LEVEL OF PSYCHOLOGICAL WELLBEING OF INSTITUTIONALIZED CHILDREN IN GUILOUNGOU CENTRE, BURKINA FASO

Authors:[1]Elisabeth Pakinswindé Ouédraogo, [2]Dr Joel Kiambi Muriithi and [2]Dr Maria Ntarangwe
[1]The Psycho-Spiritual Institute of Lux Terra Leadership foundation, Marist international University College, a Constituent College of the Catholic University of Eastern Africa, Nairobi, Kenya
[2]The Catholic University of Eastern Africa, Nairobi, Kenya
Corresponding author: Elisabeth PakinswindéOuédraogo.**Email:***elisabeth_ouedraogo@yahoo.com*

Abstract: Although the general tendency is toward deinstitutionalization, children's institutionalization remains an important option of caring for orphans and vulnerable children. The present study aimed to explore the level of psychological wellbeing of institutionalized children in Guiloungou centre, Burkina Faso. The following objective served as a guide for the research: to assess the level of psychological wellbeing of children living in Guiloungou centre, Burkina Faso. Erik Erikson's psychosocial theory and John Bowlby's attachment theory guided this research. The target population consisted of 32 children and 11 caregivers from the Guiloungou centre, Burkina Faso. The study used the census method to include the entire population in the research. The researcher used a case study design and qualitative research approach. The study employed observation, focus group discussions, interviews and document analysis techniques to collect data. Data collected were analyzed thematically according to the objective. From the psychological perspective, findings revealed that, Guiloungou centre was a place of self-acceptance, resilience, personal growth, autonomy, and happiness for children. These findings may be useful in suggesting approaches necessary for improving the psychological well-being of orphans and vulnerable children living in institutionalized care in Burkina Faso.

Key words: Psychological well-being, Institutionalization, Children, deinstitutionalization, family

1.1 Study Background

Families are normally places where children are born and grow naturally. Sometimes, because of poverty, wars, parents inability and others reasons, children are taken to families which are not their biological ones. Burkina Faso is also experiencing the concern of children without parental care. According to Van IJzendoorn et al.(2020), children deprived of parental care were mostly cared for by extended relationship networks. This practice persists in many parts of the world. In others words, the first means to care for children in need is to place them in families, which includes their relatives or

other people. So, before a child is admitted to an institution, usually there is an attempt to bring him or her in to 'a family'.

Van IJzendoorn et al. (2020)asserts that, the first reference to the institutionalization of children was in Milan in 787. One of the first large institutions for infants, *Santa Maria degl'Innocenti*, was founded in 1445 in response to the problem of child abandonment. Similar institutions were established in major European cities and in the colonies of European powers over the following centuries.

Progressively, institutions of orphans and vulnerable children were spread all around the world despite some inaccurate reasons. Nar (2020) stresses that one of the most common reasons leading to children becoming orphans were natural disasters. Almost 750,000 people have died of natural disasters in the last 20 years in the world, and as a result, hundreds of thousands of children have become orphaned or left without parental support.

Nar (2020) added that according to UNICEF, almost 10,000 children become orphans every day. Nar (2020) further confirms that, there are at least 140 million orphans in the world. Although there are many government and non-government institutions for children who are deprived of parental care, it is known that there are hundreds of thousands of children who are waiting for help. Even some developed countries have not yet resolved the issue of housing and feeding orphans and vulnerable children.

Children's Defense Fund (2017) claimed that millions of America's children today are still suffering from hunger, homelessness and hopelessness. More than 13.2 million children are poor. About 70 percent of them are black Americans. More than 1.2 million homeless children are enrolled in public schools. About 14.8 million children struggle against hunger in food-insecure households. Despite great progress, 3.9 million children lack the health coverage they need to survive and thrive. If this is the case of a developed country like America what about children living in poor countries?

The Asian continent has probably a larger number of children because it has a bigger population. According to Saraswat (2017) statistics show that India is a home to 30 million orphan and vulnerable children (OVC), the largest in the South Asian region. The Ministry of Women and Child Development (MoWCD) affirmed that adoption rates in India have declined from 6286 to 2762 during 2010 to 2016, making the situation alarming (Saraswat, 2017).

Saraswat (2017) further confirms that, majority of children were discovered to be suffering from one or more of psychological problems mentioned below. Depression and stress: According to the study, the majority of orphans were sad and melancholic as a result of their stay in orphanages as well as parental bereavement. Low self-esteem and lack of purpose: children reported low self-esteem and a lack of life purpose. The majority of children believed they were worthless and useless. Loneliness and helplessness: participants' in-depth interviews revealed that the majority of them were lonely and frequently felt powerless. Love and affection: The findings also revealed that children, particularly the younger ones, yearned for love and affection as a result of parental loss; they would be confused as to why they ended up in an orphanage.

In Africa, it seems that institutionalization was introduced by the colonial power. Chege and Ucembe (2020) quoted Tolfree who noted that not many countries in the global South have a long history of institutional care for children. This is because the institutional model was mainly introduced by missionaries or by colonial government departments, 'which modeled themselves on their counterparts in the western countries, often emulating the pattern of residential care which was widespread in Western Europe' in the earlier decades of the twentieth century.

Chege and Ucembe (2020) added that in Kenya, the philosophy of institutional care for children deprived of parental care is prevalent. They show that Kenya's contemporary institutionalization model is related to on the one hand, occurrences before, and during the country's colonial period, and on the other hand, political, economic and socio-cultural transformations, and events which took place after

the country's political independence from the British. The former include the East African slave trade, the Second World War, and the war for independence from British colonial rule. The latter include rural urban migration, rapid urbanization, HIV/AIDS pandemic, economic structural adjustments and political and armed conflict that led to displacements, separation, and loss of lives and accentuated poverty conditions.

Rwanda is one of the countries in which children were orphaned due to the armed conflict of 1994. Kuehr (2015) stresses that two decades after Rwanda's genocide in 1994, the country's government has heavily invested in the well-being of its young orphaned generation. The consequences were the creation of many institutions of children. However, Rwanda changed from institutions to others forms of taking care of orphans and vulnerable children.

Hope and Homes for Children in Rwanda (2012) explained that the Rwandan Government's aim for children living in institutions is to reduce the number of children in institutional care through systematic family tracing and reunification efforts, as well as through the development of suitable family-based alternatives.

Like others countries in Africa, Burkina Faso is experiencing the phenomena of children without parental care. CECI (May 2012-June 2013) explains that Burkina Faso had the second highest number of orphans in West Africa. According to a study by the UNDP and the Ministry of Social Action and National Solidarity, the number of orphans and vulnerable children is estimated at 2,100,000. 66% of these are due to HIV/AIDS.

Also, the 2010 Multiple Indicator Cluster Survey (MICS) findings indicated that, 7 percent of children under the age of 18 were fatherless and/or motherless, 1 percent had lost both parents, 4 percent were fatherless, and 2 percent without a mother. The loss of parents can contribute to reducing a child's chances of schooling and is therefore an important factor of vulnerability as explained by IBCR(2007).

The number of orphans in Burkina Faso is increasing. Since 2015, Burkina Faso is experiencing insecurity and terrorism. On January 15, 2016, Burkina Faso was the target of a terrorist attack on a hotel and restaurant in Ouagadougou that killed 30 people. Following these events, in addition to the sites affected by the tourism, handicraft, hotel and restaurant industry, these sectors suffered the consequences of the violence and their activities have been slowed down throughout the country (Le Monde, 2016).

In addition, the weakening of public spending and the private economy has had a significant impact on the increase in the poverty rate in Burkina Faso which has created socio-economic fragility among the population. The loss of parental employment has negative consequences on children, such as food insecurity, difficult access to health care, increased school abandon rates, the increase in the number of street children and child workers, exploitation of children in all its forms, etc. Even orphans when parents died in these attacks (IBCR 2007).The terrorist attack in Arbinda, northern Burkina Faso, killed thirty-five civilians and seven soldiers, on December 24, 2019. Of these were thirty one (31) women who left many orphans (Le Monde, 2019). In this context the researcher is preoccupied on how the situation of orphans and vulnerable children is handled.

Actually, many countries embarked on de-institutionalization and institutions are replaced by a range of suitable alternative care services that prioritize prevention and are focused on family-based up-bringing of children (Better Care Network 2017, Opening Doors 2012, cited by Chege &Ucembe, (2020). Despite the effort of finding families for orphans and vulnerable children, there are still institutions in Burkina Faso that cares for orphans and vulnerable children.

In this context, the researcher wanted to investigate what to do with children who are homeless. She agrees that the family is the ideal environment in which any child can grow up holistically. However, Burkina Faso has been experiencing terrorism since 2014. It is alarming to see how people

are running away from their homes; many of them are murdered and children left orphans. In fact the Minister for Women, National Solidarity, the Family and Humanitarian Action stressed that, ratified by Burkina Faso on July 23, 1990, the Convention on the Rights of the Child (CRC) has made significant progress in the respect of children's rights. Burkina Faso has carried out numerous legislative and institutional reforms which have allowed the implementation of strategies to remove children and young people from the street, action plans to eliminate child marriage, female circumcision, and to fight against mobility and cross-border trafficking of children. Nevertheless, the country still needs to redouble its efforts to protect child victims of terrorism-related violence (Demouemba, 2019).

In the same line, the researcher witnesses the miserable situation that the children are going through in the current context in Burkina Faso. Children are left with all kinds of psychosocial issues. Some of them have seen their parents or siblings killed. For this reason, many children are traumatized. Many lost the possibility of going to school. Several children are left without any opportunity and hope with them. Even though institutionalization of children is the last option to be taken, children are still placed in institutional care. Looking at the current situation in Burkina Faso, the researcher wanted to assess if institutionalization is the best way to protect children in case there is no family to take them care of them. This research intended to explore the level of psychological wellbeing of children in Guiloungou centre, Burkina Faso.

1.2 Literature Review

Institutional care is one of the alternative ways to care for orphan and vulnerable children. A good number of studies have been done in matter of children's institutionalization. Some attached negative influences of institutionalization on children while others disagree. Therefore a number of institutions still record negative influence on children's development. In the case of New Delhi, in India where a qualitative study examining psychosocial distress and coping mechanisms among orphan and vulnerable children live in institutional care, a study was conducted by Saraswat and Unisa (2017).

The study was done in three randomly selected orphanages in Delhi, India. A non-probability purposive sampling method was used to choose fifteen teenagers (M = 9, F = 6) aged 10-17 for in-depth interviews. The features of the study participants were described using descriptive analysis. For content analysis and theme identification, data analysis necessitated the review and comparison of interview transcripts.

The findings of this research revealed that OVC(Orphan and Vulnerable Children) suffer from psychological distress and have inadequate social cognition. Even while children were content to have their basic needs met, the majority of them were dealing with parental grief, a longing for affection, and a desire for advocacy and life orientation. OVC had a low self-esteem and lacked a sense of purpose in life. OVC developed feelings of mistrust as a result of their isolation from the outside world. They were also stigmatized, socially isolated, and depressed. This study was interested in adolescents while the present research aimed to study children from 0 to 18 year old to find out the influence of age of placement.

Also, what was found by Saraswat and Unisa (2017) is completely the opposite of the study done by Whetten et al.(2009). Nevertheless, the two studies were done in the same geographical context, India. This implies that, neither the area nor the income of the country in which the institution is located determine the children's wellbeing. This study seems to concur with the works of Whetten et al. (2009), who found out that, some characteristics of care facilitate child wellbeing. In the case where those characteristics are missing, children will grow with psychological issues.

Whetten et al. (2009) conducted a study on a comparison of the wellbeing of orphans and abandoned children ages 6–12 in institutional and community-based care settings in 5 less wealthy nations in six countries Cambodia, Ethiopia, Hyderabad, Kenya, Nagaland and Tanzania. They

identified 1,357 institution-living and 1,480 community-living for Orphans and Abandoned Children (OAC) ages 6–12, 658 of whom were double-orphans or abandoned by both biological parents. The study used a two-stage random sampling survey methodology. The results of the survey were analyzed using survey analytic techniques to compare and contrast cognitive performance, emotion, behavior, physical health, and growth. Linear mixed-effects models were employed to analyze the data.

The main finding of this study was that Institution-living OAC had no worse health, emotional and cognitive functioning, or physical growth than community-living OAC, and were generally better than community-living OAC cared for by anyone other than a biological father or mother. As a result, this study does not sustain the hypothesis that institutional care is systematically associated with poorer wellbeing than community care for OAC aged 6–12 in those countries facing the greatest OAC burden. Methodologically rigorous studies must be conducted in those countries facing the new OAC epidemic in order to understand which characteristics of care promote child wellbeing. Such characteristics may transcend the structural definitions of institutions or family homes.

Whetten et al. (2009) emphasize that the findings of the study conducted in the six low-income countries should be taken into account because they contradict many previous studies. It may indicate that there is a possible way to handle an institution to minimize its negative influence on children. The difference of area and incomes is possibly an aspect which influences the children's psychological well-being in institution. Others researches could clarify what makes the children in institution having poor or higher psychological well-being.

While Whetten et al. (2009) used random sampling survey with children from 6 to 12 year old; the present study used census method which allowed the researcher to get information from all the target population. The participants were children from 0 to 18 years. This allowed the researcher to evaluate how much the age of placement may influence the institutionalized children's growth.

Nsabimana et al. (2019) conducted a study on the effects of institutionalization and parental living status on children's self-esteem, and externalizing and internalizing problems in Rwanda. The participants were ninety-six institutionalized children (48 orphans who had lost at least one parent and 48 non-orphans who had both parents living) and 84 non-institutionalized children (28 orphans and 56 non-orphans) between the ages of 9 and 16 took part in the study.

Parents or caregivers were evaluated using the Child Behavior Checklist, externalize and internalize behavior concerns. The Coopersmith Self-Esteem Inventory was completed by the kids. The finding of the study showed that even if their mothers and fathers were living, children who were institutionalized had the most externalizing behavior problems. Orphans that were raised in a family had the lowest externalizing issues. This explains that institutionalization has a negative effect on children psychological well-being whether they are orphans or non-orphans. This study used 96 children. This is a quiet big number which does not allow an in-depth understanding of the situation. The present research used a case study with 32 children and 11 caregivers.

Wright (2020) in her study on Profiles of Adjustment among Children in Institutional Care in Ghana: Predictors of Positive Functioning demonstrate that institutionalized children are not condemned to have psychological problems. The study used two-part sequential explanatory mixed-methods design included quantitative data from a 100 Children in Institutionalized Care (CIC) and a 100 children in family care, as well as qualitative interpretations of quantitative results from caregivers, social workers, and teachers from some of the same facilities where the children were recruited.

The findings reveal that CIC have a wide range of functioning; being in an institution does not predispose a child to poor developmental outcomes. Furthermore, the study shows that children raised in institutional care environments are capable of functioning at a level comparable to children raised in

family care settings. These findings prove that if children must be institutionalized, they will not be condemned to a life of dysfunction.

In addition, by including the cultural values, beliefs, and views of important informants working with this community into the interpretation of quantitative results study advanced the existing literature(Wright, 2020).Wright's study join the previous ones which recognize that institutionalization per se is not harmful to children. There may be a way to keep institutionalized children in a psychological well-being as well as social well-being.

1.3 Methodology

To assess the level of psychological wellbeing of institutionalized children in Guiloungou centre, Burkina Faso, the researcher used qualitative method and a case study design. Denzin and Lincoln (2011) cited by Creswell (2013) stress that qualitative research is a collection of interpretive and material techniques that help people see the world around them. In this research, a case study was appropriate for the reason that the researcher wanted to get in-depth knowledge from a specific group which is the Guiloungou centre and to have details about each member. The participants of this research were children experiencing institutional care at a moment of their life and their caregivers. The researcher used instruments which are appropriate to collect relevant data.

First, the researcher used semi-structured interview to get data from the caregivers through face to face interviews. By doing so, it was possible for the researcher to probe, to explore and have in-depth understanding of the situation. The interview followed the research questions. How do you assess the level of psychological well-being of children living in Guiloungou centre? Also, the researcher conducted a focus group discussion with children. In both interview with caregivers and focus group discussion with children, the researcher was taking notes and making audio recording to avoid missing information.

Afterwards the researcher observed the children in their residence during the day and including the night. How children sleep, woke up; how they eat; how they relate with each other, with the caregivers and with the family members where applicable. The researcher also consulted the children's personal documents recorded and kept in the centre. These documents included the reasons of their admission in the centre, some information about their date of birth, place of birth, it also informed about their parents or relatives. There was as well some elements of the child's psychosocial development and others important information taken into consideration.

1.4 Ethical consideration

The study began with contacting with the site managers and participants. The researcher informed the manager and the participants about the study goal. The researcher got their consent. This document stated that participation in the study is entirely voluntary and that the volunteers will not be put in any pressure to give information or exposed to any danger what so ever. Because most of the participants were children parent, consent forms were needed. In this case the researcher got the consent from director of the centre.

1.5 Findings and Discussion

The research question was: what is the level of psychological wellbeing of children living in Guiloungou centre, Burkina Faso? The answers to that question are found in the participants' responses during the interviews, the focus group discussion and from the observation made by the researcher. The following themes are drawn from the participant's responses: self-acceptance, resilience, personal growth, happiness and autonomy.

Self-acceptance

Self-acceptance is defined as a relatively objective sense or understanding of one's strengths and accomplishments, as well as the recognition and acceptance of one's limitations. Self-acceptance is frequently regarded as an important aspect of mental wellness (American Psychological Association, 2022). At the Guiloungou centre most of the children have lost a parent, especially the mother. No child is welcomed at the centre just because they like it. They all had more or less a bereavement to live through when they arrive at the centre. Therefore, in order to continue living, it is necessary that children learn to accept the reality of their lives. To support the above-mentioned viewpoint, a participant stated:

> *"Children in our Centre here experience good life, they are taken care of well, they are well fed, what is missing here is the biological family – a man and woman taking care of their children; we are all women, what a mother can give to her child we do, and the nuns also try to take care of them but there are no men to live with our children. All in all, the quality of care we give in our centre is not given to many families like where the children came from".* (Participant Caregiver 6, 29th December 2021).

This statement supported what another participant had said:

> *"Their life is good but not complete. Every child needs a father and a mother who live together and a family but here it is not the case. Still, here it is better than being in a family other than your own because it is difficult to take care of your own children and those of others. For them life is good, since they eat their fill, sleep, are cared for in case of illness, but we see that something is missing; here it is not their real family".* (Caregiver 7, 29th December 2021).

What the two participants said is consistent with what the researcher found in the documents consulted. Those documents demonstrated the reality of grief that children are passing through when they arrived in the centre. Finding showed that, out of 32 children 23 had lost their mother, 4 were abandoned by their mother. This tells us how serious the leaders of the centre regard the necessity of a child to be united with his biological family. For that reason they only admit children whose life is in danger if they don't have another alternative to survive with dignity. They took into consideration the children's rights.

Petrowskia, Cappaa, & Grossb, (2017)explained the Article 18 of the CRC, (United Nations General Assembly, 1989) saying that parents or, as the case may be, legal guardians, have primary responsibility for the upbringing and development of the child. However, there are a variety of circumstances in which parents may be unable to fulfill these responsibilities, leaving their children without sufficient parental care and protection. In such cases, parents may decide that they are unable or unwilling to provide basic necessities such as food, clothes, shelter, health care, protection, and/or education for their children, or the state may intervene and remove their children. Poverty, health concerns, domestic or community violence, stigma, emergency, or substance abuse are just some of the many pressures that can lead to such circumstances. Furthermore, parental death may cause children to be separated from their relatives. Children may be required to live in alternative care arrangements as a result of the loss of parental care and protection. Therefore, according to Article 20 of the CRC, United Nations General Assembly, 1989 States Parties are responsible for providing such care in cases where children are temporarily or permanently deprived of their home environment.

This is the case of children who are admitted in the Guiloungou centre. In others words, those children are in extreme need. For most of them if they were not received in this centre life would have been very tough to them. Therefore being admitted in the centre was a favor that has been granted to them and they learn to accept their situation as bereaves. This finding is in line with the research done by Saraswat and Unisa (2017). They did a study in institutions where 658 children were double-

orphans or abandoned by both biological parents. They found that the majority of the children in institution were dealing with parental grief. Children in Guiloungou centre went also in grief process when they arrived in the centre. However the present study findings is that the children were able to accept themselves and to become resilient.

Resilience

Children in Guiloungou centre seem to have developed some strength which is helping them to stand for their life. Resilience means being capable of withstanding shock without permanent deformation or rupture and tending to recover from or adjust easily to misfortune or change (Merriam-Webster, 2022). This understanding of resilience is in line with the participants' responses. To back up the aforesaid assertion, a participant narrated:

"Some are born wounded by life, some get angry, we don't understand, some have movements from their bed, or suck their thumb or move their head. Some have lost their mother at birth, or have been thrown in garbage cans. (Participant Caregiver 6, 29th *December 2021).*

This comment from participant caregiver 6 underlined the type of misfortune most of the children had experienced and what entitled them for admission to the centre. Children may lose hope in life and experience psychological suffering as a result of this condition. Thankfully, this is not the case. Children in Guiloungou centre have a remarkable ability to heal from traumatic events and find joy in life. Certainly, living together has something to do with it. This is what participant caregiver 10 explained:

"Living together day by day leads them to forget their worries and live happily with each other. Being here together, everyone comes to recognize that they are not the only ones in a difficult situation; there is a kind of connection between them. They come to accept their situation and to move on with life". (Participant Caregiver 10, 29th *December 2021).*

Participant Caregiver 3 added to the above-mentioned statement to confirm it, and she said:

"They know that we understand them. For example, when a child is sad and you take care of him, he becomes happy. Those who have just come sad when you talk to them, finally they know that they are not the only ones with worries and they let go of their worries and are rather happy to be alive" (Participant Caregiver 3, 29th *December 2021).*

Participant caregivers 6, 10 and 3 in their expressions, showed that children come to accept themselves and to become resilient. What these caregivers said suggests that resilience comes in part from the way the children are treated in the centre and also that they share life's challenges. That's what brought them together. They don't have the same difficulties, but they are able to understand that each one of them has a difficulty. Then comes resilience. By seeing their peers adapt to life, children develop the ability to move beyond their difficult situation and even to enjoy the new opportunities that life gives them.

These findings contradicted the one of Saraswat and Unisa (2017), who said that children in institutional care were suffering from psychological distress. Children who are admitted in Guiloungoucentre are in one way or the other in difficult situation. For that reason their biological family is not able to care normally for them. Also for most of the cases, there are no other relatives who are ready to take up the responsibility of raising them. Fortunately, children who have the chance to be received in the centre seem to become resilient in life. They all came with different kinds of needs, but they are able to cope with the parental grief and accept themselves.

Personal Growth

For children to grow, it is important that their physiological needs are met. Children taken care of at Guiloungou centre are truly needy children. Once they have been admitted to the centre,

everything changes for them. Their caregivers explained that children are living a better life than before. To them, living a good life means having their basic needs met. Most of the participants mentioned how the centre makes an effort to provide what they need for their personal growth: shelter, food, medicine, leisure. A participant explained that: *"They have been welcomed here, they are protected, they are fed, cared for, they have everything"* (Participant Caregiver 11, 29th December 2021).This allegation corroborated what caregiver 2 said:

> *"Their life is good. I mean before they came here, they were so needy.......but here things have changed; they are well taken care of. When you receive them with joy, and give them basic care in love, they are also joyful and their wish is fulfilled. What they need is that, when they are sick they are treated, they are given medicine or help when they need it, they are given food; they want to be able to play with toys, it is not more than that".* (Participant Caregiver 2, 27th December 2021).

With the following words, participant 10 contributed to what her predecessors have said:

> *"Life is good for them; elsewhere it would be difficult for them. For example, milk is not easy to pay for to feed a child. Here they have everything; the big lack is their biological mother. It's like a plant that you water; there are vaccines; talk with them, protect them, some destroy the objects, so you teach them how to take care of the objects. We also teach them to know God, pray before eating, etc."* (Participant caregiver 10, 29th December 2021)

If we consider what their caregivers say, psychological needs of children in the care centre are being met. Furthermore, the researcher observed the centre and noted that it is one of the neighborhood's best housing options. It has everything you need for a healthy and comfortable life. The structures are strong and well-decorated in a kid-friendly style. There are some flowers and grass in the centre. Each structure is self-contained and equipped with air conditioning to keep the children cool whenever the weather is hot.

Children have access to an infirmary where, in the event of healthcare needs, a religious nurse is always available to serve them. There is a caregiver with a team that is responsible for all of the children's nutritional needs. Children have three main Course meals every day, interrupted by two different snacks, one at 10 a.m. and another at 4 p.m. The kids get two showers a day, one in the morning and one in the evening. They are well-dressed, even better-dressed than the neighborhood kids. The babies are always with their caregivers. They are fed milk during the day and night, depending on their age and needs. They are cleaned on a regular basis.

Taking these observations and other information from the respondents, into account, the findings of the study showed that the children's way of life at the Guiloungou centre is in line with what the United Nation Convention on the Rights of the Child recommends. It affords every child the right to a living standard that is adequate for the physical, mental, spiritual, moral, and social development of the child and requires that parents or those responsible for the child provide, to the best of their ability and financial resources, the living conditions required for the child's development. (United Nations, 1989, art. 27).

These findings are backed up a study done by Whetten et al. (2009) who discovered that institution-living OAC had no worse health, emotional and cognitive functioning, or physical growth than community-living OAC, and that they were generally better than community-living. They also acknowledged that children were contented to have their basic needs met. This may explain why children living in the Guiloungou centre are generally grateful.

Autonomy
According to American Psychological Association (2022), in an individual, a group, or a community, autonomy is a state of self-reliance. The sense of acting out of choice rather than feeling obliged to

behave, as defined by self-determination theory. This type of autonomy is seen as a basic psychological requirement that predicts happiness. In the Guiloungou centre, children were able to express autonomy in life. They were expressing their gratitude to others for what they had done for them. Participants addressed it in their responses: *"The children who come back often offer gifts to their mother for example a loincloth...even if they don't have much, they offer what they have with all their heart"* (Participant caregiver 8, 29th December 2021). This assertion was backed up by caregiver 1:

> *"For example, my own children say that if I had died and their father was still alive, they would have suffered, but because I was their mother, they didn't suffer as much because I did so much for them. For instance, here, when a small child wants to be taken, you do it and you see how grateful he is."* (Participant Caregiver 1, 27th December 2021).

Participant 10 agreed with the preceding report and insisted on the following:

> *"Some children express the love we give them, for example they pat everyone looks for their mom and are grateful, and express their joy; when you go somewhere and they see you they run to you so you feel how happy they are to see you. They would not have come back if they felt mistreated".*(Participant caregiver 10, 29th December 2021).

All the above participants agreed that children are grateful to anyone who helps them in their lives in some way. The children themselves confirmed this. This was expressed by a child in the focus group discussion: "We are grateful to our sisters, our mothers, and the other children" (Participant child 2, 29thDecember 2021).The researcher saw the expression of that gratefulness when the former children came from their respective families to celebrate together. They had different celebration to show how they were grateful. They organized prayers, a thanksgiving mass and a dancing party to express their gratefulness to all those who made them who they are after mentorship at the Guiloungou centre. To be able to express such gratitude the children must have experienced enough well-being while living in the centre.

These findings are in line with Wright (2020). In her study on Profiles of Adjustment among Children in Institutional Care in Ghana: Predictors of Positive Functioning, he demonstrated that, institutionalized children are not condemned to have psychological problems. The findings revealed that CIC have a wide range of functioning; being in an institution does not predispose a child to poor developmental outcomes. Furthermore, the study shows that children raised in institutional care environments are capable of functioning at a level comparable to children raised in family care settings. These findings proved that if children must be institutionalized, they will not be condemned to a life of dysfunction. On the contrary, they are even able to live happily.

Happiness

Examining the relationship between outer and inner circumstances and happiness, despite the fact that we must improve the outward conditions of poor people around the world in order for them to enjoy healthier, secure, and dignified lives, Ricard (2003) maintains that these outer conditions will not guarantee true happiness or well-being. Instead, the human mind has the ability to convert external events into happiness or unhappiness. Even in what appears to be idyllic circumstances, we can be unhappy. People might feel pleased even in challenging conditions because they can see the same scenario in completely different ways (Ricard, 2003). In the Guiloungou centre children are happy on a daily basis despite all the difficulties of life they go through. Many caregivers explained how children express happiness as follows: "They are happy. When they have eaten they are happy, we recognized it during the games when you arrived they were playing, we take them down and they have fun, laugh

out loud" (Participant caregiver 1, 27ᵗʰDecember 2021).Participant caregiver 6 supported the same idea by explaining:

> *"When the child has eaten, is full, is happy, they are happier than those who are in their biological families because a number of them miss satisfaction of a number of needs which are already fulfilled in the centre. When they are happy they express their joy, have fun, eat well, jump up and down with others and enjoy themselves".*(Participant caregiver 6, 29ᵗʰ December 2021).

Participant Caregiver 4 reinforced the above statement by elucidating:

> *"When you wash them, give them food they are happy but sometimes some are unhappy and we don't know why and it's like any human being we can't be happy all the time, there are moments when for one reason or another we are sad. Otherwise the children are generally happy here at the centre"* (Participant Caregiver4, 27ᵗʰ December 2021).

From this study, it was found that for children living at the Guiloungou centre their basic needs were well met including their psychological needs. They also learn to be resilient and accept themselves as they are, despite their situation. Beyond the various difficult situations that brought them to the centre, the children express their joy of living on a daily basis. The environment in which they live also seems to have a positive impact on their psychological well-being. These findings are contrally to the study done by Nsabimana et al., (2019), who found that children who were institutionalized had the most externalizing behavior problems. This is not the case of Guiloungou centre.

1.6 Conclusion

The study proved that, children are not depressed because they are in institutions. These children are somehow disadvantaged by life events. Therefore, whether they are in an institution or not, they are already experiencing psychological distress. This research has shown that in order for children to regain their dignity and psychological well-being, certain actions are necessary: to some extent, the quality of care they receive from the centre's caregivers; and on the other hand, the environment of the institution where they live. In addition, there are the internal dispositions of each child. Overall, it is the responsibility of the environment to provide each child with the necessary conditions for his or her integral and holistic human growth.

The results of this research support Erikson's theory on psychosocial development. This theory emphasizes that, adults around and their approach to care influence child development (Erikson 1950). This research also confirmed the relevance of attachment theory by John Bowlby. For him, the relationship between mother and child or mother and caregiver is very important for the development of the child. Bowlby believes that a newborn or young child should have a warm, personal, and ongoing relationship with his mother (or permanent mother-substitute) in which both parties are satisfied and enjoy themselves (Bowlby, 1952). The findings of this study demonstrated how much caregivers of the Guiloungou centre developed a strong bond with children. This has a positive effect on children psychologically.

1.7 Recommendations

The research intended to assess the level of psychological wellbeing of institutionalized children in Guiloungou centre, Burkina Faso. Findings revealed that, institutionalization is a valid way to care for orphans and vulnerable children if it is well applied. The following recommendations were suggested from the study:-

i.   The study valued the fact that the Guiloungou centre is a healthy place where orphans and vulnerable children may grow psychologically. With a few modifications and additions, the

government could use the model of this centre to create others of its category to accommodate orphans and vulnerable children in need in Burkina Faso.

ii.   The government needs to increase the capacity of caregivers, especially at these moments where many children are without care due to terrorism in Burkina Faso. That will allow them to have more knowledge on how to help children under their care. The training should also emphasize on the type of structures and environment to provide in the care institutions.

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