Horizons

Strengthening the Psychosocial Well-being of Youth-headed Households in Rwanda: Baseline Findings from an Intervention Trial

For children in Rwanda, the combined effects of the 1994 genocide and the HIV/AIDS pandemic have been devastating, resulting in one of the world's highest percentages of orphans among children 17 years or younger (17 percent) (UNAIDS, UNICEF, and USAID 2004). There are also large numbers of child-headed households—with estimates ranging from 65,000 to 227,500—leaving many children living without adult care and supervision (Human Rights Watch 2003). These young people are "left behind," not only by parents and other caregivers who have died, but also by extended families, communities, formal structures, and the government who fail to adequately provide for their protection and care.

The scale of the problem requires innovative solutions to support community members and child caregivers. One model of community-based psychosocial support is the mentorship model, which utilizes trained adult volunteers from the local community as mentors to children and youth living without adult care. Mentors not only assist with provision of basic needs, but also more importantly develop a stable, caring relationship with children through regular home visits, and emotional and social support. Psychosocial support through this mentor relationship is intended to mitigate the consequences of disrupted care-giving structures, and to provide a supportive environment for children's well-being. However, there is little empirical evidence on the effectiveness of mentoring programs.

To respond to this gap, Tulane University School of Public Health, Rwanda School of Public Health, World Vision Rwanda (WVR), and the Horizons Program formed a partnership to assess the impact of participation in an adult mentorship program on the psychosocial well-being of youth living in Gikongoro province of Rwanda and of the adult mentors. In addition, the study aims to develop, pilot, and refine a reliable and valid instrument to assess community-based psychosocial interventions. This report presents key findings from the baseline data collected as part of this collaborative project.

NEIL BORIS

A 21-year-old head of household in Rwanda in the store he rents to provide income for his three sibliings.

ncil with the International Center for Research on Women, the International HIV/AIDS
gy in Health, Tulane University, Family Health International, and Johns Hopkins University.

Methods

Four focus groups and other qualitative methods were conducted with vulnerable youth to gather local terms of psychosocial distress to be used in a survey instrument, and to gain an in-depth understanding of their stressors and support networks. The baseline survey was conducted in March 2004 with WVR program beneficiaries living in Gikongoro, the poorest region in Rwanda (World Vision Rwanda and UNICEF Rwanda 1998). A total of 692 face-to-face interviews were completed with youth heads of household age 24 and younger in their homes. The decision to include youth up to age 24 is consistent with the World Health Organization's (2005) definition of "youth" as persons under age 25. The respondents provided data on themselves as heads of household and each child residing in their home.

Various standardized scales either informed or were incorporated into the survey instrument. For example, the standardized Center for Epidemiological Studies Depression Scale (CES-D) was used to measure the degree of depression experienced by the heads of household. Each of the 20 items was scored on a scale from 0–3, with a possible score ranging from 0–60 (a higher score indicates more depressive symptomatology).

The survey sample included an almost equal number of males and females; most (72 percent) between the ages of 19 and 24 (range 12 to 24 years). For 70 percent of respondents, both parents are deceased. The remainder have been abandoned or do not know their parent's whereabouts. The vast majority (80 percent) of youth were responsible for one or more children, with nearly a third caring for three or more children.

In accordance with principles promoting the best interest of the child (Limber and Flekkoy 1995), ethical conduct of the study was paramount for the research team. Relevant resources were consulted to develop a research protocol that ensured child protection, informed consent, voluntary participation, and confidentiality (English 1995; Mann and Tolfree 2003; Meade and Slesnick 2002; Nama and Swartz 2002). All youth in the study were granted the right to consent to an interview, including minors, as adolescent heads of households in Rwanda are considered emancipated. The youth were also encouraged to ask questions during the consent procedure to ensure their thorough understanding of the study. Respondents were explicitly assured that WVR services for all children in the home were guaranteed regardless of whether or not the head of household participated in the study. Less than 1 percent of potential respondents refused to participate in the survey.

Key Findings

Meeting basic needs and ensuring their own health and that of their family are major challenges for youth heads of households.

Less than a third (28 percent) of school-age respondents were in school and most indicated that attendance was prohibitive due to their domestic responsibilities or the expense of school. Only 40 percent of all respondents possessed a pair of shoes and 31 percent did not have a latrine. Nearly one-quarter considered themselves to be in poor health and half reported a current illness or disability. Many face a shortage of food, with 44 percent indicating that they eat only once a day and among those with younger youth in the home, 55 percent indicated that they had gone without food the week preceding the survey so that other children in the home would have sufficient food.

Having been prematurely given adult responsibilities, this population had difficulties coping with their role as the head of household. Most respondents (65 percent) had been heading their households for 4 years or more.

Over half of youth did not feel that they were adequately providing for their own or their family's needs. Almost half the youth (45 percent) reported thoughts of abandoning their households at least sometimes.

Youth report high levels of psychosocial distress.

Depression-like symptoms reported by youth "often" or "always" included feeling they weren't as good as other people (73 percent), having ruminating thoughts (i.e., not being able to stop thinking) (65 percent), feeling that everything is an effort (55 percent), feeling sad (46 percent), having restless sleep (36 percent), feeling desperate (35 percent), having poor concentration (33 percent), feeling depressed (31 percent), and feeling their life is a failure (25 percent). These questions were asked as part of the standardized CES-D Scale to measure the degree of depressive symptoms. Using a standard threshold CES-D score of 24, 55 percent of heads of household in the sample scored above the screening cut-off for depression.

Youth also reported that they were still greatly affected by the loss of their parents and many said that the death(s) had negatively impacted their confidence in other people (64 percent), the meaningfulness they placed on their own lives (44 percent), and their religious beliefs (41 percent). Over one-half reported feeling that life was no longer worth living (at least some of the time) and 4 percent attempted suicide in the 2 months preceding the survey.[1]

In the focus groups, youth described their own emotional distress and behavioral problems and that of their siblings. They highlighted loneliness and a deep sense of loss due to the death of their parents:

> *"Whenever an orphan sees other parents helping their kids they feel rejected and lonely."*

> *"At home there is a kid who is four years old, sometimes he asks me why we do not have a father who would buy things for us like others."*

In addition to a general sense of loneliness, grief, and sadness, some respondents noted the presence of more serious psychological and behavioral problems among those in their households, including regressive behaviors and withdrawal:

> *"There is another one who is 14-years-old but he still wets his bed and this makes me think that he has a problem because he does not talk."*

> *"I have a nine-year-old kid, most of the times he is restless, like when he goes to school he does not get a thing of what the teacher says, he only stares at the blackboard and has problems in writing. And when I try to talk to him he does not tell me anything."*

Other children expressed emotional distress through externalizing or outward behaviors, such as delinquency (e.g., stealing), through aggressive or risky behaviors (e.g., drug use, smoking cigarettes, fighting), or becoming a *ruzerera* (i.e., someone who wanders aimlessly).

> *"We have one at home, he used to go to school before our parents died. But when he turned 11, he left school and refused to go. And when you tell him to go, he goes somewhere else. He does not like to work, he just wanders around and is always sleepy."*

[1] As stated in the consent form, these 35 youth were automatically referred to WVR who then connected them with a local psychologist. Those reporting current abuse and those with serious shelter or health needs were also referred to WVR.

Many youth feel isolated and marginalized by their extended families and communities.

Despite the fact that 82 percent reported contact with relatives, with the majority reporting contact at least once a week, only 36 percent trusted their relatives to look out for their best interests. In fact, more than twice as many had confidence in the willingness of their neighbors to help them (57 percent) than members of their extended family (25 percent). Almost half of those who reported no contact with relatives said it was because their relatives were mean to them or did not care to see them.

Unfortunately, most survey respondents felt isolated from their communities as well. Youth cited a number of reasons for their marginalization. Many felt the war had caused an atmosphere of mistrust, and sensed a lack of love, kindness and mutual concern among Rwandans. Some felt they were not liked because of feelings community members had about their parents or due to their poverty. In addition, 78 percent of youth felt the community was jealous of the services they were receiving from WVR and other NGOs because they were orphans. In fact, many respondents felt they were truly cared for only by such benefactors, and that the community relegated responsibility for their care to NGOs.

Similarily, social support was lacking in the lives of many youth who participated in the focus groups, who felt deprived of advice, encouragement and someone to listen to them.

> *"Whenever your house falls, you can't find anyone to accommodate you."*

> *"I told you that we have no one to talk to when we have problems!"*

Youth revealed that this sense of disconnection from the larger community led to feelings of loneliness:

> *"Because we don't trust our elders we end up feeling lonely."*

> *"You feel lonely because you have no one to talk to."*

The detrimental consequences of isolation and the ensuing loneliness led many youth to despair:

> *"Because no one advises us, you think that neighbors don't like you, you feel like committing suicide."*

> *"Orphans' relatives are the ones who reject them mostly, that is why you find kids who become delinquents or commit suicide."*

> *"One can be traumatized when you have problems and no one cares or defends you."*

Feelings of loneliness may lead youth to crave attention so much that they place themselves in risky situations, as the following remark suggests:

> *"If you want adults to like you, you have to accept whatever they want, even if it's bad."*

Youth experience widespread abuse and maltreatment.

Lacking adult protection, these households are extremely vulnerable. Respondents reported high levels of maltreatment, including exploitation, theft, and abuse. For example, more than half of survey respondents said someone had intentionally harmed their property and a similar proportion stated that their relatives had

taken advantage of them. More than a third reported someone tried to steal their land or property, and over one quarter reported being hired and then denied their wages.

In focus groups, participants gave examples of how they had been taken advantage of and exploited. Neighbors allowed animals to graze on their land, which destroyed their crops. Some youth reported stolen harvests and other possessions, and land being expropriated. A number of youth expressed concern that their land would be seized, particularly from extended family members. The following statements highlight youth's inability to prevent the confiscation of their land:

> *"All one's relatives' want is to take over one's land. When you report them to the authorities they ask you for official documents that you don't know and when you fail to get them they make you believe that your parents had borrowed it (land)."*

> *"Sometimes people took over your land and you have to rent the neighbors' land to cultivate."*

The comments above also illustrate the importance of official documentation, which the youth may not have knowledge about or which have been lost in the previous years.

Youth also faced physical and sexual abuse from community and family members. Over one-quarter of youth surveyed said they had been beaten. Nearly one in ten female survey respondents reported sexual abuse and rape. Reports of rape of young women were frequently mentioned during focus groups, along with other types of abuse perpetrated by neighbors or others known to the victims—such as harassment, beatings, and theft. The abuse may take place within the confines of the youth's home, as described below:

> *"Sometimes one cultivates and gets high yields and some people come to steal it or rape girls in their household…there are girls who were raped recently."*

> *"Even boys are assaulted. People break into your house—like when you grow beans–they come and break your window and steal them or they tie you up and beat you."*

According to focus group participants, many interrelated factors contribute to the mistreatment of youth. In addition to jealousy, stigma, and isolation, there is the absence of a respected adult in their lives who could shield them from abuse. As one youth said: "*we are defenseless*."

Several youth felt helpless and alone in coping with this abuse.

> *"When someone beats you no one rescues you, but all say that it is the orphan!"*

> *"There are children who face sexual harassment, like rape and no one cares about you."*

Exacerbating their vulnerability was the limited options of some youth.

> *"There are even those who take you to their homes to take care of their cows, even if they abuse you, you stay in order to live."*

Several youth also reported consenting to unwanted sex in hopes of obtaining support for themselves and their families.

In the focus groups, there were reports of youth being teased and disrespected by peers as well as adults. Some further believed they were blamed for mishaps that occurred in their community. Many youth felt threatened and fearful due to the harassment, as reflected in the following statements:

"During the night there are people who go to frighten the youth because they do not respect them."

"There are times when boys come to our house and refuse to go."

Despite low levels of condom use, many sexually experienced youth do not consider themselves at risk of HIV.

Thirty-three percent of youth admitted being sexually experienced (37 percent for males and 28 percent for females). However, this is likely to be an underestimate as 86 percent believed that other youth their age have engaged in sex.

Sexual risk behavior includes early sexual debut for many youth, and limited use of condoms to prevent HIV and other sexually transmitted infections. Among sexually experienced youth, 41 percent lost their virginity before the age of 15. Males reported earlier sexual onset and more sexual partners in the last 12 months than females. Thirty-eight percent of sexually experienced females have become pregnant.

Only 58 percent of all youth mentioned condom use as a way to prevent HIV. Despite low levels of condom usage at their first (8 percent) and most recent (13 percent) sexual encounter, only 55 percent of sexually experienced males and 60 percent of sexually experienced females consider themselves at risk of HIV infection.

Females and males face different stressors and respond differently to their situations.

While all youth faced challenges in their lives, females faced particular stresses, including caring for a larger number of children in the home compared to males (Table 1). They also perceived less support from neighbors, reported less trust in community members to help them, and were more vulnerable to sexual coercion. Emotional distress was also more prevalent among females compared to males; they had higher mean scores for depression (25.40 vs. 23.85; $p < .05$) and were more likely to report attempting suicide in the past 2 months.

Males, on the other hand, reported more externalizing behaviors, such as delinquency and substance use and, males were more vulnerable to physical abuse and labor exploitation.

Table 1 Gender differences in stressors, behaviors, and abuse

	Males %	Females %
Number of other children & adolescents in household*		
0	25	13
1–2	50	53
3 or more	25	34
Emotional distress		
Attempted suicide sometime in 2 months preceding survey*	2	6
Delinquent behavior		
Tend to get in a lot of fights*	6	1
Ever been arrested*	12	1
Substance use		
Drink alcohol*	60	38
Available support		
Believe their neighbors would help them if they really needed it**	63	54
Feel they can trust most adults in the community*	54	43
Maltreatment		
Someone hired them and then refused to pay them*	34	16
Have been beaten*	31	21
Sexual coercion		
Forced or persuaded to have sex by physical threats*	1	9
Had sex with someone when they did not want to because they thought the person would take care of them and their siblings*	2	10
Had sex with someone when they did not want to because they wanted the person to give them money or buy them things*	1	7

*p < .05; **p < .01

Households headed by younger youth may face more difficulties, yet have more support.

While most youth face some degree of economic hardship, households headed by younger youth (age 18 and under) were more likely to rely on fire (rather than oil lamps) as their primary light source. The head of household was also less likely to possess shoes, a spare set of clothes, or a blanket**.** Younger youth also faced more challenges as heads of households because they felt less respected by younger children in the home and felt less able to meet their needs. However, younger youth had more support networks available to them, as they more commonly reported the presence of a significant adult in their lives and had more contact with their relatives. Thus, it was older youth who conveyed the most cynicism about the willingness of the community to help one another. Other notable differences between younger and older youth were in relation to their HIV prevention knowledge and risky behaviors. Younger youth knew fewer methods to prevent HIV and were less aware of where to obtain condoms if they were needed. Moreover, they reported more alcohol use in general, although older youth more commonly reported drinking when they had a problem and smoking cigarettes.

Despite hardships, many youth demonstrate resiliency and hope for the future.

While all of the youth surveyed experienced difficult circumstances and many reported negative consequences, it is important to recognize their resiliency as well. Almost all youth (92 percent) owned land, a life-sustaining asset, and 61 percent lived in a home inherited from their parents. Despite their sense of general isolation and marginalization, nearly three-quarters of youth reported they had an adult in their life that they trust to give them advice and guidance. More than two-thirds of respondents (67 percent) had an adult who provides them comfort when they are sad or sick, and 62 percent had an adult whom they can always depend on. In spite of the hardships they faced, over half of youth reported hopefulness for the future "often" or "always" and a sense that things will work out all right for themselves and their families. The majority (94 percent) also reported being able to laugh and be cheerful at least some of the time, however, only 30 percent feel this way "often" or "always."

Discussion

The findings of this research offer insights into the complex needs of orphans and vulnerable youth. While vulnerable youth must have basic needs to survive, they need more than this to cope with the adversities in their lives and to meet the needs of younger children in their homes. It is clear from the survey and focus groups conducted with youth that many long to have someone to talk to, someone to teach them skills, someone to protect and defend them and, most of all, to feel that the community cares about them. This love, support, and comfort cannot come just from an NGO; it must come from the community of people to whom these children belong—the neighbors, family, and friends who comprise the network of social connections in their lives. This research has revealed the psychosocial consequences for youth lacking an adult in their lives who supports and cares for them. The project team hopes that the mentorship program will help fill this gap in care and support among youth-headed households, and strengthen community support networks to provide a healthy and safe place for vulnerable children and youth in Gikongoro. The success and challenges of the mentor program will be determined from the follow-up research scheduled for 2006.

The Mentorship Program—Progress to Date

In this intervention model, adult volunteers from the local community are trained and supported to develop a stable, caring relationship with children and youth living without an adult caregiver. Through regular home visits, they monitor the well-being of children and youth; provide guidance and transfer life skills; give love, attention and encouragement to youth; and help to ensure their health and safety. This project is intended to strengthen the supportive environment for children's healthy growth and development, and mitigate the impacts of disrupted care-giving structures and marginalization of these vulnerable children and youth. The mentorship project builds upon an existing WVR program that helps meet the basic nutritional, health, shelter, and educational needs of youth-headed households in Gikongoro.

The mentorship program began in two Gikongoro districts in October 2004. During the initial three months of program implementation, 156 mentors made 4,196 visits to 442 youth-headed households. Within one year, the number of visits by the mentors reached 17,725. At each visit, mentors typically spend between one to two hours visiting the children and youth to allow time for engagement, the provision of psychosocial support, and assessment of the household situation. Several mentors reported that while youth were initially apprehensive and distant, after only a few visits, most youth became very excited about the mentor's arrival. In addition to home visits, several mentors have acted on their own initiative to further assist youth, recognizing

and addressing medical, educational, material, and conflict-mediation needs. WVR has developed support, recognition, and incentive mechanisms for mentors, including monthly volunteer committee meetings as well as plans for formal recognition activities and implementation of income-generating activities for volunteer committees.

The local dissemination of results from the baseline study has raised awareness of the problems facing vulnerable youth and catalyzed further activities. For example, the project team held four meetings with local leaders to sensitize them to the challenges faced by youth-headed households and the aims of the mentorship program. They also incorporated information on laws, processes, and resources for identifying and addressing child maltreatment into the mentor trainings. In addition, the project team held a three-day HIV/AIDS training for 112 youth to motivate them to serve as peer educators, and created opportunities for social skills development and recreational activities for youth, including two football teams, a cultural dance group, and a drama group.

This project was designed and implemented in partnership with community members, local professionals, and youth as active agents in developing solutions to the challenges in their lives. Recognizing that families and community members remain the front-line of support to children and youth affected by AIDS, the partners aim to better understand how to support already stressed adults in continuing and strengthening their care efforts, and the factors which motivate and retain concerned citizens in these caring roles. Through training and close, ongoing support and supervision, the partners hope that mentors will also benefit from the relationship, strengthening community cohesion and integration in a nation with many wounds to heal. 

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