DEPARTMENT OF SOCIAL WORK

Children's villages as a functional equivalent to the ordinary family?

A quantitative study among university students raised in children's villages in Sub-Saharan Africa.

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ABSTRACT

Title: Children's villages as a functional equivalent to the ordinary family?

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Authors: Jenny Hagby and Hanna Ohlsson

Keywords: Children's village; Mental health; Social wellbeing; Long term perspective; Orphans and Sub-Saharan Africa.

The purpose of this study was to investigate whether children's villages for orphans and children in vulnerable situations can be regarded as functional equivalent to ordinary families from the community, when it comes to promoting mental health and social wellbeing of children. Thus investigate whether children's villages have functions and provide functions like those of an ordinary family. To analyse this question, we chose to compare the mental health and social wellbeing of university students raised in children's villages, within one organisation, with a similar group of students who have not been raised in a village. The study was made in a country in Sub-Saharan Africa and included 185 participants.

In this study, a quantitative method is performed with an implemented questionnaire regarding health with the main focus on mental health and social wellbeing. The results from the student group raised in a children's village showed no difference regarding mental health and social wellbeing compared to the group of students who have not been raised in a children's village. The results suggest that children's villages from our case study can, to some extent, act as a functional equivalent to ordinary families in respect to mental health and social wellbeing. However, mental health and social wellbeing are multifaceted areas and this study has not covered it all.

TABLE OF CONTENT

1. INTRODUCTION **1**

1.1 Background and relevance **1**

1.2 Purpose **4**

1.3 Research questions **4**

2. THE ROCK **5**

3. PREVIOUS RESEARCH **6**

3.3 Children's villages **7**

3.1 Mental health and orphans **9**

3.2 Social wellbeing and orphans **11**

4. THEORETICAL BACKGROUND **14**

4.1 Functional equivalents **14**

4.2 Attachment theory **15**

4.1.1 Internal working models 16

4.1.2 Attachment in a long term perspective 16

4.2 Socialisation theory **17**

5. METHOD **19**

5.3 Comparative analysis **19**

5.4 Samples **20**

5.4.1 Student group 1 20

5.4.2 Student group 2 20

5.5 Questionnaire **21**

5.5.1 Preparations 21

5.5.2 Structure of the questionnaire 22

5.6 Procedure **23**

5.6.1 Preparations 23

5.6.2 Data collection 24

5.6.3 Processing data 26

5.6.4 Index 27

5.7 Difficulties and Critical approach **27**

5.8 Loss **29**

5.9 Division of work **29**

5.10 Reliability, Validity and Generalisability **30**

5.11 Ethical considerations **32**

5.11.1 Openness 32

5.11.2 Informed consent 33

5.11.3 Confidentiality 34

5.11.4 Autonomy 35

5.11.5 Presentation of participants 35

6. RESULTS **36**

6.1 Mental health **37**

6.1.1 Physical health as a consequence of mental health 42

6.1.2 Analysis 43

6.2 Social wellbeing **46**

6.2.1 Analysis 49

7. SUMMARISING ANALYSIS AND DISCUSSION **52**

REFERENCES **57**

APPENDIX 1 .... **62**

APPENDIX 2 .... **69**

PREFACE

First of all we would like to thank all the university students who answered our questionnaire. Without you this research would have been nothing, so thank you for your willingness and positive response to participate. We also want to say thank you to the social worker from *The Rock* who guided us and approved this research within the organisation.

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1. INTRODUCTION

1.1 Background and relevance

Orphaned children are found all over the world, ranging from a few hundred in some countries to more than a million in other countries. There is around 153 million orphaned children in the world (SOS[1]). All these orphans have either lost one or both of their parents and need support to enable a more stable and secure future. Sub-Saharan Africa has the highest proportion of orphans in the world. The latest source of the number of orphans is 42 million. This number was estimated for 2010 (UNICEF 2003).

The Convention on the Rights of the Child (CRC) aims to ensure the 'Best of the Child' by ensuring that the physical, mental and social wellbeing of all children are looked after (CRC 1989). Many countries have signed the Convention and they are thus obligated to fulfill CRC's goals for all children in their country. The CRC philosophy rests on the fact that, for a child to develop well, he or she must grow up in a loving and functioning family (CRC 1989). Although a majority of orphans are being brought up in a family setting in their environment, there are still millions of orphans for whom this is not the case (UNICEF 2003). The family is assumed to play an important role in the growing up process and for the long term wellbeing of a child. Therefore, many efforts have been made to create alternative families for children who have no parents and no home. Initiatives which could more or less serve as functional equivalents to the family would thereby contribute to promote individual wellbeing for orphans. A functional equivalent represents an alternative to an original function of society. Thus, an object that is different from another object, but can perform the same functions (Merton 1957).

Sub-Saharan Africa includes 48 countries south of the Sahara Desert. The total population of this area is 973.4 million people, of which almost half the population is under 15 years old (Data World Bank 2014). Many millions of these children are orphans, where the leading cause of orphanages is because of HIV/AIDS. Statistics

show that orphanages are greatest in particular countries that have the most cases of HIV/AIDS. This includes most country in Sub-Saharan Africa (UNICEF 2003, UNICEF 2006). According to UNAIDS (2004), policies on orphans in countries in Sub-Saharan Africa are often missing. If they exist deficiencies are often found within, which makes them poor and ineffective. As a result of the high number of orphans which continues to grow, methods need to be implemented so that all children can be raised effectively. Non Governmental Organisations (NGO's) have set up 'Children's Villages' in Sub-Saharan Africa as a result of the lack of public welfare systems, and are therefore one method of raising and taking care of these children. Children's villages will be this study's focus and the only discussed method. These villages promote a family setting where employed mothers take care of orphans and abandoned children as if they were their own children. This happens in houses that are located in a designated area organised by the NGO. Children's villages found in many parts of the world are organised in the same way and have multiplied in number over the last decade. SOS Children's Villages is one example of an NGO's initiative. Currently they have 550 children's villages in 134 different countries, helping over 80 000 orphans, abandoned children and children in need (SOS[2+3]).

Our interest in children's villages started when we did an internship in an organisation called *The Rock* that has several children's villages. It is an international NGO and has its headquarters in Sub-Saharan Africa, in a country we will call *Mawah*. *The Rock* and Mawah are, for ethical reasons, fictitious names to anonymise the organisation and the participants. *The Rock's* main focus is taking care of orphans by raising them in a family environment. This is very similar to children's villages worldwide. Orphans, ranging from newborn babies to ten years of age, are brought to *The Rock* by social agencies. Thereafter they are in the care of the organisation until they finish university or vocational school. Some of the children have relatives outside the village and some have no connection to any relative. One thing they have in common is that they all need a home and a family that can replace that loss.

During our time at *The Rock* questions arose regarding how the children are affected mentally and socially in the long term and whether children's villages can serve as

a functional equivalent to "ordinary" families in the community. Our definition of ordinary families represents families that are not within institutional care.

Separation, illness and trauma are consequences that orphans often experience and they can pose risks to their health. Thousands of children around the world have been cared for in children's villages in developing countries (SOS[2]). Poverty, unemployment, disease, major economic gaps and injustice are common in many of those countries and is a known risk factors for health (Skeen et al. 2011). Children's villages have become a popular initiative for taking care of orphaned children in vulnerable positions. Despite this, there is little research on how children's villages actually affect children's mental health and social wellbeing in a long term perspective. To evaluate health conditions for children should be essential for each country that has signed the CRC. That is one reason for why we can argue that this research is of relevance. Moreover, gives a research in this particular organisation with several children's villages not only substrate to this it self, yet it might develop more villages and fill a gap of knowledge.

We have chosen to do a quantitative study among university students who left institutional care to show a long term perspective. A quantitative method is used when a broader picture of the phenomenon is presented (Barmark & Djurfeldt 2015). We want to examine how the health is, concerning mental health and social wellbeing. To assess the mental health and social wellbeing of the students raised in *The Rock*, we have chosen to make a comparison with university students who have not been raised in a children's village. The comparison will have a significant role for the study to show differences and similarities between the groups. Additionally, it can give us indications on how the mental health and social wellbeing looks among children in a long term perspective. We have chosen to apply *attachment theory* and *socialisation theory* to analyse and answer our research questions. In this way we hope to decipher whether children's villages can, in any way, serve as a functional equivalent to the ordinary family.

1.2 Purpose

Our prime interest is whether the concept of children's villages can be regarded as working functional equivalents to the ordinary family from the community when it comes to the promotion of health of the children raised there. The main focus will be mental health and social wellbeing in a long term perspective. Physical health is also included in the study focusing on mental health's consequences. When approaching this prime interest, we want to study in particular how the long term mental health and social wellbeing among students raised in a children's village looks like in comparison with a similar group of students that has not been raised in in a children's village.

1.3 Research questions

1. How does the *Mental health* among university students raised in a children's village look like when it is compared to the mental health of university students that have not been raised in a children's village?

2. How does the *Social wellbeing* among university students raised in a children's village look like when it is compared with the social wellbeing of university students that have not been raised in a children's village?

2. THE ROCK

This section describes how our case study is working with children’s villages and that enables an easier understanding when reading and analysing the results. *The Rock* is a fictitious name to ensure the anonymity of both the organisation and its participants. *The Rock* is a NGO and has been an active organisation for decades. The organisation cares for orphans and abandoned children in Mawah who have been re-located by police or social services. It it only through these social agencies children can be placed within the care. These orphans are usually found in hospitals or at other public areas. The most common cause of orphanages among these children is HIV/AIDS.

When a baby arrives to the children´s village the baby will not be placed in a family at first but in a baby home where nurses will take care of them, since their health condition is often unstable. In the baby home the infants have been assigned to specific nurses so that a relationship can form between them. By the age of two the child is transferred out of the baby home into a house in the village where he or she will receive a new family consisting of a mother and about seven siblings. When a child, above the age of two, is placed in the care of *The Rock* he or she gets a mother and a home within the village from the start. The employed mothers in the village receive education from social workers, about parenting and the importance of creating an attachment with the children. The idea of having a mother to create a bond with pervades the entire organisation, both in the baby home and in the houses. Notably, since the mothers are employed as any other job they can decide to quit at any time which might affect the bonding between the mother and the child.

The Rock offers basic needs met primarily through sponsors around the world. The money covers school fees, food, medicine, a certain salary to mothers, gadgets in the home and a basic amount of clothing for the children until they start university and move out. School fees are provided until university studies or vocational studies end. Normally they start university around the age of 20. In the village you will find a school, clinic and several places for recreation and sports. Additionally, there

are social workers employed that are intended to support mothers and children in life where discipline and guidance are central elements. Moreover, *The Rock* and its work is based on religious approaches.

3. PREVIOUS RESEARCH

Based on the study's aim the main focus was to search for research on mental health and social wellbeing in a long term perspective of children raised in a children's village. Mainly we used the search engine of Gothenburg University: GUNDA. Thereafter we used Google to find relevant research regarding our purpose. The various elements that we have researched are: Mental health in children's villages; Social life in children's villages; Children's villages in Sub Saharan Africa; Children's village; SOS children's village; Orphans; Children's village long lasting perspective; Orphans in Sub-Saharan Africa; Mental health in Sub-Saharan Africa; Mental health orphans; Social wellbeing orphans; Youth health Sub-Saharan Africa and Young adult health Sub-Saharan Africa.

No research was found on the specific focus of this study. Whilst one study had a similar research area, about orphaned children from a children's village in Russia, it explored more specifically children's' emotional and cognitive development (Kiseleva, Kalinina & Kovalevskaya 2014). This research is further detailed later in this chapter. Little previous research was found about mental health and/or social wellbeing in children's villages. Therefore, a literature and research review will give an overview of research on mental and social wellbeing among orphans in Sub-Saharan Africa in more general terms. Also, research about health among youth in Sub-Saharan is integrated. Research on children villages, mental health and social wellbeing alone will additionally be included. This contributes to the knowledge of our sample groups and the context of the study.

A few studies on children's villages were omitted from this overview as they did not contribute to the understanding of the specific focus of this study. One was about methods to prepare children to leave the institutions when the children reach adulthood; another explored feelings of children of both living in institutional care and separating from the institution.

Each section in the literature overview includes both quantitative and qualitative research. Key definitions of central terms are explained along with the presentation of the research.

3.3 Children's villages

Children's villages mainly take care of orphans and abandoned children. There are different definitions of orphans but the most widely accepted definition, which we use in this study, is also used by UNICEF (2003:49): "a child who has lost at least one parent".

The concept of children´s villages was founded by Hermann Gmeiner in 1949. The reason behind the start-up of children's villages was that Gmeiner was critical of the standard of the traditional institutional care at that time. His vision was to imitate ordinary families with a mother and siblings so that children could grow up in a secure and loving society similar to traditional families. The organisation was named SOS children's villages and has become a widespread organisation and concept that works with orphaned and abandoned children as well as children and families in need (SOS[2]).

A previous research assessed the emotional and cognitive development on 39 orphan children aged 5-14 years old from families in a Russian SOS children's village (Kiseleva et al. 2014). The research methods that were used were designed to assess characteristics of self image. The results show that half of the children show a neutral emotional state. A quarter of the children have a positive emotional state and this group is dominated by girls. The other quarter shows a negative emotional state and is dominated by boys, even though no significant age and gender difference

were found. The results also show, among other things, that more than half of the children have an age-appropriate level of social intelligence but according to the researchers it is an area that requires more research. The researchers conclude and argue that the premises in an SOS children's villages is a happy chance for the child's development and that it "…gives the opportunity to heal old wounds and resentments of negative life experiences and provides a solid foundation for child's further successful integration into a society" (Kiseleva et al. 2014:2108).

A qualitative study conducted 27 interviews with children in a children's village in Ghana. The results show that the fewer mothers a child has while staying in a children's village, the more attached the children became with them. In this setting, the foster mother is the most important factor which could help the child develop skills necessary for future independence. The foster mother also plays an important role of teaching the child cultural traditions, values and standards. At the same time, institutional frameworks and structures risk to limit the mothers' possibilities to communicate the knowledge she wants. In some interviews the participants claim that a life in an institution is different from the standards of what the majority of locals have experienced. For instance, food, education and water are often taken for granted amongst children growing up in a children's village, which is not always the reality in the rest of the society (Kwabena 2012).

In a similar way, Cooper (2008) conducted an ethnographic study along with interviews with both adults and children in a children's home in Kenya. The results show that the adults realise there is a problem long term for the children when they leave care and have to try to integrate with people from the community. They argue that life inside and outside the institution are too different and that the adjustment to the local life can therefore be difficult. The children were also concerned with the same issues as the adults, although they were more concerned about not having the support of someone after leaving the institution. Therefore, Cooper (2008) calls for more research focused on the long term consequences to see how children develop and what the consequences of different options and decisions means for these children.

3.1 Mental health among youth and orphans

The World Health Organisation (WHO) definition of health is: “a state of complete physical, mental and social well being and not merely the absence of disease or infirmity” (WHO 2008:33)**.** This definition will be used in this research when health is discussed.

Mental health in Sub-Saharan Africa is a major health and development issue and is strongly related to social factors such as poverty, achievements, education, child mortality, internal health, HIV and certain environmental factors. The reason why many countries in Sub-Saharan Africa have not made a greater effort to deal with this problem is mainly due financial difficulties and lack of knowledge regarding mental illness (Skeen et al. 2011). Foster (2002) argues that it is of great importance to understand the psychosocial problems from a cultural perspective and that we become aware of problems at a community level. In many parts of Africa the family and society are emphasised, rather than the individual, which is important knowledge in the field. The individual health is more bound up with the health of the community (Foster 2002).

Health of youth, age 13 to 24, is an essential indicator for the society, since youth play an important part of the state of society and its development. It is also the health of youth that changes first when conditions of the society changes, as the youth are rarely established with a profession, family or residence (Ahrén & Lager 2012). Blum (2007:230) describes how “youth in sub-Saharan Africa are living in complex and, for many, rapidly changing societies”. Challenges like poverty, high rates of unemployment, rapid urbanization and breakdown of traditional norms are some implications for the health and wellbeing of youth in Sub-Saharan Africa (Kabiru, Izugbara & Bebuy 2013). This research shows that mental health can be dependent on a number of factors and can be understood differently depending on the social context. Furthermore, the health of youth seems to play a central role for society but are also a group at risk of being less healthy. The research is an essential knowledgebase for this study.

For youths' mental health, internal health factors refer to genetic aspects, whereas external and more social health factors refer to conditions in the family. For instance, the parents' social status, poverty, leisure and education. Education is a renowned and decisive factor in the individual's health, by which both the knowledge and income opportunities raise the social position (Ahrén & Lager 2012). One example of a mental health problem is stress, which can be the consequence of for instance social conditions and injustice. Stress risks include to result in somatic symptoms like anger, sleeping problems, sadness, head ache and tiredness (Lundberg 2012).

Mental health amongst orphans is one area focused on in this study. Overall mental health in Sub-Saharan Africa and among youth has been previously explored in research. The following citation explains the vulnerability of orphans and how they are mentally impacted:

> Orphaned children are disadvantaged in numerous and often devastating ways. In addition to the trauma of witnessing the sickness and death of one or both parents, they are likely to be poorer and less healthy than non-orphans are. They are more likely to suffer damage to their cognitive and emotional development, less likely to go to school, more likely to be exposed to the worst forms of child labour. Survival strategies, such as eating less and selling assets, intensify the vulnerability of both adults and children. (UNICEF 2003:6)

UNICEF (2003) has summarised research about mental health among orphans from many parts of Africa, such as Tanzania, Congo Brazzaville, Zambia and Uganda. All show that orphans compared to non-orphans show more mental health problems such as depression, anxiety, post-traumatic stress and less optimism for the future. The fact is interesting and relevant since part of our research question is to compare orphans raised in children's villages to children's not raised in children's villages.

The main findings from the literature overview presented by UNICEF are supported by other empirical studies. For example, quantitative research made in Uganda

show similar results. The study was made among 123 children orphaned by AIDS and 110 children that lived with both parents, all aged 11-15. The results reveal significantly higher levels of depression, anger and anxiety among orphans compared to non-orphans (Atwine, Cantor-Graae & Bajunirwe 2005). Foster (2002) describes that those children who experienced multiple losses end up in the most vulnerable situations. This is confirmed by Gilborn (2001), who made a quantitative research among orphans and children affected by AIDS in which 44% of the total 64 children who participated felt sad to be separated from their siblings and 17% said it made them feel isolated.

Stigma and discrimination are common among children whose parents fell ill with HIV/AIDS, or those who have been orphaned because of the disease. If someone is sick within a family, it is not uncommon for people in the surroundings to classify the whole family as sick. Research also indicates that orphans are treated differently in foster families. They may be discriminated in terms of food and work and therefore treated as second-class family. This form of discrimination can exacerbate the psychological trauma they possibly already have (UNICEF 2003).

The previous research presented above tells us that orphans compared to non-orphans have an impaired mental health and a sense of exclusion due to the feeling of being different as well as being treated differently. Even though the research does not include children's village, it is of relevance and interest for this research because it gives us a knowledge base about mental health among the two groups of orphan and non-orphan that we examine in this study.

3.2 Social wellbeing and orphans

Health is strongly linked to social components, such as education, profession, class, family and accommodation (Rostila & Toivanen 2012). These components can influence both mental health and social wellbeing. Social wellbeing is connected with each person's social capital. Social capital as a concept is, amongst other things, an indicative of the availability of resources held in our social networks (Rostila 2012). Social wellbeing is defined by the type of social network we have. This influences

what kinds of resources we are able to have such as social, financial or material resources. The resources held by our social networks can also contribute to the feeling of being loved, to belong or to have someone to talk to when life is difficult. Networks can contribute both positively or negatively to the health depending on the type of network. Connections between social relationships and behaviours is also seen. They are often caused by peer pressure within the network which can affect the individual both positive and negatively. It is clearly evident that social networks are important for understanding a persons' recourses and abilities (Rostila 2012).

Regarding youth and social wellbeing, research shows that parents' social status affects children's health and the conditions for good health later in life. Ahrén and Lager (2012) write: “Health in adulthood is largely determined by the social position - and the social position is largely determined by social background" (2012:287). In other words, being orphan clearly affects the social position. For example, a quantitative research among 1,014 orphans from four districts in Zambia shows that over a third of the orphans felt different from other children, often because they did not go to school (USAID & SCOPE-OVC 2002). Foster (2002) claims that orphans have generally less expectations about the future than non-orphans in regards to finding work, getting married and having children. The researcher highlights the importance of giving orphans the same opportunities for social wellbeing as other children. This can be achieved by providing activities to help orphans integrate with other children such as organising inclusive sporting events, providing empathic caregivers that make orphans feel safe and loved and to give orphans routines and tasks in life, which school can contribute to. The importance of making long term efforts to develop the social well being of orphans due to the increased number of 42 million orphans in Sub-Sahara, was also pointed out by Drah (2012). These arguments show a relevance for this study, since we want to examine how children’s villages enables social wellbeing for orphans and if the initiative provides a better social wellbeing for an orphan in the long term.

Previous research about social wellbeing tells us that orphans have a sense of being different from other children and having less expectations about their future. It also

shows the connection between social capital and social wellbeing where relationships can affect both positively and negatively.

To summarise, the aim of this study is to investigate whether children's villages can to any extend be regarded as functional equivalents to the ordinary families from the community, when it comes to promoting the mental health and social wellbeing of children in long term. Only one study was found that related to this aim. Kiseleva et al. (2014) presented the children’s village as an opportunity for the children to develop and that it contributes a positive base for their future in society. Other quantitative and qualitative research have further provided knowledge about the similar subjects on orphans as well as research on children's villages alone. The results show that mental health and social wellbeing on orphans compared to non-orphans differ - orphans have poorer mental health in general. On the basis of this literature review it can be concluded that there is not enough research similar to the purpose of this study. There is limited research about social wellbeing and mental health in children’s villages, and there is literally no research on the effects of children villages in the long term. This research will start to fill this knowledge gap. Our hypothesis is that children’s villages might be able to act as functional equivalent to the ordinary family in a long term perspective. This is based on our pre understanding about the particular organisation *The Rock*. It has concepts and structures within the children’s villages, which we think are fair alternatives to an ordinary family. No research is found concerning our hypothesis.

Remarkably, there are also approaches in the work that we are critically against, which are particularly based on cultural differences. For instance, the limited voice of each child and that the mothers are employed.

4. THEORETICAL BACKGROUND

We have chosen to apply two theories that are relevant when it comes to analysing our data and we want to relate them to the purpose and research questions. The research questions that are to be answered is how the mental health and social well-being looks among university students raised in a children's village in comparison to university students who have not been raised in a children's village. The questions will be answered on the basis of a long term perspective. Children from a children's village are orphaned or abandoned and so the primary extensions and socialisation processes are disrupted, either from the beginning of life or during childhood. From that perspective we will analyse and answer our purpose through *Attachment theory* and *Socialisation theory*. The selected theories can be applied to the idea of the family as the first attachment characters as well as the primary socialisation agents for children. In this context it is also of interest whether a children's village can replace the loss of family relationships that the children have experienced. Initially we will present *functional equivalents* more detailed.

4.1 Functional equivalents

Robert Merton (1957) is a well known name in sociology. He was an important theorist who believed that all parts of society must take responsibility to ensure it stable. He argues that society is built through a functional unit, where each part is important. If institutions or parts cannot perform its task, which means that if they cannot fulfil their function, there will be problems. When this occurs functional equivalents need to be created. He explains functional equivalent as the concept of functional alternatives where an alternative needs to be found to replace the function which is not working. If that function is found and can preform the same functions as the original, it represents a functional equivalent (Merton 1957).

According to structural-functionalism the family has several important functions. A feature can be, for example, child rearing or cultural transmission to their children. The family also creates the social ties and allow extension processes (Merton

1957). Orphans often have to grow up without a family and are missing the important functions of a family. Therefore, another function is needed, namely a functional equivalent. Our question, therefore is, whether and to what extent children's villages can serve as such function.

4.2 Attachment theory

Early relationships with caregivers is an important factor in the attachment theory. The early attachment will affect development such as feelings and close relationships throughout life (Fonagy 2007). When a child is orphaned or abandoned it can be assumed that many of the related patterns are broken. Attachment theory can give us an understanding of what the consequences of it can be and whether it is possible to reconstruct these bands in any way to give better results for the long term. Notably, children in the care of *The Rock* arrive to the children's villages in different ages, from babies up to children in the age of ten, and this theory focuses particularly on very young children. We are aware of this. Despite this, we find the theory relevant as many children do arrive to the villages in early life. Additionally, *The Rock* bases its work on the theory with children and mothers which gives us motive to use it.

The roots of attachment theory can be found in evolutionary biology. The theory was developed by child psychiatrist and psychoanalyst John Bowlby (Bowlby 1969). The definition of the attachment theory was established in the 1950s (Fonagy 2007). Bowlby's theory is strongly based on the child's need for a secure connection early in life. If there is a lack of a secure attachment, it will probably manifest itself as either partial or complete deprivation. Partial deprivation may manifest itself in such a way that the child develops exaggerated needs when it comes to love, revenge, guilt or depression. Complete loss may manifest itself in weakness, delayed development, lack of attentiveness and concentration difficulties (ibid). This theoretical perspective is fruitful for our research since orphans are at risk to be adversary affected by inadequate attachment, which can affect mental health and even

social wellbeing. What is interesting is the fact if children's village can serve as a functional equivalent to replace this loss that each child has gone through.

4.1.1 Internal working models

A child's socio-emotional development reflects the experience of previous emotional experiences, which create internal working models. The internal working models will serve as prototypes for the future, will be tested in future relationships and are therefore important. How a child relates to the world is a result of the quality of these experiences (Havnesköld & Mothander 2009). Different attachment patterns can be discerned where secure connection results in pain in a 'safe' child after separation from the caregiver but trust that the caregiver comes back and finds comfort. If attachment patterns by contrast are not safe the child becomes insecure, confused and experiences sorrow and pain. This can have negative consequences for the future (Fonagy 2007). The attachment system is especially activated when the child experiences danger or grief. The attachment figure has therefore a great responsibility for these situations because it will form the basis of the relevant internal working models (Broberg et al. 2006).

4.1.2 Attachment in a long term perspective

According to authors and theorists like Waters (2000) and Ainsworth (1985) the attachments system's goal is to provide protection and safety. Furthermore, it is possible that relations later during development can create new attachment relations. An attachment figure and the availability of that person will regulate how the child's internal working model will be build. This is central to a child's development and confirmed by John Bowlby (1907-1990) who explained that internal working models are broadly relevant to how relationships later in life will be experienced under the understanding from an early extension. There have been several implemented researches about the meaning of early attachment in a long term perspective. Relevant methods created by theorists like Ainsworth have been used to show how the attachment have become in adulthood. When summarising the materials

the findings are that approximately 70-75% of the adult participants who had a secure attachment also had it when they were babies. Follow up research made by Waters (2000) shows in addition that a child can easily turn a safe attachment into an insecure attachment because of a negative incident in life, such as the parents' untimely death, separation or disease (Broberg et al. 2006). This increases the importance of this theory as a basis since all the children in the village have gone through this kind of separation.

According to Bowlby (1969), early related experiences are important because they persist for life, although new experiences in relationships can communicate and to some extent affect the old. Bowlby believes that it seems to be a causal relationship between the early attachment behaviour and future feelings, such as "feelings pleasurable, worried, sad and joyous, fearful and angry" (Bowlby 1969:105). Finally, Bowlby believes that attachment theory does not define all types of relationships in life, such as the relationship between friends, siblings and other social relationships. These relationships are also important and will be complemented by attachment relationships and together define a future socio-emotional development (Havnesköld & Mothander 2009).

4.2 Socialisation theory

All people are, during their lifetime, part of social groups which exposes every individual to a so called socialisation process. It is through the socialisation process that we learn how to deal with norms and values of our environment, and how to understand what is expected from us and what we can expect from our environment (Maccoby 2007).

The socialisation process can be separated into a primary and secondary socialisation. The primary socialisation takes place during the first years of a child´s life in the immediate surroundings such as the family. This process often results in children taking their parent's faith as their own. The secondary socialisation occurs in the second and larger context of slightly less intense social relationships than the

family, like relations in school (Olsson & Olsson 2004). The most important processes occur in childhood, but we are going through socialisation throughout life since we are constantly placed in new contexts and groups. In dysfunctional families children are often creating their own roles and norms rather than being helped by parental guidance. In cases where children do not have parents who can act as the primary socialisation, other people may be acting that role (Maccoby 2007).

Social capital can be linked with socialisation theory. It is mentioned in previous research but in this chapter a more theoretical approach is used. Pierre Bourdieu (1985) was the first to define the concept of social capital as: "the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance or recognition" (Bourdieu 1985:248). What Bourdieu says is that we might have recourses within our networks which is our social capital. Social networks are built through social processes, thus socialisation theory.

It is central to question whether children's villages can prepare children to understand the outside community and its expectations since living in the institution will one day end. Additionally, the socialisation theory contributes relevant knowledge and hence the opportunity to discuss if adults that have been raised in children's villages are familiar with common societal values and norms that are necessary to be accepted in society and to understand their own individual role in society.

In summary, attachment theory and socialisation theory complement each other to analyse the results according to this study's purpose. Children from children's villages are orphaned or abandoned so the primary extensions and socialisation processes are disrupted, either from the beginning of life or during childhood. The attachment theory focus more on the cognitive development and how the attachment affects children mentally. The socialisation theory puts more attention on the surroundings and persons within, which can affect the socialisation processes. The socialisations theory has easily been implemented in the analysis of the results and no difficulties have occurred. The attachment theory has been more complicated to apply and is discussed in 4.2.

5. METHOD

Our choice of study topic has been influenced by both personal relationships and emotions. There is a personally interest in what the results might mean for the particular organisation we have focused on, as well as for other children's villages around the world. We also have a pre understanding of the culture and country, which facilitated the empirical collection and the time spent in Mawah.

We have chosen to do a quantitative study. The method was chosen since a broader picture of the phenomenon was sought. Like Barmark and Djurfeldt (2015) argue, a quantitative method is used when a broader picture of the phenomenon should be presented. A qualitative study had instead contributed a deeper and more nuanced understanding of the phenomena (Bryman 2011). As the purpose of this study is to obtain a wider comprehension of the mental health and social wellbeing among students grown up in a children's village, a quantitative approach has been fruitful. We have chosen to use questionnaires to gather relevant data to measure mental health and social wellbeing among students with and without upbringing in a children's village.

5.3 Comparative analysis

In order to analyse the result of students' health, we have chosen to compare the group with students who have not been raised in a children's village as a complement to the main aim. Comparative analyses allow analyses of differences and/or similarities of different cases and identify possible correlations between factors. A major precondition for such an analysis is to ensure that the compared samples are comparable. This means that the composition of those samples should be as similar as possible (Denk 2012). The main factors in our study are the dependent factors of mental health and social wellbeing and the most sufficient independent factor, namely being raised in a children's village or not. We are interested to find out if their might be a relationship between those two factors, which will guide us to answer the research questions.

5.4 Samples

The two samples will be called *Student group 1* and *Student group 2.* The first group represents university students raised in a children's village and the second those who have not been raised in a children's village.

5.4.1 Student group 1

All participants from *Student group 1* are raised in a children's village in *The Rock*. To establish contact with the students from *Student group 1*, a list containing students that have been raised in The Rock was received from a social worker working in the organisation. The list included 99 university students raised in different children's villages in *The Rock* in Mawah. All of the students were currently at universities in the country. Since all students were contacted the entire population of university students in *The Rock* formed the basis of sample 1. Notably, all of them did not participate. The total number of participants was 91.

The social worker who handed over the list was asked not to remove any names so we could ensure an unbiased selection of participants. Despite this, it came to our knowledge that the social worker had made a selection and that all new students from the current year had been removed. How the problem was solved is discussed in 5.7.

5.4.2 Student group 2

The comparative sample is *Student group 2.* To make this group as comparable as possible to *Student group 1*, a combination between quote selection and stratified selection was implemented. We call this selection a quote stratified selection. The ambition was to create a sample as comparable and similar as possible to *Student group 1.* To do this an equally large group was needed of randomly selected students, as well as a spread between the genders. Men and women formed therefrom our two strata. A quote selection is usually made to reflect a larger population where

the quote answers for different categories (Bryman 2011), like in our case for instance "university student" and "context where being raised". In addition, the method allows the researchers to make the final decisions of the informants (Bryman 2011). The aim was to create a comparable group (group 2) to group 1 and make a random selection. Thus, quote selection and random selection were mixed. The goal was to try approaching the most random selection of university students as possible. The problem was that a completely random selection was impossible to get since a certain part of the population probably never attended the campus areas or the specific area where the selection was made. This situation limited the opportunity of a variety of participants and hence the chance of a total random selection. Therefore, this procedure involves a certain bias risk.

The total number of participants in *Student group 2* is 94. We went to three different universities and collected the needed quote of participants, as similar to *Student group 1* as possible. Exactly how many students who were asked to participate were not counted since we only wanted to fulfil the quote, comparable to *Student group 1*. A more detailed explanation is found under 5.6.2.

5.5 Questionnaire

5.5.1 Preparations

One of the greatest sources of inspiration to our questionnaire comes from a questionnaire made by the Swedish Institute of Public Health. This questionnaire was conducted among high school students regarding mental health in Sweden. We contacted the Swedish Institute of Public Health and they allowed us to use some of their questions. They also gave us more information about Kidscreen, which they used to construct their questionnaire. We decided to use Kidscreens questionnaire, since they use validated instruments and questionnaires in English. Questions regarding social wellbeing was not found and were thus created by our own pre understanding and knowledgebase. The questionnaire was conducted as a web-questionnaire with the program Qualtrics. An identical paper questionnaire was also conducted.

Designing a questionnaire requires a lot of consideration and preparation. It is essential to use a language that can be understood by all the participants. The language must also be seen in relation to cultural differences and emotional words (Trost 2012). To consider cultural aspects our questionnaire was sent to a social worker in the children's village for comments and critique. The social worker came with no critic and responded positively on the content of the questionnaire. A friend living in a children's village was also asked about one of the contextual questions and whether the options for the right response related to the context. Our friend understood the question and the answer options and thought we could keep it the way it was. To see whether the questionnaire was clear we additionally asked a friend from Mawah to answer the questions and he was able to do so successfully and came with no critic.

5.5.2 Structure of the questionnaire

The questionnaire started with a cover page where information was given about us as researchers, the research project and information about informed consent and confidentiality. This structure is confirmed by Eljertsson (2005) who describes the importance of giving background-, informed consent- and confidentiality information to all participants.

The questions in a questionnaire must be organised logically in order to make it easy for participants to answer. This can be done by designing some questions in themes or titles, followed by a brief explanation of each theme (Eljertsson 2005). The questionnaire was structured in the following four themes: *Background*, including background information such as gender and growing up context; *Health,* including questions about physical health as a consequence of mental health; *Mental health* that covered the subjective experiences of mental health and *Social life*, questions about loneliness, friendship and important persons and contexts for the participant. Negative and positive run-ups were mixed and the following five response options were used: Never; Rarely; Quite often; Very often and Always. In general, questionnaire questions should have a mix of positive and negative run-ups, with

about four or five responses (Barmark & Djurfeldt 2015). Kidscreen used five answer options and therefore we chose to do the same. Our questionnaire contained 20 questions (see Appendix 1).

Lastly, the questionnaire offered four alternatives on the question of growing up context in the background information. We would like to clarify that the three alternatives which do not define “foster family in a children’s village” represent ordinary families in this study.

5.6 Procedure

5.6.1 Preparations

The research was conducted in Sweden and Mawah from September 2015 to February 2016. The theoretical part that consisted of the background, relevance and parts of the method was written in Sweden before departing to Mawah. The collection of data took place in Mawah between October 13th and November 2nd and thereafter completed in Sweden.

Before departure to Mawah two pilot studies were made. Pilot studies are small studies conducted prior to a larger study in order to test and evaluate the research design. For example, a pilot study can explore how the response options are used and how the informants interpret the questions (Eljertsson 2005). The purpose of the first pilot study was to discuss the questions, response options, language and format of the questionnaire. The result led to some changes in language. The second pilot study was sent as a web-questionnaire to a group of students who would try to correspond to our future study group. This is consistent with what Eljertsson (2005) argues how a second pilot study should be done, namely with a group as similar to the upcoming research group as possible. The purpose was to see how the web-questionnaire worked out and how our response options were used, since there was uncertainty about whether four or five possible answers was the ultimate. Based on the results and feedback no changes were made.

Hultåker (2012) describes web-questionnaires as an effective and economic alternative to a paper questionnaire. Students from *Student Group 1* were at twenty different universities so the web-questionnaire was the alternative to offer participation to all of them in an effective and economic way. The ultimate choice would have been to give all students the opportunity to answer the questionnaire online to achieve efficiency but we were uncertain about the reliability of internet access in the country. Thus, we chose to prepare a paper questionnaire as a complement. In that way we could allow participation for all. We chose this alternative even if we knew giving participants different questionnaire types risk to cause difficulty making groups alike.

5.6.2 Data collection

Two days before departure to Mawah an e-mail was sent to all students, in group 1, with a request for participation in the study. Once in Mawah we called all the students on the list who had not yet answered the mail. All participants, in both groups, received the same information. They were given either the opportunity to answer the questionnaire by meeting us or by completing it online. Those who completed the paper questionnaire returned them to us in a sealed envelop and placed them in a box. This particular procedure was a way to ensure their anonymity. All the participants were also given the opportunity to write down their email address on a piece of paper so that they could be contacted in regards to taking part in the completed research, which the majority of the students did.

We spent four days on three universities in Mawah where the majority of students from the *Student group 1* studied. Meetings could be conducted with some of the students that fit with their schedules. In this way we reached about 20 students from the *Student group 1*. During our last week we were informed that all students from *Student group 1* were compelled to attend a meeting in one of the children's villages. Since it had been difficult to reach all the students even after many days of phone calls, we decided to attend the meeting to inquire about participation. What we knew from our conversations with the students by e-mail and phone calls was that the majority of students wanted to participate, but many had no opportunity to

do so because of lack of access to internet and/or due to geographical distance. We were aware that asking the students for participation at the meeting could be problematic as it involved different conditions compared to the students we met at the universities. This is discussed in the chapter 5.7.

Before the data collection of *Student group 2* we first wanted to complete *Student group 1*. The reason was the desire of having as similar and comparable groups as possible in order to ensure comparability. Since it took a long time to reach the students from the *Student group 1*, it was difficult to completely wait to collect questionnaires from group 2. When visiting each university, questionnaires were first gathered from *Student group 1* and based on that participation number we let that many students from *Student Group 2* answer the questionnaire. To get the most random selection of students as possible, we chose to stand outside the university's library and asked everyone who passed us to participate. This caused the selection of students from group 1 to differ from the selection of students in group 2.

Almost every person asked wanted to participate. There was also a lot of curiosity about the reason for us being at the campus, which led to some students approaching us and asking whether they could fill out the questionnaire. This could be explained through a post-colonial perspective, where the students' interest could have been based on this certain power belonging to us as whites because of historical power relations between western countries and former colonialised countries. This may have affected the final results. Ethical dilemmas and post-colonialism is also discussed in 5.11.2.

At first, each participant was given the opportunity to complete the questionnaire either online or on paper, but we soon realised the students from group 1 preferred the paper form since many of them had limited access to internet. Another problem arose when email addresses bounced back when trying to send the questionnaire to them. Wrong email addresses are a common problem when a web-questionnaire is used (Hultåker 2012). This was one more reason for why we chose to limited the opportunity to answer the questionnaire online and only used it as a second option. All students that participated by making the paper questionnaire, returned it the

same way of putting it in an envelope and thereafter in a box. No questionnaires were numbered. Instead we distributed questionnaires until the quote was fulfilled.

In total, we received 91 questionnaires from *Student group 1*. 79,2% of the participants answered through the paper questionnaires and 20,8% through the web-questionnaire. In *Student group 2,* 94 questionnaires were received. 89,3% answered through the paper questionnaire and 10,7% answered through the web-questionnaire.

5.6.3 Processing data

One week after arriving back to Sweden we closed the web-questionnaire and collected the data. To analyse our material, a computer program for statistical analysis called Statistical Package for Social Sciences (SPSS) was used. The data from the web-questionnaires were downloaded and transferred automatically into SPSS while the data from the paper questionnaires had to be typed in manually. Features that were used in SPSS were crosstabs, average calculation, loss and Chi2 test. Cross tables were used to describe and explore the relationship between the groups. Chi2 tests were implemented for each questions in the questionnaire in order to see whether the connections have no statistically significant difference.

One part of the questionnaire was *Background* where questions were asked about age, gender, years of studies, subject the students are reading at university and upgrowing context. This part was needed to enable group 2 comparable to group 1, by making them as similar as possible. Further discussion about these questions is not included in this study since a limitation was needed. For instance, a gender aspect would have been interesting to analyse, but a limitation was necessary and therefore deselected. Moreover, analysing background questions did not help to answer the purpose and is also a reason for not using them. The background questions are found in Appendix 1.

One question in the background refers to what context the students have been raised in. This question enabled making the two comparable groups, *Student group 1* and

Student group 2. Four answer options were presented where the three alternatives which do not define "foster family in a children's village" represent *Student group 2* and the mentioned answer option represent *Student group 1*. 190 students answered our questionnaire but five of them did not answer the question of what context they been raised. Therefore, we could not place them within any of the groups, hence they are not included in the answers. The total number of participants is thus 185, 91 in *Student group 1* and 94 in *Student group 2*.

5.6.4 Index

In addition to the variables mentioned above, we created indexes to get a more general picture of mental health and social wellbeing in the groups. This helped us compare the groups, as well as to summarise the questions from the different parts of the questionnaire. Every response option in each statement and question in the questionnaire has a rating in the index. Usually negative and positive run ups are mixed to discover misrepresented response tendency. Therefore, response options need to be coded according to the question (Bryman 2011). Negative and positive run ups were mixed so a coding was needed. The alternative which represents the most desirable response in the form of good health has a rate of 0, and 4 is the lowest rating and represents the lowest level of health for each question. This means that the lower the result is when all statements and questions are summarised, the better health. Three indexes were created and renamed, one under each section: Mental health; Physical health as a consequence of mental health and Social wellbeing.

5.7 Difficulties and Critical approach

The most difficult and problematic situation that occurred was the meeting with students from *Student group 1*, a mentioned above. The meeting gathered all the students raised in *The Rock* and those who currently were at university. The meeting gave us the opportunity to offer the entire population of students raised in *The Rock* to participate in the research. The problem arising was that a majority of question-

naires from this group were filled in at this meeting, which means that the conditions of the various student groups are not entirely comparable. Another problem was that we were guests who came to the meeting. This may have contributed to a sense of compulsion to take part even though we were careful to clarify that they had the free choice. Similarly, peer pressure is a problem we could not escape. We believe the peer pressure in that kind of meeting risks to create and raise a social desirability bias, which is difficult to avoid. Moreover, all students were seated together in one room which could have been problematic, since they could not answer completely secluded, and that was the reason for clarifying an individual participation. The questionnaires were sent in the rows in order to simplify the decision of participation. Despite the problems with this meeting no other choice was seen to give all the possibility to participate.

When corresponding with the organisation we agreed on anonymising its name and therefore limit the chances of tracking the organisation or the participants. That is why we use the name *The Rock*. At first, we identified the country but during the process we found this as problematic since it is a big organisation in the country and therefore easy to identify. Together with our supervisor we decided consequently to anonymise the entire country to ensure that the organisation and its participants could not be identified. At the same time, we understand the risk we cause by removing the name of the country when the area is of interest among other researchers. Instead of using the country, Sub-Saharan Africa is identifying the area where the study is implemented. We are aware of the issues of categorising 48 countries with different cultures and contexts into one area, but Sub-Saharan seems to be an established term and is used in previous research as a focus context. Notably, to ensure the anonymisation one answer option was removed from the last question in the questionnaire, since it was in the native language. See Appendix 1.

Difficulties we have faced by undertaking this study have to some extent been due to our limited experience of quantitative research and writing in English. The language has limited us in our formulations and reasoning. The combination of methodology and language has made the tight timetable constantly visible. In hindsight we can see that writing in a language other than our mother tongue was difficult

because it took much time from the already limited time. Nevertheless, we found it essential to write in English in order to be able to communicate the result to the participants, the organisation and thus to contribute to new knowledge in the field.

5.8 Loss

Loss is a common problem in questionnaire studies (Bryman 2011). External loss is when people do not want or are not able to participate (Eljertsson 2005). Some students in the *Student group 1* could first not participate due to geographical distance or lack of access to the internet. It could have become an external failure but because of the already mentioned meeting it instead facilitated participation. Furthermore, about ten of the questionnaires of *Student group 2* were not returned, which meant that more of them had to be distributed to get the desired number. The chosen quote stratified selection gives us a reason to not count them as loss since we gathered informants until we got the desired amount of them.

Some of the completed questionnaires presented an internal loss. Internal loss is when some certain questions are not answered in a questionnaire, maybe due to ambiguity in the questions or any reason unwillingness to respond (Eljertsson 2005). In summary, when gathering all the questions there is a total internal loss of 4,1%. It is calculated by using SPSS and by counting the missing gaps in relation to all questions. A trend was seen in that many only marked one answer option in the boxes with many questions in the questionnaire, making it likely to argue that these parts were unclear rather than informants' unwillingness to answer. Internal loss for each question are contained in the appendix (Appendix 2).

5.9 Division of work

During the course of work we have always worked together and discussed every aspect of the research. It has been a long process and we cannot say that someone have made any part herself.

5.10 Reliability, Validity and Generalisability

The concept of *reliability* refers to whether a research can be replicated by other researchers, or by the same researchers, but at a different time. To assess the research's reliability one must consider whether what is asked for is what we want to know. Any form of interference in the instrument will affect reliability. In quantitative research, a possible disturbance could be if the selection was not sufficiently random (Bryman 2011). In the gathering of data, a totally random selection was not possible to implement among *Student group 2*, which lowers the potential reliability. It may risk that the study would get different results if it was conducted a second time. However, the results of students in *Student group 1* could be the same because we assumed the entire population. This increases reliability for this group alone.

Stability is also included in the concept of reliability and aim to whether the measure is maintained over time. The best way to ensure the stability is to examine the quality of the instrument through a pilot research. Based on the results, changes can be made before handing out the actual questionnaire to raise the reliability. Unclear questions in the questionnaire or the circumstances like the timing of the distribution of the questionnaire can also influence (Barmark & Djurfeldt 2015). We carried out two pilot studies, which we used to increase the stability. We got some comments about the language and that resulted in changes being made to ensure a well written questionnaire.

Circumstances may also affect reliability. The places where the data is collected should be a non-stressful place and also as similar for each participant. All participants should receive the same information and be able to ask questions to the researchers (Barmark & Djurfeldt 2015). This was made possible as we gave the same information to all participants through the cover page. On top of this we also gave all the participants the opportunity to choose to answer the questionnaire online or on paper. This worked in the beginning but during the process the online questionnaire was limited as many had poor access to internet. Therefore, we changed to first offer the questionnaire in paper form for both groups and the online version as

a second alternative. The biggest problem for reliability according circumstances is the gathering of the students in *Students group 1*, as discussed above. The meeting led to the fact that the conditions were not the same for the students in *Student group 1* in comparison to the students in *Student group 2.* This is not favourable for the study's reliability.

As Bryman (2011) describes, reliability is whether a research can be reproduced with similar circumstances and getting the same result more than once. Therefore, it is important to notice that our personal contact with the organisation *The Rock* could have affected the reliability and the ability to do the research and get the same results. On the other hand, it is possible to use a similar, or even the same questionnaire as us, in research conditions where students are easily available or in contact with a village.

Validity and *Reliability* are related: validity requires high reliability. *Validity* is concerned with whether the used instrument measures what it is meant to measure. Within validity *face validity* can be discussed. It describes if the study measures right according to experts, according to the used terms (Bryman 2011). In our case, it questions whether our selected instrument, our questionnaire, has really measured the mental health and social wellbeing that it intended to measure.

When using a questionnaire in a chosen method, Eljertsson (2005:101-102) presents three types of validity: Criterion related validity; Content validity and Construct validity. Criterion related validity is when the relationship between the instrument and the criteria for research are high (2005). Since the majority of the questions in the used questionnaire are taken and inspired by the validated instrument Kidscreen, we can claim that the used questions related to mental health are validated. The questions concerning the social wellbeing were, in contrast, constructed by ourselves and with roots in our own knowledge about this topic and on the basis of our pre understanding of Mawah's culture. Eljertsson (2005) explains that content validity is when the questionnaire is designed to measure "right" according to experts. Therefore, the questionnaire was discussed in consultation with a professor in the

field and a social worker from Mawah. Construct validity is high when the questions and the chosen theories are well understood, which requires that the researcher knows the theories before the questions are constructed (Eljertsson 2005). This was taken into account when the theories used in this research were selected and studied carefully before the questionnaire was constructed, which is a good basis for construct validity.

Bryman (2011) describes that quantitative researchers often are tempted to *generalise* the results of quantitative research, namely that the results can be applicable in other contexts. He claims that in a strict sense it is not possible to generalise beyond the chosen population, from whom a selection is made, if they belong to on certain village, region or organisation. It is only possible to generalise the results "to the members of this certain village, city region or organisation". (Bryman 2011:169). We cannot claim that this research can be generalised to other contexts but only within our chosen organisation.

5.11 Ethical considerations

Kalman and Lövgren (2012) emphasise that no research should harm anyone. Participants must always be protected and given priority over the interest of new knowledge in the field. Our ethical discussions will assume from Vetenskapsrådet's (2002) ethical principles: Openness; Informed consent; Confidentiality and Autonomy. In addition, Presentation of participants will also be discussed.

5.11.1 Openness

To make all the conditions clear between the researcher and the participants' information should be conveyed to all people involved (Vetenskapsrådet 2002). For this reason, *The Rock* was contacted before we shaped our questions and then it was followed by asking them to approve the completed questionnaire that was sent to them. One of the universities was also e-mailed so that permission could be granted for us to enter their premises and ask students to participate in the questionnaire. The university kindly agreed to this.

Regarding openness, all participants were given the same information so that the conditions were fair. Yet, researchers should choose the degree of detail of information to give and then do it consistently (Vetenskapsrådet 2002). One difficulty we encountered was knowing how precisely detailed the information should be, since we did not want any feeling of stigmatisation. To ensure this, all students were given the same information through the cover sheet. Likewise, the mental health and social wellbeing was clearly described as the study's subjects since those can be uncomfortable to talk about and share. All questions are personal and requires reflection on a deeper level. Therefore, when constructing the questions we reflected what possible feelings they might contribute and how we as researchers could handle eventual reactions and feelings. For example, if you answer that you always feel lonely it could lead to further reflections on reasons of loneliness and might increase the feeling and affect the mental health. Before data collection began we created an email address only for research purposes so that participants could submit questions and concerns afterwards, like the mentioned example.

The participants were also informed about the possibility to cancel their participation and the difficulty of withdrawing participation when the envelope was placed in the drawer due to their anonymity. Lastly, we carefully emphasised the free choice of participation.

5.11.2 Informed consent

As earlier mentioned *The Rock* was contacted and approved the research among their students. The group of students were all over 18 years and therefore could chose themselves whether they would participate or not. The students were first contacted by email and if we did not receive a response we called them. By calling, we might have complicated the ability to say no because we asked about participation directly and individually. However, we tried to avoid the dilemma by giving the participants time for reflections before deciding whether they wanted to participate or not. They also had the choice to not show up at the booked meeting and this also gave them freedom to participate. Students in *Student group 1* were also informed about our past internship in *The Rock*, because many asked how we got

their contact. The information may have given them a forced sense of loyalty to the organisation and therefore respond to the questionnaire. Again, we emphasised the importance of their own choice to participate.

Participants in a research should always be able to decide if they want to participate and also to discontinue participation without being affected negatively by the researchers (Vetenskapsrådet 2002). During the research process we discussed our roles as researchers and the fact that our cultural affiliation may have affected the willingness to participate, especially since we ended up with such a high participation score. Only a few declined to participate and only a few questionnaires were not returned. Thörnquist (2012) argues the importance of taking the cultural, social and historical aspects into consideration in the research, as well as language differences. It is central in our case to consider this in relation to the consequences of colonialism and globalisation, where there is a certain power to be a white person. The post-colonialism refers to a historical condition, and is furthermore a perspective that highlights power in society. The colonialism that was repealed in the 1960's, still affects the world globally and is still characterized by unequal power relations, such as in economically, socially and culturally (Wikström 2009).

Most part of Africa have been under the colonialism of "whites", and was therefore relevant for us to consider in the meeting with the student. The goal was to approach the students in a way that would limit our existing power as whites. We considered how we approached them by, for instance, being thoughtful about how we were dressed and what words we used. These aspects were facilitated by our pre understanding of the culture and simplified our willingness to take these ethical aspects into consideration.

5.11.3 Confidentiality

Concerning confidentiality, participants' identity and the collected data need to be protected. If the protection is made in a right way, the participants will be able to trust the researchers more (Kalman & Lövgren 2012). The instructions on the ques-

tionnaire made the anonymity clear, nevertheless we found it difficult to communicate so all participants understood the principle of anonymity hence we had to repeat the information of not writing name or e-mails on the questionnaire. The created email address was also helpful in these situations where the participants wanted to give their contact details and when someone asked for our contacts this email was given instead.

Another aspect of confidentiality as Kalman, Lövgren and Sauer (2012) highlight is that it can be difficult to maintain anonymity when the research is done in a specific area with a specific subject, making it important to try to make it impossible to identify participants. All students from *group 1* are from *The Rock* in Mawah, but from various children's villages in the country. Therefore, we decided to not only anonymise *The Rock* but the entire country so it would be impossible to track the organisation and the students.

5.11.4 Autonomy

Autonomy is about ensuring that the information and the evidence found will not be used for purposes other than research (Vetenskapsrådet 2002). Writing in English was our first ethical reflections on autonomy because it would make it possible for both the participants and other people to take part of the completed research and then know what their participation resulted in. All the participants email addresses were destroyed as soon as the study is published. This procedure was clearly stated on the cover page of the questionnaire.

5.11.5 Presentation of participants

According to Swedish principles of ethics, researchers need to consider how a group or phenomena is produced in the study. Also they should reflect if it is ethically correct to produce a group or phenomena in a certain way. In Swedish it is called "Framställningskravet". Skarbaek (2012) describes how researchers produce realities and the importance of being aware of the moral responsibilities of scientists. Therefore, the language we used and how people and activities are outlined are key

to avoid stigmatisation. In both the instructions and when we informed about the research, we wanted to avoid stigmatisation of any group of students. Being an orphan can be stigmatising in itself. Our wish to not contribute to such stigmatisation made us choose to restrict certain information given to participants. For instance, we informed that the study investigates mental health and social wellbeing among students raised in different contexts. This can be problematic because it goes against the requirement of openness, but the objective to not stigmatise the group was greater and was therefore taken into account.

6. RESULTS

The objectives of this study is to investigate the mental health and social wellbeing among university students raised in a children's village in comparison with university students who have not been raised in such village. Figures regarding *Mental* and *Physical health as a consequence of mental health* are used to answer our first question and the figures for *Social wellbeing* preserves the second question.

The total number of participants is 185, whereof 91 in *Student group 1* and 94 in S*tudent group 2*. *Student group 1* represents students raised in a children's village, and within the group 42,9% are females and 57,1% males. *Student group 2* represents students who were raised in a different context than a children's village. In this group are 48,9% females and 51,1% are males.

Each graph in the figure below presents and compares the results of the two student groups for each health factors. For instance, Figure 1 shows that 72,4% of *Student group 1* "always" feel "happy being alive". In addition, significant differences between the student groups are presented in chi2 test (P) below the staples. The tests show how secure the relationship between the variables included in the table are (Barmark & Djurfeldt 2015). To obtain statistical significant chi2 shall not exceed 0.05 (Bryman 2011). The majority of the chi2 test show that there is no significance

difference between the two groups. In practise this means that the difference between the two groups could as well be due to coincidence.

We have below each figure explained and analysed some digits a little closer, of which some of them are included in the analyse for each chapter.

6.1 Mental health

Figure 2, 3 and 4 present the results of the responses of the part representing Mental health in the study. The students were asked to consider the two last weeks and choose one response option for each statement. The aggregate values for the two student groups are compared in each figure and presented in percent.

Indexes were created to be able to further analyse the differences between the two groups, as well as helping us consider not only the differences but also how stable or unstable the health may seem. The index of mental health includes all statements of Fig. 2, 3 and 4. The maximum value of this index is 48 and the mean value of each group is presented in Fig. 1:

FIGURE 1 "MENTAL HEALTH INDEX IN BOTH STUDENT GROUPS"

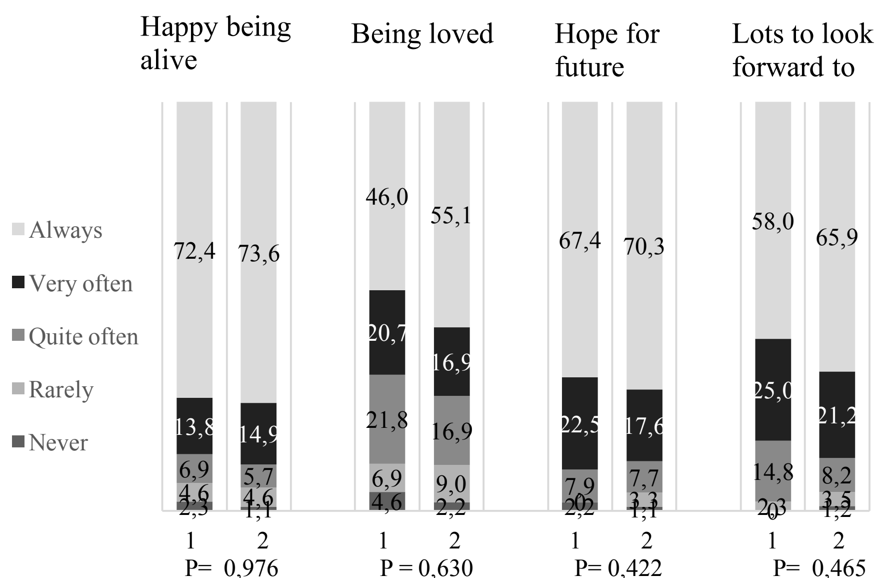
Student group 1	**14,1**
Student group 2	**13,8**

The results show us the similarities between the two groups, yet it can also show us that the student have answered more positively than negatively according to mental health. Neither can we tell any big differences between the values in the single statements, even though there is a slight difference.

Fig. 2 presents four statements according mental health: Happy being alive; Being loved; Hope for future and Lots to look forward to. The answer options are based

on a positive approach, where "always" indicates the healthiest option and "never" represents the response of lowest health.

FIGURE 2 **"MENTAL HEALTH IN BOTH STUDENT GROUPS" (%)**



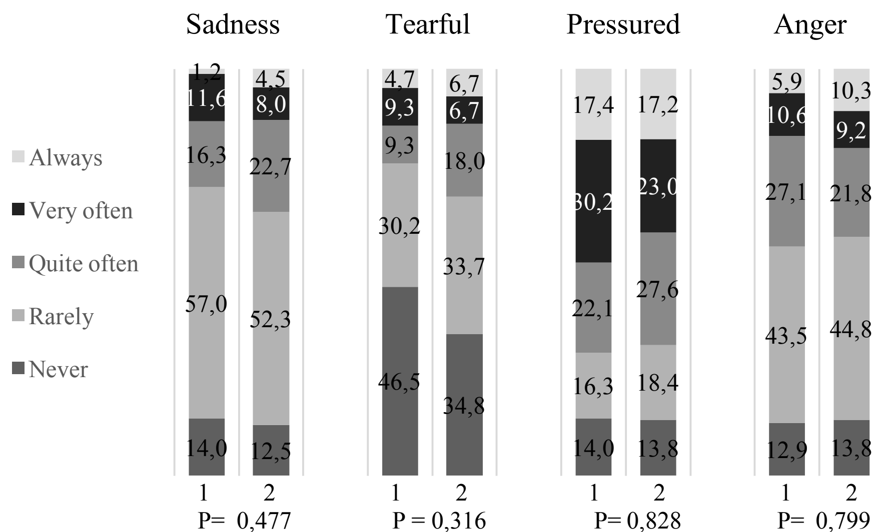
Each student has chosen one alternative for each statement and answered considering feelings of the two last weeks.

As clearly presented in the figure, the majority of respondents in both groups answer "always" representing good health conditions. A few gave the answer "never". Overall, the groups are similar and no significant difference can be observed. We will still analyse some of the digits a little closer. The stack of claim "happy being alive" shows the most positive results where over 70% answered "always" in both groups. A majority is thus always happy being alive among all students. Summarised with the response option, "very often" represent over 85% in both groups.

The assertion that differ most between the two groups is the claim "being loved" where the answers are slightly more diverse between the groups. In *Student group 1* 46,0% answered "always" whereas 55,1% in *Student group 2*. Additionally, "never" are some percentages higher in *Student group 1* than *Student group 2*. Despite this, it cannot be said to be any substantial difference.

Fig. 3 shows the participants' emotional state in regard to feelings of sadness, tearfulness, pressure and anger. Note that "never" represent the most positive health and "always" for the less good health.

FIGURE 3 **"MENTAL HEALTH IN BOTH STUDENT GROUPS" (%)**



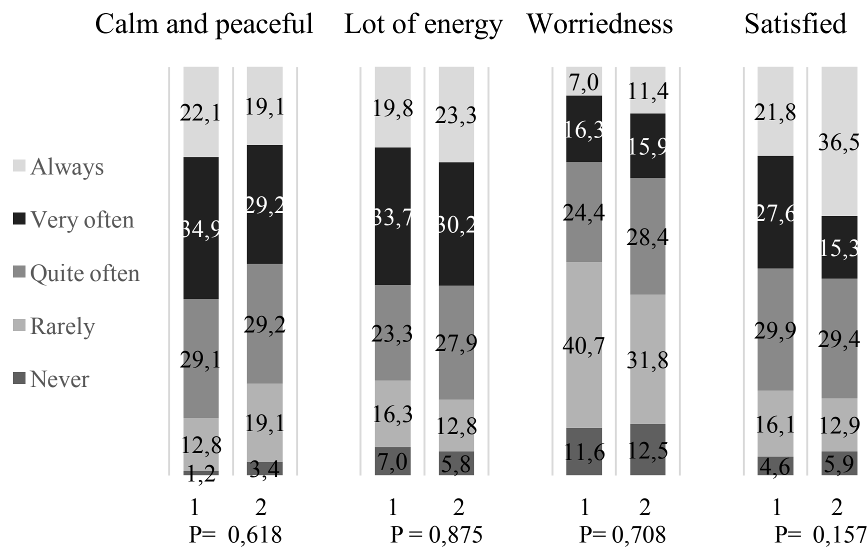
Each student has chosen one alternative for each statement and answered considering feelings of the two last weeks.

In Fig. 3, the participants' ratings are more widespread in the majority of the allegations compared to Fig. 2. Despite this, the two student groups still do not differ widely, they follow each other fairly evenly. The bars in Fig. 3 where the answers are most scattered are the bars under "pressure" where above 40% always or very often feel stressed in both groups. Students in *Student group 1* feel more stressed than students in *Student group 2.* All students seem to be more often angry than sad or tearful. The response rate that differ most in the Fig. 3 is "never" tearful where it differs 7,7 percentages between the groups where *Student group 1* are less tearful than the others.

Fig. 4 presents the results from four statements around the participants' level of serenity. Note that they differ in the approach. In three of them, "always" represent

the most positive health and “never” for less good health. The statement “worriedness” represents the opposite, with “never” for the most positive health and “always” for the less good health.

FIGURE 4 **“MENTAL HEALTH IN BOTH STUDENT GROUPS” (%)**



Each student has chosen one alternative for each statement and answered considering feelings of the two last weeks.

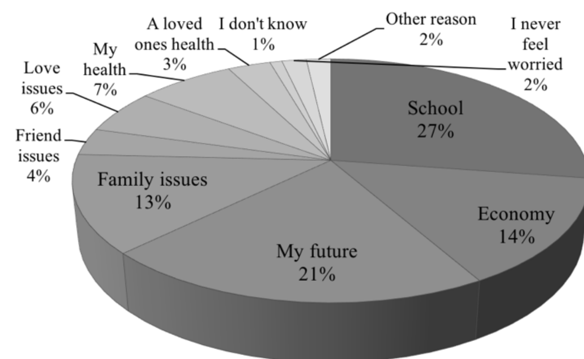
In comparison to Fig. 2 and 3, Fig. 4 shows similar response rates. For instance, similar to Fig. 3, the answers are more scattered and the majority of the responses are from the middle response options, “rarely” and “quite often”.

The statement “satisfied” is slightly different between the groups which can be highlighted. It seems that students in *Student group 2* more often “always” feel satisfied than students in *Students group 1* do. In *Student group 2,* 36,5% of the students always feel satisfied, whereas in *Students group 1* 21,8%. On the other hand, if gathering the options “always” and “very often”, the results indicate similar percentage between the groups. One difference remains, which is that the students in *Students group 1* feel “very often” satisfied in greater extent than “always”.

The statement "worriedness" indicates a widespread of answers in which both groups have “rarely" as the largest response rate. Tightly followed by "quite often". Merging the more positive account option and then the negative, they show similarity. It seems that it is as common to “always”, “very often” and “quite often” feel worried than “rarely” or “never” do so.

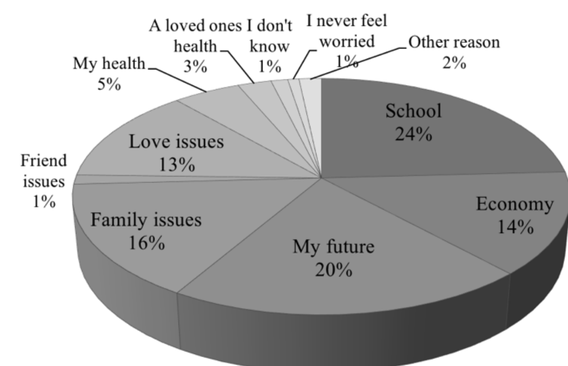
In this part of the questionnaire the students were also asked to give reasons for why they felt worried. They were given eleven options to choose from including one option as “other reason”. The results of the most common are shown below in Fig. 5 and 6.

FIGURE 5 **“REASONS OF WORRIEDNESS IN STUDENT GROUP 1”**



Each student has chosen maximum three options.

FIGURE 6 **“REASONS OF WORRIEDNESS IN STUDENT GROUP 2”**



Each student has chosen maximum three options.

The results in Fig. 5 and 6 show a similarity between *Student group 1* and *2*. The students share the same kind of reasons what they are worried about and the biggest reasons are: School; Economy; My future and Family issues.

6.1.1 Physical health as a consequence of mental health

Previous research shows that orphans are likely to be less healthy than non-orphans (UNICEF 2003). Therefore, the students were asked about some physical troubles and symptoms that can be affected by the mental health. The symptoms asked for were: Anxiety; Sleeping problem; Tiredness; Stomach ache and Headache.

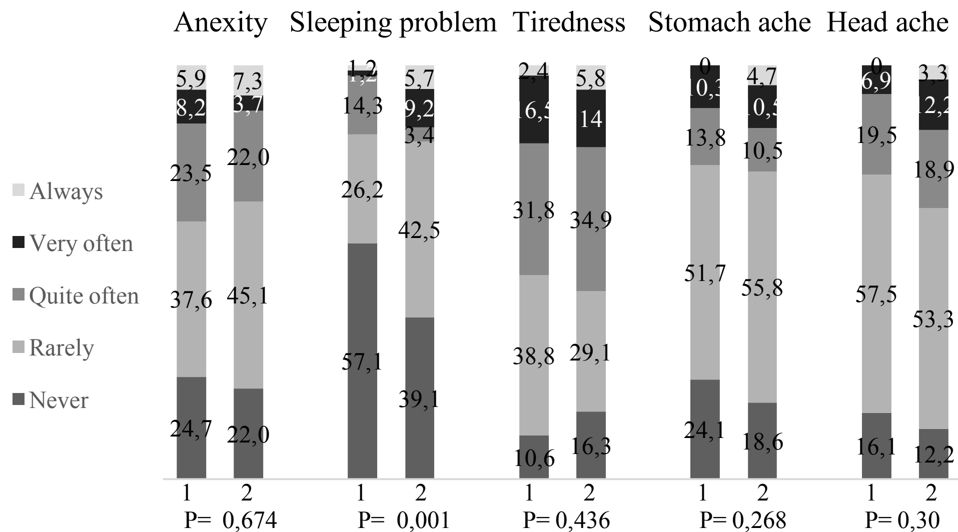
Fig. 7 below shows the results of the index according physical health. The total value is 20. The results show a similar mean value in the two groups.

FIGURE 7 **"PHYSICL HEALTH INDEX IN BOTH STUDENT GROUPS"**

Student group 1	**5,6**
Student group 2	**6,1**

Fig. 8 represents the score from five questions around the students' physical health which could have been affected by poor mental health. It should be read from the meaning that "never" is the positive response for health and "always" the negative.

FIGURE 8 **“PHYSICAL HEALTH IN BOTH STUDENT GROUPS”** **(%)**



Each student has chosen one alternative for each statement and answered considering feelings of the two last weeks.

On the basis of these results, most of the students "rarely" feel anxious or “rarely” have stomach aches or headaches. The main issue among both groups seems to be tiredness and the least problem seems to be sleeping problems, especially among *Student group 1*. Regarding sleeping problems, the chi2 shows the only significant difference in the study as the majority of *Student group 1* never have that problem, compared to *Student group 2* where the answers are more spread out. The rest of the bars in the figure show no significant differences.

6.1.2 Analysis

The first research question in this study is how the mental health look like among university students raised in a children’s village when it is compared to the mental health of university students that have not been raised in a children’s village. We will therefore analyse *Student group 1’s* mental health in comparison to *Student group 2*.

Only one significant difference between the groups is found and the analysis will therefore start from the realisation that the students seem to have similar mental health but without any significant difference. If the results are positive or negative for mental health is hard to say and not the aim of the study. What can be declared is that, according to our measures, the students' mental health appears similar independently of where they are raised.

UNICEF (2003) argues that orphans are more likely to be less healthy than non-orphans: that their cognitive and emotional development are of bigger risk of being damaged. Furthermore, previous research shows higher level of depression, anger and anxiety exists among orphans than non-orphans (Atwine et al. 2005). This can be discussed in relation to attachment, which is about protection and safety in early relationships. Partial deprivation can manifest itself in such way that the child develops exaggerated needs when it comes to love, revenge, guilt or depression (Fonagy 2007). Bowlby also discusses that affects, feelings and emotions can be causal linked with behaviours coming out of attachment (Bowlby 1969). When the results are strikingly similar between *Student group 1* and *2*, it allows for consideration whether the *The Rock* has managed to, to some extend, recover the attachment that the orphans have lost, which further enables protection and safety. Students in *Student group 1* do not seem to have exuberant feelings and no clear relationship of needing more love or feeling sadder than students in *Student group 2*. It may thus be that *The Rock* in a long term manages to give the children the corresponding mental health that the early attachment can provide, like the sense of feeling loved and having prospects. Previous research from an SOS children's village in Russia shows that a specific SOS children's village is a happy place for orphans' development and gives opportunities to heal wounds and negative life experiences. Positive results can be reached through the support from the families in the village (Kiseleva et al. 2014). This results correspond with our result since it seems like *The Rock* provides the same things.

Bowlby also claims that each experience in life is connected to early childhood experiences (Broberg et al. 2006). It can be established that many of the attachments of the students from the children's village may have been damaged in different ways

since orphan means that a separation has taken place with a consequence of possible traumas. There is no information about the age of the participants in *Student group 1* and when they arrived to *The Rock,* and therefore we can see the limits of the attachment theory since its focus is on the early attachment. Although new experiences in relationships can communicate and to some extent affect the old (Bowlby 1969). Looking at the fact that the students from the two groups show equal results is interesting in many ways. Therefore, it seems possible that *The Rock* might not only have provided an equally functional care as ordinary families, but also have given the children new possible attachment figures. This might have been made possible since we know that *The Rock* considers the attachment between a child and new mother very important. They try to make sure that one child has the same mother or at least as few mothers as possible the whole time he or she is in the village. The organisation also tries to teach the mothers the importance of bonding with the child and their role as a mother.

Furthermore, it could be possible to think that worriedness among students in *Student group 1* should be more common since they no longer will be in the care of *The Rock* after university. Worriedness exists in both groups due to the same reasons therefore could the worriedness build on both individual issues and an outcome of more structural problems. One possible explanation might be that many students are worried about the future because of limited opportunities to find work. Unemployment is not an unlikely scenario in countries where the population is high and where the welfare system is seen to be lacking. This also agree with Skeen et al. (2010) and Kabiru et al. (2013) whom all highlight the correlation between mental health and the structures of a country. Furthermore, Blum (2007) describes how Sub-Saharan Africa is going through, for many, rapid changes in the society and how youth live in this complex society. This could also be a possible reason for mental health problems, like for instance worriedness.

The requested symptoms in the Fig. 8 were chosen based on the fact that somatic symptoms can be a result caused by mental health problems. Lundberg (2012) describes stress as a mental health problem, which risk affecting the individual's men-

tal health and physical health negatively. Somatic problems like head ache or sleeping problems are two examples. Both student groups seem to feel much stress or pressure, with *Student group 1* feeling more pressured than *Student group 2*. The results show that tiredness stands out with higher percentages pointing towards a negative direction. Tiredness may be related to a student's situation when a lot of hard work is required in order to get good results. Potential pressure from the surroundings may affect the students to study even harder.

Sleeping problems is the only statement in this study where a significant difference is seen. The chi2 test shows 0,001. This means that it is only 1% chance that the result is due to chance. One explanation of this significant difference can be that people approached us and wanted to fill in the questionnaire because of possible knowledge of the study's purpose, and furthermore had health problems and therefore wanted to participate. This fact can be applied on all questions but might be one reason of why this specific statement shows a significant difference.

6.2 Social wellbeing

The results of social wellbeing are presented in three figures. Firstly, the index figure and thereafter one gathered by five answer options and one with four answer options. Additionally, two circle diagrams are presented.

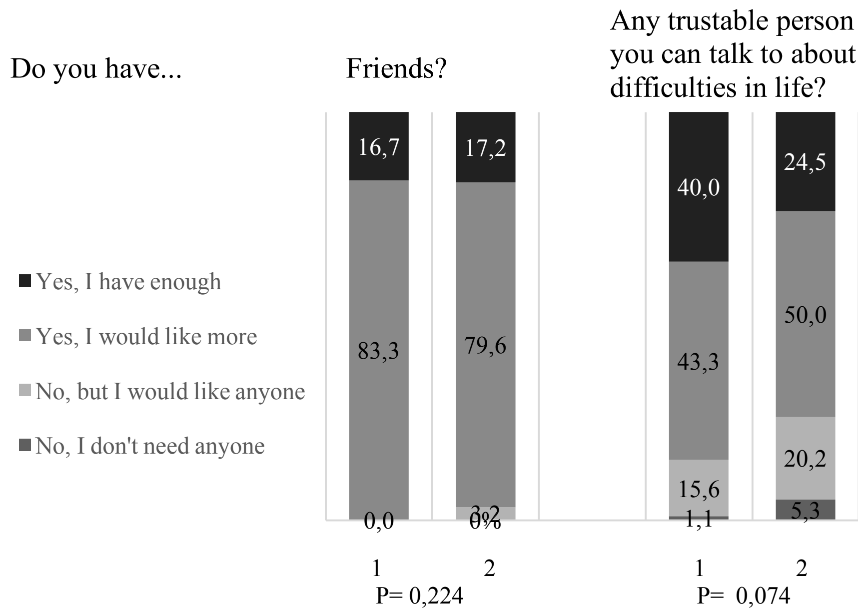
Fig. 9 presents the index's mean value in each group according social wellbeing. The total value of the index is 16 and represent the questions from Fig. 11.

FIGURE 9 **"SOCIAL WELLBEING INDEX IN BOTH STUDENT GROUPS"**

Student group 1	**4,8**
Student group 2	**4,9**

Fig. 10 presents the participants scores of their feeling of having friends and trustworthy people in their surroundings.

FIGURE 10 **"SOCIAL WELLBEING IN BOTH STUDENT GROUPS"** (%)



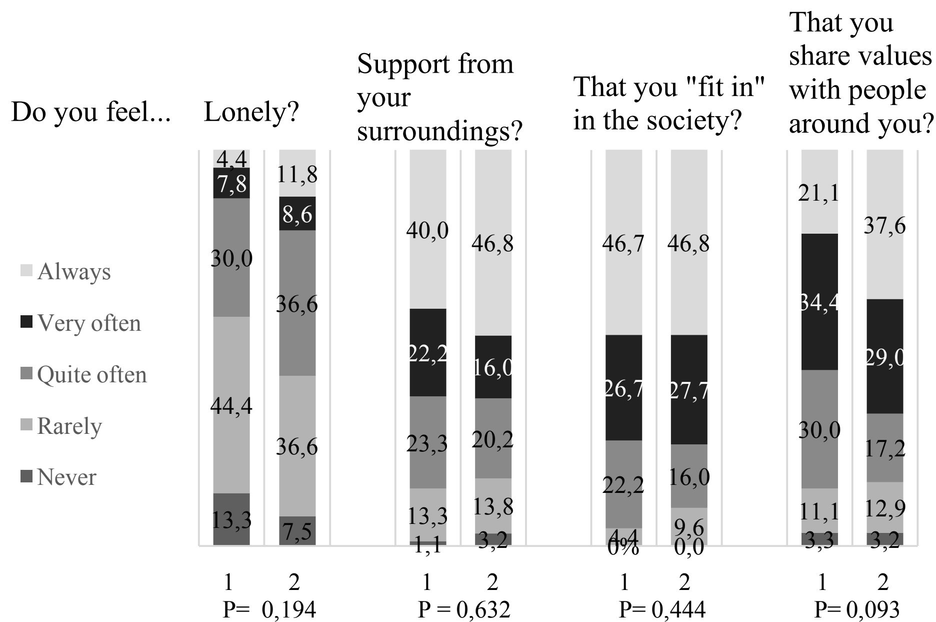
Each student has chosen one alternative for each statement.

Two statements are presented in Fig.10, based on four answer options. As can be seen in the figure, almost all students from both groups have friends, but around 80% of each group want more friends. None answered "no, I don't need anyone", which we conclude as something positive. In *Student group 2* for example*,* 3,2% answered they don't have friends but would like to have. Overall, the groups are very similar regarding this question.

In the next statement the results are more widespread. The majority of the students in *Student group 1* appear to have a person they can trust and talk to. An interesting observation is that 40,0% say they have sufficient of persons, which we claim is positive. As well as 43,3% answered they have someone but would like more friendships. In comparison with students in *Student group 1,* the percentage in *Student group 2* drops significantly in having enough people to talk to, namely 24,5%. The difference shown in this question is the largest percentage difference among all the results, which we will discuss in more detail in the analysis below.

Fig. 11 presents the participants' estimation of their feeling of inclusion in social networks and in society. We chose to analyse the answers according to "always" as a positive approach in all statements, except in the lonely question.

FIGURE 11 **"SOCIAL WELLBEING IN BOTH STUDENT GROUPS" (%)**

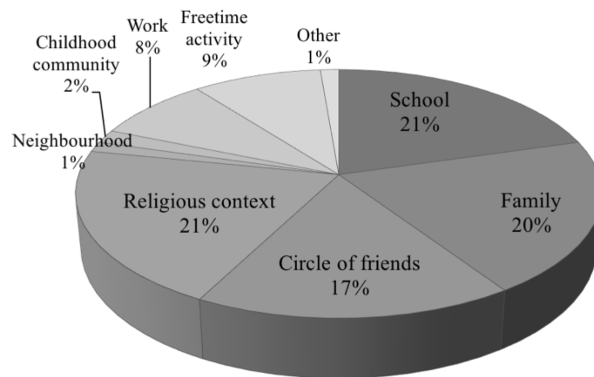


Each student has chosen one alternative for each statement

Let us first analyse the bars regarding loneliness. Students in *Student group 1* for the majority feel "rarely" or "never" alone, whereas in *Student group 2*, the majority feel "always", "very often" or "quite often" alone. The main difference lies in that more students in *Student group 2* feel more often "always lonely" than in *Student group 1*. It seems like the majority of all students mostly feel supported by someone and that they are part of society. The last bars regarding sharing values with others are slightly different between the groups. Both groups have an overwhelming majority in that they "always", "very often" or "quite often" share values with others. That they "rarely" or "never" share values have low percentages, and do not differ between the groups. In terms of percentages *Students group 2* more "always" share values than students in *Student group 1*.

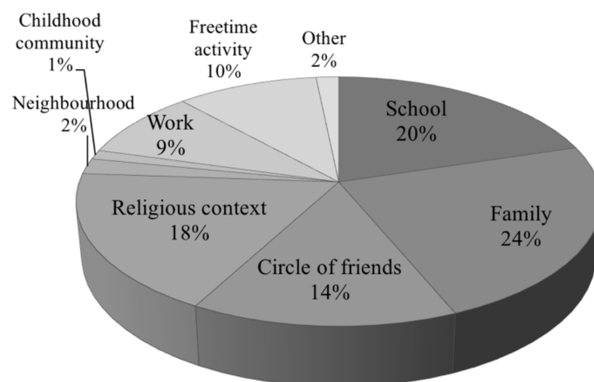
Fig. 12 and 13 show the nine possible response options on the question which social contexts that the students find most important.

FIGURE 12 **"SOCIAL WELLBEING – IMPORTANT CONTEXTS STUDENT GROUP 1"**



Each student has chosen maximum three options.

FIGURE 13 **"SOCIAL WELLBEING – IMPORTANT CONTEXTS STUDENT GROUP 2"**



Each student has chosen maximum three options.

Four areas are the most represented in both groups. These four are: School; Family; Religious context and Circle of friends. The two student groups have similar responses.

6.2.1 Analysis

The second research question in this study is how the social wellbeing look like among university students raised in a children's village when it is compared to the the social wellbeing of university students that have not been raised in a children's

village. We will therefore analyse *Student group 1's* social wellbeing in comparison to *Student group 2*.

No significant difference is seen in any of the statements. The percentages show that the majority of students in *Student group 1* have friends, people to talk to and support from the surroundings. In the definition of social capital, Bourdieu (1985) mentions potential resources and how they are linked to durable networks. Being included in a network that possesses resources can lead to feelings of support and being loved. *Student group 1* and *Student group 2* represent almost equal percentages among all questions, which indicates that both student groups have recourses within their social capital, which can provide feelings of being loved. One essential factor and important context for the participants' social wellbeing seems to be the family. In *Student Group 2*, the family comes in first place and in *Student Group 1 in* the third place. Thus, the percentages are similar which this contributes positively to our purpose of how children's villages may work as functional equivalent to the ordinary family. We can thus conclude that, though families in *The Rock* are not ordinary families they still allow for building families possessing both social capital and social wellbeing equally.

School, religious context and circle of friends are likewise important contexts for all according to the results. Ahrén & Lager (2012) claim that school is an important external factor for health. It is not only the education itself that is important in a long term perspective, but also the social relationships built there. School and circle of friends may so be related logically. Moreover, the religious context can enable relationships within the community but also on a spiritual level. *The Rock* and Mawah are contexts where religion plays an important role, and might be answering why the religious context is one of the most important for all the students.

One interesting difference is the question of loneliness where the results generally show that students in *Student group 2* more "often" feel lonely compared to students in *Student group 1*. As a positive consequence, the participants from *The Rock* feel less alone. Children in *The Rock* are surrounded by many professionals who can act

as role models and resources for the children. One possible explanation is that children's villages in a simple way allows access to social capital. This is consistent with Rostila (2012), who argues that resources not only need to be given by the family but also by friends or others. In this way, children’s villages may create a life where social networks are easy to create. The children share and are being placed in groups where relationships can easily be built, such as recreational groups. This is confirmed by Maccoby (2007) who claims that being part of groups and learning new settings develop the socialisation process. Everyone must go through this process in order to understand what to expect and what is to be expected from others. A life in society can definitely provide the same access to recreational groups and activities as mentioned above, but it might be made easier in *The Rock* because activities are offered free of charge and easily accessible.

Previous research shows that institutions risk to limit the knowledge of the "real" society, and inhibits the possibility of integration with people from the community (Cooper 2008). It is also shown that the institutional framework can limit knowledge of values and cultural traditions (Kwabena 2012). On the other hand, the study from a children’s village in Russia suggests that the village can provide a positive way of integrating into society (Kiseleva et al. 2014). The results from the study in Russia correspond with our results. It seems that students from the *Student group 1* have a feeling of being a part of society, at least as good as the compared students. Additionally, the results in this research show no difference between the groups. It is therefore possible that students in *Student group 1* have received necessary tools to know the values and traditions of society. It seems like *The Rock* enables integration into society, so that these students have the same opportunities as other students.

Arguments can be drawn about whether the social networks have had positive or negative effects on its members (Rostila 2012). If a children’s village has managed to create a climate in which social relationships are promoted children will feel better and might be healthier. One possible view is that *The Rock* has managed to create a climate conducive to children's social wellbeing, based on the similar result by *Student group 2*.

Based on the results it seems that the children's villages in *The Rock* might help to reconstruct and replace the social status the children came from as orphans. A placement in a children's village can bring something to the social status and the social network supporting the child. This might result in a sense of being loved, being supported, having friends, feeling they fit in and sharing common values with others.

7. SUMMARISING ANALYSIS AND DISCUSSION

The two research questions in this study is how the mental health and social wellbeing look like among students raised in children's villages compared to students that have not been raised in such villages. The questions aim to answer the study's purpose. The purpose of the study is to investigate whether children's villages for orphans and children in vulnerable situations can be regarded as functional equivalent to ordinary families from the community, when it comes to promoting mental health and social wellbeing of children in a long term perspective.

The indexes for each sections in the results are summarised in Fig. 14 and present the mean value for each group. The total sum can be compared and analysed between the groups and in its entirety. All the gathered indexes represent a total number of 84, and the mean value of each group are presented in the figure below.

FIGURE 14 **"TOTAL INDEX IN BOTH STUDENT GROUPS"**

Student group 1	**24,2**
Student group 2	**24,7**

As the index numbers show there is slightly no difference between the results of the two student groups. The examined health factors are generally the same, independ-

ent of the up-growing context. A conclusion can hence be that orphans and abandoned children raised within *The Rock* can develop mental health and social wellbeing and be as healthy as non-orphans, in the long term. Thus shows its possibility of acting as a functional equivalent. The mean values are both around 24 of total 84 in both groups. We find the indexes relatively low and a higher number would have meant that students would have answered more on the negative approach. Still, we cannot claim if health is good or bad among students, but it seems that health is more stabile than unstable.

UNICEF (2003) argues that orphans are more likely to be less healthy than non-orphans: that their cognitive and emotional development are of bigger risk of being damaged. This previous research does not agree with our results. We can see a distinct similarity between our two student groups, whom can in a large extend be comparable with orphans and non-orphans. Previous research closest to our results is from an SOS children's village in Russia. It shows that this specific children's village is a positive place for orphans' emotional development and gives opportunities to heal wounds and negative life experiences. Social intelligence is also studied which suggests that the children's village can provide a positive way of integrating into society. This is achieved through support from the family settings in the village (Kiseleva et al. 2014). Whilst previous research has focused on the short term consequences of being an orphan, our study shows that it might be possibly to overcome bad experiences in the long term according to mental health and social wellbeing. Our results agree with the study from Russia since we got results similar between our groups so also a positively outcome of children's villages as the study in Russia presented. The outcome of this also supports our hypothesis that children's villages might be able to work as functional equivalent to the ordinary family.

Previous research shows that many orphans feel treated differently in foster families in the community, which contributes to the feeling of being an outsider (UNICEF 2003). Being raised in a context where all children are orphans might enable a sense of belonging. On the other hand, an institutional life might also increase the risk of feeling even more stigmatised since society knows the reason of being in a children's village and can transfer that feeling to the children. The results indicate that

students in *Student group 1* feel part of society, for instance feeling of sharing values with others. Therefore, *The Rock* seems to enable conditions for the students to integrate in society after they have finished their schooling. This does not agree with Cooper (2008) who, through interviews, presents a problem for the children after leaving care and their chances of integration with people from the community. She argues that life inside and outside the institution are too different and the adjustment for the local life can be difficult.

Children in children's villages are provided basic needs, rules and routines and activities that can develop a good health. Foster (2002) reinforces that all children need this. This might not always be the case for children living in families in the community, as the welfare system is poor in the country. Additionally, previous research shows that education is an important influencing factor for health (Rostila & Toivanen 2012). *The Rock* provides free education until university studies end, which is favouring for the children and might affect positively on health. Many of the children from *The Rock* end up study at university. Furthermore, only one organisation is included in the study and the selection was not totally randomised in *Student group 2*. Those aspects can complicate and affect the results. It can also affect the possibility of generalising the results to children's villages in entire Sub-Saharan Africa. A further critical aspect is whether the results are affected of the power we have as researchers from a western country, based on a post-colonial perspective. It is a possibility that the students' interest could have been based on this certain power because of historical power relations between western countries and former colonialised countries.

Our belief is that ordinary families in society normally is the best way for a child to grow up in, in order to receive the best conditions for their development and future. This correspond with the CRC that emphasises the importance of the family for children's lifes (CRC 1989). That also agrees with Bowlby (1967) who explains that early attachment is essential for a child's development (Fonagy 2007). So a permanent family from the start would be the ultimate way to promote health among orphans, rather than to be in care of an institution. One negative aspect within a children's village is regarding the many employed nannies and mothers working at *The*

Rock. They have the possibility and freedom to quit their job anytime and this could affect the attachment processes as well as the primary socialisation process for the children. Since our study focuses on a long term perspective, it is difficult to determine whether the separations that occurred early in life are repaired. Also, we do not know in what age the participants raised in *The Rock* arrived to the villages, which can be a critical aspect of our chosen theory. Similarly, it is hard to say whether early socialisation processes are repaired.

To summarize the theories with our results, the attachment theory's purpose is feeling secure and safe (Fonagy 2007). Socialisation processes teach us expectation from others and what we should expect of them (Maccoby 2007). The obtained results suggest that the attachment and socialisation in the current situation among students from *Student group 1* seem to be equal to the results of the other students (group 2). It seems like that they have received the feeling of secureness and safeness and have learnt social processes as the theories claim as important.

Finally, our belief is that this research highlights the importance of ensuring all parts of health, such as the mental, physical and social. We need to clarify that health is a multifaceted area and this research has not covered it all. It has been our aim that by comparing students it has allowed for a good and fair analysis of whether a children's village can replace an ordinary family, and therefore be considered as a functional equivalent. The last presented figure indicates the similarities between the groups with an almost identical mean value. Thus, in a long term perspective the results show children's villages as a concept which might be able to act as a functional equivalent to the family, confirming our hypothesis. The only closest research found according our purpose was implemented in Russia in a children's village. The fact that only one research is found is concerning. Almost every country in Sub-Saharan Africa have signed the CRC and are thus obligated to fulfill its goals. Around 42 million children are orphans in Sub-Saharan Africa and children's villages have been implemented in almost every country within the area to raise some of them (SOS[1+3]). The concept of children's village is a common method of raising orphans, and it is therefore essential to see if this method is for the best of the child in a long term according their health. Thus, we emphasize more research on health

aspects in both short term and long term in children's villages. Moreover, gender aspects in such research would enrich and widen the knowledgebase. Our wish is that this study can inspire for such further research, as well as larger the interest for the situation of orphaned children.

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APPENDIX 1

UNIVERSITY OF GOTHENBURG

Hello!

How are you? How do you feel? This is what we would like you to tell us.

We are two students from Gothenburg University in Sweden, and we have come to make a research. Our purpose with this study is to see how the mental health and social life looks like among students that have been raised in different contexts in Sub- Saharan Africa.

How do I do this?
What answer comes to your mind first? Choose the box that fits your answer best and cross it, but please follow the instructions according to how many boxes you can choose to cross. Remember: It is important that you answer all the questions. If you want to take part of the finished research, write us an e-mail and we will send it to you.

Anonymity
This questionnaire is completely anonymous. No one will be able to identify you or your answers, so don't write your name! You don't have to show your answers to anyone. Also, no one who knows you will look at your questionnaire once you have finished it and the answers will only be used in this research. By answering the questionnaire you approve to your participation in the research, but you have the right to discontinue your participation while answering if you change your mind. To finish the questionnaire, click at the forward-button after the last question. After doing this, you cannot withdraw your participation.

If you have further questions or wonderings, please feel free to contact us through this email address: jhresearch2015@gmail.com

Thank you for your participation! /Jenny & Hanna

Background

1. Gender

☐ Female

☐ Male

2. Age

☐ 18 – 22 years

☐ 23 – 27 years

☐ 28 < years

3. How many years have you been studying at your current school?

☐ 0 – 2 years

☐ 3 – 4 years

☐ 5 < years

4. In which main area are you studying?

Please mark the one that most defines your education

☐ Humanities / Social Sciences

☐ Business / Management Sciences

☐ Technology

☐ Medicine

☐ Natural Sciences

☐ Art / Beauty

5. In what context have you mainly been raised?

Please mark one option

☐ Biological family in the community ☐ Foster family in a Children's village

☐ Foster family in the community ☐ Other

Health

6. In general, how would you say your health is?

Please mark one option

☐ Excellent

☐ Very good

☐ Quite good

☐ Fair

☐ Poor

7. Do you have any of the following troubles or symptoms?

Please mark one option for each symptom

	Never	Rarely	Quite often	Very often	Always
Anxiety	☐	☐	☐	☐	☐
Sleeping problem	☐	☐	☐	☐	☐
Tiredness	☐	☐	☐	☐	☐
Stomach ache	☐	☐	☐	☐	☐
Headache	☐	☐	☐	☐	☐

Feelings

8. Thinking about the last two weeks...

Please mark one option for each statement

	Never	Rarely	Quite often	Very often	Always
I felt happy being alive	☐	☐	☐	☐	☐
I felt satisfied with my life	☐	☐	☐	☐	☐
I felt hope for my future	☐	☐	☐	☐	☐
I had a lot of energy	☐	☐	☐	☐	☐
I felt sad	☐	☐	☐	☐	☐
I felt like crying	☐	☐	☐	☐	☐

9. Thinking about the last two weeks...

Please mark one option for each question

	Never	Rarely	Quite often	Very often	Always
Did you feel any pressure?	☐	☐	☐	☐	☐
Did you feel that you had a lot to look forward to?	☐	☐	☐	☐	☐
Did you feel angry?	☐	☐	☐	☐	☐
Did you feel calm and peaceful?	☐	☐	☐	☐	☐
Did you feel loved?	☐	☐	☐	☐	☐
Did you feel worried?	☐	☐	☐	☐	☐

10. In general if you feel worried, what do you think is the reason?

Please mark maximum three options

☐ School ☐ My health

☐ Economy ☐ A loved one´s health

☐ Family issues ☐ My future

☐ Friend issues ☐ I don't know

☐ Love issues ☐ I never feel worried

☐ Other reason: ___________________________________

Social life

11. Do you think many students feel lonely in any way?

Please mark one option for each question

☐ Yes

☐ No

☐ I don´t know

12. Do you feel lonely in any way?

Please mark one option

☐ Always

☐ Very often

☐ Quite often

☐ Rarely

☐ Never

13. Do you have friends?

Please mark one option

☐ No, I don't need anyone

☐ No, but I would like some

☐ Yes, but I would like more

☐ Yes, I have enough

14. Do you have any trustable person that you can talk to about difficulties in your life? *Please mark one option*

☐ No, I don't need anyone

☐ No, but I would like someone

☐ Yes, but I would like more

☐ Yes, I have enough

15. Do you feel support from any person in your surroundings?

Please mark one option

☐ Always

☐ Very often

☐ Quite often

☐ Rarely

☐ Never

16. Do you feel that you "fit in" in the society?

Please mark one option

☐ Always

☐ Very often

☐ Quite often

☐ Rarely

☐ Never

17. Do you feel that you share values with people around you?

Please mark one option

☐ Always

☐ Very often

☐ Quite often

☐ Rarely

☐ Never

18. What contexts do you find most important for your social life?

Please mark maximum three options

☐ School

☐ Family

☐ Circle of friends

☐ A religious context (ex. church, mosque…)

☐ Neighborhood

☐ Childhood community

☐ Work

☐ Free time activity (ex. sport, music…)

☐ Other: ___________________________________

19. How was it to fill in this questionnaire?

Mark how many options you like!

☐ Easy

☐ Difficult

☐ Fun

☐ Interesting

☐ I loved it!

☐ Tiring

☐ Boring…

☐ Comments: _____________________________

Thank you for your participation!

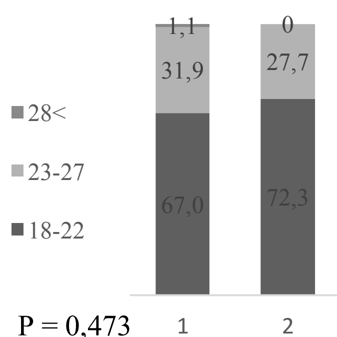
Please put the envelope with the finished questionnaire in the box

APPENDIX 2

Background

	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Gender	185	97,4%	5	2,6%	190	100,0%
In what context have you mainly been raised?	185	97,4%	5	2,6%	190	100,0%

AGE (%)



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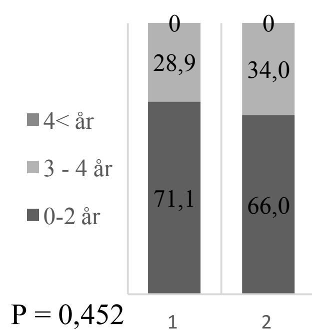
YEARS OF STUDIES (%)



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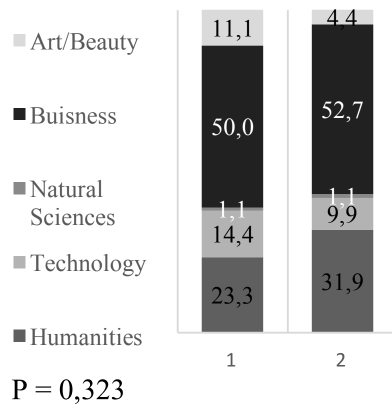
SUBJECT (%)



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	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Age	185	97,4%	5	2,6%	190	100,0%
How many years have you been studying at your current school?	184	96,8%	6	3,2%	190	100,0%
In which main area are you studying? Please mark the one that most defines your education	181	95,3%	9	4,7%	190	100,0%

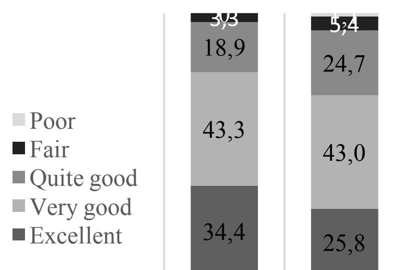
Mental Health

	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
I felt happy being alive	174	91,6%	16	8,4%	190	100,0%
I felt satisfied with my life	172	90,5%	18	9,5%	190	100,0%
I felt hope for my future	180	94,7%	10	5,3%	190	100,0%
I had a lot of energy	172	90,5%	18	9,5%	190	100,0%
I felt sad	174	91,6%	16	8,4%	190	100,0%
I felt like crying	175	92,1%	15	7,9%	190	100,0%
Did you feel pressured?	173	91,1%	17	8,9%	190	100,0%
Did you feel that you had a lot to look forward to?	173	91,1%	17	8,9%	190	100,0%
Did you feel calm and peaceful?	175	92,1%	15	7,9%	190	100,0%
Did you feel loved?	176	92,6%	14	7,4%	190	100,0%
Did you feel worried?	174	91,6%	16	8,4%	190	100,0%
Did you feel angry?	172	90,5%	18	9,5%	190	100,0%

Physical health

	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Anxiety	167	87,9%	23	12,1%	190	100,0%
Sleeping problem	171	90,0%	19	10,0%	190	100,0%
Tiredness	171	90,0%	19	10,0%	190	100,0%
Stomach ache	173	91,1%	17	8,9%	190	100,0%
Headache	177	93,2%	13	6,8%	190	100,0%

GENERAL HEALTH (%)



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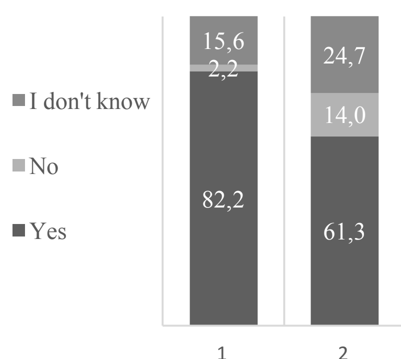
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
In general, how would you say your health is?	183	96,3%	7	3,7%	190	100,0%

Social wellbeing

SOCIAL WELLBEING	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Do you feel lonely in any way?	183	96,3%	7	3,7%	190	100,0%
Do you have friends?	183	96,3%	7	3,7%	190	100,0%
Do you have any trustable person that you can talk to about difficulties in your life?	184	96,8%	6	3,2%	190	100,0%
Do you feel support from any person in your surroundings?	184	96,8%	6	3,2%	190	100,0%
Do you feel that you "fit in" in the society?	184	96,8%	6	3,2%	190	100,0%
Do you feel that you share values with people around you?	183	96,3%	7	3,7%	190	100,0%

DO YOU THINK MANY STUDENT FEEL LONELY? (%)



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	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Do you think many students feel lonely in any way?	183	96,3%	7	3,7%	190	100,0%

CHOICE OF QUESTIONNAIRE (%)