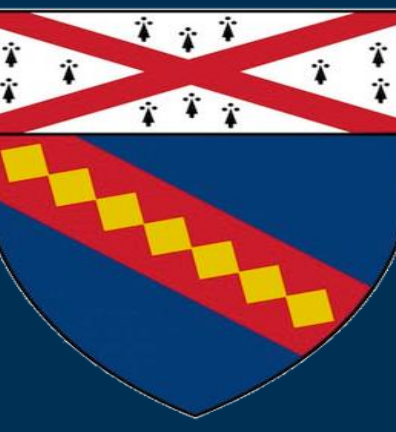




“Doesn’t He Know That I Love Him?”: Promoting the Psychosocial Well-Being of Caregivers and Children in Rwanda



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Background

- Rwanda has recently transitioned from a residential child-care system to raising children in deinstitutionalized, family-based settings via the *Tubarerere Mu Muryango* (Let’s raise children in families) program
- Residential care systems, many of which have become child-care/community centers, have identified the need to support caregivers who have experienced traumatic events and psychosocial stressors
- A University of Rwanda, Gisimba Memorial Center (GMC), and Yale School of Public Health partnership was created to establish GMC as a regional center for trauma-informed child-care

Research Aims

- Assess the lifetime trauma histories, mental health, and psychosocial resources of caregivers and children served by GMC and other community partners
- Understand how existing psychosocial interventions could be adapted to meet identified needs among caregivers and community partners

Methods

- Two focus groups were held to gather key community partners’ perspectives on perceptions of childrens’ and caregivers’ mental health needs in relation to trauma history
- Focus group participants also assessed cultural responsiveness and coherence of a draft survey, which aimed to assess the lifetime trauma histories, mental health, and psychosocial resources of caregivers and children
- A total of nine residential care staff members and eight caregivers were interviewed

Qualitative Findings

Theme 1: The Strongest Needs of Children Supported by Community Partners

Care and Attention: “Although a parent can be poor, some of them take responsibility for fighting for their children.[Some] Parents don’t understand it’s their responsibility, so it’s a matter of mindset first. The thing I think as a solution to this is to first talk to parents.” (Female staff member)

Education Sponsorship: “They should support our children by financing their studies. Even though they put that school in place, it is only an ECD. After the ECD, he needs to go to primary school, but they don’t support him at this stage.” (Female caregiver)

After School Educational Support: “These kids should be helped because, as you see, most of us are illiterate. Children remain with what they learn at school, and after school we are unable to help them with their studies.” (Female caregiver)

Counseling Need for Children: “Yes, even those children need it (counseling), because even they have survived a hard life that’s difficult for them.” (Male staff member)

Theme 2: The Biggest Needs of Caregivers of Children Served by Community partners

Financial Support: “Mostly, it’s financial support. A child can spend a whole day playing here at the center, but when he comes back home he finds nothing to eat being prepared for him and he becomes more mentally disturbed.” (Male caregiver)

Positive Parenting Skills: “Parents are not the same; there are those who need someone to talk to and then those who know how to communicate with these children in a way that doesn’t make them uncomfortable or upset.” (Female caregiver)

Counseling for Trauma Treatment and Conflicts Resolution: “You cannot learn about existing conflicts without seeing them at their homes. There will be a need to visit the parents and get to know their underlying violence, and then put them together for counseling.” (Female caregiver)

Theme 3: Main Services Offered by Community Partners

Child-Care: “They [the children] don’t even think about going home; If you let them, they would spend the night.” (Male staff member)

Emotional Support: “We are teen mothers. They helped us to find ourselves in society and to feel that we are not alone.” (Female caregiver)

Financial Support: “In regard to poverty, there are some who come to this center; where we have an atelier where they are taught to sew certain things. Or a parent can be given capital she can use to sell certain things and fight against poverty.” (Female staff member)

Theme 4: Additions or Enhancements Required

Volunteers’ Compensation: “I think they should be paying those volunteers or the members. I think they should assign them a certain amount of money.” (Female Staff member)

Strengthening Child-Parent Relationship: “We need more training; we need to know more so that we are able to reach many different parents in order to know if a parent belongs in this class.” (Male staff member)

Children’s Education: “Our babies could be supported to go to school because most of us live alone, and some have failed to resume their studies.” (Female caregiver)

Business ideas and capital: “Another support they would give us is the ideas and actions support, so that parents arrive to find a job and in return support their families.” (Male caregiver)

Theme 5: Problems Faced by Children Served by Community Partners

Poverty: “Poverty in families cause the parents to not give time to their children. A child is abused in different ways. For example, they don’t have enough financial resources to take care of the child.” (Male staff member)

Domestic Violence and Family Conflict: “The other thing is parents who divorced, and one of the parents takes the child.[...] the child is only allowed to see his father; even though the child wants to, he is confused.” (Female staff member)

Family Planning: “Going around with different men giving birth to children with different fathers is a different kind of problem, and the child is abused in that way.” (Male Staff Member)

Caregivers Childhood Experience: “I grew up as an orphan, yet I have a parent.” (Male staff member)

Results and Implications

- Five overarching themes were identified through a synthesis of deductive and inductive thematic methodologies
- Themes underscored the importance of care and attention in supporting de-institutionalized children, the critical need for financial support, positive parenting skills, and the implementation of trauma informed care for conflict resolution among caregivers
- Results from the focus groups were used to inform and enhance the next iteration of a survey that adequately captures these needs in culturally and contextually appropriate manner



Future Directions

- 154 caregivers of children 3-7 years of age completed a survey to assess lifetime trauma exposure, post traumatic stress symptoms, parenting (acceptance-rejection), social support, and child emotional and behavioral problems
- Future focus groups with caregivers and community partners will be conducted to present qualitative and quantitative findings
- Quantitative and qualitative data will be leveraged to gain a deeper insight into the needs of caregivers to better inform the identification and adaptation of an intervention that meets the psychosocial needs of caregivers in Rwanda

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