

*Full Length Research Paper*

# Caregiver's perceptions of attachment and behaviors exhibited by institutionalised children: the Zimbabwean experience

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## **Abstract**

The study sought to investigate perceptions of caregivers on attachment and behaviors exhibited by institutionalised children. The sample consisted of nine caregivers, purposively selected from three identified registered children's institutions. Three caregivers were selected from each institution following set criteria. The study employed a qualitative research design and data were collected through the use of semi- structured interview schedules. The results revealed a number of emergent themes. Caregivers worked for long hours. The ratio of children to caregiver is too high in most cases. Psychological needs of children for proper attachment and positive care was being compromised. Children had mixed feelings about caregivers which indicated attachment behavior problems. Younger children adjusted to institutional care much faster than older children. A wide range of behavioral problems were noted, with detrimental consequences in some cases. The study recommended reduction of child-caregiver ratio and employment of additional staff. Training workshops should be held regularly to keep caregivers abreast of the requirements of childcare. There is need to channel some funds from the AIDS levy to children's institutions.

**Keywords:** Caregiver, Attachment, behavior, Institution, Care, experience, Zimbabwe.

## **INTRODUCTION AND BACKGROUND**

United Nations estimates that the total number of children in institutional care such as an orphanage or children's home globally is eight million, but they point out that under-reporting and a lack of regulation in some countries indicates that this figure is an underestimate. The actual number is likely to be higher due to increasing impact of conflict, climate change and the HIV/AIDS pandemic on the poorest and most vulnerable families. The figure of children in residential care is likely to be much higher due to the proliferation of unregistered institutions and lack of data on vulnerable children (Csa'ky, 2009). UNICEF (2009) defines an orphan as any child under that age of 18 who has lost one or both parents. These children find themselves under the care of professional caregivers who have an obligation to work for an organization or institution. Worldwide, an estimated 2.1 million children younger than 15 years of

age are living with HIV or AIDS, and more than 16 million children less than 15 years old have lost one or both parents to AIDS. Information available from UNICEF and other international organizations suggests that the use of residential care for children is increasing, especially for countries in economic transition, conflict or disaster zones. In Sub-Saharan Africa, for example, recent reports indicate that the number of privately funded institutions has risen rapidly. A contributing factor is the concern about where to place the growing numbers of children orphaned by HIV/AIDS. It was estimated in 2001 that Ethiopia alone had 989,000 children orphaned by AIDS. It has been observed that institutional care is increasing in countries where there is economic transition, because for many families and communities the changes which include unemployment, migration for work, family breakdown and single parenthood have

increased (Carter, 2005; Tinova et al., 2007 cited by Browne, 2009). This situation is compounded further by impoverished child welfare services. In Europe an association has been reported between low community health and social services- spending and high numbers of abandoned and institutionalised children.

A continued reliance on institutional care is evident despite wide spread recognition of the risks associated with residential care. Many countries continue to rely on children's homes for the care and protection of children, for example Central and Eastern Europe and other former Soviet States where such care has been used traditionally. Evidence suggest that there was a rise in the proportion of children in institutions in the post-communist era (Every Child, 2008). In Africa the number of orphanages is burgeoning to meet the perceived needs of children affected by HIV/AIDS, (Pinheiro, 2006). In Zimbabwe residential facilities for the care of children orphaned by AIDS continue to be built despite government policy to the contrary and the adverse effects of institutionalisation (Chinake et al., 2004). As long as residential care exists, caregivers will continue to render their services to such institutions whether trained or not in childcare. It is against this background that this study seeks to find out perceptions of caregivers on attachment and behaviors exhibited by institutionalized children in the Zimbabwean context .

Information regarding care-givers' perception of attachment behaviors exhibited by institutionalised children' living in developing countries such as Zimbabwe is scarce. Zimbabwe has one of the highest HIV prevalence rates with HIV/AIDS being the leading cause of death for women of childbearing age. One of the most tragic consequences of the epidemic has been an orphan crisis , marked by approximately 1,200,000 Zimbabwean children losing one or both parents to the pandemic (Chinake et al., 2004).

Children who are institutionalized at an early age often demonstrate delays in emotional, social, and physical development. Children have strong emotional reactions to death and subsequent institutionalisation, but often they keep their feelings to themselves, and adults may not realize how much they are affected (Richman, 2000). Institutionalization places children at great risk for certain behavioral problems. Institutional care may affect a child's ability to make smooth transitions from one developmental stage to another throughout his/her life. Children brought up in institutions may suffer from severe behavior and emotional problems, such as aggressive or antisocial behavior, have less knowledge and understanding of the world, and become adults with psychiatric impairments (Lopez and Allen, 2007, in Bough, 2008). However, the effects of institutionalization are not uniform and are dependent on other factors. The differential effects are due to child characteristics such as

genetic predisposition, prenatal risk factors, basic personality, caregiver characteristics such as training, motivation and attitude and institutional characteristics such as child-to-caregiver ratio and quality and degree of programming. The child's history that is the age of the child when he/she entered the institution and the length of time in the institution also affects the child's attachment behaviors.

Barth (2002) examined the varied role that institutional care plays in child welfare services by reviewing numerous studies and reports by different researchers . One of the studies investigated caregivers' perceptions regarding a number of issues relating to child caregiver attachment in institutionalized children. An institutionalized child refers to any child residing in an institution because both parents are deceased, physically absent or unable to render proper care (UNICEF, 2009). This review indicates that there is virtually no evidence to indicate that institutional care enhances the accomplishments of any of the goals of child welfare services. Institutionalisation is not more safe or better at promoting development, it is not more stable, and it does not achieve better long-term outcomes. Reviews further revealed that for youth who manifest severe emotional or behavioral disorders, institutional care can have deleterious consequences.

The present study is theoretically grounded in John Bowl by's (1952) attachment theory. Bowl by's particular interest was on the effects of separation of the child from their parents. He was tasked by the World Health Organization to carry out a study of children separated from their parents in the post war era, when bereavement, evacuation and deportation disrupted millions of families in Europe. He interviewed disturbed adolescents and adults. He found a strong link between what he called maternal deprivation and behavior problems in adult life, such as mental illnesses, delinquency and difficulty in parenting (Beckett, 2004). The child's history that is the age of the child when he/she entered the institution and the length of time in the institution also affects the child's attachment behaviors.

If the child experiences maternal deprivation, where the maternal figure is emotionally or physically unavailable, an insecure attachment is thought to result (Bowl by 1951, cited by Aldigate and Jones, 2006). Insecurely attached children often experience difficulties in emotional, cognitive, social, and personality development. Due to these widespread, and often prevailing, negative developmental consequences that children with attachment difficulties may experience it is imperative to carry out a study on perceptions of caregivers on attachment and behaviors exhibited by institutionalised children in the Zimbabwean context. Caregivers should have the capacity to avail important information concerning attachment and behavior exhibite-

d by institutionalised children.

Where children experience a permanent loss of an attachment figure through death, they need to be allowed to grieve that loss in an age appropriate way. Above all they need to have sensitive care giving which allows them to express their grief and to find a replacement attachment figure. Children who come into the care system bring with them feelings of loneliness and sadness which may continue into adult life (Richman, 2000). Such an event will break the lifeline of a developing child given that many children who are looked after in foster care or residential care will have had insecure experiences of attachment and care giving, sensitive care giving and continuity at this time are paramount to the preservation of the child's emotional health. If such children are subjected to further separations, which may easily happen, since children with disorganized patterns of attachment are likely to test the staying power of the majority of caregivers, this will only increase children's sense of being unlovable (Richman, 2000). These children need experienced caregivers who are themselves secure in their adult attachments and have living circumstances where children can be given the attention and consistent response they need. In some cases children will have to learn how to be social beings from scratch (Aldigate and Jones, 2007). The other important issue to note is that multiple attachments are very much part of the lives of many children and should be taken into account in assessing a child's attachment behavior. Separation from brothers and sisters even if they may be in the same institution further deprives them of family and the psychological need of attachment. Attachment relationships are by nature dynamic. A child and a caregiver will constantly negotiate different patterns of behavior as the child grows up. Experiences within childhood can alter internal working model for good or for ill. It is possible for a child who has been moved from an environment of insecure attachments to one which is secure to change their perception of the world but this will take very sensitive and purposive care giving coupled with a lot of commitment. Studies of adoption and fostering of children placed between 4 and 8 years show that children can improve their internal working model positively although younger children show more change than older children (Aldigate and Jones, 2006). Positive care giving includes: Providing a secure base from which a child can explore the world and to which he or she can return at times of stress, anxiety, or tiredness.

- Being sensitive to the child's experience of the world, that is his or her fears, worries and help him or her make sense of it
- Telling the child that he or she is loved and valued for what he or she is not for what he or she does
- Providing boundaries and teaching what is and

what is not acceptable in a firm none aggressive way

- Working to provide new experiences and opportunities for learning and for social building relationships
- Helping the child build his or her biographical memory through contact with family and friends and the culture of which he or she is part, and through talking about experiences and linking them with what has happened and what may happen in future (Aldigate and Jones, 2006).

Thus, a study of perceptions of caregivers into attachment-related concerns in the institutionalized setting was deemed to be highly relevant; especially in light of the fact that Zimbabwe is faced with a huge number of orphans who need to be provided with appropriate care to foster good development. Psychosocial issues are one of the most researched areas in orphanages, and studies have repeatedly demonstrated issues with insecure attachment, hyperactivity, decreased self-efficacy and other behavioral problems. In a study on perception of caregivers in the Dominican Republic, a country greatly impacted by HIV/AIDS, in regard to their children's behavior caregivers perceived significant pathological internalizing behavioural symptoms in immune suppressed children, compared to children with less disease progression. Analyses of gender comparisons revealed that older female children were perceived as withdrawn/depressed by their caregivers. These findings suggest that children's HIV status may be an important contributor to caregiver perception on children's behaviors. Caregivers of institutionalised HIV<sup>+</sup> children face many challenges related to both physical demands and emotional well-being. (Burgos et al, 2007), of the 27 studies scientifically investigated by Johnson et al. (2006) cited by Browne, (2009) concerning the development of children who have been raised in institutions, 17 studies measured social and behavioural problems that were more prevalent in residential care children compared with other children. Evidence of negative social or behavioural consequences for children raised in institutional care was reported by 16 (94%) of the studies, highlighting problems with anti-social behaviors, play and peer/sibling interactions and social competence. In addition, one in ten children who spent their early lives in poor conditions, often deprived of interaction with others, were found to show 'quasi-autistic' behaviours such as face guarding, stereotypical self-stimulation behaviours, such as body rocking or head banging. However, the severity and duration of difficulties varied greatly across the studies, reflecting the different situations and experiences of the children studied in various countries (Browne, 2009). Observations carried out in European residential care homes have since confirmed more stereotypical behavior in children who are under

stimulated in poorer quality institutions. The young children were observed to have become socially withdrawn after six weeks of placement. As a consequence of failed interactive initiatives, young children learn not to be sociable, and visible efforts of a child to interact with others become rare due to unresponsive care-giving practices (Nelson et al., 2007, in Browne, 2009).

Johnson et al (2006) cited in Browne, 2009) again reviewed 12 studies that specifically considered the formation of emotional attachments for children in institutions compared with other children. Only one study found no supporting evidence for greater attachment difficulties for children growing up in residential care. Nine studies reported significantly more indiscriminate friendliness, over-friendliness and/or disinherited behavior for children in institutions, suggesting 'disorganized attachment disorder' has greater prevalence among these children compared with children in families or children who were admitted to institutional care after the age of two years (Browne, 2009).

In a study by Colton (1992) residential caregivers were found to make greater use of inappropriate and ineffective techniques of control than special foster parents. The children's homes were found to be generally less child oriented than special foster homes. Such findings seem to confirm the role of residential caregivers involves a heavy emphasis on control and supervision. Residential caregivers and the children they looked after had a lesser degree of familiarity and social closeness.

The social behavior of previously institutionalized Romanian orphans was compared to both Canadian-born children and children adopted from Romania at an early age. The majority of the children were examined at 4-1/2-years of age with a small group of older children included in the study. The research was part of a larger longitudinal study encompassing the cognitive development, behavioural and medical problems, and attachment of the children from Romania. It was found that the previously institutionalized Romanian orphans scored more poorly on measures of social skills and had higher numbers of problems with social interactions. Social problems were correlated with the length of time spent in orphanage, the age and income of the parents, and I.Q. Difficulty with social skills and social problems were related to attachment and to extreme indiscriminately friendly behavior, and to the stress felt by the caregivers. Difficulties with social skills and social problems were also related to the number of children adopted by the family from Romania. Children adopted from Romania before the age of 6 months were comparable to non-adopted, never institutionalized Canadian-born children (Thompson, 2001).

Children's needs are at the heart of contemporary public concern and institutionalised children are no

exception. Greig, et al (2007) observe that one of the major research themes relate to the relationship children have with their parents in particular and the effects of unusual relationships upon child development hence attachment theory. Conceptualizing childhood in terms of needs reflect the distinctive status accorded to young humanity in the twentieth century western societies (Richman, 2000). This study seeks to find out caregivers' perceptions of attachment behaviours of institutionalised children in the Zimbabwean context.

## METHODOLOGY

### Research design

This study employed a qualitative research design. It is idiographic in that it seeks a deep, detailed, and descriptive understanding of the participants' perceptions (Creswell, 2007). The use of this qualitative research design was informed by the nature of the research questions, which focused on caregivers' perceptions and the ways that they attribute meaning to particular issues related to attachment theory and institutionalized children. This design was therefore deemed suitable for use in this particular study as it allows for a rich description and deep understanding from the perspective of the participants.

### Sample and sampling procedure

The study was conducted at three selected well established and registered children's homes in Zimbabwe. Purposive sampling method was employed because of the specificity of participants required for the study. As such, the researcher selected nine participants, three from each institution who were employed as caregivers on a full-time basis at the time of the study and who had worked continuously as care givers for at least five years. Participants' work experience ranged from five years to twenty-four years. No part-time staff or volunteers were considered for inclusion. The inclusion criterion of being a full time caregiver was decided upon because time and proximity are prerequisites for the formation of attachment bonds (Zeanah and Fox, 2004). It therefore seems more important to investigate the perceptions of full-time caregivers over part-time helpers, because by virtue of the longer hours they work, they may have an opportunity to attach to the children which part-time caregivers and volunteers may not have. Semi-structured interviews were used to carry out face-to-face interviews with participants. I administered the interviews personally and issues of validity and reliability were taken into account.

## Data collection procedure

The data used for this study was collected through the use of individual, semi-structured interviews. Devlin (2006) states that interview methods of data collection fit well with the tenets of the qualitative research design and as such are often heavily relied upon in these types of studies. The interviews ranged in duration from 40 to 60 minutes. Interviews were terminated when it was felt that saturation had occurred. While the format of the individual, semi structured interview is flexible, allowing questions to be adjusted to each of the participants as necessary, the risk with using this type of interview is that the interviewer may use leading questions, which affects the validity of the results (Babbie, 2004). During the interview, the responses were noted down to make sure every word expressed was recorded.

## Analysis of data

Data was analyzed through content analysis where themes were allowed to emerge using line by line coding and categorization. The concepts identified clearly stipulated caregivers' perceptions of attachment behaviors exhibited by institutionalised children. This helped to make the data manageable.

## RESULTS

The study set to find out caregivers' perceptions of attachment behaviors exhibited by institutionalised children. Findings of the study are presented verbatim and in descriptive form under emergent themes. All the nine participant's responses were represented in the findings that presented in the following paragraphs:

### Long working hours

In answering a question on working hours the following were the responses:

- *I work for the whole day*
- *I start work very early around five and finish late when all children are in bed*
- *I work day and night because babies work up at night*
- *I work till very late. No time to rest.*

All the nine respondents revealed that they worked for long hours.

### Large number of children under one caregiver

Responding to a question concerning the number of

children under their care, participants gave the following responses:

- *I take care of twelve children in my family, I don't have babies*
- *I have ten children they all go to school; one is at a boarding school*
- *I look after nine children, both boys and girls*
- *I take care of the babies; have an assistant who is a part-time worker*
- *I look after nineteen girls because we still have a dormitory setup*
- *Eighteen boys who stay in one dormitory but it is tiresome*

These responses revealed that caregivers were looking after large numbers of children.

### General perceptions of child care giver on attachment and behaviours

Asked to say what they enjoyed most about their job participants gave the following responses:

- *I love children*
- *Serving God*
- *I am learning, but I like working with children*
- *Teaching children to cook and wash*
- *Cleaning and cooking*
- *Children learn a lot*
- *Feeding and cuddling babies, but it can be tiresome.*
- *It is all business throughout the day*
- *Group is large but I try*

These responses revealed mixed feelings about the job of being a caregiver.

In response to a question to state what is difficult about the job of care giving the care givers responded in the following ways:

- *Difficult are children, some lack respect*
- *Working long hours, even staying awake at night*
- *Large families are not realistic, the job is overwhelming*
- *Illnesses are a problem especially HIV/AIDS orphans*
- *Counseling different age groups not easy but I try to help them*
- *Homework time is difficult and challenging*
- *Some children have negative attitudes, different needs and different characters*

The most striking responses were those related to HIV/AIDS and homework.

Asked why they needed to form close emotional and social relationships with children caregivers gave the following responses:

- *Children want to be loved, they need mother love*

- *To help them forget the past*
- *Children should feel at home*
- *Develop a family spirit and bonding with babies*
- *Children need to feel mother love and care but it is difficult to check*
- *To help children develop social skills*

These responses indicated that caregivers had a general idea of they needed to form close emotional and social relationships.

Asked to describe what they thought children needed from them as caregivers, participants gave these responses:

- *A mother, someone to confide in, someone to look up to*
- *To be understood, protection and love*
- *Some children need security because they have been abused*
- *Love, reassurance and protection from harm*

These responses revealed that caregivers were aware of some of the psychological needs of children under their care.

Responding to a question about how they felt about the children under their care participants gave multiple these responses:

- *I love them, sometimes I feel overwhelmed but I persevere*
- *I need to serve them but there is too much to be done*
- *I love them but some of the older ones are unruly*
- *Obligation, sorry, helpful*
- *They need protection from abuse, I need to make a difference in their lives*

The responses indicated that caregivers loved the children they care for and they wanted to make a difference in these children's lives.

Asked to state what they believed children under their care felt about them, caregivers responded as follows:

- *They like short stories that I tell them*
- *Children have different feelings towards me*
- *Babies feel happy and loved*
- *Some are friendly and others are withdrawn*

The responses revealed that children had mixed feelings about their caregivers

Participants were required to identify important care giver qualities to foster attachment behaviours and they identified the following qualities:

- *Sympathy, motherly and loving*
- *Prayerful, counseling and helpful*
- *Loving, caring and motherly*
- *Motherly, cares for all children and has no favorites*
- *Loves all equally and goes an extra mile*
- *Positive caring does not work for money only but*

wants to improve children's behaviours

- *Helpful, counsel children, act as mother and father to meet children's needs*

Qualities identified by caregivers showed that they are aware of some of the required qualities.

Asked how they thought their personalities influenced the behavior of children in institutional care participants gave the following responses:

- *They copy good or bad behavior*
- *They learn from care givers, they can imitate what we do*
- *Can improve or worsen children's behaviours*

A general understanding that emerged was that children can imitate behaviors

### **Perceptions of care givers on attachment and behavioral problems**

When asked to identify attachment and behavioural problems displayed by children under their care participants gave the following descriptions:

- *Identity problems where they continuously seek to know their relatives' whereabouts*
- *Stealing may be attention seeking*
- *Attention seeking and hyperactivity*
- *Withdrawn and anxiety*
- *Temper tantrums, clinging*
- *Stubborn and unfriendly*
- *Bad language and lying*
- *Lack of respect*
- *Fear*
- *Being abusive*

These responses revealed that there is a wide range of attachment and behavioral problems that that are experienced by children under care

Responding to a question on perceived consequences of lack of attachment and behavioral problems participants gave the following responses:

- *Some of them may never be resolved*
- *May seek attention from wrong people including abusers*
- *Behavior problems such as depression, suicidal tendencies may occur as a result*
- *Failure to adjust to new situations*
- *Illnesses may persist because there is lack of communication and attachment*
- *Some children end up in prison or in jail*
- *Some children may not succeed in life, even in marriage*

Participants' responses revealed that some of the consequences of the attachment and behavioral problems can be detrimental to children's lives.

## DISCUSSION OF FINDINGS

The analysis and interpretation of findings sort to address themes that emerged during interviews with caregivers on their perceptions regarding attachment and behavioral problems exhibited by institutionalised children in the Zimbabwean context. Caregivers revealed that they worked for long hours and they hardly find time to rest. Some of the children frequent the toilet at night. On further probing some of the care givers indicated that they did not have stipulated working hours just like a mother in her natural home. The main difference is that nuclear families are not very big and they are managed by both father and mother. These responses revealed that caregivers were looking after large numbers of children which meant a lot of work, leaving them with no time to form close attachments with children. It was also found out through further probing that even in the absence of children, when they are at school, caregivers continued with household chores as well as looking after babies who left them with little or no time to rest. These responses revealed mixed feelings about the job of being a caregiver. There is an indication that it is a good job but there is not much on enjoyment. The responses indicated that caregivers loved the children they care for and they wanted to make a difference in these children's lives. However they lamented that work was overwhelming. This can be interpreted to mean that caregivers were left with little or no time to form attachments. If the child experiences maternal deprivation, where the maternal figure is emotionally or physically unavailable, an insecure attachment is thought to result (Bowlby 1951, cited by Aldigate and Jones experienced, 2006). This is also in line with what was reported in a study by Colton (1992) in which residential caregivers were found to make greater use of inappropriate and ineffective techniques of control than special foster parents. The children's homes were found to be generally less child oriented than special foster homes. Such findings seem to confirm the role of residential caregivers involves a heavy emphasis on control and supervision. Residential caregivers and the children they looked after had a lesser degree of familiarity and social closeness. Caregivers face many challenges related to both physical demands and emotional well-being of children.

The most striking responses were those related to HIV/AIDS and homework. Further probing revealed that there was need of regular visits by medical practitioners to orphanages because caregivers did not have enough time to give proper individual attention to children who suffered from opportunistic infections. They ended up going to the clinic almost daily with one or two children from the institutions for them to get medical attention because the number of children infected by HIV virus is ever increasing. One of the most tragic consequences of

the pandemic has been an orphan crisis, marked by approximately 1,200,000 Zimbabwean children losing one or both parents to the pandemic (Chinake et al., 2004). Caregivers of institutionalised HIV<sup>+</sup> children face many challenges related to both physical demands and emotional well-being (Burgos et al., 2007).

Caregivers also indicated that sometimes they failed to assist children with homework because they did not have the knowhow. Literature is silent on how caregivers should assist children with their homework. On further probing one of the caregivers suggested the need for a trained teacher to assist children with homework but that seems not to be sustainable, unless the teacher employed on is part-time basis.

These responses also indicated that caregivers had a general idea of what they needed to do in order for them to form close emotional and social relationships with children under their care. Caregivers were also aware of some of the psychological needs of children under their care and they tried against all odds to meet the needs. The responses further revealed that children had mixed feelings about their caregivers. Children who are institutionalized at an early age often demonstrate delays in emotional, social, and physical development. The other important issue to note is that multiple attachments are very much part of the lives of many children and should be taken into account in assessing a child's attachment behavior. Attachment relationships are by nature dynamic. A child and a caregiver will constantly negotiate different patterns of behavior as the child grows up. Experiences within childhood can alter internal working model for good or for ill. It is possible for a child who has been moved from an environment of insecure attachments to one which is secure to change their perception of the world but this will take very sensitive and purposive care giving coupled with a lot of commitment. Studies of adoption and fostering of children placed between 4 and 8 years show that children can improve their internal working model positively although younger children show more change than older children.

Qualities identified by caregivers showed that they are aware of some of the required qualities, but they did not articulate them showing that they had a general idea of the type of care they were supposed to provide. Richman (2000) indicated that, positive care giving includes: providing a secure base from which a child can explore the world and at which he or she can return at times of anxiety, stress or tiredness; being sensitive to the child's experience of the world; telling the child that he or she is loved and valued for what he or she is, not for what he or she does. Providing boundaries and teaching what is and what is not acceptable; working to provide new experiences and opportunities for learning and for social relationships.

These responses revealed that there is a wide range

of attachment and behavioral problems that are experienced by children under care. Where children experienced a permanent loss of an attachment figure through death, they need to be allowed to grieve that loss in an age appropriate way. Above all they need to have sensitive care giving which allows them to express their grief and to find a replacement attachment figure. Children who come into the care system bring with them feelings of loneliness and sadness which may continue into adult life (Richman, 2000). Such an event will break the lifeline of a developing child given that many children who are looked after in foster care or residential care will have had insecure experiences of attachment and care giving, sensitive care giving and continuity at this time are paramount to the preservation of the child's emotional health. If such children are subjected to further separations, this will only increase children's sense of being unlovable. These children need experienced caregivers who are themselves secure in their adult attachments and have living circumstances where children can be given the attention and consistent response they need. In some cases children will have to learn how to be social beings from scratch (Aldigate and Jones, 2007).

Participants' responses revealed that some of the consequences of the attachment and behavioral problems can be detrimental to children's lives. Children brought up in institutions may suffer from severe behavior and emotional problems, such as aggressive or antisocial behavior, have less knowledge and understanding of the world, and become adults with psychiatric impairments (Lopez and Allen, 2007, in Bough, 2008). Evidence of negative social or behavioural consequences for children raised in institutional care was reported by 16 (94%) of the studies, highlighting problems with anti-social conduct, social competence, play and peer/sibling interactions. Observations carried out in European residential care homes have since confirmed more stereotypical behavior in children who are under stimulated in poorer quality institutions. After six months the young children were observed to have become socially withdrawn. As a consequence of failed interactive initiatives, young children learn *not* to be sociable, and visible efforts of a child to interact with others become rare due to unresponsive care-giving practices (Nelson et al., 2007, in Browne, 2009).

## CONCLUSIONS

The following conclusions were drawn: Positive attachment behaviors are not adequately addressed. There are time constraints due to large child-caregiver ratio. Institutional care tends to worsen some children's psychological problems while others benefit.

## RECOMMENDATIONS

The following recommendations were made:

- Reduce child to care giver ratio
- Family set up is better than group set up
- Reduce tasks for mothers so that they have time to develop bonding relationships with children under their care.
- Training workshops should be held regularly.
- There is need to channel some funds from the AIDS levy to children's homes.

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