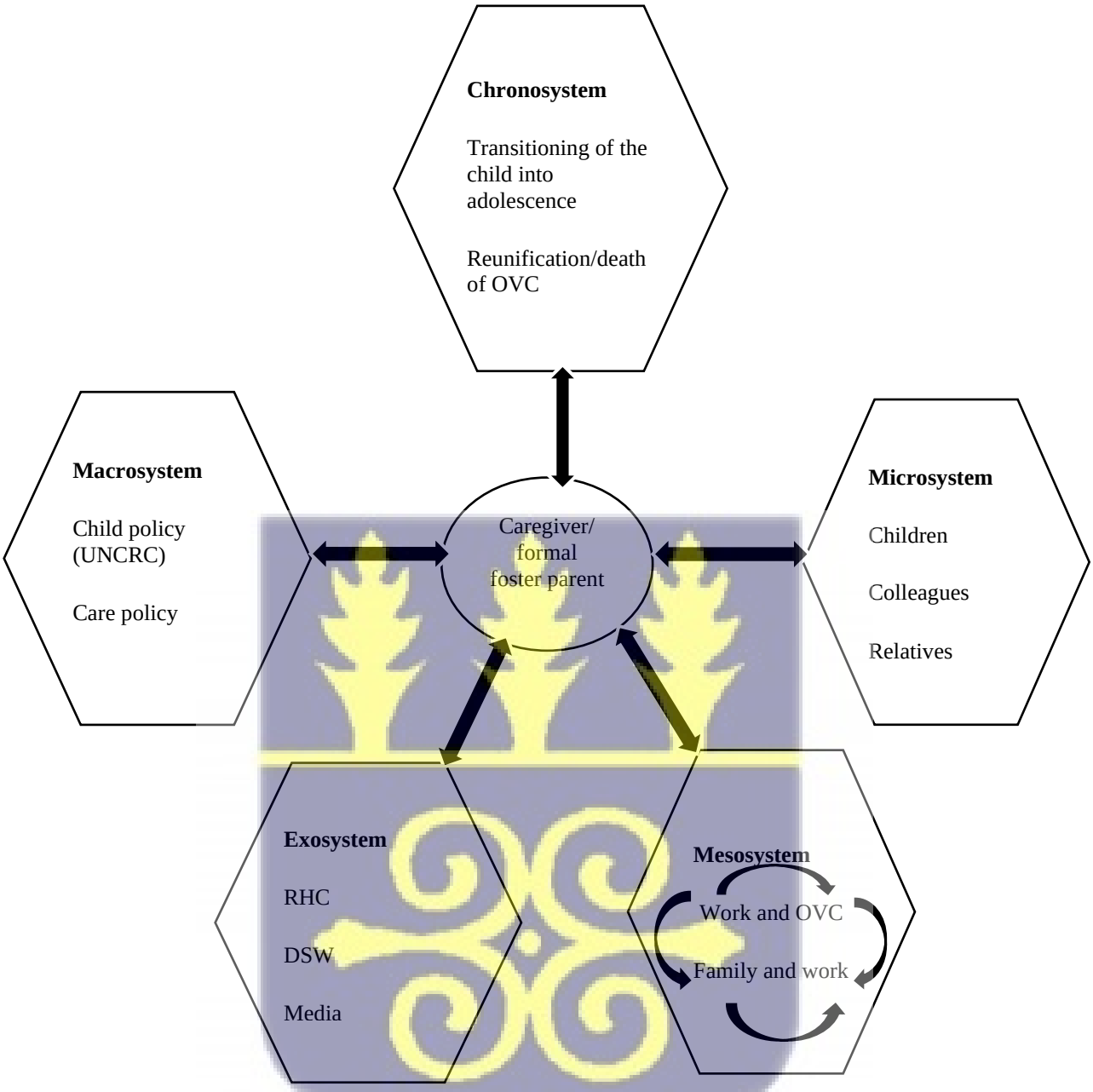

Figure 1:An Ecological Model showing how nested systems in the caregiver and formal foster parent's environment interact to influence him or her

2.7.2 Equity Theory by John Stacy Adams (1965)

Adams (1965) conceptualizes that employees in any "work" environment, seek to maintain fairness between the inputs they bring to the job and the outcomes that they receive from their work against the perceived inputs and outcomes of others and their own subjective experience. Inputs include factors such as loyalty, personal sacrifice, love and experience. Outcomes on the other hand include factors such as sense of achievement, salary and recognition. People are motivated when they feel their inputs are fairly or desirably rewarded by the outcomes they receive and will feel demotivated when they feel their inputs are not fairly rewarded by the outcomes they receive (Kanfer & Ryan, 2018; Sebba, 2012). Employees feel satisfied when there is a balance (equity) between what they receive for what they give to the organization. Kollmann, Stockmann, Kensbock and Peschl (2019) believe that when a person or an employee's outcomes do not match inputs, this inequity leads to dissonance and job dissatisfaction, which can lead to the employees having less motivation of their jobs. Other studies from Al-Zawahreh & Al-Madi (2012) recognise that in order for an individual or employee to restore equity, he or she may lower productivity, reduce the quality of their job or have less satisfaction in their jobs when they feel there is inequality and this can lead to an increase in absenteeism and even resignation from an organization. For instance, a caregiver or a foster parent could feel motivated when a child recognizes and appreciates the love the foster parent shows him or her.

2.7.2 Application of Equity Theory to the Study

The equity theory focuses more on influences of people's emotions, thoughts, motivation and behaviour in any work environment. It could be argued that the relationship between the caregiver or foster parent and the OVC under their care is out of balance in nature since

caregivers and formal parents are supposed to give, whereas the children are supposed to receive. The propositions of equity theory continue to hold in such a relationship (Adams, 1964). Bakker et al. (2000) argue that individuals in "giver" positions expect deference and gratitude from those in "receivers" positions for the services they provide and their work in general, in order to retain equity. Applying equity theory to the study, allowed the researcher to understand the motivations of caregivers and formal foster parents who are caring for orphans and vulnerable children; specifically, what motivated them initially to care for OVC and if it is the same factors that are motivating them, as well as their satisfaction or future decisions about caring for OVC. Since the inputs and outcomes of the caregivers and formal foster parents form part of their subjective experience in caring for OVC, applying equity theory in this study, was vital. If a caregiver puts in so much commitment into her job at the expense of leaving her family behind and she gets inadequate salary(outcome) to suffice the inputs (sacrifice and commitment) she puts in her work as a caregiver, she will feel demotivated and this could affect the wellbeing of the children under her care. Thus, the theory afforded the researcher insights on the thoughts of the caregivers and formal foster parents regarding the factors that accounts for the inputs the put into caring for OVC placed in their care, and their thoughts on the outcomes they receive from caring for OVC.

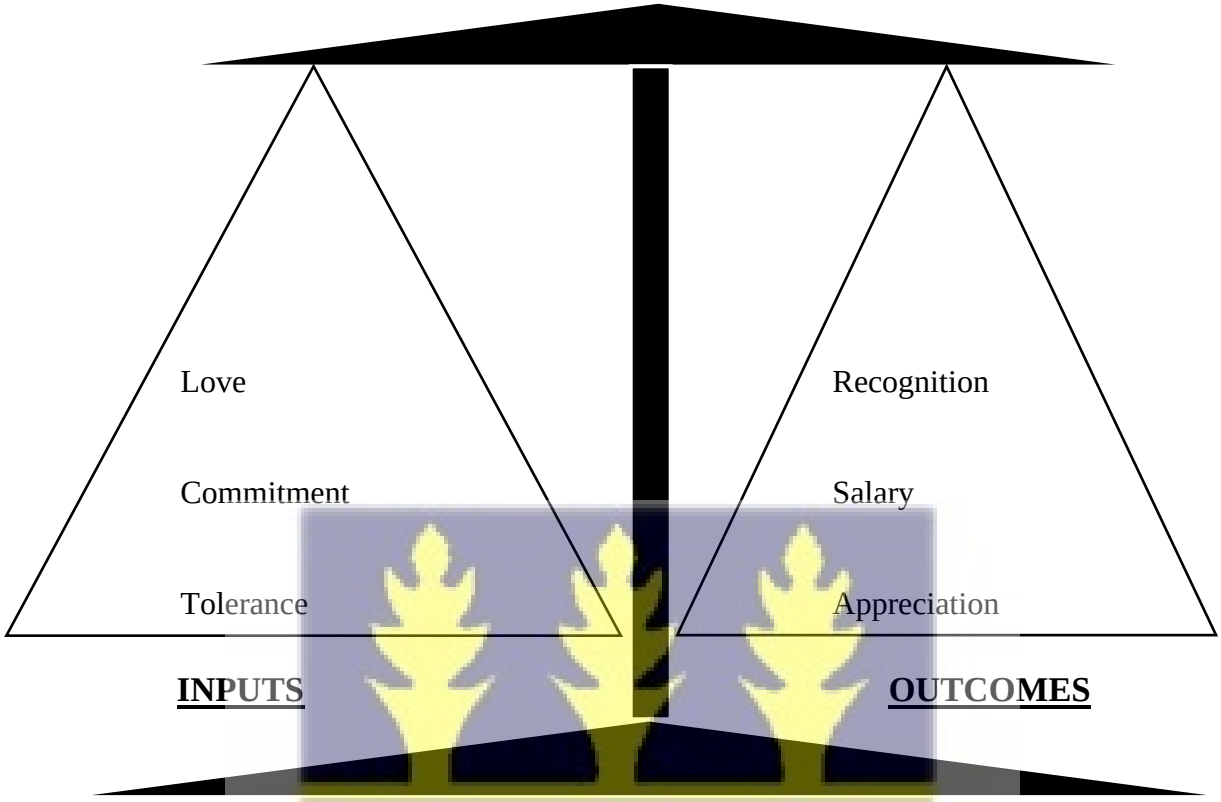

Figure 2:An Equity Model showing motivation balance between inputs and outcomes of caregivers and formal faster parents.

2.7.3 Justification for the use of two Theories

The study employed Equity theory (Adams, 1965) to complement the Ecological Systems theory by Bronfenbrenner (1979). The Ecological Systems theory emphasizes more on environmental factors that can influence an individual's development. Thus, the theory enabled the researcher to understand the factors contributing to experiences of caregivers and formal foster parents by highlighting elements within the micro, meso, and macrosystems (family, friends, community, policy) that could lead to challenges faced by alternative caregivers as they care for OVC. The theory also helped the researcher to identify the coping strategies employed by caregivers and formal foster parents in mitigating the challenges they encounter as they care for the orphans and vulnerable children. Finally, the theory was also useful in identifying support systems in the micro, meso, and macrosystems available to caregivers and formal foster parents. This helped provide suggestions to improve foster care and residential care. However, the Ecological systems theory is limited in explaining the internal or psychological factors that propels an individual's such as the individual's thoughts, feelings and emotions, that can have a significant impact on his or her development since it focuses more on the external characteristics of an individual. In addition, the Ecological System is restricted in explaining motivations of caregivers and formal foster parents; how they feel and the factors motivating their continuation or future decision in caring for orphans and vulnerable children. Therefore, equity theory was useful in bridging the limitations of the Ecological systems theory in terms highlighting the motivations of caregivers and formal foster parents and their future decision to retain or quit caring for OVC in this study.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter outlines the methodology utilized for this study. The research methodology includes the research design, study area, target population, study population, sampling technique and recruitment, sample size, methods of data collection, data handling, data analysis, ethical considerations, trustworthiness and limitations of the study.

3.2 Research Design

A qualitative research design was used to explore the experiences of alternative caregivers of orphans and vulnerable children in the Akuapim South district. This was appropriate for the study because according to Creswell and Creswell (2017), a qualitative research design which is also exploratory in nature, provides an in-depth understanding of what people experience. In addition, this design allows researchers to understand a phenomenon from the perspective of an individual as well as a population rather than just generalized results (Abdullah et al., 2018). The specific qualitative approach utilized in this study was phenomenology. This is because this approach is ideal for the study of lived experiences of people. Furthermore, a phenomenological approach of inquiry gives more insight into perspectives of people on what people experience and how they experience what they experience (Creswell & Creswell, 2017; Padgett, 2016). Most importantly, the phenomenon is investigated from the perspective of the communities and individuals affected (Priest, 2002). Thus, using this qualitative approach

enabled me to gain deep insight into the lives of caregivers and formal foster parents and to understand their subjective experiences in caring for orphans and vulnerable children.

3.3 Study Area

This research was conducted in the Akuapim South district. The district, has Aburi as the capital, and it is about 20km from Accra, the national capital of Ghana and has a population of about 37,501 (Ghana Statistical Service, 2014). The Akuapim South district is located at the south eastern part of the Eastern Region of Ghana. It is bordered to the west by the Nsawam-Adoagyiri Municipality, to the south-east by the Kpone-Katamanso District, to the south by the Ga East District and to the North-East by the Akuapim North Municipality. The district is challenged with child neglect and parents shirking their responsibilities as a result of poverty, teenage pregnancy, cohabitation and migration into Greater Accra region in search of greener pastures (Ghana Statistical Service, 2014). Selection of the district was also based on proximity and the district's unique characteristic of having alternative caregivers in institutionalised or residential homes for children and formal foster parents who are caring for OVC in their own homes within the communities.

The two residential homes adopted for the study were recognized and licensed by the government through the Department of Social Welfare (DSW). Both institutions provided care for both boys and girls. Pseudonyms have been used in place of the original names of the residential homes. The first institution is the Widows Mite Foundation which came into existence in 2006. This institution is a home to almost one hundred and three (103) children which includes orphaned, missing children, abused children and children with special needs. There is a total of 7 primary caregivers in this residential home and children lived in dormitory style of residential care. There are also other staff, such as security personnel, teachers and

volunteers who assist with the care of the OVC in this home. The Widow's Mite Foundation, also runs a school, which is outside the Home. The Home has small farm for subsistence and as part of effort to increase security, the Home is walled. The second residential home, is the Shinning Stars Home. It was established in 2004. It is based on community or family-based concept of caring for OVC. The Shining Stars residential home, operates using the family unit style and is a home to about eighty (80) children. There is a total of 10 family units with comprising a maximum of 9 children of different age groups. There is a total of thirteen (13) caregivers here who are often referred to as aunties or uncles. These aunties and uncles are given complete charge of the house they live in; maintenance and providing conducive environment for the children to grow. In addition to caregiving to the children, some of the caregivers take on other duties such as teaching, cooking and driving. Within the facility, there is a school for formal education which serves some of the children in the Home and those in and out of the community, a farm, offices, apartments for non-caregiver staff such as teachers, supervisors and security personnel. As an important element, there is security in the facility as the facility is fenced round and has one major entry point with a security post.

3.4 Target Population

For this research, the target population were caregivers and formal foster parents caring for OVC in the Akuapim South district of the Eastern region. Key informants who were social welfare officials working in the foster care and residential care unit at the Department of Social Welfare- Akuapim South were also targeted.

3.5 Study Population

Study population or sample refers to a subset of the population which have been selected by the researcher for his/her study purpose (Rubin & Babbie, 2017). In this research, the sample that was drawn from the entire population were specifically, caregivers working in residential homes and formal foster parents of orphans and vulnerable children in the Akuapim South district. Thus, participants sampled fitted into these criteria. Key informants were also selected. This included social welfare officials at the Department of Social Welfare. The purpose of the selection of key informants, is for data triangulation, a method used in the qualitative approach to establish validity by collecting data from multiple sources to arrive at consistency across data sources (Natow, 2020). In addition, the social welfare officials at the Department of Social Welfare had different fields of expertise in working with alternative caregivers in the district. The social welfare officials included a high-ranking officer at the district's DSW, probation officer, and social welfare officials in the residential and foster care unit.

3.6 Sampling Techniques and Recruitment

Purposive sampling was used to recruit caregivers, formal foster parents and key informants (social welfare officials) at the Department of Social Welfare. Etikan, Musa, and Alkassim (2016) defines purposive sampling as the deliberate choice of a participant due to the qualities the participant possesses. This is because participants possess characteristics, roles, opinions, knowledge, ideas or experiences that are particularly relevant to a study (Creswell & Creswell, 2017). Participants were mainly primary caregivers in residential homes and licensed formal foster parents who lived in their own homes within the communities were involved in providing day-to-day parental care for the children. Within the residential homes for children, the alternative caregivers were often called "mothers", "uncles", and "aunties". DSW officials also

participated in the study as key informants. In recruiting key informants, the head of the district's foster care unit at the Department of Social Welfare, referred the researcher to formal foster parents and other social welfare officials in charge of residential care and foster care in the district. The purpose of the key informants' interviews was for data triangulation because these social welfare officials had been working with the caregivers and formal foster parents for years and had knowledge in the experiences of caregivers and formal foster parents caring for OVC.

3.7 Sample Size

Twenty- six participants were sampled for this study. This included twenty-two (22) caregivers and formal foster parents and four key informants. A further breakdown of key informants includes six formal foster parents and sixteen caregivers from two residential homes for children in the Akuapim South district. In all, twenty females and six males were recruited for this study. Dworkin (2012), in a review of qualitative studies, suggests that the sample size of five to fifty participants is enough to obtain adequate data. Furthermore, Bowen (2008) suggested that the sample size for a qualitative study should be based on the point of saturation. Taking a cue from his insight, the study ended when there was no new information coming from participants.

3.8 Recruitment of Participants

The researcher visited the DSW office to establish rapport and introduce the study to them. The DSW, serve as a link between the researcher and study participants. The DSW referred the researcher to licensed formal foster parents in the districts as well as the Residential Homes. The head of the DSW also linked the researcher to social welfare officials (key informants)

who are experts in the phenomenon under study. The names and contacts of caregivers, formal foster parents and key informants who were then interested and willing to participate in the study were collected and interview dates, times and venues were scheduled later on by the researcher and the participants based on the study participants' availability and convenience.

3.8.1 Inclusion and Exclusion Criteria

Participants who were recruited for this study were primary caregivers in licensed residential homes and licensed formal foster parents who have been caring for OVC for one year and above in Akuapim South district. The key informants recruited in the study were DSW officials who have been working on residential and foster care for OVC in Akuapim South district for at least one year. Caregivers, formal foster parents and key informants who did not fall within these criteria were not recruited for this study.

3.9 Methods of Data Collection

The methods of data collection for this study were individual in-depth interviews (face-to-face) and telephone interviews with the aid of a semi-structured interview guide developed by the researcher. The interview guide had open ended questions on the demographics, motivation, challenges, coping strategies and support systems of caregivers and formal foster parents. The use of the semi-structured interviews allowed the researcher to probe the responses given by the research participants Furthermore, conducting an individual in-depth interview ensured that participants were comfortable enough to freely share their experience with the researcher alone. Specifically, twenty-two (22) interviews were conducted face to face and four interviews were conducted on phone.

Before the interviews began, details of the study were explained to each of the participants and they were informed of their right to withdraw from the study if they did not feel comfortable at any point in time of the study. In addition, the participants were not forced to participate in the study. Informed consent was obtained from the participants before the interviews begun.

The interviews were conducted in Twi and English language because those were the language in which the participants understood and could freely express themselves in and also well understood by the researcher. Having a shared preferred language between researcher and participant helped the participants to express their subjective experiences in languages that are conversant with and for the researcher to make first-hand meanings from the experiences of the participants. The individual interviews with caregivers and formal foster parents and social welfare officials lasted on an average of 30 to 60 minutes and these were conducted at a time and a place convenient to the participants. All the interviews were recorded with an audio-recorder with permission from participants. At the end of each interview, the data in the local dialects were immediately transcribed into English to identify areas where more clarifications were needed.

3.10 Data Handling

All the recorded interviews were transcribed and saved on a personal computer. This was then well secured with a password known only to the researcher. A copy of the transcribed interviews was sent into the researcher's email as a back-up in case of any challenges such as break down of the laptop or in case the laptop got stolen. The email was also secured with a password known only to me. The transcriptions had no original names of the participants but pseudonyms. The transcribed interviews were also numbered and matched to each of the

participants appropriately. These were filed and stored separately and upon submission of the written research, they will be deleted.

3.11 Data Analysis

Data analysis involves making sense from the data that has been gathered from the field. Inference was from the six phases of thematic analysis according to Braun and Clarke (2006). Which means that by this, firstly, the researcher familiarized with the data. This was done by transcribing the audio data into word format, reading and re-reading the data in order for the researcher to get acquainted with the data. The next phase is generation of codes from the data. During this stage, each transcribed data was broken into segments and small chunks which captured meaningful aspects of the research questions under study. In doing this, the researcher coded the features of the data systematically, across the entire data set and collated the data that had been identified to be relevant to the generated codes. The third phase involves categorisation of generated codes into themes. During this phase, the researcher searched for themes from the data. This was done by collating the codes that had earlier been identified into potential themes. For instance, codes such as "I pray", "I tell God about my problems" in the data, were initially put into the theme "Prayer". All codes in the data that were identified to be relevant to each of the potential themes created were then gathered. After this, comes the fourth phase, the themes were reviewed. The researcher at this phase, checked to ascertain if the potential themes created were in line with the already identified codes and data and modify the themes where necessary. For example, the initial themes of "prayer" and "consolation in scriptures", were modified as one theme; "religious activities". After this was ascertained, a thematic map was created. The fifth phase entailed defining and naming themes. The researcher did this by clearly stating what the analysis depicts and also generated exact definition and

names for each of the reviewed themes. It was during this time that the researcher grouped the themes under the objectives of the study. This included motivations of caregivers and formal foster parents; which has themes such as child-centred altruism, religious and religious beliefs, challenges faced by caregivers and formal foster parents; which has themes likes; financial challenges and negative societal perceptions, coping strategies employed by caregivers and formal foster parents which has themes like; religious activities, punishments and dialoguing and support system available to caregivers and formal foster parents which has themes such as; forma support and informal support. After defining and naming the themes, at the sixth step, the researcher presented the findings. The voices of some participants were used to buttress the findings.

3.11 Ethical Considerations

IRB ethical clearance and approval: Ethical clearance for the study was sought from the Ethics Committee for Humanities (ECH), University of Ghana, in April 2021 and approved in May, 2021.

Confidentiality: In reporting of the findings, the researcher used pseudonyms in place of the actual names of research participants and the residential homes for children. This was to ensure that participants identities and place of work were not revealed.

Informed consent: The purpose of the study was explained to participants before they willingly gave information without being coerced. In addition, participants' consent (written or oral) was sought before the interview.

Plagiarism: Plagiarism was avoided by acknowledging all referenced sources.

Voluntary participation: Participants were not coerced to take part in the research.

COVID 19: All covid 19 protocols were strictly adhered to during the course of the study.

3.12 Credibility and Trustworthiness

Member checking and peer debriefing were used to ensure credibility (Creswell, 2014). Through member checking, which is an aspect of developing trustworthiness and credibility in qualitative research, the researcher during the interview process asked participants to validate their responses and revisited the study participants for validation of the findings after the final transcription. Also, with regards to peer debriefing, researcher discussed the findings of the study with senior colleagues and supervisors to confirm credibility of the study, identify possible loopholes in the study and to probe the researcher's thinking around the research process.

3.13 Limitations of the Study

Since some of the interviews were conducted in Twi, it was difficult getting the exact English equivalent for some words such as proverbs and jargons in Twi and the researcher may have lost some information when analysing the data. However, in order to minimise these losses, the researcher tried as much as possible to find similar words for Twi terms used by participants. The presence COVID-19 limited face to face contact and interactions with some participants. For instance, some DSW officials were on rotation due to COVID-19. As such, some telephone interviews were conducted in the absence of face-to-face interview. Also, the findings from this study cannot be generalized to all caregivers and formal foster parents due to the methodology used and the study involving a small sample size of caregivers and formal foster parents in Akuapim South district. However, using phenomenological approach in

qualitative study, helped the researcher to probe and get in-depth information into the experiences of caregivers and formal foster parents.

CHAPTER FOUR

PRESENTATION OF FINDINGS AND DISCUSSION

4.1 Introduction

This chapter presents the findings of the study as well as a discussion of the findings. Firstly, the demographic information of the participants is presented. This is then followed by interview based on selection of themes. First it starts with the motivation of caregivers and formal foster parents in the Akuapim South District. In addition, the challenges faced by caregivers and formal foster parents, the coping strategies they employed and the support systems available to them are presented in this section. Furthermore, the findings are discussed in relation to the reviewed literature and the equity theory as well as the ecological systems theory.

4.2 Socio-Demographic Characteristics of Participants

Twenty-six participants were interviewed for this study (Table 1). This comprised of sixteen caregivers and six formal foster parents caring for orphans and vulnerable children as well as four key informants. Out of the total number of caregivers and formal foster parents sampled, five were males and seventeen were females. Four female formal foster parents, two male formal foster parents, three male caregivers and female caregivers from two residential homes for children. The key informants were officials from the Akuapim South district's Department of Social Welfare. They included Head of Probation, Foster Care and residential Care Unit and the Social Workers in the unit.

The study found that the age of the caregivers ranged from 25 to 64 years (Table 1). In addition, the number of years of caring for OVC was one year to sixteen years. Furthermore, the age of

key informant also ranged from 30 to 40years years and the number of years of service of key informants was three to fourteen years. The key informants were social welfare officials at the Department of Social Welfare, Akuapim South district. They included Head of Probation, Head of Foster and Residential Care and two other officials working under the foster care and residential care unit. With regard to place of residence, the formal foster parents lived with the OVC they cared for in their own homes in the communities. The RH caregivers on the other hand lived with the OVC they cared for in the residential homes away from their families; only two of them lived with their husband and children in the Home and in all, only four caregivers were living with their biological children in the residential homes in which they worked.

Marital status was considered to help find out how marital relationship could affect caring for OVC. In terms of marital status, twelve (12) participants were married and nine were single and one participant was a divorcee. In terms of religious affiliation, all the caregivers and formal foster parents recruited for the study were all Christians. Although the study was conducted in a predominantly Akan district, participants in the study belonged to diverse ethnic groups including Akan, Ewe, Ga and Koussasi.

In terms of the level of education of caregivers and formal foster parents, all participants had had formal education. Specifically, fourteen of them which is more than half of the sample size of caregivers and formal foster parents were graduates, six of them had completed just senior high school and two were junior high school leavers. Additionally, all the six formal foster parents were working in the formal sector and only one caregiver had an informal job aside caring for OVC. Furthermore, eleven caregivers and formal foster parents were married, ten were single and one person was divorced. Fifteen of the caregivers and formal foster parents had a family history of caring for OVC.

Table 1: Social Demographic Characteristics of Caregivers Interviewed.

Characteristic	Number	Characteristic	Number
Caregivers	16	Caregivers	16
Sex		**Employment aside caring for OVC**	
Male	3	Yes	1
Female	13	No	15
Age		**Have Biological children**	
25-35years	11	Yes	11
36-45years	1	No	5
46-55years	2	*Living with biological children	
56years and above	2	Yes	4
Marital Status		No	7
Single	8	**Number of years of caring for OVC**	
Married	7	1-5years	11
Divorced	1	6-10years	4
Religion		10years and above	1
Christianity	16	**Family History of caring for OVC**	
Ethnicity		Yes	11
Ga	4	No	5
Ewe	2	**who in the family?**	
Akan	9	Sister	1
Koussasi	1	Aunt	1
Education		Parent	8
Junior High	2	Grandparent	1
Senior High	6		
Graduate	8		
Number of OVC			
1-5	4		
6-10	6		
11-15	2		
16 and above	4		

*Calculated based on number of caregivers with biological children (n=11)

**Calculated based on number of caregivers with family history of caring for OVC (n=11)

Table 2: Social Demographic Characteristics of Formal Foster Parents Interviewed.

Characteristic	Number	Characteristic	Number
Formal Foster Parents	6	Formal Foster Parents	6
Sex		**Have Biological children**	
Male	2	Yes	4
Female	4	No	2
Age		***Living with biological children**	
25-35years	1	Yes	4
36-45years	4	**Number of years of caring for**	
56years and above	1	**OVC**	
Marital Status		1-2years	4
Single	2	3-5years	2
Married	4	**Family History of caring for**	
Religion		**OVC**	
Christianity	6	Yes	4
Ethnicity		No	2
Ewe	1	****who in the family?**	
Akan	5	Sister	1
Education		Parent	2
Graduate	6		
Employment aside caring for OVC			
Yes	6		
Number of OVC under care			
1-2	5		
3-5	1		

*Calculated based on number of formal foster parents with biological children (n=4)

**Calculated based on number of formal foster parents with family history of caring for OVC (n=4)

Table 3: Social Demographic Characteristics of Key Informants Interviewed.

Characteristic	**Number**
Key Informants	4
Sex	
Male	1
Female	3
Age	
30-35years	1
36-40years	3
Marital Status	
Single	1
Married	3
Religion	
Christianity	3
Islam	1
Ethnicity	
Ewe	1
Akan	2
Dagomba	1
Education	
Graduate	4
Number of years in service	
1-5years	1
6-10years	2
11years and above	1

4.3 Motivations of Caregivers and Formal Foster Parents caring for OVC

Caregivers and formal foster parents caring for OVC shared their experiences regarding circumstances that led to the caring for OVC and the key informants also shared their views on the possible motivations of caregivers and formal foster parents as well. Motivations that were identified in themes include: child-centred altruism, religious reasons, fulfilment of social responsibilities and personal reasons.

4.3.1 Child Centred Altruism

The study revealed that altruism was one of the factors that motivated caregivers and formal foster parents to care for OVC. While some caregivers and formal foster parents had more than one motivation in caring for OVC, among all the motivations, child centred altruism factors such as: desire to make a positive impact or change in a child's life, the need to provide a stable home and family for a child and the desire to show love and affection to a child who has been denied of it. A residential home caregiver mentioned that she became a caregiver because she didn't want to see children suffer:

> *When I see a child not well dressed not being well fed it touches my heart. I do not like to see children suffering. I believe every child must be shown love and care especially children with no families to care for them. Therefore, I decided give myself to help take care of them (RH caregiver 1, Female, 64 years).*

A caregiver indicated that she become a caregiver because she had cared for her children who were doing well in the society as such, she became motivated make a positive change in the lives of the OVC just like she did for her own children:

> *I am a parent who has been able to care for my own children and other children to be in good standing in the society, I purposed in my heart to go and help these children so that one day, they become better people in future because I have been able to care for my children who are also doing well currently (RH caregiver 2, Female, 50 years).*

Another participant mentioned that she decided to care for an OVC so she could help the child build a good future:

> *I believe that every child, has to live well and to live in good conditions. All the children we see today, are the future ministers, presidents and big men and women in this country. It is important we give all children an enabling environment to grow to their full potentials. As for me, my motivation was just to help the child and to build the child's future (FFP 2, Female, 32 years).*

A key informant further attested that some caregivers and formal foster parents were motivated to care for OVC as a result of child- centred altruism.

> *Some of the caregivers and formal foster parents decide to care for these vulnerable children because they love children and they feel these children are in need and they as individuals have and are in a better position to help, then why not they support them. So they do that, just to support the children (Key informant 2, Female).*

4.3.2 Social Responsibility

Some of the caregivers and formal foster parents indicated that for they were motivated to care for OVC because, they viewed it as a way they could contribute their quota to the development of the country motivated them to care for OVC. Some social responsibilities included the need

to extend helping hands, helping the society. A male foster parent pointed out that his reason for caring for OVC was to extend a helping hand in the society:

> *This whole life we have here; it is about helping. We are all called to help and we should be interested in helping when someone is in need. If you are blessed today, it is an opportunity to extend a hand of benevolence to another person in need… you just have to help, assist when you see someone and you feel you can help, with these children, I think with any way or thing you can do, you should (FFP 6, Male, 42 years).*

A caregiver also reported that she decided to care for OVC as a way of helping to make an impact in the society:

> *We always complain the government should do this or provide this. It's normal to talk about how the government can help to do something or even not doing anything. I started to wonder what could I also do to help society?... I felt that in this little way of caring for the children in this orphanage, I could make a little positive impact in the society (RH caregiver 3, Female, 25 years).*

Another participant mentioned that she was motivated to care for OVC because, it is a way of giving back to the society and it also gives a good conscience:

> *I also felt that it is our own way of giving back to the society. We have all been helped in one way or the other by people who were not even our relatives; I decided to take this job and care for these children because if you are able to help the needy in the society, especially needy children, to me, your conscience is at peace and it is a blessing (RH caregiver 9, Female, 31 years).*

A key informant emphasized that helping the society is one main motivation of people who care for OVC:

> *Some people also just have the money; especially the foster parents and they feel like helping because they believe it is good to help. And so, in order to also be of help in the society, they just decide to come for the children and stay with them and care for them as their biological children; providing everything that the child needs from food to school fees (Key informant 3, Female).*

A male participant mentioned that his desire to alleviate children from suffering and help make the children beneficial to the society, motivated him to become a caregiver:

> *Personally, when I see that someone needs help and there is no one to help, I feel very sad and touched about it…suffering is not good. If you are an adult and you are suffering, it's not easy how much more a child? I decided to join this orphanage so that with whatsoever help I can offer, I offer to the children… so that they can be beneficial to society in the near future (RH caregiver 5, Male, 33 years).*

4.3.3 Religious Reasons

The study discovered religious reasons as an internal motivation that drove most people to become caregivers and formal foster parents and to care for OVC. Almost all the participants expressed that their religious beliefs as Christians motivated them to care for OVC.

A foster parent said she believes caring for OVC is Biblical and she went into it because of her faith and believes it is God's plan for her:

For me, my motivation was because of my faith so I believe that's God's plan for me to care for these children. There is a verse in the Bible that I like that says God puts orphans in families and that I am a firm believer of that… when it comes to caring for these children, I see it as what an opportunity to care for them! (FFP 4, Female, 57 years).

Caregiver also reported that she was motivated to care for OVC based on sayings of Jesus from the Bible. She said:

Jesus says when I was sick did you visit me, when I was naked did you clothe me, when I was imprisoned did you visit me?... based on what the bible said I just want to give myself to help …take care of them, pray for them counsel them teach them the Godly way teach them the bible teach them manners… that is why I decided to be a caregiver (RH caregiver 1, Female, 64 years).

A female caregiver said she was motivated to become a caregiver because, she heard it from the voice of God:

I never planned to be here…I didn't even know this orphanage exists because I am even from Accra. I was there one day and something dropped in my mind, I strongly believe it was the voice of God. He called me to come here to work and care for these children. I have no option to say no because it is from the voice of God and I must obey because he has a purpose for me being here (RH caregiver 12. Female, 28 years).

A key informant added that some caregivers or formal foster parents were motivated to care for OVC due to their religious belief and that, it comes with a blessing:

I have some people that are foster parents because of their Christian orientation… they believe that caring for orphans in orphanages or their own houses is service to God and He will definitely bless them (Key informant 1, Male).

Another participant revealed that she was motivated to become a caregiver due to the preaching she had been hearing from church:

When we go to church, in the course of the preaching, they always talk about orphans and vulnerable children. They say when you do good to an orphan, you have loaned unto God. This touched my heart because God expects us to care for the poor and needy in our society so that is my first motivation (RH caregiver 2, Female, 50 years).

4.3.4 Personal Reasons

For some caregivers and formal foster parents, personal reasons motivated them to care for an OVC. Some of these reasons include caring for OVC as a first step to adoption, providing siblings to biological children, for companionship, financial reasons, personal experiences whiles growing up. A caregiver reported that he was looking for a job and someone linked him to the job offer at the residential home:

I was actually looking for a job… my brother linked me to this job. At least aside monetary aspect and not being idle in the house, it is a good job because you get to support in many ways so that the orphans and vulnerable children could have a good life and not be miserable (RH caregiver 11, Male, 26 years).

Another participant mentioned that she needed a job after school and a friend linked her up to work at the residential home:

Well after school, I needed a job a friend who was already working in an orphanage suggested to me that I should come and then help so I just decided to come (RH caregiver 13, Female, 28 years).

Other caregivers formal foster parents (FFP) were motivated to become as a result from inspiration from their parents who had cared orphan vulnerable children in one way or the other. For instance, a formal foster parent said:

My parent used to; we used to have cousins in our homes every time and I realized that some of them have their lives been changed just by staying with us…I felt like walking in the same path not exactly like accommodating cousins like they did but extending a helping hand to someone outside my family. I have realised that those things help a lot too (FFP 1, Female, 43 years).

A 33 year old caregiver also said:

Well, I think my upbringing is one, my parent, because of the informal fostering we had in our family, we always had cousins, nephews staying with us, being the only girl, I was brought up to mother and care for them when my parent were away. I always acted in that stead as a caregiver and I grew up with that passion… that desire was still there to care for children… so I ended up in this residential home (RH caregiver 6, Female, 33 years).

Some participants connected their motivation to care for OVC to some painful experiences they faced as vulnerable children whiles growing up.

A participant said:

> *I went through hell whiles growing up. I am very intelligent especially whiles growing up; because my mum was needy, we lived a miserable life. I couldn't get anyone to assist me even with my education so I dropped out of school although I was very brilliant. I said to myself, one day when I am grown and I have some money, I will use it all to support other needy children. This is what really motivated me to do this work (RH caregiver 16, Female, 54 years).*

Another participant said:

> *From childhood I lived alone; my upbringing was quite challenging nobody cared whether you've gone to school or you've eaten, no adult to care for you or advice you as a child because the whole family was hustling. I've tasted what it feels like to be needy child. Thankfully, I later got people to support me with my schooling. After university, I thought that, that aspect (caring for OVC) is very important especially in this part of our world where things are shaky. So that motivated me to care for these kids (RH caregiver 7, Male, 33 years).*

4.4 Challenges Faced by Caregivers and Formal Foster Parents Caring for OVC

Challenges that caregivers and formal foster parents encountered in their day-to-day activities were also explored in this study. The findings from the study showed that majority of the caregivers and formal foster parents faced several challenges as they cared for OVC placed with them and these challenges include child- centred difficulties, organisational / agency problems, challenges from family, Negative societal perceptions, financial difficulties, restricted social life as well as stress and health problems.

4.4.1 Child- Centred Difficulties

Child- centred difficulties were identified as one of the major challenges faced by caregivers and formal foster parents while providing care for the OVC placed with them. Many participants attributed this challenge to managing problematic behaviour of the children such as stealing, aggressive behaviours, breaking bounds, the children's unwillingness to accept them as either their caregiver or foster parent and termination of care placement due to reunification or adoption.

A key informant disclosed that the background and prior socialisation of the OVC pose a challenge to caregivers and formal foster parents especially during the bonding and nurturing process:

> *One challenge faced by the caregivers and the foster parent is the problems the children come with. Because it is not their biological child, the child has been trained somewhere and is coming to live with them. The training they want to give to the child differs from what the child is also coming with…already, that is a challenge. It takes a long time for the child and the caregiver or foster mother or father to bond and sincerely this can be stressful on both sides (Key Informant 3, Female).*

A female caregiver disclosed this:

> *You could have children from different backgrounds; the north, volta, Accra with different circumstances surrounding their reasons for being brought to the Home and the caregiver, myself, I am also from a different background so sometimes trying to put all these children together under one roof and bring them up in the way I know how or sometimes I am trained, is a problem. Most of the children here just can't accept certain*

things and their actions become unbearable for you the caregiver (RH caregiver 3, Female, 25 years).

Another caregiver added this:

The child definitely knows that he or she is not your biological child. So there are times that you can see that that emotionally or psychologically the child is just withdrawn and so there is a bout of challenge as a parent to try and draw the child closer to you and no matter all you do, there's a struggle with the child accepting you (RH caregiver 6, Female, 33 years).

Another participant said:

It is not easy to take care of children that are not your biological children, it can be frustrating…different children, different ages and different behaviours. You will say don't do this, but that is exactly what the child wants to do creating unnecessary trouble for you the "mother". Sometimes you will realise that the training you might have received from your parents do not work with the children in the orphanage at all (RH caregiver 13, Female, 28 years).

A foster parent said her greatest challenge was nurturing the OVC in her care. She disclosed that:

The behaviour of the child, it's difficult because this is a child, who has not had any proper training. This girl was just loitering around with no nurturing and you know it's not that she was a baby and I went for her. It is difficult nurturing her. Even now, she

still has some attitudes from her past such as stealing, telling lies and she always wants to roam outside. It is one of my most difficult experiences (FFP 2, Female, 32 years).

Other participants disclosed that the OVC they cared for were ungrateful and disrespectful. One caregiver said:

They don't even appreciate what you do for them. They feel like if they were to be with their mother, this is not how their mother will be treating them. They feel that you that you are taking care of them you are a bad person to them. Meanwhile all the aunties and uncles here including myself go through a lot of stress to make these children's life comfortable; but they never appreciate us (RH caregiver 4, Female, 29 years).

One participant disclosed this:

In fact, these children are very ungrateful. They don't respect, they are very ungrateful. If you like, go to the extent of even plucking out your tongue for them, they won't appreciate you; they are just ungrateful. They'd say: if my mother were to be alive… whatever you do for them, they don't care and they don't appreciate. Sometimes, it is painful (RH caregiver 8, Female, 59 years).

Other participants said:

Some of the children are very disrespectful and when you talk a lot about it or try to correct the child, it almost looks as if you don't do your work well or you probably don't like the children. They will say you are abusing them emotionally but the children must also be corrected. As for our work here, there are a lot of challenges (RH caregiver 10, Female, 29years).

One caregiver also added that some of the children are very disrespectful. She said:

> *These children, they are disrespectful, disobedient. One girl who is about 15 years even insulted me. What was my crime? I was just trying to correct her. The behaviours of some of the children here is a problem. Sometimes I feel what I am offering them here, they are not appreciating it. Therefore, if they are not appreciating it, let me leave them. Let me go back home to take care of my children (RH caregiver 1, Female, 64 years).*

Some caregivers also complained of other negative behaviours of OVC in their care such as stealing and other aggressive behaviours. Some caregivers and formal foster parents shared these:

> *I realised the little girl is feisty she is constantly fighting and rough playing. She is sometimes aggressive and uses foul language in the house and at school… the boy also is quick tempered and is very aggressive especially when angry. There was one time he got angry and did something really mean, I was shocked (FFP 4, Female, 57 years).*

This male participant also complained about the some of the children placed in his care engaging in vices such as stealing. He said:

> *The social vices are common, some steal money, some pick things that are not theirs; like books, toys and snacks. Some of the children are very quarrelsome, some full of anger because of probably some hate issues they've had in the past. (RH caregiver 5, Male, 33 years).*

A key informant also indicated that managing behavioural problems from OVC was one of the challenges faced by caregivers and formal foster parents caring for OVC. He said:

No one's child is perfect. Children of today are neither angels nor saints too. The children in the Home are also not different. Sometimes the caregivers complain of the behaviours of the children. They complain of the children stealing, being disrespectful. (Key Informant, Male).

A male caregiver also added:

One of the boys…he goes out and every day he comes with phones, he goes out, he comes with money, sometimes they hide the money and through my cleaning and searches, I got to realise that some are stealing (RH caregiver 7, Male, 33 years).

Another caregiver also said:

They will disturb you; they will let you cry. It is like you are trying all your best and all you can, but there is no improvement. Sometimes, you train them well but they will go to school and they will go and be stealing their classmate's snacks when they have some in their bags too. Every time, their schools will be inviting you over because a child under your care has done one bad thing or the other and it can be very embarrassing… the children are very stubborn (RH caregiver 4, Female, 29 years).

Some caregivers and formal foster parents also complained about other challenging behaviours of the children such as bedwetting.

A formal parent said:

She wets bed. No matter how hard I try to wake her up in the middle of the night, she still wets her bed and we have tried all means but still. Even my little girl doesn't wet

bed when she sleeps. It is too stressful because you need to dry the mattress every time (FFP 5, Female, 38 years).

Some of the children have been bedwetting. I have one child, when I came, he was thirteen and bedwetting. Now I think he is sixteen and he is still bedwetting (RH caregiver 7, Male, 33 years).

Other participants reported that the OVC's educational difficulties posed a challenge to them. One female participant had this to say:

A big challenge is their academics or the educational aspect. It all boils down to where or what they were exposed to before coming. Some of them were not schooling, some of them nobody really paid attention to their performance in school or something. When they come it's a challenge for them to pick up and it becomes a challenge for us as caregivers (RH caregiver 6, Female, 33 years).

A formal foster parent also added this:

I think he didn't really have a very good education growing so when he came to stay with us, he was struggling in school because his educational foundation was weak. At the age that he is now, he should have been in class 6 but because of performance we had to take him back to class 4 to pick up certain things (FFP 3, Male, 45 years).

A residential caregiver also reported that parting with the children after termination of placed is difficult for them:

Any child that comes here, even if the child has come for just one day, the moment the child has come here, you see because of the passion, then the bond has begun. When

the child is going away, you will not find it easy, you will not find it easy at all you will be in your room and you cry, you cry so these are some of the challenges we are facing (RH caregiver 8, Female, 59 years).

4.4.2 Organisational/ Agency problems

Participants complained of organisational challenges and agency challenges. For instance, formal foster parents complained of challenges from government agency in charge of foster care and residential care (DSW) such as lack of support from DSW, inadequate information about the OVC and stringent recruitment and training procedures. In addition to these agency challenges, Participants working in residential homes revealed that organisational structure had lots of demands made on caregivers. For instance, caregivers disclosed that their workload was high as few caregivers were in the residential homes thereby increasing the work stress levels of caregivers.

On the regulations, a caregiver said:

They (DSW) said you train the child the way that you want the child to be. I was thinking it will be like the way I live with my mother. But this place, the institution gives their own rules on how to train a child so it makes the work difficult for us (RH caregiver 4, Female, 28 years).

Another caregiver also added that the structure of the institution, gave them little access in caring for the children. She said:

Because it's an institution, there are a lot of routine work for you the caregiver and even the children. For instance, you are given instructions on the specific food to give

the children, this time is for this, this time is for that and basically a lot of rules and regulations… you do not have too much access to the children even though they always tell us to raise them like our children but these strict rules and routines even limit us (RH caregiver 13, Female, 28 years).

Participants revealed that the stringent requirement involved in becoming a foster parent posed a challenge to them:

It's the system, the system is frustrating. It took me so long to get the license. I even think that some procedures involved in becoming a licensed foster parent are not really necessary… for instance, we can have orientation and training here in the district but you have to go all the way to Koforidua; look at the distance and the time involved (FFP6, Male, 42 years).

Another formal foster parent also said this:

We went through a cumbersome process before we got the child placed with us…there was health record; we run different medical tests, criminal records, they came to our home to do some checks and then we went to Koforidua for training (FFP 3, Male, 45 years).

A key informant said:

The only complaints will be the process of getting them certified, the reports and all the processes they have to go through…it is part of the processes because people can take the children and do anything to them so we have to make sure that you are okay,

medically okay and don't have criminal records or stuff like that. That is why often the process is very long (Key Informant 4, Female).

In terms of organisational demands, some participants complained they had high work load such as taking more roles than expected which often led to stress. One participant lamented saying:

When I was newly employed here, what I was told was that I am coming to work as a driver and assist with caring of the children…I am doing more than that; this huge compound, I sweep here all by myself, I take care of the two gardens, I take the rubbish to the dumpsite everyday…there is a lot of suffering and stress in this job, sometimes I ca really feel the tiredness when driving. My concern is that, they should get a staff who I can work with but they don't want to employ anyone to help…If I stop this work, it will be because of these things (RH caregiver 11, Male, 26 years).

Another caregiver said:

Aside being a caregiver here, the Home has a school and I cook for the school also; it's like I am doing two jobs with one pay. The demands from the school are pulling me and that of the home is also pulling me. Meanwhile my salary is very small (RH caregiver 4, Female, 29 years).

A female participant also said:

We take care of all of them, because we are not a lot to divide the children amongst ourselves. We care for them equally. We bath the younger ones, cook for everyone to eat … so we are the ones who care for all these children in all aspects and it can be

really stressful. Imagine how it is when caring you're your two children alone and now caring for all these children; it's a lot of work (RH caregiver 9, Female, 31 years).

A female caregiver also reported that aside the workload, other unexpected workload such as a child being admitted in the hospital posed a challenge her:

As for me I am very known in the hospital as I sleep there often. Some of the children have been falling sick. I have slept there for two weeks, three weeks before, almost one month too…with one child, they said his lungs, he has pneumonia, bronchitis he was dealing with all these two things and he was unable to breathe well. I had to take him every morning for nebulization, it was not easy for me at all (RH caregiver 8, Female, 59 years).

A key informant also disclosed that:

They normally complain that it is not easy, we are tired; especially the caregivers…the last time I visited one of the orphanages, a caregiver complained she doesn't sleep the who is 2months doesn't sleep at night she cries throughout the night disturbing and it is so stressful for her (Key Informant 2, Female).

Caregivers and formal foster parents further reported that they received little or no support from DSW. A caregiver disclosed this:

If social welfare had been supportive like we would have really gone far. But unfortunately, they haven't been supportive at all. They just bring the children and that is it. For me, I think they are often looking for a place to leave the children and that is it. They bring these children and nothing is added (RH caregiver 9, Female, 31 years).

A participant also said:

> *I have not seen or received any support from them. Unless they are supporting an we are not being told. For them, all that they do, is to just bring the children. They don't visit we the caregivers and hardly have anything to even do with us (RH caregiver 8, Female, 59 years).*

A formal foster parent also said:

> *I call them and they say they will get back to me. I don't know if its tomorrow they will. I hardly hear from them. In fact, I wasn't expecting them to. We are in "Ghana" (FFP 1, Female, 43 years).*

A participant also revealed this:

> *When they bring these children like this, you won't see them again. The next time you are seeing them, they are bringing another child… or when they are coming for inspection to check up on the children and to know if you are abusing them or not (RH caregiver 15, Female, 36 years).*

Another caregiver also reported that the lack of adequate information from DSW on the OVC placed in their care posed a challenge to them. She said:

> *The lack of enough information that the DSW people give because, you bring a child and the child has health challenges, at least if you tell us, we will know how to take care of the child. But then if they just come and dump the child and in the middle of the night the child is having epileptic attack like this one too, where do we go with it? God*

forbid but if anything happens to any of the children, it is we the caregivers who will be blamed and not DSW (RH caregiver 3, Female, 25 years).

Another participant also said this:

I feel all they want is for these kids to have somewhere to lay their heads and be taken care of. when they bring these kids to us, then they go back to their lives. Even for documentation and the files of the children, they leave all those on us to do (RH caregiver 14, Female, 32 years).

A key Informant had this to say:

The complains maybe administrative. Maybe some children because of how they were found and all that, medical reports and stuff may not be ready on time. For instance, we found an abandoned child with cerebral palsy so with this, you have to find an immediate home for the child and all that (Key Informant 4, Female).

4.4.3 Challenges from Family

Participants complained of challenges from their family. For instance, caregivers and formal foster parents reported that they had little or no time for their families. Most caregivers disclosed that due to the nature of their work, they spent more time in the orphanages than home thereby by feeling alienated from their family members who were often living elsewhere.

One caregiver revealed that she could not attend certain family events and her family feels she is always using her work as an excuse. She said this:

During occasions like when someone is getting married or there is a funeral or something, you are expected. like your support is expected. Not with money per se but your presence and sometimes too to help with these things but when you don't show up then it's like the children, every time your children; then it starts to look like you've sort of neglected the family or the family is not coming first (RH caregiver 4, Female, 25 years).

Another caregiver reported that her daughter and other family members are not on good terms with her because of her work. She disclosed this:

I have left my own children in order to care for these less privileged ones. As I'm here now, my only daughter is at loggerheads with me. She refuses to understand or support me and my choice of work. My family has rejected me because I am also not around for funerals and other family meetings. Hmm… even when my mother died, I couldn't go and sit there with the extended family to mourn my mother. Even when we were having the wake-keeping, I left and came back to the Home because these children were just a few months old (RH caregiver 8, Female, 59 years).

Another caregiver also reported this:

Being a married woman and working here, it is not easy. it is like you don't have time for your family members. You know when they have family meetings, you will not go because you don't come home regularly, my relatives always say so many things about me because of this work. Some family members feel that you don't want to come and it is not because of the work but it is just because they haven't been here and refuse to

understand the nature of my job even when I explain to them (RH caregiver 4, Female, 29 years).

Another caregiver also had this to say:

Initially they thought it was something I will just go and come. But as time went by by it became more difficult because I had to spend my all days in the orphanage even if I would like to visit my family, I can't take all my children I am caring for in the orphanage along. I cannot take them away so sometimes I miss out on a lot of family things. I don't get to go for Christmas, I don't get to go for other family meetings, I am even the last person they call if there is something going on at home (RH caregiver 13, Female, 28 years).

A formal foster parent said:

These family members they complain: why won't you concentrate on getting married but you have gone to take someone's child to care for? Why won't you concentrate on your life (FFP 2, Female, 32 years).

A caregiver reported that she is unable to go home to spend time with her family since they the caregivers are involved in all aspects of caring for the children. She said:

Taking care of these kids, if you have a family, you cannot go home every time. How do you even go on break? We the workers here, we are the same people who cook for the children (RH caregiver 9, Female, 31 years).

A RH caregiver also lamented that she sometimes gets worried about the fact that she has left her children due to the nature of her job. She said:

Sometimes, I just think about my children. Like I have left my children, who is taking care of them… although their father is there, but there are certain things as a mother, you have to do it (RH caregiver 15, Female, 36 years).

Some formal foster parents on the other hand did not complain of challenges from their families.

One formal foster parent had this to say:

I think my family has been great. I have no complaints. I have been very blessed and they have helped a whole lot (FFP 4, Female, 57 years).

4.4.4 Negative Societal Perceptions

Some participants indicated that the negative societal perceptions the public held about caring for orphans and vulnerable children was a serious challenge that they faced. Most participants explained that people who knew they were caring for an OVC often felt they did it they had gotten their priorities wrong, other participants revealed that community members viewed them as lazy and their work was not regarded as work and sometimes looked down on them. Some caregivers also reported that the media also played a role in stigmatizing caregivers especially as greedy and selfish individuals. Caregivers in residential homes, added that donors often feel that they steal the goods they bring and do not share it for the children in the RHC.

One female caregiver lamented that reports from the media make people think of them negatively:

The media brought somethings up saying some of us don't take care of the children well; and that we abuse them, we do this and that to the children. Now when you are

even walking in town as a caregiver, people think negatively of you (RH caregiver 10, Female, 29 years).

A 31-year-old caregiver also added this:

With your own child, you can spank to teach your child that what he or she did is wrong, but if you spank another person's child, the media will come in with the word "maltreatment". A typical example is Anas, portraying caregivers as evil people. When they are videoing, they only capture the part you were spanking the child leaving out the full story. When these stories come out, everybody knows that, pictures don't lie, videos don't lie so how can you defend yourself? (RH caregiver 9, Female, 31 years).

A formal foster parent revealed that:

You will hear people talk about you as you move around. Even recently, I heard some, you know when people gossip together, you end up having one person from the group come up to confess. I heard they said that, the child is a child I gave birth to in my teens which I have gone back for… but they all know that this child I am taking care of, used to live within this vicinity. So yes, sometimes they (community) can say things can that can make you feel so bad, but we are still here (FFP 2, Female, 32 years).

A key informant disclosed that those caring for OVC especially formal foster parents are often viewed by the community as proud people. She said:

Society will talk about it; they often feel when you do these things (fostering) you are proud and you have money but do not know anything useful to use your money. So yes,

the society often react negatively towards the caregivers and the foster parents (Key informant 2, Female).

Some caregivers also reported that people often looked down on them when they realise they are caregivers in residential homes for children. One participant said:

With this job, people look down on you and belittle you. If you don't take care, you will even get inferiority complex… people also look at it that a whole you, you didn't get any job to do than to come and work in an orphanage. Some people downgrade our work to just changing of diapers, people look down on us, even in the church when we say we are orphanage workers, oh they don't respect us they see us as needy people (RH caregiver 8, Female, 59 years).

A 33-year-old male caregiver talked about being stigmatized. He said:

With this work, I've noticed there is a little bit of stigmatization. People see you as a low fit in the society that is why you have branched yourself into this kind of work (RH caregiver 5, Male, 33 years).

Another caregiver disclosed this:

When I am working; either taking the kids to school or when going to empty the bins. Sometimes when people see me, the things they say is heart-breaking. Unfortunately, I am also from this town; sometimes my friends tell me a young man like me shouldn't be doing this kind job. Sometimes when I hear those comments or when I see them whiles driving, I feel like parking the car and going to hide because they will make fun of me (RH caregiver 11, Male, 26 years).

A female caregiver added that the community barely see her work as a caregiver as a job. She had this to say:

> *Sometimes they make it look as if what I am doing is not even a profession or a job. They see it as if I am just whirling away time (RH caregiver 14, Female, 32 years).*

Some caregivers also reported that although donors come to donate, most donors often have negative perception about the caregivers. A participant revealed this:

> *Some of the people come and donate and say hurtful things like: "all these foods we've brought we beg you make sure you give it to the children" Do you see some of the statements people make that I was talking about? It sounds as though we do not give the things to the children and all these statements weaken us (RH caregiver 9, Female, 31 years).*

A female participant revealed that:

> *Sometimes the donors when they come, they are more concerned with the children only not you the mother. We the workers here, nobody even asks about our wellbeing, our own kids, nobody even asks how we are doing; it is all about the children (RH caregiver 4, Female, 29years).*

A caregiver also added:

> *There is no way a donor or somebody in the community will see you and say oh madam caregiver, take this money or items for yourself; no; it doesn't happen. If anybody will give something it is always for the children; give this to the children (RH caregiver 10, Female, 29 years).*

4.4.5 Financial Challenges

Almost all the participants reported financial challenges which were associated with their role as caregivers in residential home and formal foster parents. Some formal foster parents reported on how difficult it was to care for the children financially since foster care in Ghana is purely voluntary and the received no remuneration. Caregivers mentioned that although they received salaries from the institutions they worked, this financial assistance barely enough to meet the child's needs and theirs. Thus, the lack of remuneration for formal foster parents and caregivers' inadequate financial support were affecting their motivation to carry on with their role.

One caregiver said this:

> *The salary for the work is very small. I am not the only one complaining about the salary; my colleagues here also complain…if I am really to consider my inputs and what I get from this work, like I wouldn't be here (RH caregiver 11, Male, 26 years).*

A female caregiver said this:

> *This work we are doing here; it is difficult, it is tiring and you will end up sacrificing your comfort but the kind of salary we should be receiving is not what we are being given. The salary is very small (RH caregiver 10, Female, 29 years).*

A male caregiver also added that they relied on donations making they as caregivers face financial challenges:

Financially, I will say it is very difficult because we depend on donations to run our affairs here and if the donations have not come, we have to look for other means and it is difficult to do something for the kids (RH caregiver 5, Male, 33 years).

One formal foster parent also added this:

some of the challenges are the financial aspect. Sometimes it is very difficult to get money for fees but we manage to pay (FFP 2, Female, 32 years).

A key informant also had this to say:

Sometimes someone have from the beginning they have the financial means to take care of these children so they come for them, but along the line, things don't work out well and then it becomes a problem (Key Informant 3, Female).

4.4.6 Challenges with Social Life

Participants complained of other challenges such as their social life being affected as they cared for the OVC placed in their care. Some caregivers complained of their social life being affected as their lives only revolved around the children and their work did not afford them the luxury to also mingle with their friends or have any social life.

One participant said:

You will constantly be in the orphanage you don't get to mingle. You don't really have much of a social life so there are times I have considered quitting so that I could have my life back (RH caregiver 13, Female, 28 years).

Another residential home caregiver added that she feels like quitting sometimes because her social life has been affected by this work. She had this to say:

> *There's been so many times I feel I have taken a wrong move. At least I should have been courting, preparing to get married by now but this work, we don't go out. With this caring for OVC, your freedom is taken; it is almost like you are a nursing mother and it will even affect your relationships (RH caregiver 10, Female, 29 years).*

Another female RH caregiver added:

> *Now the children determine your life. Because your life is centred around the children. But if I was on my own, I could have gone out with friends, I am a person who really likes to go to the beach once a while; go and sit there and reflect on my life, read, watch a movie or even sleep. But there is nothing like that now. So, there is a price to pay (RH caregiver 3, Female, 25 years).*

One male participant said:

> *Over here, even to go to town, they will not allow you. We are always inside, as for the happiness, oh, it's not really there, unless you create one for yourself (RH caregiver 11, Male, 26 years).*

A 59-year-old caregiver expressed distress about her social life:

> *(She removes her scarf). Have you seen how my hair is looking? It is even a problem for me to go to the hair salon because you have to care for these children. There is a great responsibility on me, because if you leave these children behind and something happens, you are in trouble, they will forget about all you good works and focus only*

on the child who is hurt and all sufferings and hard work will amount to nothing (RH caregiver 8, Female, 59 years).

4.4.7 Caregivers and Formal Foster Parents' Future decision about caring for OVC

On satisfaction and decision to continue caring for OVC or not. Some participants reported that although they had received some positive outcomes from their inputs in caring for OVC, due to the challenges they face; especially child-centred challenges, organisational and family challenges, they have decided to quit caring for OVC.

This female participant indicated that although she had learned a lot especially about caring for children, she wants to quit because she feels her freedom has been taken away from her due to the nature of the job. She had this to say:

Caring for these kids has given me the opportunity to know more about caring for children which will be helpful to me when I have my own kids…I feel like stopping because, we don't go out; with this work, your freedom is taken; it's like you are a prisoner. Even to go out and buy something at the junction or in town, I need permission sometimes, my boss can even say no if you ask for the permission (RH caregiver 10, Female, 29 years).

A caregiver also expressed desire to quit caring for OVC due to unpleasant treatment she receives from her leaders:

Some part it is like the right choice you have made, some part it's like no…the way this place is, it is not easy. sometimes the way the leaders here will talk to you harshly, it makes you feel useless; you feel like you are not a good mother or you're not taking

care of the children well…nothing bad has happened but I am tired. I am just tired of the work and I want to stop (RH caregiver 4, Female, 29 years).

A participant reported that she is gaining and losing with being a caregiver. Although she reported to have received positive outcomes from the children, challenges from her family and her desire to also start a family make her want to quit as being a caregiver does not give her much time for her family. She said:

Genuinely, I think its 50-50. I mean you are both gaining and losing. By gaining, of course I came to help on the lives of the children, I see the improvements and it feels good. But the losing comes out with the sacrifices I have to make, the family pressures, the time consumptions, the freedom that I don't have and the tiredness so yes, I would look for a new job; because even with this work, you cannot be with your family and along the line I would also like to marry and kids but with this job, you will lose out on family time (RH caregiver 3, Female, 25 years).

This male caregiver indicated that he intends resigning in future. He said:

There is a lot of suffering and stress in this job. You put in a lot of sacrifice but at the end of the day, the salary is even small. If I will stop this work, it will be because of these things. If it gets to a point I cannot withstand, then I will make the firm decision and resign (RH caregiver 11, Male, 26 years).

Some participants reported that although they had thought of giving up due to the challenges, they have finally resolved to continue caring for OVC. This female formal foster parent also revealed that although caring for the children comes with its own challenges, she still wants to

continue caring for the children and when there is an opportunity will even adopt the OVC that have been placed with her. She said:

> *Well, for me, caring for these children has been a smooth journey for me I have some relatives who have even adopted some kids so they support me throughout…but I must confess there some challenges. But I am a Christian so I see caring for these children as a blessing and a great opportunity. I do not think I will stop; in fact, if I get the chance from social services, I will even start the adoption process one day (FFP 4, Female, 57 years).*

This 33 year old male caregiver indicated that, although he faces challenges with some attitudes of the children, he has decided to continue caring for them because of his love for humanity and the hope that the children will change. He said:

> *I decided to quit because the challenges from the work; especially the attitudes of the children were becoming unbearable for me…one thing I believe in is service to humanity, I thought of the children. Although some were quite unbearable, others were once like these unbearable ones but with time they have turned out well…that made me change my mind (RH caregiver 5, Male, 33 years).*

This formal foster parent indicated that she had wanted to quit caring for the OVC due to the initial challenges. However now, she doesn't want to quit because she has noticed the girl is an intelligent child. She said:

> *When I noticed she wets bed, I wanted to give up. Now I don't intend giving up on her…My family her, she has bonded so well with my kids too. Looking back, my husband and I took a good decision. We are helping a smart girl who wasn't getting*

proper care; she's in a better place. Even though there are few challenges because she is still a child, she is a good girl and very intelligent. I don't think I made a mistake at all. I'm happy within and I would still want to care for her (FFP 5, Female, 38 years).

4.5 Coping Strategies Employed by Caregivers and Formal Foster Parents caring for OVC.

In order to deal with the challenges faced by caregivers and formal foster parents, they adopted some coping strategies. From this study, it was found that caregivers used coping strategies to overcome some of the challenges they encountered while caring for OVC. The coping strategies adopted by alternative caregivers included praying and taking consolation from the scriptures, talking or advising the children under their care, applying negative reinforcement to the children, participating in self-care and other activities outside caring for OVC, relying support from organization as well as family and friends. There were others who resorted to determination as a coping strategy.

4.5.1 Religious Activities

Some caregivers and formal foster parents reported that as part of coping with the challenges they face in caring for the OVC placed in their care, they resorted to spiritual activities such praying and reading scriptures from the Bible.

One female participant had this to say:

I pray most of the time. Sometimes I read the psalms or proverbs so that I am encouraged. Because the word of God is motivation and then it gives encouragement (RH caregiver 3, Female, 25 years).

A male formal foster parent also indicated this:

> *Being a Christian, I do not rely on my own strength and abilities in raising her as well as the other children. I pray a lot and we pray as a family as well. I believe that God has a purpose for she coming to live with us so for me, in good or bad times, I just pray to God and I read the Bible too (FFP 6, Male, 42 years).*

A female participant also reported that she coped with behavioural challenges of the children by praying:

> *Knowing very that we cannot change human beings ourselves so we just train up the child in the way the child should go hoping that whatever training we are giving to the child, I pray a lot especially concerning the behaviours of the children. I believe prayer is a seed and eventually it would grow and the child will change for the better (RH caregiver 6, Female, 33 years).*

4.5.2 Punishments and Dialoguing

Caregivers and formal foster parents also disclosed that when they encounter challenges, especially on the aspect of managing the children's behavioural problems, they relied on either dialoguing with the children on the consequences of their behaviours, talking firmly to the children or giving punishments such as spanking or facing of walls.

A female formal foster parent had this to say:

> *I talk to them, encourage them, sometimes I punish them by taking away things like toys away from them and I let them know what they did was wrong that is why I am teaching them a lesson; just so that they don't repeat it again (FFP 4, Female,57 years).*

A female caregiver indicated that she relies on dialoguing with the children as a way of coping with some challenges:

> *I have seen that sometimes the plenty shouting; it doesn't work. So, no matter how young they are, I just call them and I talk to them extensively about their future, why they need to aim for good things and the need to stop certain behaviours (RH caregiver 6, Female, 33 years).*

A 43-year-old formal foster parent also revealed this:

> *We set rules at home just so that the children can behave well and we as parent can have peace of mind. I mean you won't get it perfect but when it becomes challenging, I sometimes punish with chores (FFP 1, Female, 43 years).*

A caregiver revealed that resort to spanking as a way of dealing with the children's behavioural challenges. She said:

> *Sometimes when the child is misbehaving, I spank him or her a little. But not something that will harm the child as you shouldn't do something that will harm the child; just a little to correct him or her (RH caregiver 2, Female, 50 years).*

4.5.3 Participation in Social Activities

Some caregivers and formal foster parents also disclosed that as part of measures to cope with the challenges they face, they moved away from the children and engaged in pleasurable social activities outside caring for OVC such as listening to music, going for walks among others.

This male participant had this to say:

Sometimes that I just take a few hours go and sit somewhere, relax and come back to my apartment. I love listening to music so I have a collection of songs that I listen to when I am alone just to release stress (Caregiver 7, Male, 33 years).

This female formal foster parent indicated that she took time off to go for walks as a way of coping with the challenges. She said:

Luckily, because we are on the mountains, sometimes I go for walks to release some of the stress. Because sometimes, it is not easy. Sometimes when you see them, you're annoyed so these times, I go out for the walks; it helps me exercise and to also get rid of lots of stress (FFP 2, Female, 32 years).

4.5.4 Self Encouragement and Perseverance

Caregivers and formal foster parents noted that in order to overcome problems relating to the caring of an OVC, they developed close intimacy and love for the child like their biological children, concentrate on the positive aspects of caring for the children and they often comforted themselves with the fact that things will get better.

A key informant indicated that caregivers and formal foster parents often encouraged themselves with the hope that things will get better. She says:

Some of the foster parents and caregivers too, believe and are of the view that with time, things will be better and whichever challenges they face when caring for the children will get better. And they mostly, they console themselves with that (Key Informant 3, Female).

This formal foster parent indicated that she has decided not to give up on the child despite the challenges. She said:

> *If it was my biological child who is bedwetting, I can't send the child away because she is my own. So, I decided to take her like my biological child. I am training her to be able to get up in the middle of the night if she wants to pee and she is gradually getting better at it…I don't intend to give up on her; she will do well (FFP 5, Female, 38 years).*

This male participant also indicated that he coped by encouraging himself that things well get better as he is investing into the future of the children. He said:

> *You don't know what one will become tomorrow so you seeing, you helping someone to become something in future, I think that alone, is enough motivation for us to press on and do what we are doing (Caregiver 5, Male, 33 years).*

4.5.6 Seeking Help

Some caregivers and formal foster parents reported that as part of measures to cope with the challenges they face with caring for orphans and vulnerable children, they resort to soliciting for help from their organisational leaders, colleagues, friends, family and other external individuals such as donors as well as pastors.

A participant in the study had this to say:

> *One of the things I do is that, I do not keep things to myself. We have authorities here who we work under so if there is a problem, I report to the authorities; I ask them for help and what they can do, they do (Caregiver 11, Male, 26 years).*

Another female participant also added this:

> *When I am facing challenges, I talk to people. I try to call some people especially elderly people on advice and seek their opinions on certain issues. Sometimes, I call my husband so that he can give me advice when there is something bothering me (Caregiver 15, Female, 36 years.*

A formal foster parent indicated that, she seeks counsel from her pastor as a way of coping with some challenges. She said:

> *In times of difficulties, I often do not want to rash and take hasty decisions. What I do is that, I communicate with my pastor a lot and he encourages me and advices me on what to do (FFP 2, Female, 32 years).*

This caregiver revealed that one of her strategies for coping with challenges is that, she asks anyone she feel is capable of helping for help. She said:

> *I also call on friends, that if I get a baby and I don't have diapers, I will call an aunty and say please I need diapers, I don't have sugar. When I call them, they say "eiii" she is coming to ask as things, let get the things for her quickly and I think they understand the situation (Caregiver 6, Female, 33 years).*

4.6 Support Available to Caregivers and Formal Foster Parents caring for OVC

The findings from the study indicated that caregivers and formal foster parents caring for orphans and vulnerable children received support from different sources and these included both formal and informal support. The formal support includes training and assistance with documentation from Department of Social Welfare (DSW) and financial assistance from the

residential homes as in the case of caregivers. Informal support also consisted of food, clothing of the OVC, words of encouragement, financial assistance in caring for the OVC. This form of support was from families, friends, spouses and donors. It is worth noting that caregivers in residential homes, often received donations from individuals, churches and corporate organizations.

4.6.1 Formal Support

The study found that formal support which were available to caregivers and formal foster parents caring for OVC was from the Government through DSW and the residential homes as an organization. The participants reported that the DSW provided them with training and helped them out with documentation. A key informant had this to say:

> *We have residential homes which are all private and they recruit their own people. After the employment, then we come in to give them training. The department of social welfare, train them and can be equipped with the zeal to offer the necessary care they are supposed to give to the children…for individuals who show interest to be parents, we take them through training and issue them with the certificate (Key Informant 4, Female).*

A participant revealed that the trainings received from DSW have been instrumental in the provision of care to the child:

> *We had some orientation regarding how to be a foster parent and there were training we had to attend. You know they are experienced and so some key things they said we are applying it and we can see it is really helping with the bonding and so it is helpful (FFP 6, Male, 42 years).*

Another female formal foster parent said:

> *I didn't even know the process and it took me so long but DSW has been helpful. They even sent me for a class in Koforidua which was very interesting because I met a lot of parents who were interested in doing the same thing, I was doing which I am happy about (FFP 4, Female, 57 years).*

A caregiver also indicated this:

> *The social worker comes and checks up on the child, Accra foster care office they call to check up on the children they've placed with us, who we are providing care for (RH caregiver 6, Female, 33 years).*

Other participants who are mostly caregivers in residential homes, reported that they also received support from their organisation.

> *My organisation organises meetings for us. They go through the job description they have made for us or sometimes, when they go for meeting at social welfare, they tell us what they said there (RH caregiver 4, Female, 29 years).*

This participant mentioned that she received financial support from her organisation:

> *Oh, sometimes the organization gives us little money that is not in connection with our pay to us; especially during Christmas…that really makes me happy and I feel supported (RH caregiver 2, Female, 50 years).*

Another caregiver also indicated this:

They organise a number of meetings either with our boss who stays in the home with us here. Sometimes, the overall boss comes for us to share our issues with her, if you have one from issue or other we share with her. Also, if they are bringing changes, it is during those meetings that we are informed. We have these meeting every Wednesday (RH caregiver 11, Male, 26 years).

4.6.2 Informal Support

From the interviews conducted, other support available to participants was the support from donors, friends and families. Some of the caregivers and formal foster parents explained that this informal support mainly came from their friends, close family, pastors and donors.

A participant mentioned that she receives support from her spouse in caring for the OVC:

My husband and I took the decision and so he helps a lot. He helps get them ready for school, he teaches them. Sometimes he picks them up from school too. So, we work hand in hand so it's not like he has left everything on me (FFP 5, Female, 38 years).

One female caregiver disclosed that her spouse supports her job and cares for their children in her absence:

My husband agreed and supported my decision…they (biological children) are in the house with their dad who is taking care of them well in my absence (RH caregiver 2, Female, 50 years).

A formal foster parent revealed that she receives support from her family and friends:

My family has been great. My sisters…my mum she will give stuff for the kids and my friends who are oversees would even send me money, so support department, I have no complaints. I have been very blessed and they help a whole lot (FFP 4, Female,57 years).

Other participants particularly caregivers reported that they received support in the form of donation from individuals and group. One participant disclosed:

We do get support from churches, NGOs, individuals, activists, people who that are interested in the wellbeing of displaced children and orphans, they all come once a while. We get toiletries, provisions and clothing (RH caregiver 5, Male, 33 years).

A female caregiver said this:

There are people who come in to help us. Even recently, we were here and one young man came with a donation that he had won a lottery. He donated Ghc 2000 to support the kids; he has done well. So individuals come to support and churches also come to support (RH caregiver 10, Female, 29 years).

These participants mentioned that they were supported by donors who donated to their organisation:

We get support from what we call orphanage partners; people who commit to a monthly donation to support us and then so that is how consistently we get support. That is what we use to pay fees (RH caregiver 6, Female, 33 years).

Donations come in because of the love people have for the children. Thankfully if what they bring is even a bag of rice and they cook it and we all benefit from it (RH caregiver 11, Male, 26 years).

As part of informal support, participants indicated that they mostly received gifts, words of encouragement from some community members and the children themselves by way of appreciating the work they do in terms of caring for OVC.

A female participant reported this:

Some of them encourage me when we go to church… for instance, when she was celebrating her birthday, someone from church even bough her shoes. For me I think all these constitute some of the support I receive from the community (FFP 2, Female, 32 years).

One caregiver also revealed that:

There is no way somebody in the community will say oh madam caregiver, take this for yourself… but as for "God bless you" it is part and parcel of me; we are in Ghana so "God bless you" is common but for them to say (RH caregiver 10, Female, 29 years).

Some participants that the children placed with them have been appreciating them. They said:

The children some of them show gratitude some will come to you, some write notes, letters, when is your birthday they make cards for you in their own little way they try to show it (RH caregiver 13, Female, 28 years).

On Father's Day he came to wish me a happy fathers' day and it was a very nice moment. He was very thankful to me for taking care of him… I was touched, I felt very proud and appreciated; at least although he is a child, he acknowledges my efforts (FFP 3, Male, 45 years).

4.8 Discussion of Findings

This study aimed at exploring the experiences of caregivers and formal foster parents caring for OVC in the Akuapim South district. This section discusses the findings of the study in accordance with objectives that guided the study.

Out of the twenty-two (22) caregivers and formal foster parents interviewed in this study, there were only five males and seventeen females. Most of whom were between 24 years and 65 years. Findings from this study indicates that more females than males were caring for OVC. This finding also justified the claim by Yousuf & Khan (2017) that females mostly cared for OVC. More females caring for OVC, could be due to cultural norms where certain roles and jobs are seen be undertaken by women only. The males who were caring for OVC especially as caregivers in residential homes all indicated that they faced stigmatization from the society as most people including females in the community perceive caring for OVC as the work of females and not males. The implication for society perceiving caring for OVC as a job for females only could be the reason why more females than males are caring for OVC. However, male formal foster parents did not experience stigma from the society like their counterparts caring for OVC in the residential homes. The male formal foster parents not experiencing stigmatization from the society could be due to the fact that they cared for the children with their spouses (females) in their own homes and not institutions. As such the society views the male formal foster parents as "fathers" in a family rather than male caregivers trying to play

"motherly roles" in an institution. The possible cultural perspectives on females being more suitable for caregiving roles with less males being attracted to caring for OVC is in consonance with the ecological systems theory's macro system where a given culture can influence an individual.

Several studies indicate that the kinship care is gradually breaking down due to diminishing of cultural values and deterioration of such social structures (Kuyini et al.,2009; Colburn, 2010). However, findings from this study revealed that although the study was conducted in an Akan dominated district, the participants of the study belonged to diverse ethnic groups. This study indicates that even with deterioration of traditional extended family system people still care for OVC but outside their traditional extended family. Participants' decision to care for unrelated OVC could be due to intrinsic motivation such as a sese of fulfilling social responsibility and willingness to care for a child in need. This finding is in consonance with the equity theory which indicates that people are motivated when they feel their input on a particular job or role is yielding a positive outcome.

All participants in this study were Christians. This was in line with Keys et al. (2016), who found that religious people are less hesitant in caring unrelated OVC due to their religious values and faith. This finding supports equity theory used in this study. Thus, when a Christian reads the Bible and realizes that caring for OVC is pleasing to God and also comes with a blessing, he or she will feel motivated as a Christian to care for an OVC.

The main motivation that propelled the caregivers and formal foster parents to care for OVC is child-centred altruistic factors such as the earnest desire to safety and love to orphans and vulnerable children and the desire to make positive changes in the life of the OVC. This finding supports research done in developed countries by Lopez and De Valle (2019) and Vural et al,

(2014) where people are motivated to care for OVC as a result of altruism. Findings from this study unearth the fact that in even in developing countries like Ghana where there are high economic challenges and more OVC as compared to developing countries, individuals still have altruistic feelings towards orphans and vulnerable children. This altruistic feelings towards OVC compels individuals to become caregivers and formal foster parents just like in developed countries.

Also, findings from this study indicate that another factor that propelled caregivers and formal foster parents to care for orphans and vulnerable children in their communities and in residential homes, is fulfilment of social responsibilities. Some participants were motivated to care for OVC they cared about humanity and also wanted contribute their quota to nation-building by giving a home and family to vulnerable people such as street children. These findings are supported by equity theory; where individuals feel motivated when the feel their inputs is fairly rewarded by their outputs. This is because if the caregiver or formal foster parent realises that being providing a home or family to a child on the street will reduce the number of children involved in social vices or living on the street, caregivers and formal foster parents will be more motivated to care for OVC since the outcome of the care, will be beneficial to the society at large.

Although some caregivers and formal foster parents in residential homes, some of the participants indicated that the quality of housing of the institution was good and even better than most housing outside, they did not contribute their commitment to caring for OVC to this reason. For other caregivers and formal foster parents, their motivation to care for the children is rooted in personal reasons or experiences such as: having a tough childhood, taking inspiration from a close family member such as parent who cared for OVC, once being a

vulnerable child and the lack of job. This is in line with Darkwah et al. (2016) finding that individual's personal life circumstance and what they make out of them contribute to them making a decision to care for OVC. Rochat et al. (2016) argued that due to the stipends given out, in low-resourced or developing countries, financial benefits are essential motivators for formal foster parents' decision to care for OVC. On the other hand, findings from this study refute this argument since in Ghana, formal foster care is purely voluntary and all formal foster parents caring for OVC are not reimbursed financially for taking up parenting roles in the lives of the OVC.

In addition to other motivations, religious reasons were found to be one of the major reasons why people decide to care for OVC. In this study, all participants were Christians. Many participants quoted verses from the Bible to support their motivation to care for OVC and also acknowledged that their Christian religious beliefs played a role in influencing them to care for OVC. This finding is in line with that of Keys et al. (2013) who indicated that, religious people are less hesitant to caring for unrelated children such as OVC due to their religious values and faith. Similarly, most of the study participants attest to the fact that they are religious and also of the view that, God had specifically called them to care for orphans and vulnerable children. They further added that caring for OVC is their God-given assignment and believed God has a blessing in store for them as they cared for these children wholeheartedly. This particular finding is also in tandem with Adams (1965) equity theory that individuals are motivated when their outcomes are positively measured with their inputs. Similarly, the findings from the study agrees with the assertion made by Bhunia and Mukhuti (2011) reveal that individuals especially employees motivated when they find spiritual fulfilment in their work.

Furthermore, findings from this study revealed that caregivers and faced several challenges as they cared OVC. One challenge that was evident and reported by all caregivers and formal foster parent in this study is child-centred difficulties such as managing problematic behaviours of the OVC. Participants reported that the children in their care were disrespectful and ungrateful. It was further revealed due to the backgrounds of the children prior to being placed in care; as most of the OVC had engaged in social vices such as stealing and previously lacked parental guidance. This finding is with Frimpong- Manso (2014) and Morgan and Baron (2011) who indicated that OVC are at risk of developing delinquent and anti-social behaviours due to the lack of initial parental care and guidance. Sun et al. (2008) argued that illiterate caregivers were more likely to have delinquent children. However, the findings from this study dismisses this argument as majority of the caregivers and formal foster parents this study were literate; with more than half of the participants being tertiary graduates yet they were challenged with behavioural problems of the children placed in their care. These findings, are in line with ecological systems theory. Thus, when a caregiver or formal foster parents has a child with problematic behaviours and he or she is unable to manage the child's behaviour, it could overwhelm caregivers and formal foster parents and this may lead to the abuse of the children placed with them.

Additionally, it was discovered that participants faced challenges with Government's agency in charge of residential and foster care placement (DSW). The caregivers and formal foster parents reported that they had poor relationship with social workers from DSW and the regular monitoring visits to be done by DSW was not being done. This resonates with Marcellus (2010) that although there are many people and professionals in the child welfare system, carers of the children are the least supported. Participants indicated that even when the social workers come around, they are more concerned with placement and the wellbeing of the children more than

they the carers who were taking care of the children. This could be because the social workers from DSW are overwhelmed by more administrative duties and also consumed by the need to provide safety to the OVC thereby indirectly neglecting the caregivers and formal foster parents. Besides the lack of monitoring visits by social workers, participants in the study also reported that often lacked pertinent information such as medical, care order and academic background of the children placed in their care. This study compliments findings from Brofenbrenner (1994) regarding the exosystem where he argues that certain aspects within the environment the individual has no control over could affect the individual. Moreover, formal foster parents in particular indicated that there were stringent procedures that made foster care application cumbersome and, in the end, prolonged the time of acquiring the license.

Besides the challenges with social welfare officials from DSW, caregivers and formal foster parents; especially caregivers disclosed that they experienced several challenges in the organisations in which they worked. Some of the challenges include high work load as caregivers took in more roles than expected. RH caregivers also reported that the institution had low caregiver to child ratio as they lacked enough caregivers in the institutions. In like manner, findings Yousuf and Khan (2017) as well as Castillo et al., (2012) support the study as findings from their studies also acknowledge that caregivers have hectic routines given to them and often have to multitask due to shortage of staff. Thus, hectic and exhausting routines could also be one of the leading cause low retention of caregivers and poor caregiving in residential homes in the country.

From this study, formal foster parents did not complain of significant stress in caring for OVC. Caregivers in residential homes on the other hand reported they often exhaustion and tiredness in the cause of caring out their work. Key informants who were social workers also

acknowledged that caregivers experience stress whiles caring for OVC due to the high number of children they have at hand as compared to formal foster parents who were caring for OVC in their personal homes. RH caregivers reported that majority of the stress they experienced stemmed from managing behavioural challenges of the children and organisational structures of the residential homes in which they worked. This discovery from the study is in line with Yousuf and Khan (2017) argument that caring for children in a residential home is demanding and performing it continuously could be exhausting and lead to stress. Although most of the caregivers indicated they are motivated by the love for the children and the desire to see the children get better, and for some working in the home keeps them away from unemployment, the continuous high workload without adequate breaks could lead to emotional and physical stress.

In addition, caregivers and formal foster parents acknowledged financial challenges as one of the problems they encounter whiles caring for OVC. Although formal foster parents are well aware that foster care in Ghana is purely voluntary without any subvention in the form of salaries and wages and as part of requirement on becoming a foster parent the individual must be earning an income and be able to care for the child, formal foster parent still complained about financial burden that comes with caring for OVC. RH caregivers are employed and given wages. However, they reported that their salaries were inadequate to suffice the services they provide and sacrifices they make in caring for OVC. Participants indicated that, sometimes they have to offset other costs in providing care to OVC such as educational and health cost.

Another challenge that caregivers and formal foster parents caring for OVC encountered, is negative perceptions and reactions from the society. RH caregivers reported that this negative perception is often fuelled by negative reports from the media showing caregivers as child

abusers and thieves. It was evident from this study that, caregivers and formal foster parents experienced different challenges from the society. Some foster parents reported that sometimes, the community members viewed their decision to care for OVC as wrong choice. It was revealed in this study that, members of the community perceived caregivers and formal foster parents to be lazy people and barely regarded their work as caregivers as an ideal job. Findings from this study is in sync with findings from and Frimpong- Manso, Mawutor and Tagoe (2020) and Blythe et al. (2013) who also indicated that caregivers and formal foster parents face mistrust, apathy and suspicion from the society owing to their status as caregivers or formal foster parents. The society's mistrust and apathy as caregivers being greedy and child abusers could be as a result of such projections being made by the media. Again, with caring for OVC not being regarded as "work" could be because most cultures in Ghana do not regard caring for children as a difficult task as it is regarded as a normal role for women to without even being compensated. This finding, is in sync with the macro system of the ecological system's theory which incorporates the social climate of the community which affects the caregivers and formal foster parents (Johnson, 2008). This finding highlights the macro system of the ecological systems. Therefore, if a caregiver lives in a society where the media show caregivers as greedy and abuser, he or she may face stigma and other negative reactions from the society. This could lead to depression and loss of interest in his or her work as a caregiver which could have detrimental effect on the OVC placed in their care.

Another challenge that emerged from this study, is challenges form family. Although formal foster parents did not recount any significant challenge with their families as they lived with their families and the OVC in their homes, majority of caregivers pointed out that they experienced significant challenges with their families due to caring for OVC in residential homes. They indicated that currently, they feel alienated from their families as they rather live

in the residential homes with the OVC away from their own families and the nature of the job barely gives them enough break to bond with their biological families. Some indicated that this has affected their social lives and the families feel they love their work more than their own families as such family members no longer invite them for events. These findings are also supported by the ecological systems theory which indicates that a person's family or work can influence him or her either positively or negatively. Thus, when the caregiver's family doesn't support him or her with her work or caring for OVC, he or she is likely to lose interest or quit in the course of caring for OVC.

As highlighted earlier, participants experience different challenges. As pointed out earlier, all participants in this study were Christians. Findings from this study revealed that as a way of dealing with the challenges the face, the main coping strategy participant relied on is religious activities. Participants indicated that when they are posed with challenges what they often do to mitigate the challenges is to fall back on their Christian beliefs by praying and reading and taking consolation from the scriptures in the bible. This finding, supports the similar findings from Lietz et al. (2016) and Lee et al. (2010) as they also acknowledge that individuals caring for OVC often resort to emotional coping by engaging in religious activities such as reading the Bible and praying to God. From this study, participants reported they feel refreshed and believe God will answer to their requests. They further indicated that through prayers, God can change the certain challenges such as the negative behaviours of the children which they mostly struggle with. This finding is in sync with tenet of the ecological systems theory that beliefs of the individual could have effect on the person. Also, by way of coping with challenges particularly the problematic behaviours of the children, findings from this study revealed that participants resorted to punishment and dialoguing. Participants indicated that, they resorted to punishment such as spanking and taking away things the children cherish such as toys and

games. In addition to this, findings from this study revealed that caregivers and often resolved to dialoguing with the children especially the teenagers by advising listening to their opinions, advising them and drawing their attention to the consequences of their behaviours.

Findings from this study indicated that, caregivers and formal foster parents resorted to participation in social activities. They did this by participating in activities outside fostering. This finding is in line with Proeschold-Bell et al. (2019) who pointed out that carers of OVC participated in pleasurable activities outside caring for the children placed in their care such as watching movies, gardening and surfing the internet. Similarly, in this study, participants mentioned that some of the activities they participated in as they isolated include listening to music, surfing the internet, going for walks and attending rehearsals. This brief isolation from the caregiver and formal foster parent's regular caring for OVC roles, gave them time to rejuvenate and as indicated by majority of the participants, the participation in pleasurable activities outside caring for OVC allowed them to release stress and cope with the challenges.

Further findings from this study indicated that, caregivers and formal foster parent employed self-encouragement and perseverance as a coping strategy. Participants indicated that they had resolved that amidst all the challenges that comes with caring for OVC, they were not ready to give up. They did this by developing more love for the child or children placed in their care as though he or she were their biological child, they also looked at the positive side of things and keep assuring themselves with the hope of a better future as things will get better. This is in tandem with a study by Shin et al. (2014) where they also pointed out that, by way of coping with the diverse challenges that comes with caring for OVC, carers engaged in positive reappraisal where they focused on the positive aspects of caring for OVC rather than the current challenges they face.

The next coping strategy identified in findings of this study is seeking help. Caregivers and formal foster parents indicated that when things are extremely tough especially financially or emotionally, they sought for help from others such as their colleagues, relatives, friends or external individuals such as donors. This finding is line with findings from a study by Minuchin, Colapinto and Minuchin (2007) where foster parents indicated that in order to mitigate the challenges they face; they strive to seek help from any of the subsystems they work in such as welfare agencies and biological families of OVC. This is also in line with the ecological systems theory, as participants relied on various systems within their environment; especially the microsystem to assist them cope in times of challenges with caring for OVC.

Regarding support system available to caregivers and formal foster parents, findings from this study indicated that caregivers and formal foster parents have formal and informal support systems available to them. The formal support, are the ones that come through DSW in the form of training, licensing and monitoring visits. Another formal support, which is privy to only caregivers, is the support from the organisation or residential home in which they work. Caregivers and formal foster parents indicated that this support comes in the form of in-service training, financial and material support to care for the children. Caregivers in residential homes also added that they also received support through donations from individuals and corporate organisations. Findings from this study indicated that sources of informal support to caregivers and formal foster parents include monetary assistance, groceries and other gifts support from friends, family and some community members. This study is in sync with Samrai, Beinart and Harper (2011) as they also acknowledge that caregivers and formal foster parents receive support from agencies, social support networks and communities. However, findings from this study indicated that due to the inconsistent availability of formal support, caregivers and formal foster parents mostly relied on the informal support available to them. Given that, the

caregivers and formal foster parents receive support from both formal and informal sources; it is evident that findings from this study regarding the support available to caregivers and formal foster parents supports the ecological systems theory as they receive support from various systems in their environment.

In addition, findings from this study reveal that caregivers and formal foster parents experience satisfaction from caring for OVC amidst the diverse challenges they face. This satisfaction predominantly stems from the fulfilment of social and religious obligations and the fact that they can see positive changes in the lives of the OVC in their care. This finding is line with findings from Sebba (2012) who indicated that positive outcomes from OVC could lead to a feeling satisfaction.

Findings from this study indicate that most people were motivated to become caregivers and formal foster parents as a result of relatives who had once cared for OVC. However even with taking inspiration form close relatives and emulating them, the caregivers and formal foster parents still experienced stress and burnout. This could be because the individuals themselves were not psychologically ready enough to care for OVC and to cope with the challenges that comes with it.

Further findings indicated that the most caregivers in residential homes were on the verge of quitting caring for OVC. This desire to quit caring for OVC is a risk factor for a possible future decline in the number of caregivers. Although majority of the caregivers and formal foster parents expressed religion and religious beliefs as a motivation for caring for OVC as well as a copying strategy, the expression of desire to quit caring for OVC in future could be due to organisational workload, financial challenges and family challenges faced by caregivers in residential homes. This finding is in sync with that of Adams (1965) who indicated that people

get demotivated when they do not receive good or positive outcomes form the inputs they put into their work. However, formal foster parents on the other hand expressed willingness to continue caring for OVC. This could be due to the fact that formal foster parents care for OVC in their own homes within the communities as such are not constrained with high organisational workload, have support from their families and also tend to spend more time with their families whiles caring for OVC. This finding is in line with that of Daniel (2011) who holds the view that aside intrinsic motivation, extrinsic motivation and a stronger support system leads to satisfaction and retention in caring for OVC.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

5.1 Introduction

This chapter summarizes the findings and conclusions from the study. The chapter also provides recommendations policy for social work, and further research.

5.2 Summary of Findings

The study found that child-centred altruistic factors such as love for children and the desire to help a child in need, sense of social responsibility as well as religious reasons are the dominant factors that that motivated caregivers and formal foster parents to care for OVC. Furthermore, although a secondary motivation, findings from the study revealed that personal reasons such as the caregiver or formal foster parent's upbringing motivated them to care for OVC. In addition to that, caregivers were motivated to care for OVC in residential home because, it served as a source of employment. Another factor that motivated alternative caregivers to care for OVC because they were inspired by other close relatives such as mother, siblings and aunty who once cared for OVC.

Furthermore, the study revealed that caring for OVC comes with child-centred challenges such as managing challenging behaviours of the children and financial cost as some of the challenges. The study also found that caregivers and formal foster parents faced challenges with the social workers from DSW due to lack adequate information about the children, support and adequate monitoring service. Also, the process of being a licensed foster parent is

cumbersome due to stringent procedures by DSW. On organisational challenges, caregivers in residential homes indicated that they faced high workload as a result of low staffing in the residential homes. Moreover, caregivers also faced challenges with their families. This is because, as a result of high OVC to caregiver ratio coupled with the nature of their work, caregivers in residential homes spent more time at the work place with the OVC at the peril of their family and friends. This makes them feel alienated from their family and friends. Also, the study found that, due to challenges of combining the management of problematic behaviours of OVC and demanding workload in the organisation, caregivers are often challenged with higher levels of stress. The study also revealed that caregivers and formal foster parents faced negative societal perception. Caregivers and formal foster parents disclosed that due to the false negative reports from the media about caregivers abusing children, the society perceives them as greedy people who abuse children. Also, caregivers and formal foster parents were of the view that the society did not regard caring for OVC as a good thing to do.

Furthermore, it was found that caregivers and formal foster parents caring for orphans and vulnerable children employed different coping strategies to mitigate the challenges they face. The coping strategies included participation in religious activities such as praying and reading the Bible. Other coping strategies used include seeking help and engaging in social activities outside caring for OVC such as listening to music, surfing the internet and going for walks. Others also resorted to punishing the children when they misbehave or dialoguing with the children about their challenging behaviours and caregivers and formal foster parents relied on strategies such as self-encouragement and perseverance to build up themselves in the face of adversities that comes with caring for OVC.

In addition, participants revealed that they had formal and informal support services were available to them. For alternative caregivers, formal support services came through DSW in the form of monitoring visits (though not regular) training, licensing of formal foster parents and assistance with documentation and another source of formal support is from the organisation (residential homes) through trainings and Christmas packages and bonuses as well as donations from individuals, churches and corporate organisations. Caregivers and formal foster parents reported that they received informal support from friends, families and community members in the form of groceries, money and words of encouragement; however, support from community members was often words of appreciation and blessings.

5.3 Conclusions of the Study

The study explored the experiences of caregivers and formal foster parents of orphans and vulnerable children in the Akuapim South district. The findings revealed that caregivers and formal foster parents' main motivation for caring for orphans and vulnerable children were altruistic reasons such as desire to fulfil the needs of OVC, fulfilment of religious obligation and to fulfil a sense of social responsibility to their communities and self-oriented motivations such as source of employment. This study concludes that caregivers and formal foster parents were mainly motivated by their Christian obligations, love for children and desire to fulfil their social responsibilities. It can also be concluded that caregivers and formal foster parents are happy and satisfied about caring for OVC and this satisfaction stems from the joy that they are fulfilling their God-given roles and social responsibilities of which they believed God will bless them as well as the fact that they the caregivers and formal foster parents could seeing positive changes in the lives of the children they are caring for.

Even though some relatives who had once cared for OVC play a role in motivating most caregivers and formal foster parents on taking on the decision to care for OVC, caregivers and formal foster parents still faced challenges in caring for the OVC placed with them. This is because, the caregivers and formal foster parents themselves were not psychologically ready enough to care for OVC and to cope with its challenges. Thus, leading to stress and burnout among caregivers and formal foster parents.

Furthermore, this study concludes that despite the feeling of satisfaction in caring for OVC, lack of better outcomes from caring for OVC such as high organisational workload, challenges with family and poor remuneration among caregivers working in residential homes leads to a feeling of demotivation to continue caring for OVC, hence, more caregivers' desire to quit caring for OVC in future. However, formal foster parents expressed more willingness to continue caring for OVC despite the challenges they encountered because they received adequate support from their family members such as spouses, parent and siblings

From the findings of the study, it was concluded that caring for orphans and vulnerable children is a demanding task since it could result in adverse effects on the wellbeing of the caregiver and formal foster parents. Caring for OVC is more challenging to caring for biological children due to the increased stress and psychosocial impacts (Hannah & Woolgar, 2018). It can be concluded that aside the financial challenges, difficulties managing behaviours of OVC, problems with organisational structure (residential homes) and agency (DSW) challenges, cultural norms on caregiving roles being reserved solely for women and not regarded as work as well as negative reports from the media have led to the society having negative perceptions about faced by caregivers and formal foster parents and caring for orphans and vulnerable children. Additionally, the study concludes that lack of adequate support from organisations in

terms of managing children's behavioural problems and organisational structure such as lack of adequate breaks, exerted more stress on caregivers.

Moreover, it can be concluded that care and support for caregivers and formal foster parents was inadequate particularly on how to cope with behavioural challenges of OVC, most caregivers and formal foster parents resorted to giving punishments to the children as means of coping with the challenges that comes with managing the behaviours of the OVC.

Furthermore, this study concludes that there are support systems available to caregivers and formal foster parents caring for OVC. These are formal support which usually comes from residential homes(organisations), DSW (Agency) and other corporate organisations and informal support from spouses, family, OVC, community members. The support came in the form of informational; such as training and monitoring visits, financial, words of encouragement and groceries. In addition, caregivers and formal foster parents faced some barriers in accessing formal support. These barriers include lack of availability of the support and these supports especially from the DSW and community members such as donors were often OVC-centred (the recipient of care) and often excluded them (the givers of care) as such, caregivers and formal foster parents often relied on informal support from friends and families.

Also, given that the experiences of caregivers and formal foster parents of OVC have implications for development of the country and OVC who are also future leaders of the nation, it can be concluded that caring for orphans and vulnerable children is a complex "job" and must be understood from a multidimensional perspective; thus, from the psychological and social aspects. Various thoughts and feelings individuals that influence them to become, quit or continue as caregivers or formal foster parents. This is in tandem with equity theory by Adams (1975). Additionally, in terms of caring for OVC, various systems in the caregiver or

formal foster parent's environment; such as family, friends, work place, the OVC themselves, society, media and DSW influenced caregivers and formal foster parents as they care for OVC. This is in line with the ecological systems theory by Urie Bronfenbrenner (1979).

5.4 Recommendations

In line with the findings of this study, some recommendations have been made in terms of policy, research and social work practice to help improve the conditions of caregivers and formal foster parents of OVC as well as residential and foster care in Ghana.

5.4.1 Policy

The study discovered that the motivation of caregivers and formal foster parents caring for OVC include child-centred altruism, religion and religious beliefs, fulfilment of social responsibilities and personal reasons. However, the dominant motivation expressed by caregivers and formal foster parents were child-centred altruism, fulfilment of social responsibilities and religion and religious beliefs. These motivations have been found to be intrinsically rewarding since it provides a sense of fulfilment which caregivers and formal foster parents rely on as in times of stress. However, this study revealed that even with the presence of intrinsic motivation, other factors are needed to increase satisfaction and retention among caregivers and formal foster parents caring for OVC in Ghana. Based on these findings, the study recommends that stakeholders in alternative care options such as residential care and foster care should develop interventions such as regular training and monitoring visits which would help facilitate capacity building caregivers and formal foster parents and also deepen their intrinsic and extrinsic motivation in order to increase retention.

Also, findings from this study revealed that caregivers and formal foster parents face financial challenges as a result of the services they render to the children placed in their care. These financial challenges are linked to the fact that unlike most developed countries where foster parents are reimbursed for the services they render, in Ghana, foster care is purely voluntary without any financial compensation. Also, caregivers who were earning income from their organisations indicated that often, part of their income is used to care for OVC in the absence of donors and their salaries are not adequate to compensate the strain that comes with caring for OVC. Financial burden could play a vital role in influencing caregivers and formal foster parents' decision quit or continue their roles in the lives of OVC. In the presence of these realities, this study recommends that, government through the Ministry of Gender, Children and Social Protection (MoGCSP) expand the Livelihood Empowerment Against Poverty (LEAP) programme to include OVC placed in the care of caregivers and formal foster parents. This is because the LEAP programme targets poor people in the society such as OVC, to meet their basic needs. It is the expectation that, if the OVC are placed on the LEAP programme, the cash transfers could enable caregivers and formal foster parents in meeting some of the basic needs of the children such as food, clothing and educational bills which hitherto could pose financial challenge for caregivers and formal foster parents.

Even though caregivers and formal foster parents' families played a crucial role in providing some level of support to both caregivers and formal foster parents, at the mesosystem, especially for caregivers, there is a tension in the relationship between the caregiver's work (organisation) and the caregivers' family. This is because most caregivers in this study lamented that due to the nature of their jobs, they felt alienated from their families and expressed different challenges they faced from their families with regards to their work such as inability to spend adequate time with their biological children and socialise with other family

members. Caregivers further indicated that they perform their job (caring for OVC in residential homes) with little or no breaks that would rejuvenate them and as such spent more time with the OVC and are unable to spend quality time with their own families. In order to reduce further stress and challenges from family caregiver's work, this study recommends that organisational leaders and stakeholders such as social workers and DSW provide interventions such as compulsory annual leaves or breaks for caregivers in residential homes which would allow the caregivers to take time off work and spend more time with their families in order to reduce work-family conflict. This could go a long way to reduce burn out and also increase caregiver retention in residential homes.

Also, the study found that most caregivers had not received training in caring for OVC as such, they relied on their experiences and knowledge in caring for the children and for foster parents who had received training, indicated that it was a one-time training which was at the time of being prospective formal foster parents. Caregivers and formal foster parents indicated that they needed more training in managing the changing behavioural challenges of the children placed with them. This study recommends that since caregivers and formal foster parents indicated managing behavioural challenges of OVC as a major problem, DSW in collaboration with other non-governmental organisations such as Better Care Network and Bethany Christian Services should organise regular training and educational programmes in this regard. Also, since proper coping is essential to the wellbeing of caregivers and formal foster parents caring for OVC, it is important measures be taken to educate caregivers and formal foster parents on proper parenting skills and coping mechanisms in caring for OVC having a periodic training for already existing caregivers and formal foster parents caring for OVC could reduce possible cause of burnout and child abuse. Also, efforts must be made to include caregivers in the training and educational programmes. Some caregivers indicated that the trainings often

centred around only their organisational leaders who are not in direct contact with the OVC without they being included.

5.4.2 Research

This study used qualitative approach. Since it would be a challenge to generalise findings of this research, it would be vital to replicate this study with a different approach in other regions and with other caregivers and formal foster parents. This would allow for comparison of the experiences caregivers and formal foster parents caring for OVC across various parts of Ghana. Once this information is identified and addressed, it would help improve wellbeing of individuals caring for OVC in Ghana. Also, future research could delve into questions raised in this study and also include communities' perception about caregivers and formal foster parents could come as important basis for policy and intervention.

5.5 Implications for Social Work

The care of OVC is one of the vital elements of social work practice and experiences of caregivers and formal foster parents caring for OVC, is a complex issue and must be targeted by social workers from a multidimensional perspective (the individual, family, community, media, policy). This includes social workers viewing caregivers and formal foster parents as stakeholders in providing positive outcomes for OVC placed in care and must work together with caregivers and formal foster parents to meet their psychosocial needs. Participants in this study indicated that they had poor relationship with social workers. The foster care regulations and regulations on residential care stipulate that, social workers are mandated to provide regular monitoring visits to the residential homes and the foster parents. However, findings from this study reveal that these visits were not being done and social workers barely related

with caregivers and formal foster parents after placement has been done. In order to prevent this, this study recommends that social workers and DSW, should provide a safe and non-judgemental telephone helpline which caregivers and formal foster parents can call talk to social workers confidentially about the day-to-day stressors they face in caring for OVC. This could even go a long way to create a positive interaction between caregivers and formal foster parents and social workers who are in charge of placing OVC into alternative care.

Also, in view of the fact that social workers are responsible for recruiting formal foster parents and endorsing residential homes, community social workers (educators) should educate and sensitize and educate the public on the positive roles of caregivers and formal foster parents in Ghana. This is because caregivers and formal foster parents indicated they experienced negative societal perceptions and this could demotivate them from caring for OVC. Additionally, positive public awareness and sensitization programmes should be put on social media and at the community level in order to modify the negative social climate surrounding alternative caregivers as well as caring for OVC in general. Additionally, as there were more females caring for OVC in this study in other studies conducted elsewhere, this study recommends that social workers develop gender specific intervention through education and advocacy. This should involve religious bodies, traditional leaders and community members on programmes geared towards highlighting the roles males can play in caring for OVC beyond caregiving or caring for children that is traditionally known as the work or roles for females only.

Since most of the OVC had past traumatic experiences, caregivers and formal foster parents experienced different forms challenges such as managing problematic behaviours of children which sometimes posed them to stress when caring for the children. In view of that, child and

family social workers could work on providing education and training programmes aimed at teaching caregivers on culturally specific coping skills as well as counselling on children's behavioural issues and crisis which would help caregivers and formal foster parents have a better way to counteract the challenging demands that come with caring for OVC. Similarly, social workers could facilitate in the creation of support groups for caregivers and formal foster parents caring for OVC. Through the creation of support groups, caregivers and formal foster parents can interact, share experiences, draw inspirations from other colleagues who have experience in caring for OVC and the regular meetings and interactions can also help caregivers and formal foster parents to be equipped with better coping skills and support.

Furthermore, clinical social workers could collaborate with medical practitioners such as doctors, psychologists, psychiatrist and other health workers to give more sustained attention to the mental health and psychological wellbeing of caregivers and formal foster parents and the OVC placed with them. This is because, caregivers and formal foster parents in this study reported that some of the children have mental health and behavioural challenges as a result of being exposed to traumatic experiences in the past. Again, caregivers and formal foster parents indicated that caring for these children exposed them to higher levels stress which impedes their psychosocial wellbeing. Thus, the attention mental health and psychological wellbeing of both the caregiver and formal foster parent as well as their children will help social workers detect possible challenges in the children as well as caregivers and formal foster parents and offer appropriate therapeutic interventions.

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APPENDICES

APPENDIX I

Caregivers and Formal Foster Parent Demographic Information

1. What is your sex? Please tick (✓) the one that applies to you

Female □ Male □

2. What is your age?.....

3. What is your ethnicity? Please tick (✓) the one that applies to you.

a). Ga -Adangbe □ b). Akan □

c). Ewe□ d). Hausa □ e). Other ……

3. What is your religion? Please tick (✓) the one that applies to you.

a) Christian □ b). Muslim □

c). Traditional Religion □ d) other (please specify) ……

4. What is your level of education? Please tick (✓) the one that applies to you.

a). Elementary□ b). Junior high education □ c). Senior high education □

d) Graduate □ e) others (please specify) ……

5. What is your current marital status? Please tick (✓) the one that applies to you.

a). Married□ b). Divorced □

c) Single □ e) Widowed □

6. Is the fostering voluntary □ or paid □

7. Do you do any other job aside foster care? Yes □ No□

8. If yes, what work do you do **……**

9. How many foster children do you have? **…….**

• What are their ages **……...**

• sex ……

10. Please tick the category of your foster child (ren)

a. Orphan (lost one/ both parent) □

b. vulnerable (has special needs, has one/both parent alive) □

9. Do you have biological children? Yes □ No□

10. If yes, how many children do you have? **……**

• What are their ages and sex ……?

11. Do your biological children live with you? Yes□ No □

12. How long have you been a caregiver/ foster parent? **……**

13. Is this your first time fostering a child? Yes☐ No☐

15. Is there any history of caregiving/ fostering in your family aside you? Yes☐ No ☐

- If yes, who in your family? **……**

APPENDIX II

Interview protocol for Caregivers and Formal foster parents

My name is Antoinette Nweakoa Allou. I am a student from Department of Social Work, University of Ghana. As part of my MPhil. Programme, I am conducting a study on the experiences of caregivers and formal foster parents caring for orphans and vulnerable children in the Akuapim South district. As a Social Work student, your input will help give me a better understanding of the experiences of caregivers and formal foster parents as they care for OVC. The interview is anonymous and all information gathered will be treated with confidentiality.

1. Tell me about yourself. How would you describe your work as a caregiver/ formal foster parent?

2. What motivated you to become a caregiver/ formal foster parent?

• did you have any concerns, what were they?

3. How do you describe your experience as a caregiver/ formal foster parent?

• is it satisfying, why?

4. What challenges do you face as a caregiver/ formal foster parent?

• Can you share the challenges from these areas: financial, family, community, raising the child, physical health, child's biological family, social workers?

5. What is your most pressing challenge as a caregiver/formal foster parent?

6. How do you cope with the challenges you face as a caregiver/formal foster parent?

7. How did your family react when you decided to care for OVC?

• What is the reaction from family, community (friends, neighbours) now?

8. Has there been a time you considered quitting being a formal foster parent?

• What were the reasons?

9. What are some of the support systems you have?

10. How do your support systems support you?

• family, community (friends, neighbours), social workers?

• Which one do you mostly rely on the most?

11. How would you want caregiver/ formal foster parents in Ghana to be supported?

12. In your view, what can be done to improve the residential care/ formal foster care system?

13. Do you have any advice for people who are considering being caregiver/ formal foster parents?

APPENDIX III

Demographic Information for Key Informant (DSW)

4. What is your sex? Please tick (✓) the one that applies to you

Female □ Male □

5. What is your age?.....

6. What is your ethnicity? Please tick (✓) the one that applies to you.

a). Ga -Adangbe □ b). Akan □

c). Ewe□ d). Hausa □ e). Other ……

3. What is your religion? Please tick (✓) the one that applies to you.

a) Christian □ b). Muslim □ c). Traditional Religion □

d) other (please specify) ……

4. What is your level of education? Please tick (✓) the one that applies to you.

a). Elementary□ b). Junior high education □ c). Senior high education □

d) Graduate □ e) others (please specify) ……

5. What is your current marital status? Please tick (✓) the one that applies to you.

a). Married□ b). Divorced □

c) Single □ d) Widowed □

6. How long have you been working as a residential / foster care official? …….

7. Which category of children are often put into foster care placement in the district?

Orphans □ vulnerable children□ orphans and vulnerable□

8.Which age levels are often put into foster care placement in the district?

a) Babies and toddlers (less than 4years) □ b) 4years to 7years □

c) 8years to 12years □ d) 13years to 17years □

9. Which age levels are often put into residential care placement in the district?

a) Babies and toddlers (less than 4years) □ b) 4years to 7years □

c) 8years to 12years □ d) 13years to 17years □

10. Which gender often become caregivers or decide to formal foster parents?

A) male □ B) female □

APPENDIX IV

Interview protocol for DSW officials

My name is Antoinette Nweakoa Allou. I am a student from Department of Social Work, University of Ghana. As part of my MPhil. Programme, I am conducting a study on the experiences of caregivers and formal foster parents in Akuapim South district, Eastern region. As a Social Work student, your input will help give me a better understanding of the experiences of caregivers and formal foster parents as they care for OVC. The interview is anonymous and all information gathered will be treated with confidentiality.

1. Tell me about yourself

 how long have been working with caregivers and formal foster parents?

2. What are the motivations of individuals who decide to foster or care for OVC?

3. What are the challenges of caregivers and formal foster parents face?

4. What have you observed to be the most pressing challenges of caregivers and formal foster parents?

5. What do you think are some of the ways caregivers and formal foster parents cope with the challenges

they face?

6. Have there been complaints from foster parents wanting to quit caring for OVC?

 What were the reasons?

7. How will you describe the support systems available to caregivers and formal foster parents in the

district?

 who are they?

8. How do the caregivers and formal foster parents' support systems provide support to them?

 family, community member, social workers?

9. How do you think caregivers and formal foster parents in Ghana to be supported?