

USING PHOTOVOICE AND PARTICIPATORY ACTION RESEARCH TO  
IDENTIFY FACTORS WHICH IMPEDE AND PROMOTE HEALTH AMONG  
ORPHANS IN SIERRA LEONE

A DISSERTATION

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## ABSTRACT

ASHLEY WALKER

### USING PHOTOVOICE AND PARTICIPATORY ACTION RESEARCH TO IDENTIFY FACTORS WHICH IMPEDE AND PROMOTE HEALTH AMONG ORPHANS IN SIERRA LEONE

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The main purpose of this study was to identify the ecological factors, which impede and promote health and well-being among world orphans in Sierra Leone as described by caregivers from a non-governmental relief organization in Sierra Leone. Using participatory action research and photovoice, 10 non-governmental organization caregivers took photographs capturing the different ecological factors affecting orphan health and well-being. The participants then discussed their photographs in an in-depth interview with the researcher to contextualize the photographs which best captured “their story.” Data analyses included an analysis of the audio recorded interview transcripts using the constant-comparative method to identify the significant themes and patterns that emerged from the dialogue. Results indicated three emergent categories. Each category was supported by common themes identified through the data analysis. The findings revealed the need for more community and global action to improve health and well-being of orphans in Sierra Leone. Findings also revealed the impact of participatory action research on the caregivers of All As One. Further discussion of results can be found in Chapters 4 and 5. The findings of this study can be used as a needs assessment

to other non-governmental and governmental agencies that provide care to world orphans.

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# CHAPTER I

## INTRODUCTION

### Rationale

Children who are healthy and well-educated contribute to a society's overall economic and civil stability (Global Health Council, n.d.). Children's education is influenced by many factors. In less developed countries, the primary contributor to both illiteracy and disease is poverty. Global disparities in education are commonly born by poverty, which may stem from the increasing numbers of children world-wide living without parents. Without parents or other family members to support them, children in developing countries are forced to migrate away from their homes, drop out of school, and engage in risky behaviors to financially support themselves and their siblings (Global Health Council, n.d.).

An estimated 143 million children are orphaned worldwide. The most affected areas are the 93 countries of Africa, Asia, Latin America, and the Caribbean (UNICEF, 2004). Since 1990, the world has seen an increase of orphans by an estimated three percent (UNICEF, 2004). The largest proportion of world orphans is seen between the ages of 12 and 17 (approximately 79 million). An estimated 47 million are between 6 and 11 years of age and 17.5 million are under the age of six (UNICEF, 2004). The increase in world orphans is primarily attributed to the increase in global HIV/AIDS rates (UNICEF, 2004). The continent hit hardest by HIV/AIDS is Africa. Africa is the only

continent that has not seen a reduction in the number of orphans; in fact the numbers are steadily increasing (UNICEF, 2004). Africa tends to be in constant conflict and children living in countries in conflict are said to be the most affected not only by violence, but HIV/AIDS. In 2003, approximately one-third of the children orphaned by HIV/AIDS lived in countries recently affected by war (UNICEF, 2005).

Sierra Leone, a West African country bordering Guinea and Liberia, is recovering from a decade long civil war. During the 10 year-long conflict, approximately 70,000 people were killed with thousands more injured or maimed (Pham, 2005). The country occupies approximately 27,699 square miles, which is smaller than the state of South Carolina (Pham, 2005). Sierra Leone may seem like an insignificant country compared to others in Africa, but this small country is home to some of the largest social, economic, environmental, and health-related “ills” on the African continent. These challenges threaten the futures of world orphans living there.

For example, only 57 % of Sierra Leone has access to drinking water (World Health Organization, 2006). Furthermore, Sierra Leone reports the highest mortality rate of children under the age of five world-wide (UNICEF, 2003). Infant and maternal mortality rates are also ranked among the highest (Central Intelligence Agency, 2007). The total life expectancy of males and females in Sierra Leone is ranked as the third lowest in the world (37 and 41 years respectively). Years of healthy life expectancy is ranked as the lowest reported in the world for both males and females (27 and 31 years respectively). Furthermore, The World Health Organization (2006) reports approximately

16,000 children and 170,000 adults are living with HIV/AIDS in Sierra Leone. Estimated reports identify 340,000 children have been orphaned by all causes of parental deaths and an estimated 42,000 are orphaned by HIV/AIDS (UNICEF, 2005).

Consequently, it is not surprising that males and females in Sierra Leone have among the lowest reported literacy rates in the world (47% and 25% respectively) (Central Intelligence Agency, 2007). Until factors that impact literacy and health are identified and addressed in this region, a large percentage of the world's children will never grow to adulthood. Without proper intervention, even orphaned children who survive will be doomed to a sentence of illiteracy, extreme poverty, disease, and social unrest. This will have a profound impact on the global society, as the effects of poverty, illiteracy, disease, and political instability disrupt the economic, social, and health status of other countries.

### Statement of the Purpose

The purpose of this participatory action research study is to identify the current sociological, economic, environmental, political, and cultural factors which impede and promote health among orphans in Sierra Leone as identified by caregivers employed by a non-governmental relief organization using photovoice.

### Theoretical Foundations

The theoretical foundations that guided this study were Participatory Action Research (PAR), Ecological Perspective, and Social Constructivism. These will be discussed in further detail below:

Participatory Action Research is a systematic process that focuses on specific research questions with the intention of taking action (Brighton & Moon, 2007; Creswell, 2007; O'Brien, 1998). The main purpose of action research is to put the capability of change in the hands of the participants so they can transform their own lives (Creswell, 2007; Liu, Gao, & Pusari, 2006; O'Brien, 1998). Action research works to empower participants through their active participation in the study's process. Through empowerment people learn best and are more willing to apply the information if initiated through the community (Creswell, 2007; Liu, Gao, & Pusari, 2006; O'Brien, 1998). In action research, participants are active in facilitating the study; however, the researcher oversees and orchestrates the study's protocol to assure that appropriate methodology is used so that the study achieves its purpose. The researcher also determines with help from the participants what is culturally appropriate and feasible for the audience and situation that is being observed (O'Brien, 1998).

Ecological Perspective supports the idea that if changes are made to the social environment through community and public policy these changes will produce change in individuals (McLeroy, Bibeau, Steckler, & Glanz, 1988).

Social constructivism seeks to help participants better understand the places in which they live or work. The purpose is to allow the participants to discuss their perceptions in order for researcher understanding of the phenomena under study (Creswell, 2007).

## Research Questions

The following questions and sub-questions guided the action research:

1. What are the current sociological, economic, environmental, political and cultural factors which impede and promote literacy and health among orphans in Sierra Leone as identified by caregivers employed by a non-governmental relief organization?
  - a. How do caregivers employed by an international non-governmental relief organization (All As One) depict the challenges of child orphans in Sierra Leone through photovoice?
  - b. Why do caregivers believe these barriers exist?
2. What role do non-governmental organizations (NGOs) play in caring for world orphans in Sierra Leone?
  - a. What services do they provide?
  - b. How does this care differ from services provided to orphans in other African countries?
  - c. What gaps exist in providing care to orphans of Sierra Leone?
  - d. Why do these gaps exist?
  - e. How can non-governmental relief agencies work together to improve care for orphans in Sierra Leone?



## Delimitations

The study had the following delimitations:

1. Only workers of a non-governmental relief organization which is U.S. based were allowed to participate in the study.
2. Only a U.S. based non-governmental relief organization that works with orphans in Sierra Leone was allowed to participate in the study.
3. Only those representatives who volunteer and complete the informed consent form were considered participants to this study.

## Limitations

This study will have the following limitations:

1. A purposive sample including one U.S. based non-governmental organization working with orphans in Sierra Leone was used. The results will reflected reports specific to this population and the country of Sierra Leone, therefore, the results may not be generalized to all other non-governmental relief organizations working in Africa and with orphans.
2. The data collected was self-reported, this type of data collection is subject to bias and error.
3. The workers of the non-governmental organization may not have felt comfortable expressing opinions and ideas; however, some workers could have used this study to reach personal agendas.

## Assumptions

The following assumptions were made in order to conduct this study:

1. Workers from the NGO participating in this study provided honest and complete answers to the questions in the survey instrument.
2. Workers from the NGO spoke and wrote either American English or Krio English and comprehended the questions used in the survey instrument.

## Definition of Terms

**Displaced Children:** a child under the age of 18 who is classified by at least one of the following: affected by armed conflict, street children, children with disabilities, children separated from normal care circumstances (USAID, 2007).

**Double Orphan:** a child under the age of 18 who both parents are dead (USAID, 2004; World Bank, 2004).

**Maternal Orphan:** a child under the age of 18 whose mother is dead (USAID, 2004; World Bank, 2004).

**Non-governmental Relief Organization:** An organization that is not funded by the government.

**Orphan:** a child under the age 18 whose mother, father, or both parents are dead (USAID, 2004; World Bank, 2004).

**Paternal Orphan:** a child under the age of 18 whose father is dead (USAID, 2004; World Bank, 2004).

Participatory Action Research: a type of research which involves the research participants in the process of identifying obstacles and allowing the participants to become actively involved in creating an action plan to address the obstacles that block the acquisition of needs and opportunities (Stuttaford & Coe, 2007).

Photovoice: a component of participatory action research using photography to initiate social change (Wang, Burris, & Xiang, 1996).

### Importance of the Study

Qualitative based research can create a better assessment of the epidemiological, psychosocial, behavioral, and educational factors that inhibit the promotion of literacy and health among these orphans in Sierra Leone. By using action research, this study served as a needs assessment for non-governmental relief organizations, social workers, government officials, and local citizens to develop interventions, initiatives, and policies that will improve the literacy and well-being of world orphans in Sierra Leone.

## CHAPTER II

### REVIEW OF LITERATURE

#### The Orphan Crisis

In order to gain a full understanding of the problem of orphanhood globally, it is important to frame the issue from the sociological, cultural, economical, and environmental standpoint. The numbers of world orphans continues to rise. With the increasing numbers of world orphans, a greater understanding of their societal impact is needed.

The country hit hardest by the orphan crisis is Africa. In Africa an estimated 15 million children are orphaned (Andrew, Skinner, & Zuma, 2006). By 2010 the numbers of orphans (both single parent and double parent) is estimated to increase to an astonishing 18 million African children (Andrew, Skinner, & Zuma, 2006). The majority of orphans live in Sub-Saharan Africa. Eight out of ten children 15 and under have lost one or both parents. These numbers continue to rise, largely attributed to the increasing numbers of HIV/AIDS cases. For example, in Zimbabwe, 25 % of the population is HIV (+) and one-fifth of the countries children are orphaned (Howard, Phillips, Matinhure, Goodman, McCurdy, & Johnson, 2006). In southern Africa 440,000 children are double orphans and 820,000 children are either maternal or paternal orphans (Howard et al., 2006). The number of orphans reported in Asia, Latin America and the Carribean is decreasing; however, the number of orphans reported in Africa is steadily increasing.

The reported statistics of world orphans are flawed. It is often difficult to obtain accurate measurement leading to the possibility of under reported numbers. According to Skinner et al. (2006), most NGOs promote assistance for children 18 and under. The narrow definition of orphanhood provided by UNAID restricts providing assistance to children above the age of 15; therefore, most reported numbers of orphans in world reports are based on orphan children age 15 and under (Skinner et al. , 2006). However, in the newest *Children on the Brink Report* (2004), the shift has been made to include children age 18 and under. The shift is a start, but governmental funding agencies and outside donor sources still use UNAIDS old definition. It will take time to create an universal shift to include all children under the age of 18.

Bicego, Rutstein, and Johnson (2003) identified the struggle in collecting data to measure accurate numbers of world orphans. Many orphans are absorbed by extended family. The households neglect to label the children as orphans; therefore, many households report caring for non-orphans. To many citizens of Africa, the term “orphan” simply means a child without care (Meintjes & Giese, 2006). This definition conflicts with the term coined by governmental agencies causing problems with accurate survey data. This disparity may hinder the chance for adequate funding for child welfare programs. Another common problem causing inaccurate measures includes the likelihood for the fathers to remarry. This affects the reports of maternal orphans because often the “new” mother is reported as the child’s biological mother (Bicego, Rutstein, &

Johnson, 2003). Accurate measurement is important at the country level. These measurements are often the supporting data presented to seek and obtain outside funding used to improve the overall health and well-being of world orphans.

### Threats to World Orphans

AIDS and the economic decline of developing countries is straining society's ability to care for world orphans. The lack of stable care is increasing a child's vulnerability (Howard et al., 2006). Without parents or other family members to support them, world orphans in developing countries are forced to migrate away from their homes, drop out of school, and engage in risky behaviors to financially support themselves and their siblings (Global Health Council, n.d.). Orphans are more vulnerable to emotional instability, poverty, limited medical care, limited education, illiteracy, social stigma, and child labor exploitation (Ainsworth & Filmer, 2006; Kidman, Petrow, & Heymann, 2007; Nyamukupa, Gregson, Lopman, Saito, Watts, Monasch, et al., 2008; Skinner et al. , 2006). Healthy children contribute to a society's growth and stability; therefore, it is imperative to better understand the conditions that threaten world orphans and other vulnerable children.

#### *Migration to Extended Family*

The most common type of orphan care world-wide is extended family care. Approximately 90 percent of orphans are absorbed by extended family (including one parent or two parent orphans) (Beard, 2005; Kidman, Petrow, & Heymann, 2007; Miller, Gruskin, Subramanian, Rajaraman, & Heymann, 2006; Robyn & Shaw, 2006).

Extended-family care is considered the ideal living situation for world orphans. By keeping the children with next-of-kin or distance relatives, it is easier to keep the children within a community in which the child is familiar (Beard, 2005; Miller, et al., 2006; Robyn & Shaw, 2006). African countries have strong cultural identities; therefore, it is important to understand the importance of keeping African orphans in the most familiar cultural context as possible. The children may be able to adjust quickly to change.

Worldwide the numbers of orphans are increasing. Throughout the past decade, numbers of orphans have increased by 23 % (Miller et al., 2006). The increase is primarily contributed to HIV and AIDS; however, the world rates of HIV/AIDS are decreasing because of successful programs related to prevention and treatment (Beard, 2005). However, because of the lag period associated with HIV/AIDS, the world has not yet seen the peak of world orphans (Miller et al., 2006). In Sub-Saharan Africa, 25 million people are reported to be HIV/AIDS positive. With such high numbers, the numbers of world orphans are not projected to decrease in the near future. The problem noted in studies focused around orphan care is that emergency modifications are needed in policy support for orphan children (Beard, 2005; Miller, et al., 2006; Robyn & Shaw, 2006).

As stated by Miller et al. (2006), extended family care is the ideal situation for world orphans. Unfortunately, the AIDS crisis is draining the ability to care for children in the most ideal situation (Howard et al., 2006). Circumstances which are unfavorable to extended family care are child homelessness, abuse, and child-headed households who

are not receiving support (Miller et al., 2006). Migration into extended family is becoming an unrealistic option. The migration to extended families may also cause shifts in lifestyle, kinship relations, cultural traditions and the ability to be a stable family (Freeman & Nkomo, 2006). It is becoming more difficult for extended families to care for world orphans. The urbanization of African countries is creating a disconnect among families creating fewer care options for orphaned children (Miller et al., 2006; Freeman & Nkomo, 2006). Extended families are becoming more afraid of caring for more children because the families fear that more children will create more financial drain (Miller et al., 2006).

Freeman and Nkomo (2006) found that 70 % of primary caregivers have thought about child placement if death occurs (Freeman & Nkomo, 2006). Most of the primary caregivers surveyed in their research agreed that extended family care is the best option (Freeman & Nkomo, 2006). However, the extended families providing care to world orphans reported both financial and household difficulties because of the additional children (Miller et al., 2006). Forty-seven percent of households reported financial strain and 48 % reported difficulties supplying the entire family with basics needs such as food, shelter, clothing, and transportation (Miller et al., 2006). In Zimbabwe, extended families are struggling to eat because these families are caring for orphans. Approximately one-third of Zimbabwe's families report experiencing hunger more than twice a week and less than 10 % of these families report eating meat more than once a week (Howard et al. ,



2006). Fifty-nine percent of the extended families in Zimbabwe feel they have no one to turn to (Howard et al., 2006).

In Botswana, as in other African countries, poor orphan care policies are causing the decrease in extended-family care and the increase of migration problems among world orphans (Miller et al., 2006). The orphan care programs are overlooked by the continuing need and support for other programs focused on anti-retroviral drug treatments to HIV/AIDS affected countries. The orphan crisis is just beginning (Miller et al., 2006). More than 50 % of the extended families caring for orphans in Zimbabwe reported that they predict the children today will be worse off (Howard et al., 2006). It is evident that more attention is needed to investigate alternatives to programs for world orphan care.

#### *Threat of Limited Access to Education*

In Africa, it is proven repeatedly that orphaned children are more disadvantaged in access to education, participation in school enrollment, and consistent school attendance (Ainsworth & Filmer, 2006; Cluver & Gardner, 2007; de la Barra, 1998; Evans & Miguel; 2007; Howard, Phillips, Matinhure, Goodman, McCurdy, & Johnson, 2006; Mishra, Arnold, Otieno, Cross, & Hong, 2007; Oleke, Blystad, Moland, Rekdal, & Hegenhougen, 2006). These disadvantages heighten the likelihood this vulnerable population will engage in risky behaviors or be forced into the workforce at a very young age in order to care for siblings or other family members. One study identified that in Langi Uganda, 41 % of the workforce are children, primarily orphaned children (Oleke,

Blystad, Moland, Rekdal, & Hegenhougen, 2006). With the lack of proper education and job related skills, these children are continuing a pattern that the world has vowed to end by 2015 (United Nations, 2008).

Worldwide 103 million children are not enrolled in school. Of the 103 million not enrolled in school, 99 million live in developing countries. Thirty-six million live in West and South Africa and 40 million live in Sub-Saharan Africa (Ainsworth & Filmer, 2006). The reason for such high numbers of low school enrollment is the high numbers of HIV/AIDS. The numbers of AIDS deaths is directly related to school enrollment; however, civil war and post-conflict countries also contribute to these high numbers of unschooled children (Ainsworth & Filmer, 2006). Another reason for low school enrollment is the inability to pay school fees. For example, in Zimbabwe, 19 percent of the extended families reported that they care for at least one orphan who is not in school because of the inability to pay the school fees required for enrollment (Howard et al., 2006).

Mishra et al. (2007) examined whether orphans in Kenya had lower school enrollment rates compared to non-orphans. They concluded that the orphaned children (both maternal and paternal) were less likely to attend school on a regular basis compared to the non-orphans (Mishra et al., 2007). The researchers also concluded that lower attendance rates actually began prior to parental death. These children from families with an HIV (+) parents are less likely to attend school than those children whose parents are HIV (-). Mishra et al. (2007) also concluded that double orphans are more likely to

attend school than single-parent orphan children. These findings are not understood; however, double orphans are more likely to either be in foster care or supported through government funded programs keeping them in school (Mishra et al., 2007).

Another study conducted in Kenya included approximately 20,000 children both orphaned and non-orphaned (Evans & Miguel, 2007). This study was the first longitudinal study completed comparing children over a period of time in order to accurately determine if orphanhood did affect the schooling of vulnerable children (Evans & Miguel, 2007). The findings supported other studies completed in other African countries that yes, indeed those children who are orphans are more educationally disadvantaged than those who are non-orphans (Ainsworth & Filmer, 2006; Beard, 2005; Mishra et al., 2007). Evans and Miguel (2007) used health measures and local school information records to identify the qualifying households. The study began approximately three to four years prior to parental deaths; therefore, at baseline the households were equal on school enrollment. Some information was collected on school academic performance, but most data came from school attendance records and enrollment records (Evans & Miguel, 2007). Three years prior to death, school participation and performance are similar among the “future orphans” and the “never orphans” (Evans & Miguel, 2007). Approximately two years prior to parental death in the “future orphan” households, Evans and Miguel identified a small drop in school participation (2007). One year prior to parental death, these households exhibited a major drop in school participation compared to the households of “never orphans”.

Evans and Miguel (2007) believed that the drop seen prior to parental death was linked to the child's increased responsibility to care for the sick adult and the increased responsibility to provide caregiving support to the rest of the family. Support may include financial or basic need support such as household chores (Evans & Miguel, 2007). Findings from this longitudinal study also implied that maternal deaths have greater impact on school participation than paternal deaths (Evans & Miguel, 2007). These findings are supported in another study, which found that children received greater emotional support from female-headed households compared to male-headed households (Oleke et al., 2006). In fact, the maternal deaths often led to the child entering into another female-headed household (an aunt, sister, or grandmother) (Evans & Miguel, 2007; Oleke et al., 2006). At times, the father would take a new wife leaving the child to adjust to a new mother. The stepmother relationships are noted to be difficult because the child does not feel equal to the children born to the stepmother and the orphaned children are often neglected education if financial strife occurs (Oleke et al., 2006).

Evans and Miguel (2007) also found that orphans who at baseline were more academically stronger are more likely than other orphans to stay in school. Furthermore, the older the child was prior to parental death influenced school participation. Older orphans are more likely to stay in school compared to the orphans under the age of 12 (Evans & Miguel, 2007). Comparing genders, no difference was found except when comparing gender and age. Girls under the age of 12 are more likely than boys to drop out of school. School enrollment rates dropped 12 percentage points for young girls after

parental death compared to 5 percentage points of young boys (Evans & Miguel, 2007). This study identified the hardship of continuing education for those children who are orphaned or made vulnerable by war and disease, however, the findings in Kenya though extensive may not be generalizable because comparing Kenya to other economically challenged African countries, it is not the most poverty stricken area; therefore, more studies in other regions is recommended.

Lack of education continues the spiral of poverty. The poorer an individual is increases the risk of being exposed to unsafe drinking water and the greater risk to poorer health. Poorer health is often linked to lack of access to quality medical care services (de la Barra, 1998). As problems such as AIDS and civil unrest continue to affect Africa, the number of orphans without a formal education will continue to increase. With less education these children will suffer severe life challenges (Ainsworth & Filmer, 2006).

### *Threat of Psychosocial Issues*

Psychosocial issues related to the death of parents, siblings, next of kin, and friends compromise the health and well-being of world orphans (Ainsworth & Filmer, 2006; Cluver & Gardner, 2007). The emotional well-being of orphans is influenced by several factors. In a study conducted in South Africa, the most commonly noted factors that either increased the risk or protected the child from emotional distress include: the bereavement process, family functioning, social support, poverty, access to education, and social stigma (Cluver & Garder, 2007).

The lack of adequate bereavement is a main contributor to the orphan's emotional well-being. In Sub-Saharan Africa, the common theme found in affecting the bereavement of orphans in Sub-Saharan Africa is the minimizing coping capacity leading to a reduction in psychosocial adjustment (Cluver & Gardner, 2007; Nyamukapa et al., 2008). Psychosocial distress also leads to increased levels of stress, anxiety, depression, and low self-esteem (Nyamukapa et al., 2008). The severity of psychosocial distress is affected by the number of deaths, the sequence of deaths, and the timing of previous deaths in the family (Nyamukapa et al., 2008). The distress affecting orphans is similar to the HIV positive adults. These include social stigma and taboos as well as multiple exposures to death (Cluver & Gardner, 2007). These world orphans are exposed to so much death, the ability to cope with death becomes more difficult. The child is not given enough time to grieve. In South Africa, many orphans identify that parental bereavement is the key to emotional problems (Cluver & Gardner, 2007). As the epidemic continues to grow, these children will continue to see a reduction in their social network; therefore, limiting social support needed to cope effectively with family death (Andrews, Skinner, & Zuma, 2006).

Orphans who have greater connections to both extended family caregivers and the community are less likely to experience symptoms caused by anxiety and depression (Cluver & Gardner, 2007). The importance of the primary caregiver cannot be stressed enough. The child has the need to feel loved, wanted, and respected. Cluver and Gardner (2007) found that the caregiver who provided the most emotional support, praise, and

sense of closeness to the orphaned child was providing the most protection against emotional distress. Adverse caregiving provides the opposite. The child speaks of the feeling of abandonment and the sense of not belonging. Some of the orphans reported feeling different from other children (Cluver & Gardner, 2007). Inequality is felt in the new home.

In Sub-Saharan Africa, children are more likely to suffer from material problems including resources such as money, clothing, shelter, education and health care, emotional problems including the need for love and support for grieving periods, and social problems including the lack of peer support, role models, and guidance in their environments (Andrews, Skinner, & Zuma, 2006). Because of these struggles, the orphans' suffering is confounded by "life" situations creating disability within the lack of an adequate bereavement period.

In Africa, the illness begins to impact the child long before death. With one or both parents ill with HIV, medical care costs create a heavy burden on the family. Income sources are reduced and often time's children become the caregiver limiting the amount of time for education (Andrews, Skinner, & Zuma, 2006). Because the parents are not working, the children's health and well-being are affected by limiting nutritional food content, increasing the poverty rates among families, and limiting the access to certain or all health care services for the child (Ainsworth & Filmer, 2006; Mishra et al., 2007). Studies have shown that orphan children (both one parent and two parents) are disadvantaged to children who are non-orphans in regards to educational, nutritional, and

medical services (Ainsworth & Filmer, 2006; Mishra et al., 2007). These studies have also confirmed that these disadvantages are created by the extreme levels of poverty, social stigma and discrimination experienced by these children (Cluver & Gardner, 2007; Howard et al., 2006).

Mishra et al. (2007) found that orphaned children in Kenya are more likely to become victims of discrimination and social stigma than non-orphaned children in Kenya. The children often fall victim to these experiences at school and with health care. The orphans may also experience discrimination through abuse by their extended family caregivers (Mishra et al., 2007). Mishra et al. (2007) examined the differences in education, nutrition, and health care services provided to orphans and non-orphans living in Kenya and found that indeed orphans, no matter if one parent or two parent, are more disadvantaged in all three services (Mishra et al., 2007). Orphans were found to be less likely to attend school regularly; more likely to be malnourished; and less likely to have treatment for common illnesses such as acute respiratory illness and diarrhea than the non-orphans in the region (Mishra et al., 2007). The researchers validated what has been reported in similar studies in neighboring countries. The researchers provided recommendations for greater support for child welfare programming; however, the researchers neglected to look at the importance of policy management in creating more effective programming.



The short term effects of orphanhood may have long term implications for both the orphan and society. The short term consequences are trauma, depression, maladaptive physical health, poor academic adjustment (grades and attendance), low self-esteem, and increased risk of homelessness (Nyamukapa et al., 2008). Because orphans are more likely to be disadvantaged than non-orphans, they experience the risk of poor health and lack of education. The low self-esteem experienced by the orphan creates a perception of a future filled with low expectations. This may cause the child to acquire fewer job skills and educational skills. This will directly limit the income as he or she becomes an adult. Financial insecurity may lead to increased risk to poverty. Poverty leads to poorer incomes, weaker family connections, and weaker governmental influence (de la Barra, 1998). Childhood trauma may increase the likelihood of risky behavior. Risky behavior may include drug use and sex exploitation; these behaviors may result in chronic illness such as HIV (Nyamukapa et al., 2008).

Large numbers of maladjusted children because of childhood trauma, depression, poor mental and physical health, poor academic adjustment, and low self-esteem may create disruption in the community and even the global society (de la Barra, 1998; Nyamukapa et al., 2008). The economy will suffer from the long-term consequences such as fewer workers with adequate education and job skills. Poor economy may contribute to the poverty rate, which will cause an increase in poorer health. Because of

poverty, poor health and poor education, a community's human development index will suffer (United Nations Development Programme, 1990).

### Children of Sierra Leone

During the 10-year civil war occurring in Sierra Leone between 1991 and 2001, children were abducted and forced to witness and participate in unspeakable war violence including killing, rape, and torture (Medeiros, 2007). Other children living in Sierra Leone faced enormous obstacles, which threatened healthy development. Obstacles included inadequate nutrition, separation from family and friends, interruption of education and the death of parents and siblings (Kline & Mone, 2003). The crimes committed towards the children of Sierra Leone are truly inconceivable and unforgivable. Though the country is at peace today, the instability of the country's youth continues to remind Sierra Leone of the country it once was and the violence it endured in the name of revolution.

There are a number of ecological factors, which threaten children's futures in Sierra Leone. First, Sierra Leone is home to the world's highest child mortality rate and one of the world's worst infant mortality rates (UNICEF, n.d.). Second, access to clean water is limited in Sierra Leone. Only 57 % of the country has access to improved drinking water sources (UNICEF, n.d.). A third factor threatening the future of children in Sierra Leone is the low school enrollment rates among boys and girls. The school enrollment for both primary and secondary education is 68.5 % and 16.9 % respectively (The World Bank, 2005). Limited school enrollment contributes to the fourth factor, a

low literacy rate. The youth male literacy rate of Sierra Leone is 60 % and 37 % for females (UNICEF, n.d.). Little is understood about this country and its children. The civil war contributed to the bleak future these children face in Sierra Leone. For example, during the war thousands of children under the age of 18 were involved in war activities (Denov & Maclure, 2006). The combatants were both boys and girls, in fact, approximately 30 % of the soldiers were young girls (Denov & Maclure, 2006). Many of these child soldiers are now young adults and are contributing to the country's economic development.

Few studies have been conducted regarding the overall health and well-being of these children. Two studies were found examining the mental health concerns of the child soldiers reuniting with family, friends, and community (De Jong & Kleber, 2007; Denov & Maclure, 2006). Denov and Maclure (2006) examined the lived experiences of young female child soldiers. Young female child soldiers not only endured the trauma of committing acts of extreme violence, but the young girls were also victims of sexual violence. The young females were forced to kill civilians and forced to have repeated sexual relations. Girls fell victim to rape, gang rape and rape by objects (Denov & Maclure, 2006). Child soldiers were first resistant against committing violence, but over time, particularly among the girl combatants, the children gave into the violence as a way to avoid harassment from the army commanders (Denov & Maclure, 2006). Below are statements recorded by Denov and Maclure during focus group and interview sessions with some of the women who were abducted and forced to fight with the RUF (2006):

I didn't have the mind to kill someone initially...but later on I enjoyed the wicked acts...I was responsible for killing anybody that was assigned to die. I was so happy and vigilant in carrying out this command. (Denov & Maclure, 2006, p. 78)

Very active and obedient soldiers were given promotion. You only needed to show some enthusiasm and be very active at the war front. [That would mean] fighting and terrorizing civilians, including abducting them. (Denov & Maclure, 2006, p. 79)

Looking only at the mental health of the children of Sierra Leone, limits the understanding of the negative impact war has on the children. DeJong and Kleber (2007) examined the mental health status of child soldiers. They looked more closely at the ability of the children to re-adapt to living in a war-free Sierra Leone and living with families again. The researchers highlighted the difficulty that children and families may experience as re-integration into a peaceful Sierra Leone continues (De Jong & Kleber, 2007). Both studies concluded that the need for better child welfare programming is needed. Both studies also recommended that participatory action research be conducted to improve the services provided by existing organizations (Denov & Maclure, 2006; De Jong & Kleber, 2007). No current research has been conducted responding to the recommendations. Currently, Sierra Leone provides no governmental sponsored welfare programs for children. It is important to discover why these children are still paying the price of war.

Sierra Leone, in West Africa, is a small country bordering the Atlantic Ocean, between Guinea and Liberia (National Information and Communications Infrastructure, 2002). Sierra Leone was established as a British colony in 1808. In April 1961 Sierra Leone received its independence (Hirsch, 2001). However, this feat has caused the country great turmoil. The country has fallen into the hands of corrupt leaders, government, and corporations. In 2000 the United Nations ranked Sierra Leone as the world's least developed country based on the UN's Human Development Index (174 out of 174 countries) (United Nations Development Programme, 2000). To date, Sierra Leone stills remains at the bottom of this list, and Sierra Leone is now ranked as the world's least developed country according to the UN's Human Development Index (177 out of 177) (United Nations Development Program, 2007). Although blessed with ample natural resources, the country has been impoverished by ethnic strife, mismanagement, corruption, and war (National Information and Communications Infrastructure, 2002).

Sierra Leone suffered from a decade long civil war between 1991 and 2001. Prior to its declaration of independence, Sierra Leone modeled a peaceful existence among people from different cultures, background, and religions (Hirsch, 2001). This existence was seen specifically in Freetown, Sierra Leone. Freetown was once known as the "Athens of West Africa" (Hirsch, 2001). The locals (Krios) developed schools and businesses, and established a highly regarded college by 1827. Fourah Bay College attracted prospective students from Nigeria, Ghana, and other countries. As Sierra Leone

reached independence, a divide became apparent between the settlers of Freetown and those living north of the city (Hirsch, 2001). Political manipulation caused distention among its people. Political divides began occurring based on region, ethnicity, and cultural background (Hirsch, 2001). The political divides and discovery of diamonds fueled the war that engulfed Sierra Leone during the 1990's (Hirsch, 2001). The Sierra Leonean war resulted in 75,000 fatalities, 5000 upper-limb amputations, and approximately 500,000 refugees (Medeiros, 2007).

### *Post-Independence*

In the 1960s, Sierra Leone fought for its independence as a quest to achieve a democratic society. A brief period of democracy occurred, but it was quickly replaced with a one-party government (Gberie, 2005; Hirsch, 2001; Pham, 2005). Siaka Stevens was elected the president in 1967, the first time that a opposition candidate defeated a prime minister (Pham, 2005). Siaka Stevens ruled over Sierra Leone from 1968 to 1985, this period is often called the seventeen-year plague of locusts (Hirsch, 2001; Pham, 2005). During his rule, he destroyed every state institution through the use of bribery and intimidation. The university was coming close to bankruptcy; Stevens did not value education. To gain favor with Stevens, many professors compromised personal ethics to join his cabinet to save the university (Hirsch, 2001).

The people of Sierra Leone found themselves without a voice. Those who did oppose Stevens' rule and advocated against a single-party rule were executed, exiled, or forced into poverty (Hirsch, 2001). In 1985 Stevens stepped down, the rule was given to

Major Joseph Momoh. Momoh ruled for seven years and he is remembered for the collapse of the economy and the events fueling the fire which began the civil war (Abdullah, 1998; Abdullah, 2004; Gberie, 2005). His rule was also corrupt and the government's funds were terribly mismanaged resulting in the bankruptcy of Sierra Leone. The lack of funds spiraled into even poorer management (Hirsch, 2001). Momoh stopped paying civil servants, including teachers. Since the teachers were not being paid, they had to seek fees from parents to maintain the quality educational preparation of the children; however, the people of Sierra Leone were engulfed by poverty (Hirsch, 2001). Many families were unable to pay the fees, resulting in many children out of school and on the streets. These children were left with no economic opportunities because of the lack of formal education. The fall of the education system left a generation of angry, uneducated youth (Abdullah, 1998; Hirsch, 2001).

### *Discovery of Diamonds*

Diamonds have no internal value; they are, after all, just small pieces of carbon. Though diamonds are valueless, the discovery, mining, and trading has caused the widespread destruction of Sierra Leone (Smillie, 2000). The first diamond in Sierra Leone was found in 1930. The diamonds were discovered by a geological survey team working in the Kono District of Sierra Leone, West Africa (Pham, 2005). After the first discovery, other diamonds were found approximately 80 kilometers from the first excavation (Smillie, 2000). The diamond findings provided a hope for economic gains and power for Sierra Leone (Pham, 2005). The production of diamond mining fields

began in 1935. Much like the discovery of gold in the west, people came from all over with the hope of striking it rich from the luck of finding one precious diamond. The discovery of diamonds in West Africa gained the attention of a major diamond corporation, De Beers Diamonds (Smillie, 2000). De Beers developed a partnership with Sierra Leone through the newly created Sierra Leone Selection Trust (SLST) (Hirsch, 2001; Pham, 2005; Smillie, 2000).

Sierra Leone was given the ownership of the diamond mines for 99 years through the agreement between De Beers and SLST (Smillie, 2000). From 1935 to 1969, Sierra Leone yielded an average of approximately nine million carats of diamonds (Pham, 2005; Smillie, 2000). The mining of diamonds became a cornerstone to the Sierra Leonean economy; in the 60's and 70's the diamond exports accounted for 70 percent of the foreign export earnings (Hirsch, 2001). By the 1970s, legitimate diamond exports peaked to approximately two million carats per year (Smillie, 2000).

The deterioration of the legitimate diamond export occurred when Siaka Stevens became president of Sierra Leone. He saw the opportunity to gain more power through the mining and illicit trade of diamonds. In the 70's, Stevens created the National Diamond Mining Company (NDMC). The National Diamond Mining Company took over 51 percent of the ownership shares from the SLST (Gberie, 2005; Hirsch, 2001; Smillie, 2000). Stevens' success in taking ownership of the Sierra Leone diamonds, illicit trade and smuggling peaked (Smillie, 2000). Smuggling of diamonds was always an obstacle for West Africa, but the creation of NDMC increased the rate of corruption



and the decline in legitimate trade. As a result, the SLST relinquished the remaining ownership of the diamond mines (Hirsch, 2001; Smillie, 2000). The legitimate diamond exports fell from two million in 1970 to 595,000 carats in 1980 to only 48,000 carats in 1988 (Smillie, 2000). As the source of Sierra Leone's economic wealth declined and governmental corruption increased, tension grew among citizens of Sierra Leone.

### *The Revolutionary United Front (RUF)*

The verse below is a part of the RUF of Sierra Leone Anthem. It is the first verse of the anthem representing RUF during the civil war.

RUF is fighting to save Sierra Leone

RUF is fighting to save our people

RUF is fighting to save our country

RUF is fighting to save Sierra Leone (RUF/SL, 1995)

The Revolutionary United Front of Sierra Leone (RUF/SL) began evolving shortly after independence was declared in Sierra Leone and after democracy had failed leaving the government of Sierra Leone ruled under a one-party administration (Abdullah, 1998; Abdullah, 2004). Using the idea of 'revolution,' the RUF began attacking citizens, abducting children, and raping women. Certain decisions and events created this organization which brought anything but revolution to the people of Sierra Leone.

With leadership provided by Foday Sankoh and support from Liberian warlord, Charles Taylor, the RUF terrorized the citizens of Sierra Leone (Abdullah, 1998). The

first RUF attack on Sierra Leone took place in the Kailahun District on March 23, 1991. At this time, very few people took the RUF attack seriously and failed to recognize the sure sign of civil war (Abdullah, 1998). Sankoh recruited lumpens (juvenile delinquents) to run his military. Lumpen youth were mostly under-educated, unemployed, and spent time participating in risky behaviors. These youth were more likely to carry out violence in the name of revolution (Abdullah, 1998). However, the crimes committed against women and children during the war, are not representative of a revolutionary movement. The RUF violated laws against humanity by mutilating, raping, and murdering innocent women and children (Abdullah, 1998; Abudullah, 2004). According to Abdullah (1998), these atrocities were committed because of the lack of proper societal transformation. Because the RUF was led primarily by rebellious youth, the movement created a lumpen revolution (Abdullah, 1998).

The RUF movement initially began to promote democracy and liberation of a New Sierra Leone (RUF/SL, 1995). The ideals of the RUF were centered around the following main concepts: (a) Arms to the people, (b) Power to the people, and (c) Wealth to the People (RUF/SL, 1995). The RUF believed that in order to reclaim democracy and free its people from poverty, the government must be overthrown by force and its people should be allowed to harness their own resources and use them for their own survival, to the RUF this was empowerment among the citizens of Sierra Leone (RUF/SL, 1995).

The primary funding source of this war was diamonds; in return for weapons, the RUF provided diamond smugglers access to the country's diamond mines (Smille, 2000).

The war began as a response to public need for both free and fair elections and the need to improve the social and economic stability of Sierra Leone (Smille, 2000). However, when the message of the RUF failed to attract support from citizens and other influential countries, the revolution against the corrupt government turned to brutal attacks and punishments against civilians and children (Denov & Maclure, 2006). The RUF began to seek control of citizens through massive violence on innocent civilians. The wave of amputations, child abductions, and raping of women were all methods used to exert power over Sierra Leone through fear (Henry, 2006). By 1998, the RUF had moved north to Freetown (Bruce, 2001). In Freetown the RUF initiated Operation No Living Thing (Bruce, 2001). The government army was powerless to the rebel army, at this time it was difficult distinguishing between RUF rebels and innocent civilians (Henry, 2006). The army began mass killing of all civilians (rebels or not) in response to the violence seen in Freetown. Peace was not declared until January 2002 (Henry, 2006).

### Consequences of War

War is a disruption of community. People do experience war differently; most is related to the role each person played during the conflict. According to Henry (2006), war is a difficult thing to understand through academic research. It becomes difficult for academic researchers to understand war without providing an explanation for it; providing this explanation makes war reasonable (Henry, 2006). It is more realistic to discuss the consequences of war through the acts of violence.

Violence is linked to the increase of disease and poverty worldwide. Research shows a strong positive correlation between violence and HIV/AIDS rates. As violence increases, the rates of HIV/AIDS also increases (Mock, Duale, Brown, Mathys, O'Maonaigh, Abul-Husn, et al., 2004) Perhaps, of the obstacles that developing countries face, none has had more impact than the relationship between HIV/AIDS and conflict (Mock et al., 2004). Conflict causes a breakdown in infrastructure creating communities more vulnerable to poor health, malnutrition and poverty (Mock et al., 2004). Ill health effects are seen primarily in vulnerable populations (Mock et al., 2004). Vulnerable populations include child-headed households, women, refugees, and orphaned children (Mock et al., 2004). Countries that live in conflict have the greatest risk for HIV/AIDS, poverty, malnourishment, and illiteracy (UNICEF, 2005). The violence in Africa is high and daily conflict is the reality for many Africans (De Jong & Kleber, 2007).

One result of war and conflict is the extreme exposure to loss of family, friends, and neighbors. In Sierra Leone, about five percent lost a spouse, five percent lost a father, and seven percent lost a mother (De Jong & Kleber, 2007). The highest numbers of loss were identified among death of both friends and neighbors (50 % and 53% respectively). About half of all Sierra Leoneans experienced loss of at least one person during the decade long war (De Jong & Kleber, 2007).

Physical threats of violence is another consequence of war. In Sierra Leone, survivors reported exposure to cross fire, exposure to explosion of mines, burning of property and destruction of homes, and the exposure of increased risk to obtain food and

safe shelter (De Jong & Kleber, 2007). In war, child welfare is also affected. Children living in war-torn communities are most likely to suffer from malnutrition, lack of access to education, become witness to extreme violence, and separation from family and friends (Kline & Mone, 2007). Many children become refugees, fleeing from their home country across borders to safety. During this transition, unfortunately children may become separated from family members (Bruce, 2001). According to a survey conducted by Bruce (2001), approximately five percent of the refugee children are separated from their family members. The child is not only experiencing distress from exposure to extreme violence and forced migration, but must also deal with the trauma of losing touch with parents, siblings, and extended-family.

Another harsh fact of armed conflict is the use of child soldiers in conflict. The United Nations estimates that approximately 300,000 children have served as child soldiers in armed conflict (Pham, 2005). The civil war in Sierra Leone is known for the abduction and use of more child soldiers than any other historically documented revolutionary war (Pham, 2005). The child soldiers of Sierra Leone were forced to witness and participate in horrific acts of violence. These children were denied a “normal” childhood, but yet the children must deal with the reality they have experienced (Kline & Mone, 2007).

The remaining challenge for Sierra Leone is to rebuild the public and social infrastructure to improve upon child development. During the conflict, schools were forced to close leaving children without adequate education (Kline & Mone, 2007). The

lack of access to education has resulted in the increased illiteracy rates among adults, the increased incidences of poverty, poorer economic development, and poorer health (Kline & Mone, 2007). As a result, Sierra Leone reports one of the world's poorest life expectancy rates among males and females and reports one of the world's poorest rates of years of healthy life (UNICEF, n.d.). Child welfare programming is essential to recapturing the country's wealth. More than any other country, Sierra Leone has proportionally higher numbers of children orphaned by both disease and violence (UNICEF, n.d.) and because Sierra Leone is documented to have some of the world's poorest health and public infrastructure (UNICEF, n.d.; World Health Organization, 2006); the need for further research is warranted.

### Role of Non-Governmental Organizations

The orphans of Sierra Leone do not receive support from the government; therefore, non-governmental relief organizations act as "lifelines," providing necessary care to these children. The importance of NGOs to the children affected by disease and violence has been supported, but gaps remain in the literature regarding the needs of these orphans and the services provided to them by non-governmental organizations. One study identified the need for a more efficient emergency response among non-governmental relief organizations in times of conflict (De Jong & Kleber, 2007). This study identified problems which exist because of slow response to conflict; however, there were no implications to the long-term commitment these organizations may have to the country, its people, and children. One study identified problems that NGOs face in

the delivery of services to their targeted audiences (White & Morton, 2005). Though this study identified targeted problems, there was no investigation of why these problems exist and how the delivery of services may be improved in order to best meet the needs of orphans.

Investigations have been conducted analyzing the lived experiences of child soldiers, but information is limited on the organizations which may provide services to these children (Denov & Maclure, 2006; Kline & Mone, 2003). One study identified coping strategies used by adolescent children of Sierra Leone living in refugee camps (Kline & Mone, 2003). Though this study illustrates how resilient the children are, further research is warranted to support the necessity of programs aimed at meeting the educational and psychosocial needs for the continued recovery from effects of loss and violence on world orphans. Another study assessed the perspectives of young Sierra Leonean girls who were members of war forces. In-depth interviews were used to identify the lived experiences of these girls as both victims of war and soldiers of war (Denov & Maclure, 2006).

A few studies focused on the impact of the Sierra Leonean war on the health of children (Case & Ardington, 2006; Medeiros, 2007; Shaw, 2007; Zack-Williams, 2006), but there is scarce availability of community-based participatory research that allows Sierra Leoneans a voice in the identification of these barriers. Furthermore, it is necessary to examine the barriers to health from an ecological standpoint, which includes the sociological, economic, environmental, political, and cultural aspects of society.

NGOs such as All As One are vital to child survival in Sierra Leone. All As One is able to provide orphans with services such as shelter, education, and medical care (See Appendix A for mission). To improve upon these services, NGOs should be willing to participate in participatory action research. Finally, participatory action research studies which identify barriers to care, gaps in services provided by NGOs, and suggested “action” to remedy these gaps are missing from the literature on world orphans (Drew, Makufa, & Foster, 1998; White & Morton, 2005).

### Participatory Action Research and Its Role in Empowerment

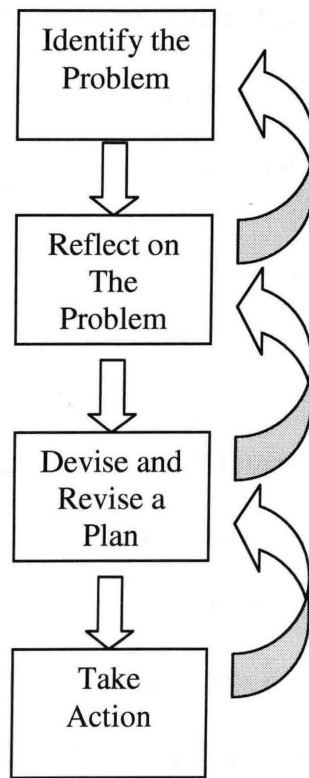
Participatory Action Research (PAR) addresses the concerns of inequalities seen in race, socioeconomic status, age, and gender. These inequalities are observed often in the developing countries of Africa, Asia, and Latin America (Fournier, Kipp, Mill & Walusimbi, 2007). The purpose of PAR is to involve the research participants in the process of identifying obstacles and allowing the participants to become actively involved in creating an action plan to address the obstacles that block the acquisition of needs and opportunities (Stuttaford & Coe, 2007). This reflective process creates empowerment. Participation alone does not create empowerment, but the skills learned through PAR enhance the empowerment among groups and individuals (Flynn, Ray, & Rider, 1994).

Paulo Friere developed the idea of empowerment education (Friere, 1970). His quest of empowerment was first initiated through a literacy and political consciousness program for peasants living in Brazil (Wallerstein & Bernstein, 1988). The core of



Friere's approach is the belief that education is not neutral, but an ongoing process happening in the context of people's lives (Friere, 1970; Wallerstein & Bernstein, 1988). Empowerment changes communities by influencing its members to not only examine the changes needed at the community level, but provides the members the tools to create change within their own lives (Wallerstein & Bernstein, 1988). Community empowerment is an ongoing process.

PAR aims to build community capacity by creating the opportunities for community members to seek and identify information useful for decision making and social change (Flynn, Ray, & Rider, 1994). In developing countries like Sierra Leone, participatory action research is most effective because it allows those "living with the experiences" the opportunity to become involved in community health development (Hossain, Bhuiya, Khan, & Uhaa, 2004). PAR and empowerment seek to reduce the struggle of power found in many research activities between the participants and researcher by establishing equity in the research process between both parties (Stuttaford & Coe, 2007). This partnership allows the participant's perspectives, knowledge, and skills to be utilized (Stuttaford & Coe, 2007). Overall the researcher seeks to find out what the participant knows versus what he does not know. This Constructivist approach helps the researcher understand the participant's perception of reality. PAR is practiced in various ways. The overall concept of PAR is presented in Figure 1.



*Figure 1.* The Participatory Action Research process. This diagram identifies each step in PAR and it illustrates how PAR is an ongoing process.

PAR is unique to other methods of research because it seeks to attend to the needs of the target audience by creating the opportunity for participants of the target audience to become directly involved in the research process. The researcher serves as a facilitator instead of the authority; the authority is placed in the hands of the participants. Participants are first asked to identify the problem; the participants then reflect on the problem; after reflection the participants discuss a new plan of action; and then the plan is put into action. Figure 1 illustrates this process. As presented by the diagram, the Participatory Action Research process is an ongoing process. In fact, the participants

may find the need to reflect and revise a new plan after implementation. PAR aims to create social change. Social change is often created by public policy changes. This ongoing process embedded in PAR is centered around the concept of social action and policy change.

### *Ecological Influences and Social Change*

The Ecological Perspective (McLeroy et al., 1988) supports changes at the public policy level. An Ecological Perspective on health recognizes the strong influences at different levels. The levels of influence include intrapersonal, interpersonal, institutional, community, and public policy (McLeroy et al., 1988). Health is affected by all levels of influences. This theory explains how changes made at the public policy level of influence are seen at the individual and community levels (McLeroy et al., 1988).

The health status of individuals and communities are both indirectly and directly affected by environmental conditions (Brown, 1991). To promote positive changes in the lives of others a more comprehensive approach utilizing both social and community action to change among environmental conditions as well as efforts to change individual behavior is needed (Brown, 1991). In the lives of the Sierra Leonean orphans, the need to further explore both social and community action to change the ecological factors that affect health and well-being is apparent. The child health and well-being is declining in Africa; however, as more evidence is presented to understand how imperative child health is to a country's overall civic and economic stability, public health will continue to

create more opportunities to initiate ecological changes to encourage the health policies capable of creating social change and action.

### *Supporting the Need for Participatory Action Research*

In 1990, one of the first needs assessments to obtain an accurate count of world orphans in Africa was conducted in Uganda (Hunter, 1990). This study was one of the first to identify the problem of world orphans and to predict the effect that HIV/AIDS would have on the numbers of world orphans particularly in Sub-Saharan Africa (Hunter, 1990). Hunter (1990) identified the same problems documented in more recent studies. Orphans struggle with having basic needs met such as food, shelter, and education (Ainsworth & Filmer, 2006; Kidman, Petrow, & Heymann, 2007; Nyamukupa et al. , 2008; Skinner et al. , 2006). Orphans are also more likely to suffer from psychosocial distress, risky behavior, homelessness, and inadequate health care (Hunter, 1990). As the numbers of HIV/AIDS increases and as conflict continues to plague Africa, more children may be left in a single-parent household or in an extended family household. Meeting the needs of these children may become more difficult. The needs and problems have remained unchanged for almost two decades, in fact, the needs and problems have only exuberated.

Hunter highly recommended against PAR because it is time consuming. PAR demands the researcher and participants promote change and advocacy. Hunter notes that advocacy and social change are demanding and emotionally draining (1990). However, almost 20 years later the needs and problems of world orphans in Africa is

unchanged. The literature review has presented an exhausted account of how the problems identified by Hunter in 1990 are not improving; the prediction today is that these problems will continue to increase as Africa sees an increase in parental deaths from civil unrest and disease. PAR is a recommended method because it involves the people who are most involved with the needs and caregiving of world orphans.

### Conclusion

By examining the current research base, there are a number of ecological factors which appear to hinder the development and well-being of Sierra Leonean children, especially the orphans. Studies have shown that world orphans are more vulnerable to distress related to migration to extended family households, lack of education, child labor, extreme poverty, and poor health outcomes (Ainsworth & Filmer, 2006; Kidman, Petrow, & Heymann, 2007; Nyamukupa et al., 2008; Skinner et al. , 2006); however, the literature lacks the understanding of why these factors exist and the actions needed to remedy the gaps found in the barriers to care of world orphans.

In summary, there is a shortage of studies which examine the factors affecting the health and well-being of world orphans living in Sierra Leone. Even though Sierra Leone is home to 340,000 world orphans, has the highest child mortality rate in the world, and is ranked the least developed country in the world, it has been given very little attention internationally by world health organizations or the international press compared to other African countries. As mentioned previously, in Sierra Leone, there are no governmental sponsored child welfare programs; therefore, these children are dependent upon the work

of non-governmental relief organizations. Studies that examine the psychosocial and mental health concerns of child soldiers from the Sierra Leone Civil War are lacking. The few studies that do exist point to the need for participatory action research to improve upon the programming provided to the children of Sierra Leone (De Jong & Kleber, 2007; Kline & Mone, 2003). To answer this call, the current study, through PAR and photovoice, will act as a needs assessment for a prominent NGO in Sierra Leone. Ideally, this study will instigate community and public policy changes in support of more comprehensive services to meet the needs of world orphans.

## CHAPTER III

### METHODOLOGY

This study used participatory action research and photovoice to identify the sociological, economic, environmental, political, and cultural barriers that impact the health status of Sierra Leonean orphans as “captured” by NGO workers in Sierra Leone.

#### Population and Sample

Because of the exploratory nature of the study, a purposeful sample was used. The participants in this study were orphan caregivers who are employed by a major NGO (All As One [AAO]) to care for world orphans in Sierra Leone. Wang (1999) recommends a sample of 6-10 to participate in the photovoice activities. Therefore, a sample of 10 caregivers at AAO, all native to Sierra Leone, participated in collecting the data through photovoice. These same individuals also participated in the follow-up in-depth interviews, where they displayed and interpreted their photos. All of the participants spoke English.

The proposed study was approved by the Executive Director of All As One, who assisted in the implementation of the study protocol (See Appendix B). Ten employees of the NGO who play significant roles at the Center and in the community facilitated the photovoice activities. The sample included the administrative directors, teachers, a nurse, a security guard, child care workers and child care support staff at the Center. One of the participants was a child raised at the Center, the participant is currently employed at the

Center. Each participant was debriefed on the study by the primary investigator (PI) with the help of the executive director. Each participant signed the informed consent before participation in the study occurred.

### Protection of Human Participants

The approval from the Institutional Review Board (IRB) at Texas Woman's University was obtained early Spring 2008. After IRB approval was obtained, the researcher made plans to travel to Sierra Leone to the All As One Center outside of Freetown to oversee the participatory action research activities. In April 2008, the researcher traveled to Freetown, Sierra Leone. The researcher resided in Freetown for 11 days. After the researcher arrived, a mandatory training session was held to describe study protocol to the participants. Participants in the study were asked to attend the mandatory training where the objectives of the study were discussed along with the explanation of informed consent (See Appendix C for training outline). The training took place at the All As One Children's Center, Saturday April 19<sup>th</sup>. The researcher reviewed the informed consent documents and answered questions relative to the study.

Participants were informed of their right to stop participation at any point and were informed of the guidelines set forth to maintain the participants' confidentiality. Participants indicated their consent to participate by signing the consent form (Appendix D). Participants were briefed on the consent protocol to include individuals from the Center and the community in their photographs (Appendix E). Participants were instructed to obtain verbal and written consent (when possible) prior to taking an



individual's photograph. The participants were instructed to try to avoid photographing children outside of the Center since guardian consent may be difficult to receive. The participants primary responsibility was to take photographs answering the research questions; therefore, if the participant was unable to avoid photographing a child outside the center because of the population density of Freetown, the participant was instructed on how to eliminate violation of human rights by taking the photograph in such way that recognition is difficult or in such a way that the child could be cropped out of the photograph. In cases where guardian consent could be provided, the participants asked the guardian to complete the consent to photograph form. A third form was used to obtain the participant's consent to publish selected photographs. The participants maintain ownership of their photographs; therefore, the researcher must obtain consent to publish participants' photographs (Appendix F). This protocol aligns with consent protocol followed in other studies employing photovoice (Wang & Pies, 2004).

The participants were given digital cameras to conduct the photovoice portion of data collection. Each participant was given a Nikon L11 digital camera at the training session along with one 2 GB memory card and four AA batteries. Digital cameras are a more expensive choice for photovoice projects, but Freetown does not have local film developing facilities; therefore, digital technology made it possible to download and view photographs immediately. The researcher provided instructions on the proper use of the cameras. The researcher demonstrated how to use the cameras and the participants were given the chance to operate their camera by engaging in the "hands-on" demonstration.

Next, the participants contributed to a brainstorming activity to provide a list of the perceived sociological, economic, environmental, political, and cultural barriers that exist for orphan caregivers in Sierra Leone. This was facilitated by the researcher. The “brainstorming” session was part of the photovoice activities outlined by Wang (1999). It allowed the participants to share ideas about what images they might capture individually to reflect the barriers mentioned by the group.

The informed consent form was put in a secure case along with the audio-recordings from the in-depth interviews, and storage devices (jump drives) with participant’s photographs. Each interview took approximately 60 to 90 minutes to complete. Before each interview, the PI read the purpose of both the study and the in-depth interview. Consent to participate in the interview and consent to tape record the interview was obtained. The recordings from the interviews were transcribed for further analysis.

### Data Collection Procedures

The first method of data collection is photovoice. Photovoice is an innovative method of participatory action research using photography to create social change (Wang, 1999). Photovoice is based on the concept that images teach, influence and empower community members and policy makers by involving them in the process of creating and defining the images (Wang, 2006). It is a culturally appropriate research methodology because the photographs are captured by the participants and reflect their world view (Wilson, Dasho, Martin, Wallerstein, Wang, & Minkler, 2007). The goals of Photovoice

are threefold: (a) to record and present everyday realities using photography, (b) to promote critical dialogue and knowledge about the personal and community strengths and weaknesses, and (c) to reach policymakers (Wang, 2006). Photovoice supports the objectives of action research because individuals come together to identify factors contributing to the social problem in focus and organize to initiate change. (Wang, Morrel-Samuels, Hutchison, Bell, & Pestronk, 2004).

Photovoice has been used in settings across the world and among diverse groups to explore a variety of social problems. Some of these groups include: Latino adolescents, Chinese women in the Yunnan Province, homeless persons in Michigan, mothers with learning disabilities, people living with HIV/AIDS (PLWHA), and children with Autism (Booth & Booth, 2003; Carnahan, 2006; Clark & Zimmer, 2001; Hergenrather, Rhodes, & Clarke, 2006; Streng, Rhodes, Ayala, Eng, Arceo, & Phipps, 2004; Wang & Pies, 2003; Wang et al. , 2004). The pictures provided dialogue opportunities between the PI and the participant during the in-depth interviews.

The 10 workers of the selected NGO were given seven days to take photographs meeting the purpose of the study. When the participants completed this process, the participants were asked to bring their cameras back to the Center and meet with the researcher. The photographs were transferred from the digital camera to the researcher's laptop, and the researcher and participant reviewed all the photos taken by the participant. The researcher then asked the participant to choose the photographs they wished to discuss through in-depth interviews. Participants chose at least four photographs to

discuss, some chose up to six photographs. The in-depth interviews were conducted by the PI. Using the photographs taken by each participant, the PI asked probing questions to encourage the participant to elaborate on responses.

The researcher increased the study's reliability and validity of this qualitative study by increasing its credibility, authenticity, transferability, and consistency (Appleton, 1995; Fade, 2003). Member checking, triangulation of data collection methods, inclusion of expert viewpoints, and implementation of a consistent protocol improved the study's internal and external validity and reliability.

### Data Analysis

All ten of the NGO workers met with the principal investigator after seven days of data collection to contextualize each photograph using the SHOWeD method (Wang & Pies, 2004). SHOWeD provides a question outline to improve the ability of the caregiver to illustrate each photograph's story (See Appendix G). The photographs were analyzed with help from the participants. In a follow-up audio-recorded interview, each participant identified the common themes or theories that were found in his/her photographs (Wang, 2006). This method along with the photovoice activities enhanced the study's authenticity and consistency.

The researcher analyzed the audio interview transcripts using the constant-comparative method to identify the significant themes and patterns that emerged from the dialogue (Lincoln & Guba, 1985). Categories, or "clusters," of themes were created, and relationships between themes were identified. The photographs were used as a visual

source of themes along with the audio interpretations. The transcription was emailed to the executive director to allow participants the opportunity to view the transcription of their audio-recorded interview to verify its accuracy. This enhanced the study's credibility, consistency, and transferability. Following the data analysis, a report will be compiled by the researcher and shared with the participants and the executive director of All As One. After the executive director reviewed the findings, both the researcher along with the director and NGO workers initiated an action plan; results are further discussed in Chapter IV.

## CHAPTER IV

### RESULTS

The results of this qualitative study consisted of common themes identified through voice-recorded interviews and photographs captured by the participants. The primary source of data collection was completed through photovoice using digital technology. The participants included 10 caregivers employed at a local non-governmental sponsored orphanage caring for orphaned and abandoned children of Sierra Leone, West Africa.

The methodology used during data collection is outlined in Appendix H. The study protocol aligns with the guidelines presented by Wang and Burris (Wang, 2006). Upon the researcher's arrival to Freetown, a three-hour training session was conducted by the researcher to introduce the NGO workers to the study. At this session, each participant received a digital camera to conduct the photovoice activities associated with data collection. The participants then participated in a brief brainstorming session to help generate ideas about various factors, which serve as barriers to care to world orphans to help direct how these factors will be portrayed by photographs. This exercise generated several ideas from the participants. All 10 participants identified several common themes that impede and promote the health and well-being of world orphans living in Sierra Leone. Three main themes emerged from the brainstorming session: *environmental factors* (sanitation/overcrowding), *economic factors* (extreme poverty), and *poor country*

*infrastructure (limited access to education and medical care)*. The participants were given approximately seven days to take pictures reflective of the barriers they mentioned in the brainstorming session plus others that might emerge during photovoice. On the seventh day, the participants were personally interviewed by the researcher about the photographs they took.

All 10 participants completed the photovoice activities and all 10 participated in the in-depth interview. The participants took 1260 photographs; through the interview process, the participants pared down to 64 photographs to be included in the results. Of the 64 photographs discussed during the in-depth interviews, 41 photographs are presented in this chapter as illustration of participant discussion of impeding and promoting factors of health. The researcher cropped eight of the 41 photographs presented in this chapter to maintain both clarity and human right protection according to the protocol presented in Chapter III. In each interview, the participant was asked to contextualize each photograph selected. The participants took pictures of factors that have either have a negative or a positive impact on the lives of the children. The researcher facilitated this interview using the SHOWeD method, a five-question outline aligning with the methodology of photovoice (Wang, 2006). The SHOWeD method is presented in Appendix G. Each participant was asked to describe the photograph taken; explain how the barrier presented in the photograph affects the health and well-being of orphaned children; explain why the problem or strength exists; and each participant was

asked to provide a solution or recommended action needed to solve or improve upon the problem or strength identified by the each picture.

The interviews were audio recorded. Each interview lasted approximately 60 to 90 minutes including the picture review, picture selection, and picture contextualization. The researcher audio-recorded the picture contextualization portion of the interview. The researcher then transcribed all five hours of the recorded portion of the interviews into text format. The narrative transcripts were then analyzed by the researcher using content analysis for recurrent themes and phases (Lincoln & Guba, 1985). The recurrent themes and phrases then comprised major categories. Three emergent categories were delineated: (a) Impeding Factors to Health and Well-Being, (b) Health-Promoting Factors to Health and Well-Being, and (c) Action Items. Within each of these main categories exist common themes mentioned by all participants. The common themes and categories are presented in Table 1.



Table 1

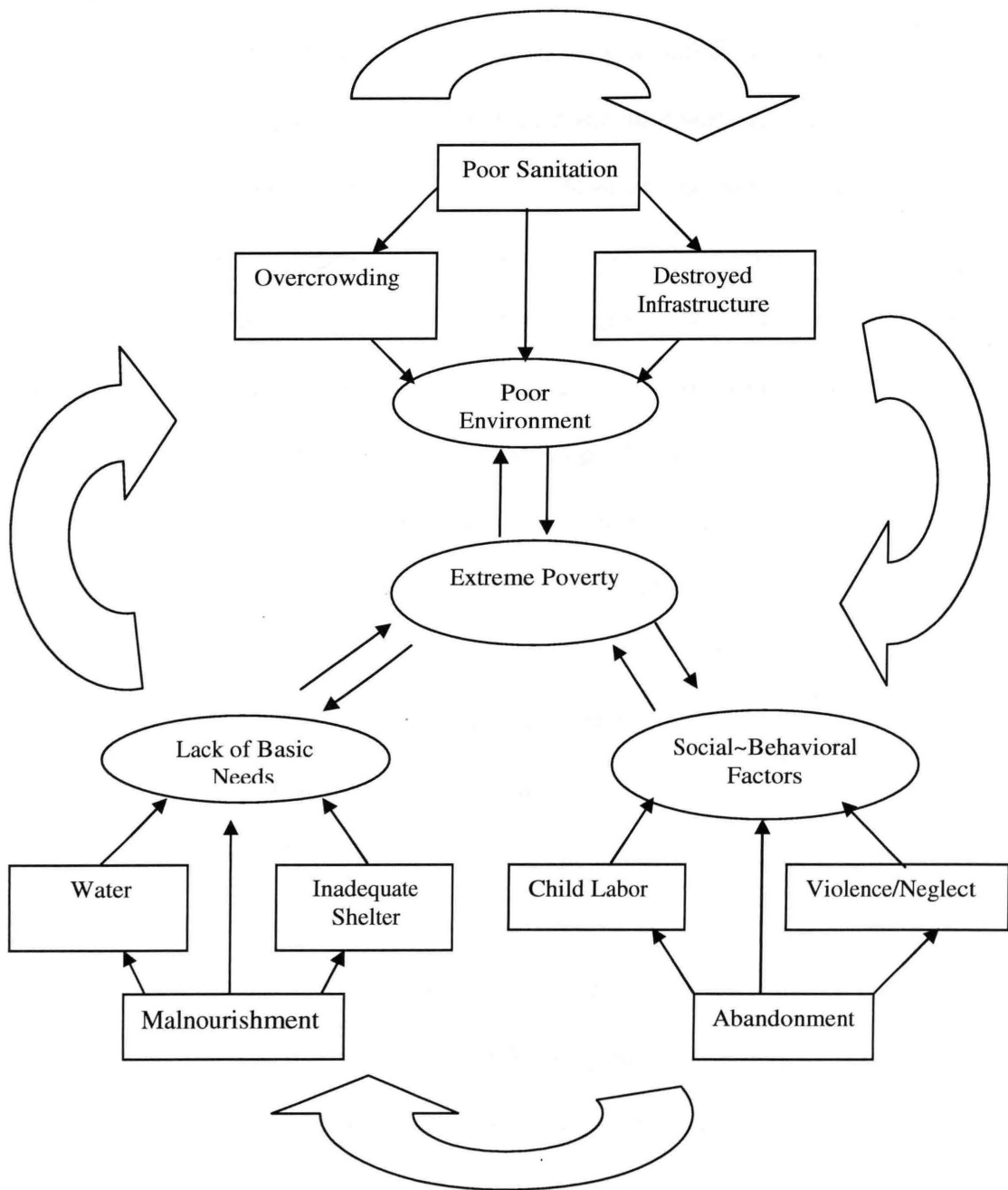
*Three Emergent Categories and Supporting Themes*

Impeding Health Factors	Promoting Health Factors	Action Items
Poverty	NGO work	Governmental involvement
Odd jobs	Clean environment	Community involvement
Lack of education	Safe environment	Social Welfare programming
Denial of pregnancy	Clean water	Protection
Sanitation	Vocational training	Government Housing
Inadequate housing	Access to medical facilities	Collaboration
Overcrowding	Supervision	Education
Lack of water	Education	Self-sufficient citizens
Child labor		Community empowerment
Abandonment		Advancement
Malnourishment		Subsidies
Disease		Sponsorships
Violence		
Neglect		
Abuse		
Culture		

After reviewing the common themes identified in each category, it is apparent that within each category exists an overarching theme. Each category and overarching theme will be discussed in greater detail.

#### First Category: Impeding Factors to Health and Well-Being

The overarching theme identified by all of the participants in the study, which impedes the health and well-being of world orphans living in Sierra Leone, is extreme poverty. This barrier to health relates to every other theme within this category. Figure 2 illustrates the relationships among the themes mentioned under Impeding Factors.



*Figure 2.* Model of Impeding Factors. Illustrates how extreme poverty causes a poor environment, a lack of basic needs, and hinders social and behavioral factors that decrease health and well-being of world orphans in Sierra Leone

All of the participants discussed how many of the problems that exist in Sierra Leone, are a result of extreme poverty. Extreme poverty results in the inability of Sierra Leoneans to meet basic needs such as access to water, food, and adequate shelter. Extreme poverty leads to poor environmental factors such as poor sanitation and overcrowding which are linked to both access to clean water and adequate housing. Since the war, the infrastructure of Sierra Leone has suffered major destruction limiting a child's access to both education and medical services. Extreme poverty leads to social issues such as child labor and abuse as well as child abandonment and neglect. Participant A describes the problems surrounding extreme poverty in Sierra Leone. This quote is representative of the thoughts and themes discussed by the other nine participants.

Participant A:

We have a problem of poverty. The main problems that kids are facing is lead by poverty. Parents not being able to take care of kids. It is not that they do not want to take care of them, they don't have the means to take care of them. They do not have the money to send them to school. Some of them depend on the kids to make daily living. They get the kids to go sell things, they rely on their kids to go get stuff from the trash bins. The underlying factor here that we do not forget is poverty. People are living in extreme poverty. If we try to take care of poverty, I think the future of the kids would be better, but if that is not taken care...it is a problem. Government needs to step in, build homes. We cannot rely on non-governmental organizations for everything, in Sierra Leone we have to do

something for ourselves we do not have to just rely on NGOs to help. We have a ministry for that. For example, social welfare relies on places like All As One. Social welfare has to have programs available. The government needs to put stuff in place to help kids.

### Lack of Basic Needs

The most basic things a person needs in life to survive and thrive are access to clean water, adequate supply of food, and adequate shelter. According to Maslow's Hierarchy of Needs, the physiological needs (food, water, and shelter) are the most instinctive and basic of all other humanistic needs; therefore, it is impossible to meet the other humanistic needs if the physiological needs are not met (Maslow, 1943). In Sierra Leone, it is not uncommon to see many struggle to meet these basic needs. Extreme poverty has caused the citizens of this country to take extreme measures to meet the basic needs of life. Each participant made it clear that if the children had access to these basic needs, it would improve the quality of life tremendously. Sierra Leone suffers from a water shortage, child malnourishment, and inadequate shelter. The participants photographed various representations to illustrate the severity of these problems.

#### *Water Shortage*

Six of the ten participants specifically discussed the issue surrounding the water shortage crisis in Sierra Leone. Clean water is not easily accessible to citizens of Freetown. There are members of the capital city who have never had access to pipe water, instead depending upon well water which is fetched on a daily basis. Most often

children are made to fetch water. This process may take several hours because of the number of individuals who need to seek out water supply. The participants agree that the water shortage is a result of poor planning, overcrowding due to post-war effect, and poor maintenance. The following are photographs taken and discussed identifying water shortage as a major problem for the well-being of world orphans.

Participant F was asked to explain the photograph in Figure 3, he replied:

This is a main water piper from Guma Valley Dam. The problem with this for the city is that a lot of these pipes are not maintained and not fixed. You have water wasting. You have people who have water, they are comfortable with it and you have some going without because of this waste.



*Figure 3. Broken water source. Illustrates how poor maintenance of public water contributes to water shortage.*

Participant B took a photograph illustrating a common daily routine of people waiting for water. Often children are made to do this activity, causing many to miss school.

Participant B was asked to explain the photograph (Figure 4). She replied:

These people are waiting for water. Some have come 5 to 6 kilometers. Because this is a picture of the environment where I live, it is a hill. Some come from up, some from down. The time I took this picture is almost the evening. Some have been waiting a long time for their turn. The water is coming out slow, it takes time.



*Figure 4. Waiting for water. Depicts a common chore performed each day by citizens living in Freetown, Sierra Leone.*

When asked why this exists in Sierra Leone she replied, “There is no control, there is not enough supply of water. We are straining.”

Access to clean water is difficult and many of those living in Freetown, particularly the east side (most impoverished), are dependent on well water. This water is

rarely clean water, which leads to health concerns such as typhoid and cholera that are rampant in Sierra Leone. Participant C was asked to explain the photograph in Figure 5:

You can see that the people are trying to get water because they do not have clean pipe water, so you can see the dirty water that has been contaminated they are trying to get it just to survive. This water they use to drink because there is no water in that area and this area I am talking about is in the capital city of Freetown, Sierra Leone. If government can only provide pipe water for peoples in these areas it is better for people in Sierra Leone.



*Figure 5. Water from well. Illustrates the main source of water supply for more than half of Sierra Leone.*

When asked why this problem exists, Participant C replied:

It is because the government did not concentrate in that area, they just leave the people, so the do not have any source of getting water unless they go and dig the



wells to get water to survive, so if government can concentrate in those areas and get the clean pipe water it will be better for them because by drinking this contaminated water they get sick. In that community they complain about diarrhea, the children get diarrhea and typhoid and cholera, so every year they die of typhoid, diarrhea and cholera.

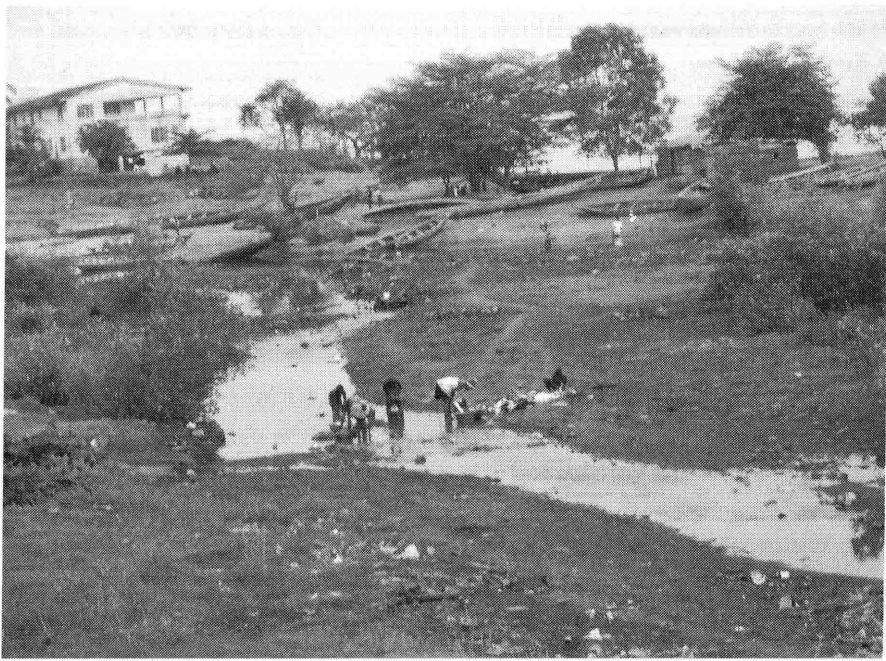
At the end of the war, the water shortage was even more severe. All As One was dependent on well water at times their water reserves depleted. Participant G explains this issue with his photograph in Figure 6.

This well is constructed by a friend. This area is hard to get water. Because he needed water he decided to construct that well. It is a self-venture; even some of us (All As One) went there. Some people drink this water and some are using it to launder. I got a snapshot of this place because when water was hard to get, the laundry staff of AAO was going there to launder. So even the AAO children's center had to go here to get water, sometimes the taps would be totally closed we had no water at all and we had huge water tanks, we would fill them so we would have a reserve for days, but sometimes the water shortage would go on for weeks. And after a week we would run out of our reserve water because with this many kids and the laundry and the cooking, it would deplete our huge stores of water tanks. You can see the water here, the environment is dirty and some people go there to squat. They squat around it, but it rains, when it is the rainy season it floods, the whole place is occupied and then it dries and you just have that water.



*Figure 6.* Well water on the east side. Depicts a solution created by a local citizen when water was hard to find during the war.

Participant A identifies the poor water supply as a major factor affecting the health and well-being of world orphans. He too discusses how individuals are made to seek out water supplies that are unclean and contaminated. In Figure 7 he depicts his view of the water supply problem of Sierra Leone, “People are laundering in the stream. This is just a stream, it is not filtered water.”



*Figure 7. Laundering in a stream. Illustrates a common location used to wash clothes.*

When asked to explain how this may affect the health of world orphans, he explains:

Sometimes the children go there to get a bath. The water is not pure, it is not clean. Even to launder the water is not pure. It is bad. Children sometimes go there to swim. People go around the bushes to toilet, within a short distance. So lets say if it is raining, the rain can just wash it down in the stream.

The researcher asked why does this problem exist and Participant A replied:

The water system here, we do not have enough water. I say it is poor planning, the reason we do not have enough water is poor planning. Too many people living in the city, the city is so big. Too many homes. It is better in west Freetown, but if you go to east part of Freetown there are people who have never had access to

pipe water. At the old center, we would have to search for water. East Freetown only use “well” water.

### *Malnourishment*

The children especially orphaned and abandoned children, suffer from malnourishment. Because of extreme poverty, the people of Sierra Leone struggle each day to eat. The participants identified this factor as one that impedes the health of the children because of the lack of food, children are not getting the nutrients needed to fully develop. All 10 participants agree that malnourishment is linked to many adverse health affects among orphan children. Food is available to the people of Sierra Leone, but the cost of food is increasing. According to one participant, this is not a Sierra Leone problem, this is a global issue that is affecting the people of Sierra Leone. Many families and children of Sierra Leone work each day just to feed themselves one meal a day. It is not uncommon to see children working odd jobs in order to fend for themselves, and to meet the daily needs of their the families. The idea is survival, and in order to survive the children of Sierra Leone may engage in risky practices.

Participant J took a photograph depicting the lengths that some children may go to find food to eat or to sell in order to eat. When asked to explain the photograph in Figure 8 the participant replied:

Displaced, lost and abandoned children roam the streets of Freetown finding food to eat. This boy is fishing under a big rock, it is very dangerous and he is risking his life. He needs the fish so he can sell them and use the money so he can buy

food. But it is not a good thing because it is not good for his health. I asked him, “what are you doing under that stone”, he said he is finding fish, I said “why are you finding fish under there.” He says he needs the fish so he can sell the fish to the people that are around and they will give him the money. I said “where are your parents,” he said to me he lives with his grandmother and his grandmother is too old to find food for him so he is going around finding food.



*Figure 8.* Fishing for food. Displays the task of fishing in order to sell to raise money for his daily meal.

In Sierra Leone, it is not uncommon to see children living with extended family members. Grandparents are often legal guardians to young children. The grandparent becomes dependent upon the child to make a daily living so food can be bought each day. The boys fishing in this picture may make 5,000 to 10,000 Leones for the fish they catch and sell. This is equivalent to \$1.50 to \$3.00.

The civil war left many children abandoned, displaced, and orphaned. Participant I met a young orphan boy who lost his family in the war. She spoke with him briefly about his story. On January 6, 1999, both of his parents were killed. He is now about 12 years old and has been a street boy for a very long time.

Participant I:

I met him in the back of a cookery shop eating out of a pot. I interviewed him, “Why is he eating in this pot in the back of this place?” He told me he has lost his family during the war and he was the only one that was saved because he was abducted by the rebels, presently he finds himself in Lumley (Freetown). Now he is doing odd jobs to get his living, the odd jobs that he is doing, he is washing pans for the people in the cookery shops, he is sweeping places for people. At the end of the job, they paid him 2000 leones (66 cents) and gave him some food. He collects remnants from the people (scraps). I met him eating this food, he told me this is the first food that he got since the morning. That is the story of this boy.

The researcher asked Participant I how common this situation is in Sierra Leone, she said:

Well, you see street children like this... during war, they (RUF) abduct children to join the rebels to fight, most of the kids there in the streets are doing some odd jobs, some of them are orphans, some of them the parents cannot care for them so they decided to fend for themselves in the streets.

Odd jobs include activities that are not steady pay. The following photographs (Figures 9 and 10) are examples of common odd jobs that many children perform each day to make a living. Participant A describes how a young boy may perform this task.

Participant A:

This boy has a bag gathering scrap metals, he does this to make a living. He is supposed to be in school. It is bad because it is good to go to school, and if he is not going to school.... because of poverty, he is gathering scrap metals to save, to make money. What will be his future for tomorrow?



*Figure 9.* Gathering scrap metal. Depicts a popular odd job performed by young children to help make a daily living to eat.



Participant G:

The man is breaking stone that is where he can get his day to day living, if he does not do that work then he will go without because life is not very easy here but as you can see he is not being protected he hasn't any gear to stop the dust going into his face. If anything happened it would have a negative impact not only on him but his family. So this man needs to be protected, but how?



*Figure 10.* Breaking stones. Displays a dangerous but common odd job to make a daily living.

Hammering stone to make gravel is a very dangerous job. Men, women, and children perform this work as a means of making a daily living. Participant H spoke with a young girl performing this task.



Participant H:

The girl is mining stones to take care of herself and the family. Economically things are hard in this part of the world. People cannot have even a dollar for a day. Politically our leaders are selfish and they cannot provide some social amenities for their people and this leads to people doing odd jobs. Socially the area that this child is residing is a poverty area. That job is harmful and maybe it will hit her hand or fingers.

When asked to explain how this affects the lives of the children and community and why the problem exists, she replied:

It relates to our life in so many ways, basically living with a parent that is poor means that the child will have to find ways and means to fend for themselves in order to move on in life. It exists because of poverty.

In Figure 11 Participant B photographed another common odd job seen most often at the street market.

Participant B:

This picture is of youths waiting. They do not have any way to get money unless they do this. This will affect them long term. They are paid little money... if they have children and depend on this job how much will you survive on 1000 Leones. Not enough chop (food) money, not enough to solve problem. They need to do other things, they should not continue doing this as they grow. This

exists because of poverty. There are not any other opportunities, there is no support. Some are not able to go to school or vocational studies.



*Figure 11.* Loading at the market. Illustrates a common job performed by young boys and street youths to make a daily living.

The price of food is very expensive in Sierra Leone because the country is dependent upon food importation. Participant C describes this struggle as she explains that even a steady paying job causes hardships in supplying enough food.

Well the children here are eating in one bowl. They are struggling for survival because of the rice price has increased in Sierra Leone the grandmother cannot afford the amount of cups that they used to eat because of the rise in price of rice.

They are struggling to survive, all four children are eating from one bowl.

The grandmother has a steady paying job, but even with this security her grandchildren are suffering from malnourishment. Participant C was asked how this affects the lives of the children she says:

It affects their lives because they cannot get the proper food, the amount they used to eat. So the children suffer because of the change in government and price increase. This is a global issue and then it affects them also, the grandmother cannot afford the money to eat more than one meal a day. They cannot grow well. Poorly fed.

When asked why this problem exists, she replied:

Because in Sierra Leone we cannot go to the farm and plant rice. We only depend on this white rice being imported. Because of the problem going on, the global issue, the price increase and when the price increase we do not have any substitute in food to eat, so that is the problem.

Participant H further discusses the problem of malnourishment by describing how young children in Sierra Leone are seen rummaging through garbage to find food. Participant H believes the children are struggling for survival and finding food in the garbage is an easy way for the children to satisfy their hunger. In response Participant H describes why this problem exist in Sierra Leone.

Participant H:

Politically the government as a whole and the local people here they should cultivate our local minerals and agriculture products so that these kids do not go out into the streets finding food to eat. Just because people here cannot produce their local food, most of the time they depend on overseas products all of these lead to this kind of situation. Economically, we know we live in this part of the

world the price of rice is very high and people here cannot purchase, most of the people here because of their living, most cannot buy this food and get other things to make it more suitable for eating. So this is leading these children to go out and find something else from the garbage.

Participant H further explains that the struggle to find food does lead to malnourishment and growth underdevelopment, but it also often leads to behaviors such as stealing.

### *Inadequate Shelter*

Two participants discussed specifically the problems surrounding inadequate shelter and its health affects on children. Inadequate housing is a result of overcrowding in Freetown, Sierra Leone. This overcrowding is a post-war effect. Many people from the villages and provinces surrounding Freetown fled to the capital city during the war. Now, nearly a decade later, the displaced are still living in Freetown. The villages and provinces were destroyed; there is nowhere for these people to return. The cost of land in Freetown is expensive and so people self-construct their own shelter out of scrap findings to make due. Figures 12 and 13 capture this problem. In Figure 12, Participant F was asked to explain why he took this photograph:

I get sick by looking at this house. It is not fit for human dwelling because it can fall at anytime during rainstorm, destruction. If this home breaks it falls on someone, it is a security risk, it is a health risk. It is cold when it is the rainy season so some end up getting pneumonia. This family is living here because they cannot afford to build a decent house, one that can guarantee their security,

one that can guarantee good health. If you stay in this house no one is going to have respect for you.



*Figure 12.* Self-constructed house. Depicts how many citizens and displaced families live in Freetown, Sierra Leone.

Participant E describes Figure 13 in detail.

This is a picture of a house I took at the bay. This place is normally not supposed to be a dwelling place for people. Due to the post-war effect in our country, due to the rebel war. So many people came down to our town, as a result so many of them do not have places to sleep. This is a self-construction of house they have made for themselves. As you can see these are empty bags of rice, and some with plastic for windows. This is Funkia Bay.



*Figure 13.* Bay house. Illustrates another self-constructed home in Freetown. Overcrowding causes this problem of inadequate shelter.

The researcher asked how does this affect the lives of orphan children, Participant E replied:

This has great impact on our life, especially for the kids, orphans. This is not a well-constructed house, they are living very close to the bay. This place is so breezy, so cold, so by the end of the day most of the children are susceptible to respiratory tract infections, some of them are sick with pneumonia, cold because they are not under proper housing conditions that a child should have for their ages. Ideally this is not for children especially for orphans. As I said before this is a result of the post-war effect, no one wants to go back to the provinces, everyone wants to stay in town. So at the end of the day everyone looks for the slightest opportunity where they construct. At times the government will

intervene, they do not want them to construct houses at the bayside because it is dangerous especially during the rains. During the rains, the whole house can be swept by water. For kids this is really dangerous, lives and property are lost. Children have drowned. It affects their health, helps spread diseases. This is not ideal. Even the water, the cooking, if you look further you can see where they are raising pigs in a small pin so at the end of the day they have a cross contamination. But due to the limited space everyone is trying to things their own way. Even when the government tries to intervene, they are offended. We have been displaced by the war, we have no where to go. Our provinces, our houses have been burnt. They prefer to be in these slums. If you go there around night you can see a parent with so many kids and they are not well taken care of.

### Poor Environment

Environmental conditions in Sierra Leone are a major contributing factor to the overall health and well-being of its people. Overcrowding has caused poor management of city sanitation services and a limitation to a child's access to education and medical facilities. All 10 caregivers agree that because of the poor condition of both the sanitation system and the poor infrastructure found in Sierra Leone, the orphans, displaced, and lost children of Sierra Leone are greatly disadvantaged.

### *Sanitation and Overcrowding*

All participants successfully show how the environment affects the health and well-being of world orphans. The lack of water forces people to fetch contaminated

water; overcrowding causes families to live in improper housing structures; and the lack of food causes Sierra Leoneans to seek food in polluted areas. Five participants captured the issues directly linked to sanitation and the overcrowding problems in Sierra Leone. Participant I discusses sanitation concerns by capturing the surroundings of a local restaurant in Funkia Bay (Figure 14).

This is a restaurant in Funkia. You can see the surrounding is so dirty. This restaurant is in the middle of town. As you can see the surrounding is dirty and most of the people in that village they are suffering of environmental and sanitation problems. The surrounding is dirty, they need to educate them on this environmental/sanitation. People go to the restaurant, as you can see the environment is dirty; there must be an effort from people to educate them and the village.





*Figure 14.* Bay restaurant. Depicts the pollution and sanitation problem in Sierra Leone.

Participant A depicts the unsanitary conditions of the city markets in Figure 15.

City sanitation is hard to maintain because the government has little support to maintain a clean environment. When asked to explain the photograph, Participant A replied:

It is a market, where there are food stuff items close to a trash bin. It is about 15 yards away from the trash heap. They sell food stuffs there. Health wise, this is very bad, they are even houses around here. There are flies around here, which is bad for the food. Selling food stuffs very close to this trash area, selling things like vegetables, bread, rice, meat, fish.



*Figure 15.* Local food market. Depicts another example of the sanitation problem which exists in Sierra Leone.

Participant A further explains that this problem exists because the Ministry of Sanitation does not have enough dump trucks and workers to empty the trash heaps. Poor sanitation like this increases the risk for children to contract typhoid, cholera, and diarrhea. People are selling at this market because they need to make a living; the environment is not a concern of theirs.

Participant A:

The problem is that people need to make their living. Yes, they have to, so they have to sell. They are not thinking there is a trash heap over there. They think, “I sell something today and get something to eat.” That is how they are living. The government needs to do something about getting these heaps, because sometimes they do not come for 2 weeks. They do not have enough dump trucks to go

around. Either remove the market from this place or get rid of the trash heap.

The government should get enough trucks, encourage people to dispose of trash, make a very strict law against dumping trash on the street. Get enough vehicles, encourage people to get small disposals at home. If you have enough trucks moving around... if I have my trash when I see the truck I just go around and deposit there. The trash heaps encourages people just to put trash there and it sits for one or two weeks.

The trash bins are not protected from public access. The areas are not well-maintained; anyone who seeks access can enter these areas. Participant A photographed the local dumping site in Sierra Leone (Figure 16). The trash heaps and bins often act as playgrounds for young children. According to Participant A, he has seen many children playing at the local dumping site. The participant agrees that this behavior is bad because they are directly exposed to the disposed trash. When asked to discuss why this problem exists, Participant A explains:

We do not expect NGOs to take care of this problem—this problem is because of the lapse on the part of the government. I do not think this (dump) needs to be right in the heart of Sierra Leone—Even if it is there, it is suppose to be protected. Kids should not be able to get access. Kids should not be allowed to go in there, it needs a fence, or be well protected.



*Figure 16.* Central dumping site. Illustrates a the city's main dumping site that many children use for a playground.

Participant G further discusses the concerns surrounding uncared for trash heaps in Figure 17.

The public is not in good care. This is Lumley on the way to the police station. Children are throwing trash away, but they do not do it in one place, but all over and they will pick through the dust bin for what they want.



*Figure 17.* Trash pile near downtown. Illustrates another area of Freetown overtaken by trash.

Participant G was asked to explain how this affects the health of the orphaned and abandoned children, he replied:

The children going there are not protected. Some of them go there not having proper shoes some with no shoes. What if they decide to go and play there? They can take disease around with them so it is better if the elderly people take the trash away instead of the children. What I want to emphasize here, I want to classify this as child abuse. Children do not know, they can pick up anything from anywhere and eat because they do not know the after effect so if we want to protect our children we should stop them from going. If they are not checked their health will be at stake. We should not only say this should be government,

let this be a family issue. Let the families pick the issues up, address them and then tap the families on the shoulders for a job well done. We are leaving everything in the hands of government which is very, very troubling.

Inadequate housing also exposes children to poor sanitation. Many self-constructed homes in Sierra Leone are very small, one room shelters. Those living in these homes sleep, cook, eat, and toilet in one small area. These living situations are linked to the post-war overcrowding effect.

Participant D photographed a home near a dust bin. The tenant living in this home does not have a kitchen and therefore cooks outside near the trash bin. See Figure 18 for this picture.

Participant D:

This picture, I saw the dust bin. This is a dust bin where someone is just cooking around there. You can see the bowl and spoon right near. This particular spot the dump truck will pick this up. This is not good because food is for eating. You have the trash there and anything there is not good for your consumption. So if someone is cooking near this particular place, he is doing something very risky because in Africa there is sickness like cholera. This is one of the easiest ways to contract this disease. There must be flies and other insect around this particular place.



*Figure 18.* Cooking near trash bin. Depicts an example of poor hygiene and sanitation practices by local Sierra Leoneans.

Participant B described the dangers of these one-room homes. Children and families eat, sleep, and toilet in the same area. This increases the risk that children may contract diseases such as Typhoid or Cholera because all activities are performed near the toilets. When asked to explain why these health concerns exist she replied:

Participant B:

That is not a healthy environment for children like this because flies may easily come and sit on the food. The flies can come from the pit and land on the food. It is not good for health, it is not good for them.



The researcher asked why these problems exists and she explained:

It is because of poverty. Poverty. Because if you the upper hand to do better, to live in a better condition, you will not come and sit by the toilet to eat. Better living condition they would not be sitting there. The house is so small, it is only one room so you cannot go. In the center we have different areas, but in this picture it show they do not have many areas.

Some areas of Freetown are home to many displaced people and families from the war. Kroo Bay is one of the most impoverished areas of Freetown and many of the residents here are displaced from the war. Overcrowding in these areas leads to inadequate housing, but also to unsanitary practices. Participant A described how children and families at Kroo Bay defecate right in front of their homes. Kroo Bay is near water which is often used to launder clothes. Children live and play in this area as well. Participant A captured a portion of Kroo Bay in Figure 19.

Participant A:

Look at the environment; this is serious health problem... Serious health danger. This is right in front of their house. It is where they play.





*Figure 19.* Kroo Bay. Illustrates the impact of overcrowding on sanitation and health in Freetown.

When asked to explain why this happens, he replied:

Because of poverty, if you move out of this area you cannot find a place to live, cannot get land. If you are poor, they send you down there. Several times the government has tried to get people out of there. This place is called bay, Kroo Bay. The government has tried to get the people out of there. But you have to have somewhere for people to go before you can move them out.

The researcher asked Participant A to clarify what the government is doing for the residents of Kroo Bay. Participant A further explained that people end up at Kroo Bay because they have nowhere else to go.

Participant A:

The government has been trying to remove them to get them out of that place, but you do not just tell people to move from here with no place to go. If you want to live here, in this part of Freetown it is very expensive. For a small lot it may cost \$3000 dollars. So if you asked them to leave this place, where can they go? Many of these people may have lived in the villages and provinces and the war displaced them, they have no village to go back to because the villages were burned down, destroyed. They prefer to stay here because they have some access to things because they are in the capital city even though they live this way.

### *Destroyed Infrastructure*

During the war, Sierra Leone suffered from total destruction. A decade later, Freetown is still recovering from a post-war effect. The government is bankrupt and the people are struggling to survive. The children suffer the most. Because of the extreme poverty experienced by more than half of Freetown, the children are often denied the right to education and the children have very limited access to medical care. Governmental sponsored schools do exist, but most are overcrowded and though the government prides itself in “free” education, the teachers are not paid; therefore, the teachers are forced to charge students for services rendered. Participant F, a teacher at the All As One Children Center, captures the common problem seen among governmental sponsored education. In Figure 20, Participant F photographed a local school to illustrate troubles surrounding the education system in Sierra Leone.

These children are in the class where the pupil/teacher ratio is too high. Class control is difficult. There are different ages in the classroom, they are put by abilities instead of age. The kids, the class is overpopulated, there is no furniture for them to sit, no proper seating accommodation. The morale of the teacher is low, salaries are not paid on time. These children are not getting the type of education that they should get for their future. So there is something lacking in this system. With democracy things really looked to be going all fine, but because of corruption, it is not getting done. The facilities are not getting done. There is a problem here. Some of the children you are seeing here, after school or before they come to school they go to sell, become hawkers, they go around to sell for their parents. Here at the government school the children are flogged. At the center, hitting is not allowed. I was caned at school, it scared me away from school, but I went because I wanted to learn.



*Figure 20.* Government sponsored school. Illustrates the overcrowding and lack of resources experienced by governmental sponsored schools.

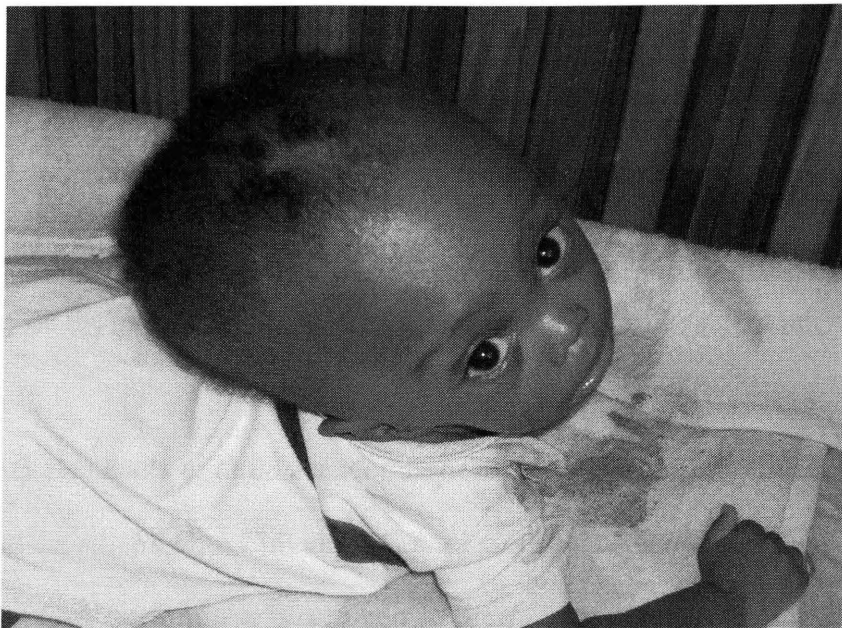
Participant F was asked to explain why the problem exists, why the overpopulation, he replied:

It is overpopulated because most [sic] schools need to be built and there is a concentration of people in the city. The people need to go back to their areas but because of facilities here that are not present in their areas they decide to stay here, no matter what condition they are in so they just stay back and everyone is trying to send child to the school. This is how the overpopulation starts. The government needs to build more schools so that they make improvement to control pupil/teacher ratio. If that is done it can be a little bit better. They need to provide subsidies for schools. Subsidies do not come on time, the subsidies come once in a while and this creates problem. These children have been asked to tell

their parents to send money so the head teacher can help run the school. If money is not sent, this school cannot be properly run because the money the government promises is not forthcoming, it comes once in a while, sometimes it comes very late in the year. That is the cause for some of these problems in the government schools. At AAO we are getting our salaries on time, we are served lunch, that is a motivation for us.

The child's right to education and medical care is very limited. Participant C took a picture to show the good work of All As One; however, this photograph also signifies how difficult it is to find adequate medical support in Freetown. The baby in the picture will fly to Nigeria to obtain the care he needs to survive because there are no medical facilities available in Sierra Leone to administer the services this boy needs. Figure 21 is a photograph of a baby boy in the care of AAO. Participant C was asked to explain this photograph, she replied:

This baby here when he came to AAO, he was just lying, he could not support his head, but because of the care, the proper medical care given he is improving as you can see in the photo he has raised his head up. He has fluid on the brain and he will be going for more medical attention in Nigeria. Because of the help in this center, AAO that this child has been kept alive today. Because when they brought him here almost dead. He came in December 2007.



*Figure 21.* Baby boy at AAO. Shows a baby waiting medical treatment for his health condition.

Participant C believes that this baby would not have lived were it not for the help of All As One Children's Center. Because of poverty, the mother was not able to give this boy the proper medication he needed and because of the destruction of infrastructure, AAO is seeking immediate medical attention out of the country.

#### Social and Behavioral Factors

A final theme surrounding extreme poverty includes the social and behavioral norms experienced by the children. As confirmed by other literature, children are considered second class citizens in some African countries. Sierra Leone displays similar findings. Because of poverty, families are forced to use children for labor. The child labor witnessed in Freetown is close to child abuse. Labor is a central focus of a child's

daily routine. The governmental sponsored schools encourage this behavior by implementing a two-session school day. Those who are able to attend school either attend school during the morning session or the afternoon session. When the children are not at school, they are performing odd jobs or daily household activities. Some adults depend solely on the child labor so the children are withheld the opportunity to attend school.

Poverty also leads to child abandonment and child abuse and violence. Many of the children at the All As One Children's Center were abandoned by parents or extended family members. Abandonment is common in Sierra Leone because parents and guardians may find themselves without the means to provide proper care for the child. Abandonment is more likely to occur if the child's father denies pregnancy. Denial of pregnancy happens because of extreme poverty.

Orphaned and abandoned children are more disadvantaged than non-orphaned children. The orphaned and abandoned child is more likely to experience maltreatment. In most cases, children who seek refuge in another home, not of their parents, are treated with less respect and care than the other children living in the house. This is common among children living with extended family or children living with stepparents.

### *Child Labor*

All 10 participants discussed the use of child labor in Sierra Leone. Six of the participants captured specific incidences of child labor in action to illustrate the high occurrence of this practice. In order to survive, families force children to perform odd

jobs such as street trading and breaking stones. These odd jobs are performed by the child so the parents have money to eat and in some cases to help the children pay for school fees and fend for themselves. Extreme poverty forces family members to compete for survival, and often the children are forced to care for themselves.

Participant B captures an example of street trading in Figure 22. Parents or legal guardians usually send their children to trade on the street. Participant B was asked to explain this photograph, she replied:

These kids, you see between the ages of 12-15 selling in the street. This is street selling. Some will miss school and some will go to school in the afternoon. They are selling to have money, they do not do this by themselves, the parents send them to sell. The money is taken to the parents, the money is used for school fee in Freetown, Sierra Leone.





*Figure 22.* At the market. Depicts selling at the street market in Freetown, Sierra Leone.

The researcher asked the participant how this affects the lives of the children and she explained:

After selling, you do not go home, you have to prepare to go to class. If you are sitting in class you may not pay attention, it affects your education because you are thinking tomorrow I have to go and sell. I do not want to do it, but if I do not do it my aunt will beat me or my grandmother will beat me so that will affect the child even the ability to study.

Participant B further explains that this child labor occurs because of poverty. If the child does not perform this work then the child will not eat. This is a lifeline to survival. Another common odd job that children perform is fishing. Participant E

photographed a bowl of little fishes. The children pull nets with the adults in hopes to collect these little fishes to make fish pies to sell at the market. See Figure 23.

Participant E was asked to explain this photograph, she replied:

This is alongside the beach, we have children among adults pulling a net. This really is not suppose to be a children's work. But it is like most of the children around the bay this is a daily routine. Some do go to school, but in the afternoon sessions. So in the morning they come to this bay and help pulling the net and after pulling the net they collect the little, little fishes. For example if the men who are pulling the net have a great catch, at the end of the day they will give the children some amount of fish. But if they do not have a great catch then the children will collect the smaller fish. At the end of the day they make them into pie and sell them. At the cost of 500, 1,000, 1,500 leones. I asked them why are you here, you are suppose to be in school what are you doing? One of them told me "I am in the afternoon session, I have to be here to collect whatever fish I can get so at the end of the day sell them for the lunch" If not for lunch, they take the money to family so the money can be used for food that day. This is a daily routine for these kids; they go down to collect the baby fishes.



*Figure 23.* Pulling nets for little fishes. Depicts the child's role in the fishing industry of Sierra Leone.

When asked to explain how this affects the lives of the children, Participant E explains that:

It is really affecting us, for these children it is like, it is hindering their future. Children of this age are suppose to be in school. At this age what a child should have is a parent who can provide education, shelter, clothing, immediate needs. For them at this age they are not getting education and at the end of the day what will this lead to. They will end up without education, not even seeing the four walls of a classroom. It will be a negative impact to society, even their own lives. Because they will end up being drop outs and even end up in abuses. For

example some will take to drugs, some will end up in hard labor and even prostitution for the girls. Prostitution is the way they will get their income to meet immediate needs and even care for family.

Participant G also illustrates the practice of street selling in Figure 24. Not only are children away from school, but they are exposed to filthy environments, increasing the risk of infectious diseases.

Participant G:

Yes, street selling, ummm very hard stuff, street selling. As you can see there is a small boy there, it is good for him to be in school now but he is not there. He is there helping the mother to sell. You can even see the dirty water, it is filthy. The water they even take to water the plant. Who knows the type of disease that is being carried, but we are buying them and using vinegar to wash. But what if you cannot afford vinegar? They come and sell it in a filthy environment and nobody is stopping them, no one is running to tell them to stop. Our politicians encourages them to be there, they say if you vote for me I won't drive you from there, sell anywhere you want to sell, nobody will stop you. So now to go and try to drive these people they won't take it light. In Sierra Leone we are stubborn...they are saying no to government until you provide a market and even if provide them a market if it is taking them away from the public they won't go there. So they are going to be there until government uses force to remove them from this

place. They want to be where the public is, but they do not realize how they are congesting the streets, people cannot move, the streets get filthy and there is more and more dust bin piles. They leave the place like that so it gets filthier and filthier and that is a health hazard, very bad. One because the child is not going to school and two to the public. It is child labor.



*Figure 24. Street selling. Depicts selling on the dirty street.*

Very young children are sent to the streets to beg. Some children also act as caregivers to physically disadvantaged adults. Participant I met four children on the street begging. The children are living with their grandparents and the grandparents wake them up each morning to go beg on the street. The grandparents spend the day breaking stones while the children beg on the streets. The children are not well-cared for because the grandparents cannot afford to meet the children's needs. The children must beg in order to have means to survive. Participant D captures a young child with a blind man begging on the street. On Friday, the number of street beggars are higher because of the

Muslim Holy Day. Each Friday Muslims are supposed to give to those who are in need. The streets of Freetown are typically crowded with beggars on Fridays. Figure 25 illustrates a group of street beggars that Participant D photographed in his car on the way to the center. When asked to explain this photograph, Participant D replied:

These are beggars in the streets, in the streets of Freetown. It is Friday, you see most of the beggars out on Friday because Friday is the Muslim Holy Day.

Muslims are suppose to help. Most are sitting at the edge of the street. But most are blind in two eyes, they cannot walk alone. So they use boys and girls to hold the sticks for them, in front. They can't walk alone.



*Figure 25.* Street beggars. Illustrates how some children must spend their time.

The participant was asked if this is the child's sole responsibility, he answered:

Yes, they do not go to school, you can see most of them, very young children.

The money they get for the whole day is just for them to eat. Some people in Sierra Leone who have money go out on Friday and give out rice, beggars come out on Friday to get their portion of rice.

### *Abandonment*

Three of the ten participants identified the issue of child abandonment in Sierra Leone. Participant E photographed a young girl new to the All As One center who was abandoned by her mother. This little girl was delivered to All As One April 18, 2008.

See Figure 26.

This is a little girl, we do not know her age approximately we can say she is about 20 months. You can see she is a sick child like you can see the ribs, you can count the ribs, even the bones. Before she came in, if you look at this child you would say she won't make it but due to the timely intervention of the orphanage Grace's life is changed. This child was locked in a room because the mother abandoned the child so they had to bring this child to this place. When she first came to this place everything was swollen, her face even the limbs, she was so bad. She had vagina thrush, everything.





*Figure 26. Baby Grace. Displays a young girl abandoned by her family.*

Participant E was asked to explain why child abandonment happens so frequently in Sierra Leone, she said:

There are so many factors. For my own experience, she has been abandoned by the mother. Maybe she was a single parent, maybe not only a mother, but a teenager, a school going child. They are faced with those challenges. Because maybe a school going child, no body to take care of and she had premarital sex and unfortunately she got pregnant she had to keep the child for 9 months and maybe she can't cope with the challenges and maybe when the child was swollen and sick she had to give her medical attention and no money to care for. At the end of the day the stress, the trauma, no body to help maybe I think she



abandoned her. I think the father denied pregnancy because if the father agreed to take care of the child things would not have been the way they are. In this case I suspect this is a single parent case. In a single parent case the mother may be a child herself with nobody to take care, maybe she too has been abandoned by her parents because this pregnancy. So at the end of the day what does she have to do, nobody to help. She may have dropped the child, but at least the child was alive.

Participant B spoke with a young mother about her experience as a single parent. This young girl was attending school when she became pregnant and the father of the child denied pregnancy. Men deny pregnancy because they do not have the finances to care for both a woman and a child, so it seems easier for them to deny responsibility, leaving mothers to care for the children.

Participant B:

She is a young girl between 18-25, I ask her why she is in this condition, if she is no longer a student because she was going to school at first. She lost her aid (her parents) so early she was not able to continue. During that time she got pregnant, the man who got her pregnant said he was not responsible. He abandoned the girl and the child. She would like to go back to school if she had support. It exists because she has lost her parents, no one to take care of her, she is just roaming about. In our culture here this is how children get abandoned. The mother is not

able to care for the herself or the child. She will not abandon the child here, she will go east and leave the child.

If the mother does not abandon the child, she may engage in prostitution activities to care for the child. Abandoned and orphaned girls are also at a higher risk of practicing prostitution because these children are less likely to attend school. With no education, this may be the only job skill they possess. Participant F photographs a local Freetown bar and brothel in Figure 27. When asked to explain this photograph, he replies:

At Lumley this is a popular place to come and have booze, come to entertain themselves, there is music playing there. This is also a brothel, there you see these guys take them (young girls) and give them money after. I am not sure if this is legal or not, but the police do not come because they go there themselves.... to drink I do not know if they come for...



*Figure 27. Bar and brothel. Displays a local bar that employs young female prostitutes.*

Participant F was then asked to explain the main affects of these businesses. He explains:

It has a negative impact on society because there is a school around, there are small school kids that might get influenced and fall into this trap. Some of the women working in the brothel are girls who are school age who could be going to school if they had the opportunity. Some of them are doing it because it is a means to survival.

### *Violence and Abuse*

Young girls fall victim to violence and abuse, but orphaned and abandoned children are most likely to experience abuse as well. Six of the participants highlight the troubles that orphaned and abandoned children must deal with.

Participant H:

Some of the problems children are facing when they are not living with their parents are unspeakable and inevitable. At times they are treated like slaves in Sierra Leone. When children are adopted by their relatives they are given all types of work like elders or servants that are working for money. Their relatives will wake them up from their sleep to go and fetch water at night or early in the morning hours. And this is leading some of them to prostitution, stealing and bad friends. Some of these children even don't have good sleep at night or during the day. And this is causing an effect of well-being as children. At least children should sleep for 6 hours, but it is unfair in this part of the world.

She further explains:

Some children are even exposed to early marriage by their relative or adoptee. As the saying goes "the love of money is the root of all evil" Some of these children are giving to men who are elders in the community like paramount chiefs, elders of secret society and so on. This has caused so many children to become prostitute because they are introduced to early marriage. And if they are compelled to move towards the whims and caprices of their relatives or adoptee they will decide to leave the place they are residing and opt for the street which will lead many of them into prostitution. And some of them see the street as a place of liberation and freedom.

Because these children seek freedom in the streets, they must find ways of caring for themselves.

Participant H:

Some children do self-job to take care of themselves in their relatives house.

Children are deprived of basic necessities and some opted for street trading which will help them to take care of themselves. Some are hit by car during the process of street trading. Some even started stealing on the street and when they are caught their relatives abandon them because of the shame the stealing carried.

Stealing in our society is a crime and it is punishable by the laws. Some children are not given food at the right time because maybe they do not do what their relative wants them to do at the right time. If you deprive a child for a plate of rice what would you expect the child to do? The child has no option but to steal create havoc in the home. It is something of importance for the NGO and government to tackle to liberate these children from the hands of the wicked relatives and adoptees.

Some of these orphan children are living with extended family households or with step-families. These children also experience maltreatment. Participant J spoke with a young girl who is now living with a step-mother. Her mother is dead and the father married another woman.

Participant J:

She is selling mangos so she can have something to eat. I met her along a street at night selling the mangos. She said she is living with her stepmother, her stepmother give her mangos to sell at night. I asked her if she is going to school, she said she is not going to school, she said she was before her mother died, but after that, she stopped going to school.

When asked to explain why this happens and what should be done about it Participant J answered:

I think the government should set up, uh, structure for orphan kids and street children. Because as far as I am concerned the government is not doing anything to assist these children, only outsiders are concerned about these children, the government is not concerned. So the government should set up a structure to help these children so these children will have a better place in the future. Anything can happen to her, you know these men like to harass little girls, sexual harassment, they may even rape her and maybe she will contract AIDS, and there will be no one by her side to console her or support her and then she will die eventually because you know AIDS is a killer disease so I think the government should come in and find ways to support these children.

Participant D and Participant F also discussed the maltreatment experienced by orphaned and step-children.

Participant D:

This girl, I talked her, it was around 5 or 6 in the evening. I saw her coming from the street. I asked her what is wrong with her, she said her stepmother sent her to go and buy salt. She did not know where to go do this, she could not find the money that her mother gave her. She is not wearing clothes. She is around 9 years, she is in class 5 (5<sup>th</sup> grade).

The researcher asked the participant why is the child running the errands and he replied:

Her mother and her father are separated, the father decided to go and find another wife. The little girl decided to stay with her dad. Her stepmother has her own children. Her stepmother will usually take care of her own children first. Most of the work is given to her, she fetches water, fetch sticks, and do the laundering. In Africa, it is not easy to see a stepmother loving a child that is not her own. It is not easy in Africa. This is all the problems.

Participant F photographed a local orphan boy in Figure 28 to illustrate the maltreatment that many orphaned and abandoned children endure in Sierra Leone.

Participant F:

The one in the middle is an orphan. Lost a dad and the mother is an illiterate and she is there in the village but the boy wants to be educated, the mother cannot provide for him. So what he does to stay in this compound with people is to work for them, run errands, do certain things. With the salaries that he renders keeping the house, it provides him a little bit to eat, here he is boiling it. He passed his

basic exam (junior high), he cannot go to SS-1 (senior secondary) because there is no money. He stays around the house all day.



*Figure 28.* Orphan boy. Depicts an orphan boy working hard for shelter and food.

The participants were asked why they think this occurs in Sierra Leone. Both provided explanations. Participant D provided a personal story to explain this society norm.

Participant D:

Mainly because... I lost my mom at a young age. A few years time my father decided to take another wife. By then I was in primary school my elder and younger sister were not going to school. I was the only one going to school. My father really concentrated on me. When my stepmom learns about this, every work I was suppose to do in the house. While I was at school my sister was sent to the market, after school I was tired and hungry, but she would tell me to go and



do this and go and do that. So one of my aunties had me come down to them, I stayed with my uncle until I was 17 or 18. I lost my father this past August, my stepmother still resides in my fathers house, it is not easy to go there.

Participant F believes that this occurs because the family does not see the child as part of the family.

Participant F:

Now if he was part of this household, they would treat him with respect. There is this mentality because he is not one of them, he has come for help, and because he has come for help he is not apart of the family.

The researcher asked for further explanation. Participant D discussed the polygamy system in Sierra Leone. This system causes jealousy between families especially since most households are living together due to poverty. Participant F believes that though culture may play a part, the lack of education obtained by majority of Sierra Leoneans contributes to this abuse.

Participant D:

In Africa, it is not easy for a stepmom to like a stepchild. That is why polygamy is not nice, it is not a good system. It is not an easy thing. Too often stepchildren are fighting over properties when parents have died. Also when one child is more brilliant in school, one side is making progress and the other is not. Some may turn to witchcraft to cause insanity. I have seen so many things just because of step-step.

Participant F:

It is not everyone that feels this way, there are certain exceptions. Some people here, a good lot of people think that if you are not one of them you do not get the right treatment. That is what I think, it is not a cultural thought. Lets say this boy is brilliant, he is doing very well in school maybe better than the kids of parents who own this house. They grow jealous of him, they want to bring him down, they want to discourage him. They want to make sure that he does not go through academy, that he does not get success from life. They will do things to discourage like maybe make him a scapegoat. Society, you know does not look forward in this country. I do not know if it is because of the illiteracy, the low educational background... people do not think development should go on. Because if this child is a good somebody, in the future he's going to benefit a lot of people. This mentality is a problem. I think the way we rationalize generally in this country we have problem with the way we think about issues. If we started looking at issues with a different point of view it would be better for this country. There is a cultural phenomenon of hatred in this country even those who are successful in life, they always want to bring them down. If more access to education, horizons would broaden.

The orphaned children of Sierra Leone lack the understanding of their personal rights. The child focuses on survival. The child is often made to work or beg for survival. It is important for the global community to assess and understand the atrocities

these children have experienced. The maltreatment of children escalated during the civil war. Since the war, the government has provided no programming to assist the survival of these children. As Participant J participated in the photovoice activities, she met a young girl on the street caring for her baby sister. Participant J described what she saw:

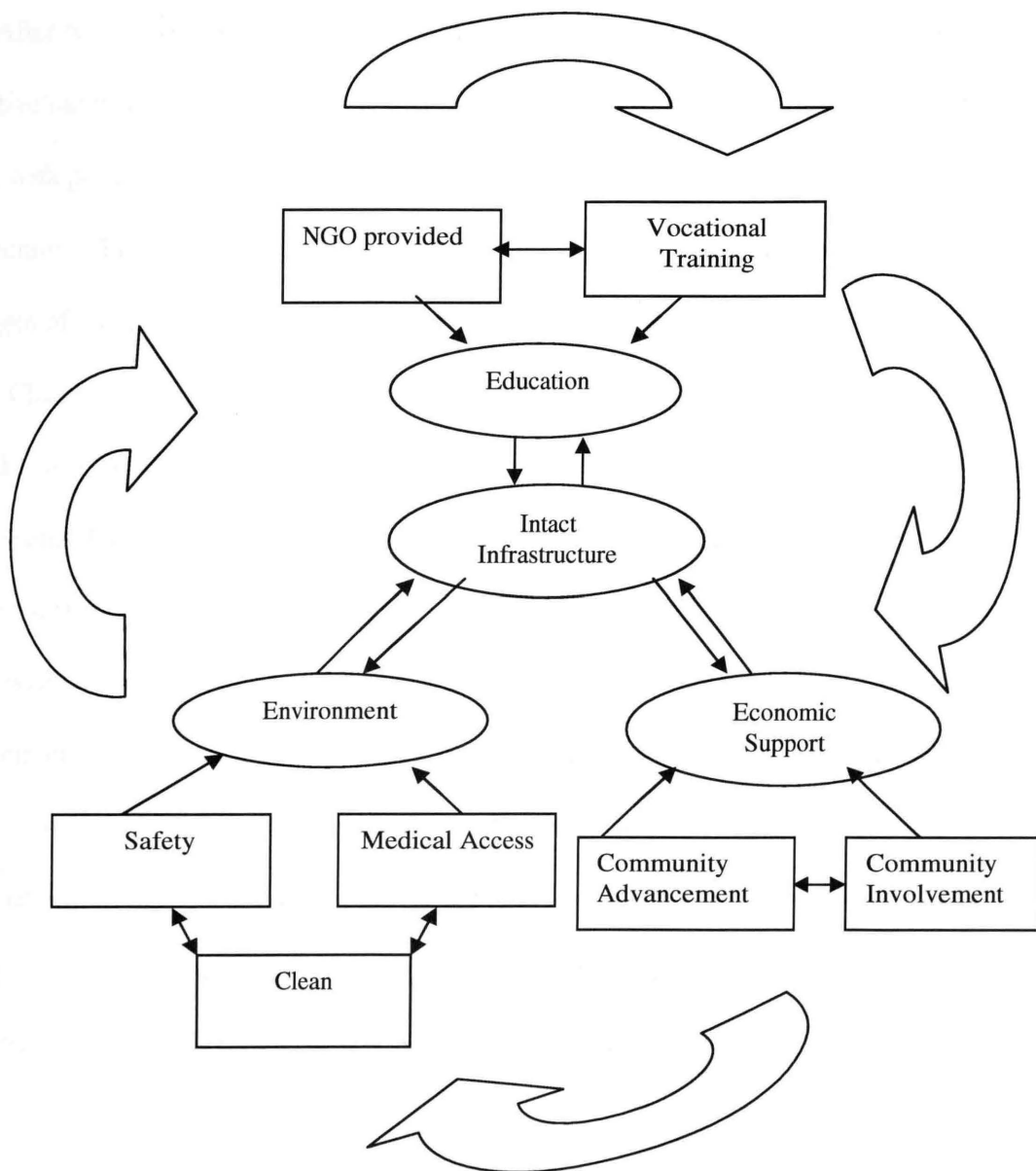
Participant J:

She was begging. The nine year old is caring for the 11 month old. They are begging, she asked me auntie can you give me money. I said why are you are begging for money. She said I need money to go and buy food. Where is your mother? She said her mother is at home, I think they are displaced, they are from the provinces. In Sierra Leone is a beautiful country rich in minerals and agriculture potential and tourist potential. It has long sandy white beaches, rich tropical forests, ocean access and abundant wildlife. Sierra Leone has seen serious and great human right violation since the civil war erupted. The civil war is known for its inhumane treatment which were inflicted on over 5000 children with roughly 2000 surviving. Children are totally unassisted by the government and many are left begging on the streets. During the civil war drugs were given to thousands of child soldiers which RUF abducted and forced children to kill their parents which sever their link with their communities forever. Today Sierra Leone is the least developing country in the world based on its poverty and poor quality of life by its citizens, especially children. The infrastructure is in shambles, war victims are unassisted by the government, orphans and victims beg

on the streets. The government offers little in terms of healthcare. The orphans of Sierra Leone have suffered atrocities that no child should even have suffered. War has torn this country a part. I saw this child around noon. She should be in school so she could be learning to be a better person to society. This will deter growth and development of the country because at this stage she is begging. The area here is where “bad” boys hang around. They come to her and say okay if you want money lets come inside, then they will abuse her sexually and give her just 1000 or 500 Leone. When she goes home she will not say a thing to her parents so this will affect her psychologically. What about this child? They may rape her and infect her with HIV/AIDS and other diseases. Her mother is doing nothing and they have no finances to take care of when she is sick and that sickness may eventually kill her.

#### Second Category: Promoting Factors of Health and Well-Being

The overarching theme identified by the participants in the study, which promotes the health and well-being of world orphans living in Sierra Leone, is an intact infrastructure. This promoter to health relates to every other theme within this category. Figure 29 below illustrates the relationships among the themes mentioned under Promoting Factors.

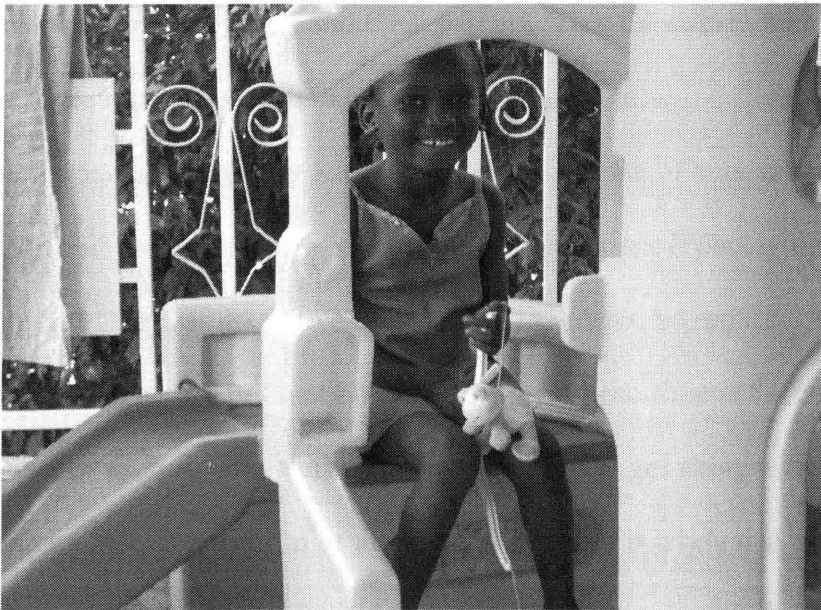


*Figure 29. Model of Promoting Factors.* Illustrates how a strong infrastructure supported by positive environment, positive educational opportunities, and economic support work together to increase health and well-being.

After reviewing the voice recorded interviews and the photographs representing the positive factors of Sierra Leone, it was apparent that the main factor separating the children with poor quality of life and those with a good quality of life is an intact infrastructure. The orphaned and abandoned children who are living in quality standard orphanages of Sierra Leone live in much better conditions than those outside of these centers. Children living in centers have access to a clean and safe environment, medical care, and education. The children do not have to work for survival; they do not have to fend for themselves. These children have the freedom to be children. The war caused the country's infrastructure to collapse. The country is still struggling to recover, but since the war, positive advancements from the initiation of non-governmental organizations, local community empowerment, and slow improvements by the government ministries are creating opportunities for the disadvantaged children of Sierra Leone. Though negative impediments exist, the positive influences are creating a will of Sierra Leone to encourage change. In Figure 30, Participant J describes the positive results of community support provided by NGOs such as All As One. When asked to explain the photograph, she replied:

I believe that every child has the opportunity to grow up with a loving family. When children cannot be reunited with their biological families, a place with extended family or neighbor, AAO provides services to identify suitable families that are prepared to handle the special needs of a child that has experience with significant loss at a young age. Isatu is very happy, she is living well, she has

love, she is doing great. So I commend AAO for doing a great job because they are helping this child to be a better person in society. When she is grown up she can be able to do things for herself. She can say I was an orphan but these organizations made me to be somebody I am today. She will be grateful for that, so she will try to help other children that are in the same capacity. So that is why I choose that picture.



*Figure 30.* AAO child. Illustrates a child living at the All As One Children's Center.

### *Education*

All As One provides education for the children in the center. Education was discussed by all participants as a major factor combating against extreme poverty. Because most of the country is illiterate, it is no surprise that so many live in extreme

poverty. The government does provide free education, but teachers at these institutions may go months without pay. Participant F, a teacher at AAO, spoke about his experience working at a governmental school.

They paid me once in 6 months, when you finish college and go to work, it usually takes people a year before they get paid.

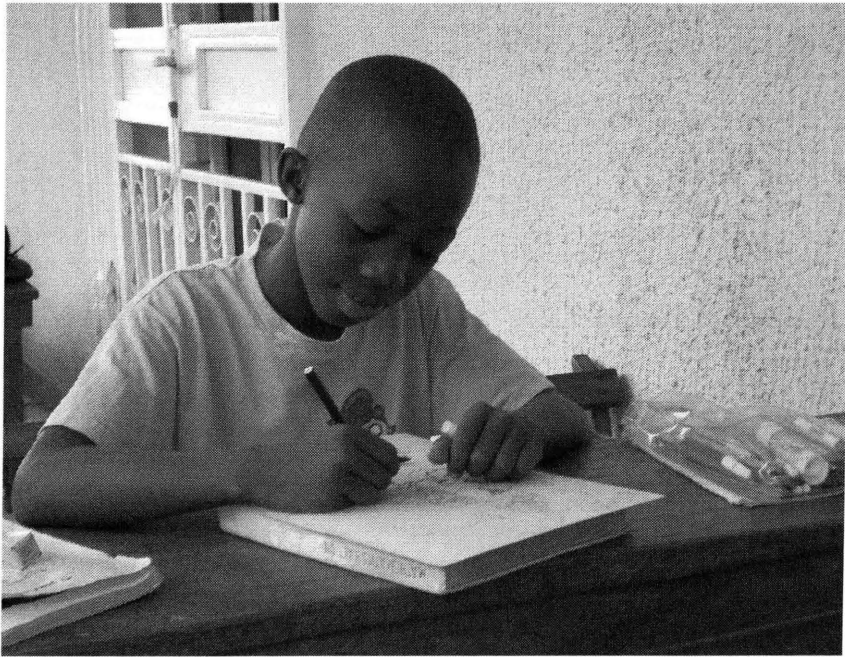
The teachers in Sierra Leone must be paid for their services as well; this forces the teachers to seek pay from the pupils and their parents. This fee causes many children to be denied education because education becomes unaffordable.

Five participants specifically addressed the importance of education as it relates to the overall health and well-being of world orphans. Participant F photographs a student at AAO (Figure 31). He was asked to explain the photograph, he replied:

This is Ahmed, he is a brilliant boy, he has spent some time at the center. He is doing well in school, he is well behaved, he seems to get along with his companions. He is respectful of authority, I think he is a boy that has some vision about life. He wants to do something better, in the morning when I come into the class he says I want to be this, I want to be footballer, I want to be musician, I want to be president. I sat down and smiled at him, I asked him to stop. I told him I am glad that he has these visions, but we have to start work now (laughter). He has pleasant character, always willing to work and guide the little kids to do the right things. He is always the top of the class, he has got what it takes, you love him, you love him around you. The center is doing good things for him,



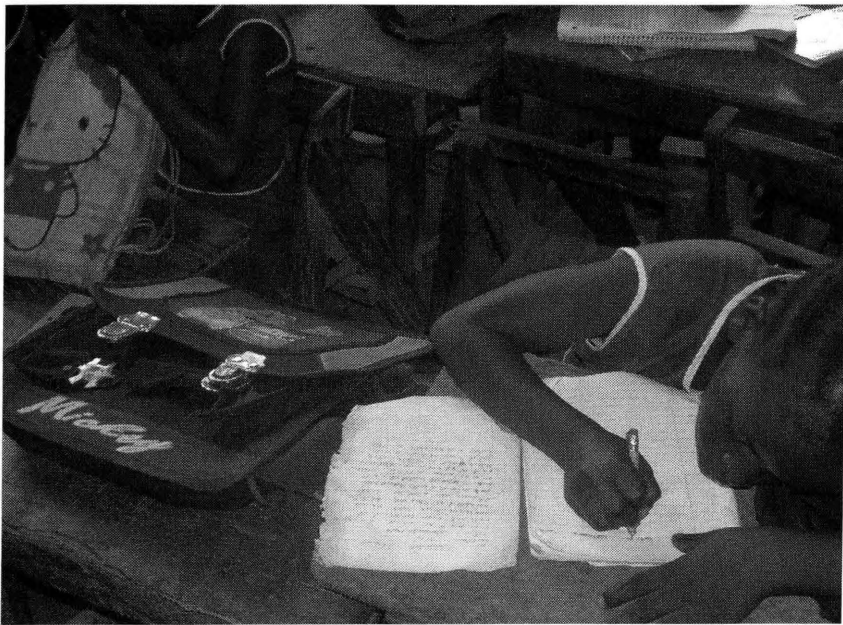
outside he would find it difficult, exposed to the destructions. I think he is in the right environment, he has the potential and he can get to somewhere with AAO.



*Figure 31.* AAO student. Depicts a young boy in school at All As One.

Participant H captured a photograph at a learning center at another quality orphanage in Freetown. In Figure 32, she explains the importance of this photograph:

This is a learning center, a child is learning how to write at an orphanage center. Economically, when this child is finished learning she will help children in the future and also other children that are out there in the street. Politically, the government and non-governmental organizations are helping these children to recognize their ability. Socially, the environment and place where these children are living is a residential place.

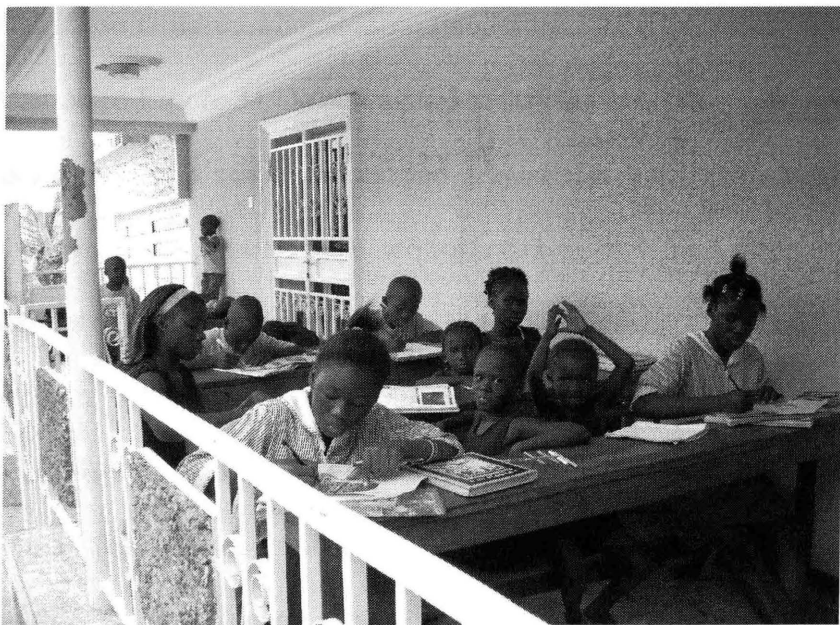


*Figure 32.* Learning center. Illustrates another learning center at another child's home in Freetown.

When asked to explain how this affects the community of Sierra Leone, she answered:

That education is the bedrock of civilization and this is helping a lot of people to achieve their dreams and God given potential.

Participant A also illustrates the school environment at All As One Children's Center in Figure 33. He was asked to explain his photograph, he replied, "They are in school taking class. The teacher is just in front there."



*Figure 33.* All As One school. Illustrates students attending basic and primary school at AAO.

Participant A was asked to compare the children in this photograph with those living outside of the center, he replied:

It is good for the children, if you compare to the guy gathering scrap metal (Figure 9), you can see it is a brighter future for these kids. Taking their class, they are well fed, living in a good environment being taken care of compare to those in the streets so this is good. We have more of these NGOs taking care of children we have AAO, SOS,[sic] we have about 48 of them taking care of kids. It is a good one for the kids.

Even though the participants discussed the problems surrounding the government sponsored education system, the children who are able to attend school become more

advantaged than those children who cannot attend school. Participant E explains the impact of education in Figure 34. When asked to explain the photograph she replied:

This is a picture of a school compound, it is a field. The field is near the school, I took this picture because this is a school hour and they are at school. For them it is a positive case, for them even some have single parents. They are giving the children what they need educationally, they are laying the foundation. For others, like at the bay no foundation is being laid. These children stand a better chance, even if they face abuses it will be less than the others that are at the beach instead of school. This is what makes the difference. Even if these children do not make it through the educational system they stand a better chance than others, they can learn to read, write, and spell. The others their livelihood will be at the beach, everything that concerns them will be at the beach.



*Figure 34.* Government sponsored school yard. Depicts youths waiting for school to begin at a governmental sponsored school.

The researcher asked Participant E to explain why the differences exist among children who can attend and those who cannot attend and she explained:

The other major cause is poverty. Poverty, because maybe the single parents at the bay cannot afford school. These children at school are privileged. Maybe the ones at the beach would like to go to school, would love to go to school, but they don't have the means. They don't have the sponsorship to go. All it takes is wisdom, all of us have been given different abilities, and if you put yours into practice you will make something good out of it.

Participant B discusses how the need for not only primary education is needed, but she also describes the need for vocational skill training. In Figure 35, Participant B

photographs a local Freetown furniture store. The furniture in this picture was all hand made. To perform this job, training is required. She was asked to explain the importance of the photograph and she replied:

This picture shows some youths involve themselves in things that will allow them to be able to live in standard condition because if you learn how to make this kind of furniture you will have finance to support your home, your children, and other activities. This shows if you do this kind of job, you do not totally drop out or sit idly everyday looking for someone to come to you and say, come and wash this plate, I will give you food. If you do this you can care for yourself, you are not living on any other persons. You can do for yourself, become self-reliant.



*Figure 35.* Furniture store. Depicts a vocational job skill learned by youths in Freetown to meet daily needs.

Participant B was asked if she agreed with more support for adult education as well and she answered:

Yes, adult education, too. Train more people to do, maybe not our government I do not think they will do that, but maybe NGOs or if the government worked hand in hand with NGOs. There are so many vocational studies that will attract men and women, they will not be sitting in the streets, girls not going into prostitution. Because that affects us greatly in this country. Even if they are still in the house, the big one is in the house the small will follow in the same footsteps. Because in some cultures in our country they enter into early marriages so do not have a chance to go to school, the parents force them to marry. The man do not want their wife to do anything. He will not allow her to go out. He may not be able to meet the needs of that woman. He wants to own her. If I learn, I do the vocational training I will be able to do something for my own family and not depend on my own husband.

Learning a job skill, even for women, provides the children other options than selling on the street, participating in prostitution, and stealing.

### *Environment*

Four of the ten participants photographed examples of promoting factors regarding a child's access to a safe and clean environment. The children at All As One are more advantaged than the children outside the center because the children have a safe haven to play games such as football (soccer) and dodge ball. Participant D discusses



how he enjoys watching the children at the center play games in the afternoon. Figure 36 captures child activity in the afternoon at All As One. Participant D was asked to explain why he took this photograph, he replied:

The children are playing football (soccer) in the front lawn. This is in the afternoon and it is good for them to exercise their body. It is nice for the human body to be exercised. I always enjoy late in the afternoon to watch them play soccer they even play dodge ball. I like to see them play, there is always a group like this playing. They are clever in playing football.



*Figure 36.* Children playing football. Illustrates after school activity at the All As One Compound.



When asked to compare the scene in the photograph to what children not living in the center may experience, Participant D answered:

Outside the center, at times in the evening when I am not too busy I go and sit outside the gate I see some children around and they play football. At times I even understand they are doing betting, using money to give. They are betting by teams, like 1,000, 2,000 Leones. I have experienced twice when they fight. This is different from the type you see in the center. Because they just play like they are brothers and sisters. Even at times at dodge ball they play girls against boys. That is nice, even at times they play football boys against girls. Outside the center it is not easy seeing them play without having some problem.

The children in the center are playing a friendly game of soccer, but Participant D identifies that violence and gambling occurs with children who play outside the center.

Participant D was asked to explain why this may occur, he said:

Here at the center they are under control. They have staff that are here to take care of them. You have support staff and aunties. If I am at the gate and I see any of them beat (hit) another one, I am going to say hey stop. Even if I am not assigned to them.

The executive director of All As One explains that each child living at the center is assigned to a caregiver. The children are instructed to see their assigned caregiver if they have a problem or concern. The caregiver acts as the child's guardian and it helps provide all the children at the center adequate supervision.

Participant B photographed the groundskeeper at All As One performing his daily responsibilities. One of the reasons the children at high quality orphanages are living in safer environments is because the living area is more sanitary. The children are not exposed to the amount of garbage located outside these orphanages. Figure 37 is the Groundskeeper at All As One. Participant B was asked to explain this photograph and she replied:

This picture shows a man cleaning the environment where children are living at AAO. The picture also shows it is a healthy place for the children to live. That will not lead to have any airborne diseases because the dustbin is always emptied. He does this on a daily basis.



*Figure 37.* All As One groundskeeper. Depicts the groundskeeper cleaning up the compound at AAO.

When asked to describe how this affects the health of the children living at the center, she responded:

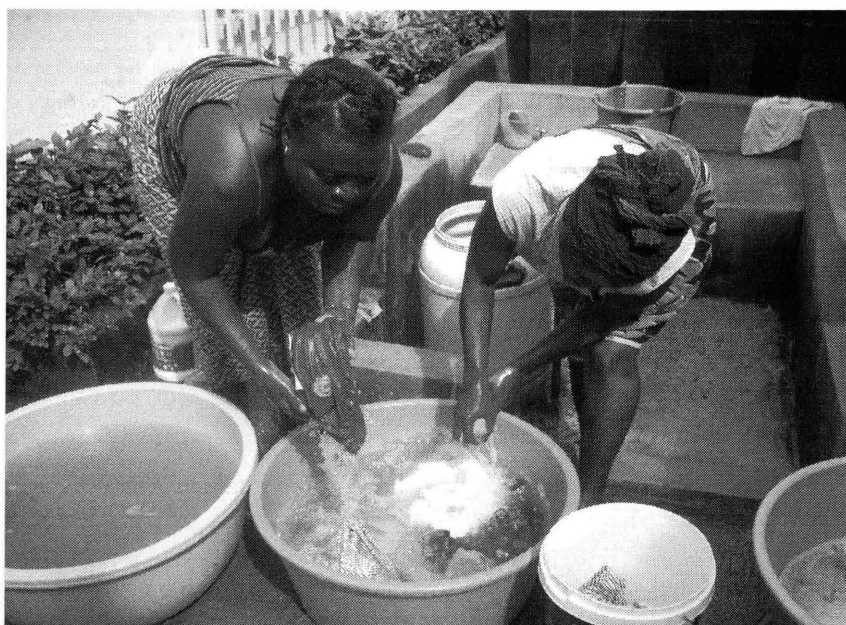
If the environment is not clean, they will have airborne disease. If you are exposed to feces at the compound it may lead to cholera. You are also exposed to diarrhea, too.

Participant B then explains why this strength exists and she said:

It is being cleaned... it is supposed to be cleaned up because we want the children to live in a clean environment. We want them to feel free to go around the compound. Here is clean, you can sit here and study, here is clean, you can sit here and eat...you know. Freely move in a clean environment.

The grounds of the center are cleaned on a daily basis. Participant B also illustrates how laundry is done each day at the center. In Figure 38, the caregivers are laundering clothes. The picture shows clean water from the pipe and the use of cleaning products like bleach and detergent. When asked to explain this photograph she replied:

You can see aunties on their duty, laundering the clothes of the children. They have enough water to do the cleaning, they have bleach to kill germs and laundry soap. They do this for the health of the children so they can put on clean clothes, the children will look good, smell good (Participant laughs).



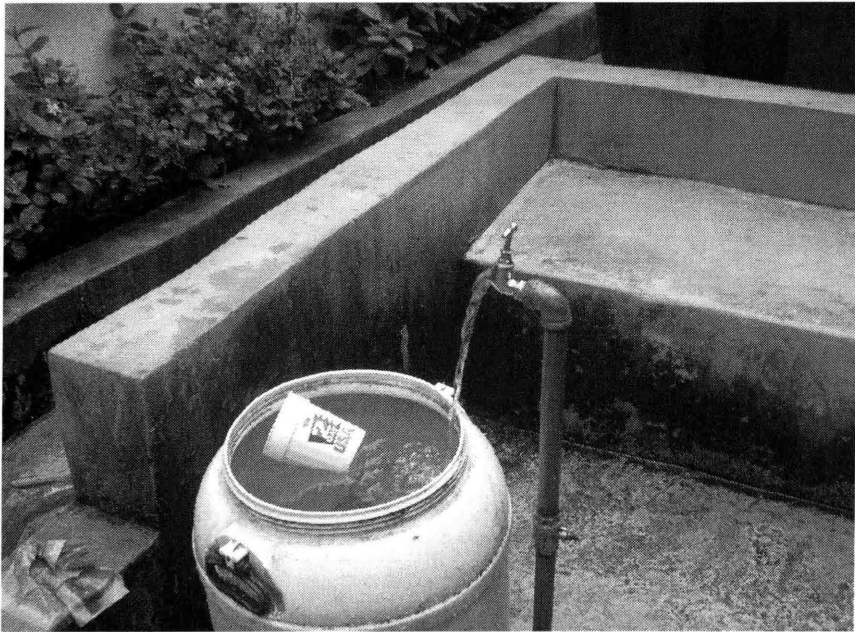
*Figure 38.* Laundering clothes at the center. Illustrates child care workers washing clothes in clean water at the AAO center.

The researcher asked the participant to compare the action in this photograph to what may happen outside the center. Participant B explained:

Outside the center they are really suffering from the lack of this facility. At times they do not even have soap. You just seem them hit the clothes with a stone and water. The clothes are not even washed, it seems that they put on the same dirty clothes and that is not good for the health.

The children at the center have access to pipe water. The clothes are cleaned with clean water and the children bathe in clean water. This is a promoting factor to the health and well-being of orphaned children. Participant C photographed the pipe water source at All As One in Figure 39. She was asked to respond to its importance.

This is the positive side of the water. This is at AAO. This picture is pipe water so it is clean for human consumption. If only we can get this kind of water for human life it is better so that will overt many sickness from us like diarrhea. Pipe water comes from Guma Valley Dam. It is taken care of so it is much better than from the well.



*Figure 39.* Pipe water at AAO. Displays the main water source used for drinking, cooking, bathing, and washing.

Non-governmental organizations like All As One are positive influences on an orphan's life. The children are able to attend school, have access to a safe, clean environment, and have access to basic needs such as food, water, and shelter. The children also have access to medical care. This center employs a full time, state registered nurse (RN). Early in this chapter, child abandonment and its health effects on children were discussed. Figure 26 illustrated the condition of an abandoned child the

day after she arrived to All As One. In Figure 40, Participant E provides a photograph of Baby Grace just six days after receiving care at the center. The participant was asked to discuss the significance of this photograph and she responded:

What we would like the government to do or people in the international government to work with our own government to bring this type of facility to care for the orphans. The orphans are subjected to so many many things, they are subjected to abuse, they are subjected to hard labor, they are subjected to danger, even their lives are in danger. We need a timely intervention. With the intervention brought by AAO Grace has a hope, she has a reason to live because after one or two months she will be more better. She will be a different kid.



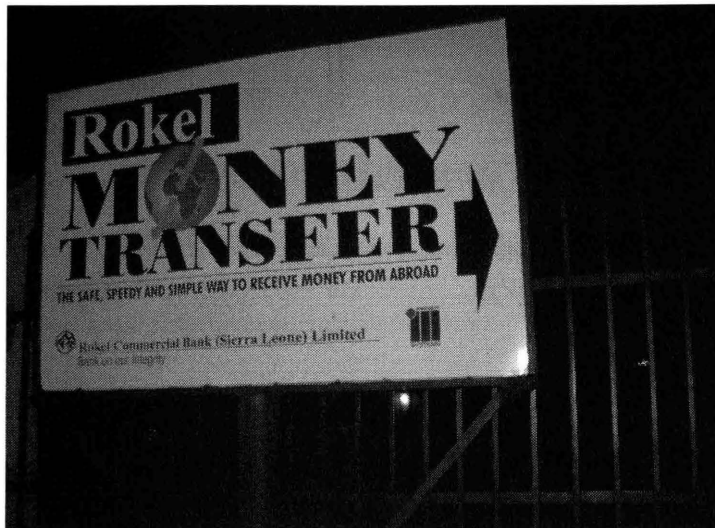
*Figure 40.* Baby Grace, six days later. Illustrates how proper care can improve a child's quality of life.

Three participants identified examples of positive ventures supported by local community members and the government that are in place to advance Sierra Leone. The participants discussed how these community initiatives are limited, but as Sierra Leone continues to evolve from civil war, these advancements will improve upon the public infrastructure in Sierra Leone. By improving the infrastructure through economic support, the disadvantaged children of Sierra Leone may see a brighter future. The first example of economic support in Sierra Leone is money transfer. Participant F photographed this to explain the impact money transfer has on Sierra Leone. Money Transfer is a banking process that allows native Sierra Leoneans living abroad the ability to send money back to families and friends. Participant F was asked to explain why he took the photograph in Figure 41, he replied:

This is a money transfer. It is a large part of the economy, it is Sierra Leoneans living abroad sending money back. It feeds a lot of money into the economy. In fact some people because they have relatives that are sending money they prefer not to work because sometimes they go to work places and they don't get paid. The money they get from their relatives far surpasses what they get at the workplace. So they say why should I go into work, my brother, my mother, my cousin or whoever is there sends lots of money for me. If I go in, I work a lot and I, I don't get paid for the services I am rendering. That is the problem in this



country, not that people do not want to work, it is because people are not remunerated for their services rendered. The government does nothing to take care about it.



*Figure 41.* Money transfer. Displays an important contributor to Sierra Leone economy.

When asked to respond to the importance of money transfer to the well-being of orphaned children he answered:

The transfer is positive because it helps people build houses, it helps people with decent clothing, it helps people have decent meals, it helps some people start some businesses. Sometimes other people help those who do not have this means of getting money so the friends and neighbors come to help them out. They help kids and other children with it because the money sent is a really nice thing. Some people are use to it; they cannot do without it, maybe if the government



improves economy. Now we rely on this. Some of the salaries cannot sustain you for more than two weeks. This money helps a lot.

Participant F also captured a local example of community empowerment occurring in Freetown. In Figure 42, a woman who owns a local beauty salon, uses this facility to teach other women cosmetology skills. This lady is giving back to her community by empowering women with a job skill that can be used to support themselves and their families. These women may become less dependent on financial support from men.

When asked to explain this photograph, he responded:

This is a positive; this place is owned by the woman by the door. She has young girls that apply to learn how to do the hair. She has a school for them to learn a trade.



*Figure 42.* Beauty salon. Illustrates a community member empowering women by providing women a job skill to improve upon their financial situations.

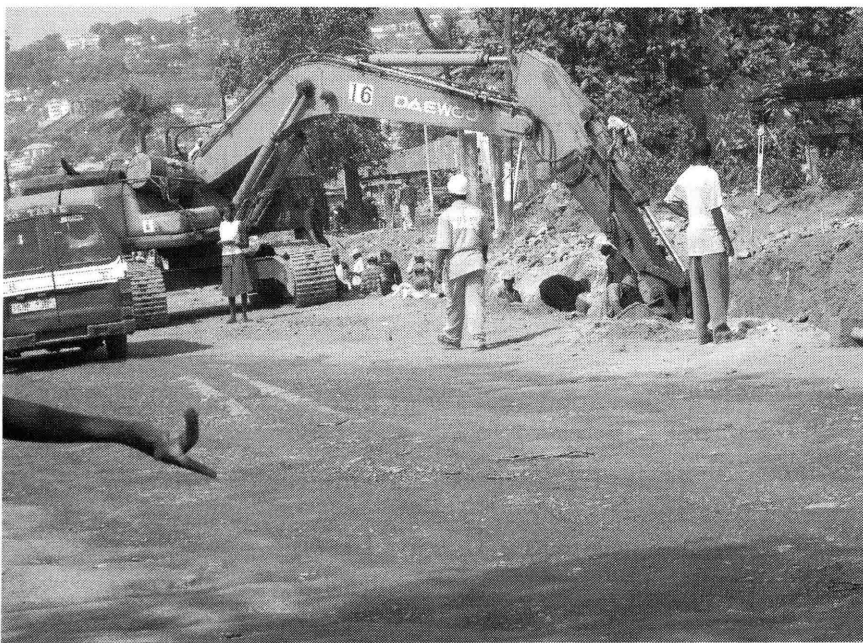
The researcher asked the participant what happens after the women graduate from her school, he said:

They go out and find job and some of them doing it privately in their homes. I think that is better. She is thinking of expanding on her business, build another block. She does not want to mix it up with training and doing the hair. She want one for doing the hair business and one for training the girls. So she wants to put up another structure.

The participants discussed the need for similar types of community involvement if change in Sierra Leone is expected. All of the participants in the study identified the lack of support provided to the citizens of Freetown by the government. However, the

government is implementing new community advancement projects to improve the infrastructure of Sierra Leone. These advancements are also creating new jobs for citizens of Freetown. Participant G photographed a government sponsored project. Figure 43 illustrates road construction occurring in Sierra Leone. This portion of construction began the week the researcher was visiting the country. Participant G was asked to explain the importance of this photograph, he replied:

They are constructing the peninsula road, this road is one of the worst roads ever you can find in Freetown. They have been under construction on this road for more than 4 years. This is one of the developmental programs government has created. It is creating job opportunities for youth and it also a kind of advancement. Even though the road is not that big as we can expect it to be, but that is where our income stop so lets us now accept that one for now until when we have more we can say okay let us enlarge this road. This is a good venture. Let's say at least every year, one road is being constructed in 10 years time we will forget about pot holes. I take this to be a positive attitude of the government and the community and the international body. If the international body did not come in I am afraid this road would not be constructed. For 8 years now we have been down the ladder (at the bottom), and so if we are to come out of that place then this advancement has to come. That is why I took this picture.



*Figure 43.* Road construction. Illustrates a government sponsored community advancement project.

Participant G sees this venture as a positive advancement by the government. The roads are in poor condition in this country. Participant E briefly discussed the traffic and road problems in Sierra Leone.

Participant E:

This is the peninsula road, the roads are too small. In the morning it is almost impossible for you to get across town. If you have an appointment at 8 am, you need to be on the road by 6:30 am. The traffic is so jam packed. It is difficult. Just a short distance will take you one hour. The east side is worse. When I lived in the east I had to wake-up at 4:15 to make it to the west side by 8am.

The roads are in such a condition, it is very difficult to travel across the city. If a child needed to be transported for emergency medical care, it would be a difficult task to provide immediate intervention. Both community support and governmental support are essential to improving the overall health and well-being of world orphans living in Sierra Leone.

### Third Category: Action Items to Improve the Health and Well-Being

The participants identified several factors, which impede the health and well-being of world orphans living in Sierra Leone. These factors require immediate attention on behalf of the Sierra Leonean Government, International Governments, and members of both the local and global communities. The disadvantaged children who appear to be thriving in this area are examples of the positive work NGOs provide these countries. The children served by a strong, intact infrastructure exhibit a higher level of liberation and hope.

#### Participant H:

I would like to talk about the future of children. Sierra Leone was a country that was peaceful and lively, but after the visitation of the rebels in March 23, 1991, the entire country became chaotic and shapeless. The rebels invaded the 12 districts of Sierra Leone and this brought about death and misfortune for many people. The government and the non-governmental organization came together to help the children the war had affected. The children were rehabilitated into a community where they were taught the morals of life. The government and the

NGO are helping the children to recognize their God given right. The NGOs are playing a pivotal role in empowering the children or orphans in Sierra Leone. They bring these children together and treated them like fathers and like mothers. The love of a mother is soft so the children are treated in a soft way and are encouraged to love one another. The NGOs taught these children that all is not lost and there is hope for them in the future. The services they provide for these children are more than what they are expecting if they were living with their own relatives. They provide education which is the bedrock of civilization and a catapult of people from one destination to another. They also provide good sleeping place and food for these children. Children are given the right to sleep well and think well. They eat three times a day which is good for any human being. This food build up their system and help them grow strength and wisdom. The saying goes that a hungry man is an angry man, without food a child cannot listen to what you are saying to him/her. The NGO provide medical facilities for these children which is one of the utmost benefit of the children.

All ten participants agreed that the work of non-governmental agencies such as All As One is important to the children and the people of Freetown, and that Sierra Leone needs more of this support to improve the health and well-being of orphaned and abandoned children as well as improve the quality of life of citizens of Sierra Leone. The country is struggling. However, after reviewing the transcripts of the interviews, it is apparent that the participants also understand that the country cannot depend solely on the work of

NGOs. There must be an internal motivation within the community and its own government to provide a better tomorrow for its children.

Participant F:

The good and the bad sides, the bad sides outweigh the good sides, something really needs to be done, something fast. Because we are in the 21<sup>st</sup> century otherwise we are never going to catch up and we need to catch up. There needs to be the political will on the part of our leaders and maybe the people themselves living in these communities to think positive and wish to get ahead. It rests on us to want to do something better with our lives, our leaders should provide the necessary environment so that we can do those things.

The purpose of participatory action research is to initiate change. As a method of developing a plan for action, each participant was asked to explain the meaning and importance of their photographs selected at the beginning of each interview. After the participants explained the photograph, the researcher asked the participants to explain what can be done about the impediments assessed through photographs. This process was used to provide the participant an opportunity to reflect on possible solutions to begin social change. Table 2 presents an Action Plan based on a summary of the common themes and solutions identified by the participants through the review of both the interview transcripts and photographs.

Table 2

*Action Plan.*

Summary of Needs and Problems	Why Does the Need Exist?	Suggested Action Items	Who Should be Responsible?
1. Basic Needs <ul style="list-style-type: none"> <li>• Lack of Water</li> <li>• Malnourishment</li> <li>• Inadequate Shelter</li> </ul>	<ul style="list-style-type: none"> <li>• Extreme poverty</li> <li>• Water shortage</li> <li>• Poor planning</li> <li>• Global cost increase of food</li> <li>• Dependent on importation</li> <li>• Post-war effect</li> <li>• Overcrowding</li> </ul>	1. Provide more jobs and education opportunities 2. Offer vocational training and adult education 3. Maintain quality of current water system and create more dams and wells 4. Cultivate local products/agriculture 5. Provide housing facilities	Local government and the community
2. Environment <ul style="list-style-type: none"> <li>• Poor Sanitation</li> <li>• Limited Access to Education</li> <li>• Limited Access to Medical Services</li> </ul>	<ul style="list-style-type: none"> <li>• Extreme poverty</li> <li>• Lack of government support</li> <li>• Post-war effect</li> <li>• Overcrowding</li> </ul>	1. Build more schools 2. Create more government sponsored social welfare programs for children 3. Protect and supervise local dumping sites 4. Create and enforce a litter law and provide motivation to follow 5. Educate and sensitize the community members about healthy environments 6. Recruitment for local and international health care providers 7. Provide immunization clinics to community 8. Financial aid to schools	Local government, the community, non-governmental organizations with international support



Table 2 (continued)

Action Plan

Summary of Needs and Problems	Why Does the Need Exist?	Suggested Action Items	Who Should Be Responsible?
3. Social and Behavioral <ul style="list-style-type: none"><li>• Child Labor</li><li>• Abandonment</li><li>• Abuse/Maltreatment</li></ul>	<ul style="list-style-type: none"><li>• Extreme poverty</li><li>• Lack of resources</li><li>• Poor infrastructure</li><li>• Illiteracy</li><li>• Hostile Mentality</li></ul>	<ol style="list-style-type: none"><li>1. Provide better jobs to guardians</li><li>2. Provide vocational and adult education</li><li>3. Offer sponsorship and aid to children and schools to improve</li><li>4. Increase number of quality orphanages in Sierra Leone</li><li>5. Sensitize the community to embrace the importance of a child's life</li></ol>	Local government, non-governmental organizations, and community members

The recommended actions presented in Table 2 need governmental intervention, however, as discussed by the participants and AAO executive director, the government of Sierra Leone persistently claims bankruptcy due to the post-war effect. The participants agree that immediate intervention may occur with the continued support of international governments, non-governmental organizations, and community empowerment. However, public policy is still needed to ensure the implementation and success of these actions.

### *Combating Poverty*

The overarching factor linked to all the needs and problems identified by the participants is extreme poverty, but extreme poverty cannot be reduced if there is no infrastructure in place to combat the problems associated with poverty. To combat poverty, it is essential to provide economic and educational opportunities to both children and adults of Sierra Leone. All ten participants agreed that government and non-governmental organizations should work together to improve upon the economic and education crisis occurring in Sierra Leone.

#### *Participant A:*

The government has to do something like providing jobs for people, or education, build more schools and encouraging kids to go to school. If not the problem continues on.

The children need education to promote a positive future for Sierra Leone. Non-governmental organizations like All As One are able to fulfill this need, however, those

depending on government sponsored education suffer. Participant H believes that the government and non-governmental organizations need to work together to educate the child in order to deliver the child from poverty. Participants E and F both agree that funding is needed to guarantee a child's quality education.

Participant E:

If they have sponsorship it will be opportunity for them. If they have sponsorship it will be better for them. Even if they have sponsorship they need someone to be monitoring them. Need to make sure that the children are going to school to know what you are putting in you are getting the result.

Participant F:

The government needs to build more schools so that they make improvement to control pupil/teacher ratio. If that is done it can be a little bit better. They need to provide subsidies for schools. Subsidies do not come on time, the subsidies come once in a while and this creates problem. These children have been asked to tell their parents to send money so the head teacher can help run the school. If money is not sent, this school cannot be properly run because the money the government promises is not forthcoming, it comes once in a while, sometimes it comes very late in the year. That is the cause for some of these problems in the government schools. At AAO we are getting our salaries on time, we are served lunch, that is a motivation for us.

Participant B discussed not only the importance of childhood education in combating poverty, but also identified the need for vocational training for youths and adults.

Vocational training provides the community members with job skills to increase their ability to financially support themselves without relying on odd jobs for survival.

Participant B stated that more support should be given by both government and non-governmental organizations to promote job skill training, however, she also declared the importance of community involvement when encouraging youths and adults to partake in vocational training.

Participant B:

There should be more support. If the government encouraged, NGOs to come in and do this sort of thing, to open more institutions for those to have the chance to do this. If they bring out other, other ways for you go and learn like Gara dying for women, tailoring. In the community, they have to gather and talk to them, what movement they have to take to improve their lifestyles, do not just depend on odd jobs. Do something that will help you in your future. If the community does this, I think some will think and say this is true they have to do something else, than going to the street and waiting for someone to need help carrying things for small money. If given vocational studies you learn and do, the money will help live a better life compared to the small money.

The lifeline of the children and people of Sierra Leone depends on the acquisition of clean water, food, and adequate shelter. The participants believe that the government should be held accountable for the numbers of individuals in Freetown who lack the access to life's most basic needs. Though intervention is needed at different levels, the participants agreed that the government needs to improve control over water and shelter conditions for its citizens. All ten participants identified the unsanitary condition of the water as a major contributing factor to poor health in orphaned children. Sanitation needs to begin at the governmental level.

Participant B:

They need help, the government needs to control this. They need help from the government by linking with other agencies concerned with health so they can provide proper sanitation for these children. They need to get somebody to clean the environment for them.

Participant A discussed the complete lapse of the government in protecting the environment from waste. He further discussed the need to implement a strict law against dumping trash on the street. The trash is not gathered on a weekly basis because the government lacks the resources (trucks and employees) to clean the streets. Therefore, trash pollutes the local areas including the water. Children are at greater risk because the dumping areas are not protected. Participant A recommends strict supervision on behalf of the Ministry of Sanitation in Sierra Leone.

Participant A:

The government needs to do something. They need to protect this place. Fence the whole place. Don't allow kids—not only kids, if you have nothing to do there don't go there. Don't allow residences near this area. I have to be honest... the homes are not proper structures, but because of poverty they do not have any place to go so they find a small space and put up a small hut. They live there, have these children go in there. They need to protect this place. This one the government has to do it.

Participant B and Participant G agreed that the government needs to control the sanitation problem in Sierra Leone, but each discussed that community education is needed if real improvement is expected to be seen.

Participant B:

I think that members of the government that work with sanitation have to do something. Teach the people, sensitize the people to what we can do to improve this water for our health in this community. This water is exposed to disease. Typhoid is so rampant in our country, out of control. All of that comes from poor water supply. Like in other places, this concern we can bring the community members. We can mobilize to take care of the water. If we look after the water no one will mess around it. In some places the same water they use to launder is the same water they use for drinking so if there is no proper care for that water it will affect the body, the environment, it will affect the whole community. So

proper care has to be done. The youths have to mobilize themselves for the water to remain pure.

Participant G:

We should not only say this should be government, let this be a family issue. Let the families pick the issues up, address them and then tap the families on the shoulders for a job well done. We are leaving everything in the hands of government which is very, very troubling.

The overcrowding problem in Sierra Leone contributes to poor sanitation as well as inadequate shelter. Participant E and Participant A recommend the government begin to provide housing facilities to displaced families from the war. In Freetown, especially around areas known as Kroo Bay and Funkia Bay, many displaced people from the provinces and villages have built self-constructed shelters. Participant E believes that these shelters contribute to the high infant and child mortality rates of Sierra Leone. Both Participants E and A discuss how the government tries to remove these families from these areas. However, there is a limit of affordable housing in Freetown leaving the families no place to relocate.

Participant E:

It is like, those in authority should take immediate measures to take them off the area [sic] and if possible give them another place where they can erect maybe smaller structures so that they can live in them and at least it will enhance a better way of living for them. In that case it will save them from sicknesses, especially

for the children. It is the leading cause of infant mortality rates. Because most of the kids who stay at this bay when they get sick the parents can't afford to give the immediate medical measures to enhance their health. So at the end of the day if those measures are not taken to relocate them elsewhere we will continue to have so many illnesses. So many people will be infected again because there will be different complications. Infant mortality will increase. The government needs to relocate them from this place.

Participant A:

Get them housing facility. Get them low cost housing facilities, move the people out of the place. The government cannot just tell them to move. Move to where? They have no where to go.

Malnourishment is another impediment to the health of orphaned children.

According to Participant C and Participant H, the government and local people of Sierra Leone need to learn how to cultivate the agriculture so its people can depend less on imported foods. Participant C identified that because the price of rice is increasing, children are less nourished because families find it difficult to earn the extra money to fill the gap experienced by the price increase. This needs immediate attention.

Participant H:

The things that should be done about this, our local people should start cultivating local product and instead of the government wasting so much money on less important things. I think they should spend this money more on agricultural



products and make the families more equipped so that more food will be cultivated and there will be enough foods for the kids here.

After reviewing the actions suggested by the participants, it is evident that the government of Sierra Leone needs to hold itself accountable for the negative impact the war and poverty have had on its people. It is also apparent that the Sierra Leonean government needs community and international support to implement successful actions to improve quality of life of its children and its citizens.

### *Creating More Support for Orphaned Children*

Participants A, J, and E identified the need for more support for both governmental and non-governmental social welfare programming. Participant A discussed how social welfare is dependent upon NGOs like All As One. He continued to state that this is not a bad thing, but social welfare should implement more programming similar to those provided by NGOs. Participant J was asked to compare the lives of the children she sees outside the center to those living in the center and was asked what needs to be done about the disparities, she replied:

I think other organizations should follow the example of standard orphanages (AAO) and help those children. Because it is very sympathetic when I saw those children, they are suffering, most of them are suffering. I compare them to our children here, I say our children are very lucky because they have a safe place to sleep, they have pure drinking water and they have people all over giving them love, giving them support. These kids need love and need support because some

of them will even become criminals in the future. They will say when I was little no one cared about me, so now that I am big I can do whatever I feel like doing. For example, that girl selling the mangos may even end up being a prostitute. She needs money just to take care of herself, and the boy maybe he will just start stealing from people. These kids (AAO kids) they are lucky, here they are safe so I feel very sympathetic for them (kids outside).

Participant J also discussed the role of the government in caring for the orphaned children, she responded:

I think the government should set up, uh, structure for orphan kids and street children. Because as far as I am concerned the government is not doing anything to assist these children, only outsiders are concerned about these children, the government is not concerned. So the government should set up a structure to help these children so these children will have a better place in the future.

Participant E agreed with both A and J that more support is needed by the government to encourage more quality orphanages in Sierra Leone, but the government needs international support.

Participant E:

We need our government to work with any international government that might want to give aid to this country. The politicians are saying (even though they are not delivering) it is because it is after the war, the post-war effect. Big cries of the war, the war, the war, we have heard about the war for so many years.

Everything now is on a stand still, so we want the government, the international government because before the war and after the war to bring aid to the orphans and refugees. We want more orphanages in Sierra Leone, because we have very very few that are standard. There is one that the children have to fend for themselves. The girls are not being controlled and have heard of them getting many abortions, this is not good, it is very bad.

The researcher asked her if international government help is really needed, she replied:

Yes, Yes, we just cannot do it on our own. We need help, this government needs help. We have to be like-minded, we have to have a God given heart, if not by the end of the day...Aids will come, but people who control the aids will not deliver, they will not deliver to the appropriate places. You need someone trustworthy to deliver the goods, if not you will not achieve your goals.

### Summary

The reflections provided by the voice-recorded interviews and photographs indicate that the orphaned children of Sierra Leone are faced with many obstacles, but as organizations like All As One continue and expand their work in this community, the children will witness more opportunities for liberation, advancement, and hope. The photographs tell “their story” to encourage both local and global communities to take notice and take action.

## CHAPTER V

### DISCUSSION

As seen in the photographs and read in the excerpts from the interviews of this study, the orphaned and abandoned children of Sierra Leone have endured many atrocities. These children are victims of poor education, poor medical care, unsanitary living conditions, malnourishment, child labor, abuse, and neglect. This participatory action research study serves as a needs assessment for the non-governmental relief organizations, social workers, government officials, and local citizens in Sierra Leone and will help them develop interventions, initiatives, and policies that will improve the health and well-being of world orphans in Sierra Leone.

#### Summary

The purpose of this study was to identify the current sociological, economic, environmental, political, and cultural factors, which impede and promote health among orphans in Sierra Leone as identified by caregivers employed by a non-governmental relief organization. Using photovoice and in-depth interviews, the study assessed the current problems which exist for world orphans living in Sierra Leone. The participants included 10 caregivers from a non-governmental relief organization in Sierra Leone (AAO). All participants are natives to Sierra Leone and had worked at the center for at least one year. The results of the photovoice activities and the in-depth interviews revealed recurrent themes which either impede or promote the health and well-being of

world orphans. The recurrent themes surrounding impeding factors to health and well-being include extreme poverty, poor environment, lack of basic needs, and social-behavioral factors. All impeding health themes are interrelated with one another. The recurrent themes surrounding the promoting factors to health and well-being include strong infrastructure, positive environment, access to education, and economic support. These promoting health themes are also interrelated with one another. Photographs taken by the participants supported the themes. Finally, a suggested plan of action was created to combat the problems and challenges that exist among world orphans in Sierra Leone. The action plan revealed the need for more public policy and community support.

### Discussion and Implications

Sierra Leone is home to approximately 340,000 world orphans, many of whom are victims of the war and disease (UNICEF, 2005). Healthy children contribute to a society's growth and stability; with the threats presented by violence and disease in Africa it is imperative to better understand the hardships experienced by world orphans and other vulnerable children. The children of Sierra Leone continue to survive some of the world's worst health indicators. Sierra Leone claims the world's highest mortality rate for child under the age of 5; one of the world's worst infant and maternal mortality rates; and is reportedly the least developed country in the world (Central Intelligence Agency, 2007; UNICEF, 2003). A majority of these struggles are an indirect effect of the decade long civil war this country experienced between 1991 and 2002. This war caused a complete breakdown of the country's infrastructure, a destruction from which the

country is still recovering. During the war, approximately one-third of the population was displaced and approximately 70,000 people were killed (Pham, 2005).

Similar to the recommendations found in the literature (Ainsworth & Filmer, 2006; Beard, 2005; Miller et al., 2006; Robyn & Shaw, 2006), the orphans of Sierra Leone typically enter into extended-family care. In most African countries this is the most ideal situation for the children; however, as reported in other literature and other countries these orphaned children are more likely to suffer from emotional instability, poverty, limited medical care, limited education, illiteracy, social stigma, and child labor exploitation. The problem is that the extended-family members are overwhelmed as the numbers of orphaned children continues to increase exponentially (Beard, 2005; Miller et al. , 2006; Robyn & Shaw, 2006). The extended-families are reluctant to serve as primary caregivers because of the fear of not being able to care for their own family (Beard, 2005; Miller et al., 2006). This is affecting Sierra Leone as well and, as such the work of the non-governmental organizations is so vital to the health and well-being of these children.

Two main research questions were used to facilitate this qualitative study:

1. What are the current sociological, economic, environmental, political and cultural factors which impede and promote literacy and health among orphans in Sierra Leone as identified by caregivers employed by a non-governmental relief organization?

## 2. What role do non-governmental organizations (NGOs) play in caring for world orphans in Sierra Leone?

The researcher concluded that the major impeding factors affecting the health and well-being of world orphans in Sierra Leone are extreme poverty, poor environment (poor sanitation, destroyed country infrastructure, and overcrowding), lack of meeting basic physiological needs (water, food, and shelter), and social-behavioral factors related to cultural identity (child labor, abandonment, violence, and neglect). The caregivers captured these challenges through photovoice. During the in-depth interviews, the caregivers consistently agreed that many challenges among world orphans exist because of extreme poverty. Extreme poverty decreases the child's likelihood to meet basic life needs; provides limitation to access to education and medical care; creates unhealthy environments through poor sanitation practices and overcrowding; and increases the likelihood of child labor, abandonment and abuse. Though extreme poverty is the central cause of impeding health factors, all of the themes identified through the interviews and photographs are interrelated with each other. It is an ongoing, interrelated cycle as depicted in Figure 2.

The major promoting factors affecting the health and well-being of world orphans are a strong infrastructure, access to education (NGO provided and vocational training), a positive environment (clean, safe, and access to medical care), and economic support through both community involvement and community advancement. It is apparent through the interviews and the photographs taken by the participants that the children

living at the All As One center have a better quality of life compared to the children living outside the center. This conclusion supports the literature describing the role that these non-governmental organizations like AAO play in the health and well-being of world orphans. NGOs are the lifelines for children in communities similar to Freetown, Sierra Leone. All As One operates a children's center, a medical clinic, and a school for the orphaned and abandoned children within their care. The children's center provides a home, a safe and clean environment, clean water, and three daily meals. The AAO school enrolls the children in pre-kindergarten, kindergarten, primary, and junior secondary classes. The AAO medical clinic provides the children with immediate medical care and works with doctors in surrounding areas and countries to provide advanced care for more serious medical cases.

All As One is able to provide high-quality children services on a smaller budget compared to other standard orphanages in Sierra Leone and other African countries (AAO Executive Director, personal communication, May 20, 2008). The ability to provide high-quality services on a smaller budget is a result from both the dedication exhibited by the center's director and the support received from all the caregivers. The director and the caregivers believe strongly in the future that the orphanage is building for the AAO children. As mentioned previously, the ideal care for orphaned children is extended-family care. However, when this option is not available NGOs like All As One are able to provide the care needed. All As One may be a smaller institution than other orphanages in Freetown, but the children at AAO receive quality care. The Ministry of



Social Welfare, Gender and Children's Affairs of Sierra Leone has placed AAO as the foremost children's welfare organization because of the quality of care the children receive (AAO Executive Director, personal communication, May 20, 2008).

This qualitative study can be used as a needs assessment for other non-governmental organizations to initiate improvements in the care which is provided to orphans as well as to support the need for further involvement by local and global communities to take action. Participatory Action Research is empowering and allows the NGOs to focus more clearly on the directions for growth and advocacy. The purpose of this framework is to work within the culture to expose a problem and to offer solutions that the people themselves identify.

#### *Impeding Factors of Health and Well-Being*

In all the studies reviewed for this research regarding the well-being of world orphans, the studies identified the hardships these children faced based on economic factors, access to education and medical services, social stigma, and primary care. Consistently, the orphaned child is more disadvantaged than the non-orphan. Orphans are at higher risk for poor health and lower levels of education, thus inhibiting expectations of brighter futures by limiting the acquisition of job skills and increasing the likelihood of extreme poverty (Nyamukapa et al., 2008). Extreme poverty leads to limited access to education and medical care thus decreasing their chances of survival and advancement (Howard et al., 2006; Nyamukapa et al., 2008). Based on the literature, extended-family care is currently suffering because of the increased rates of poverty

(Beard, 2005; Miller et al., 2006; Robyn & Shaw, 2006). Taking in more children causes more financial hardships on families in an already poor situation (Beard, 2005; Miller et al., 2006). Extended-family members often exploit the children by using them for labor (Ainsworth & Filmer, 2006; Oleke et al., 2006) as exemplified in Uganda where approximately 41 % of the workforce are children (Oleke et al., 2006). These hardships stem from extreme poverty.

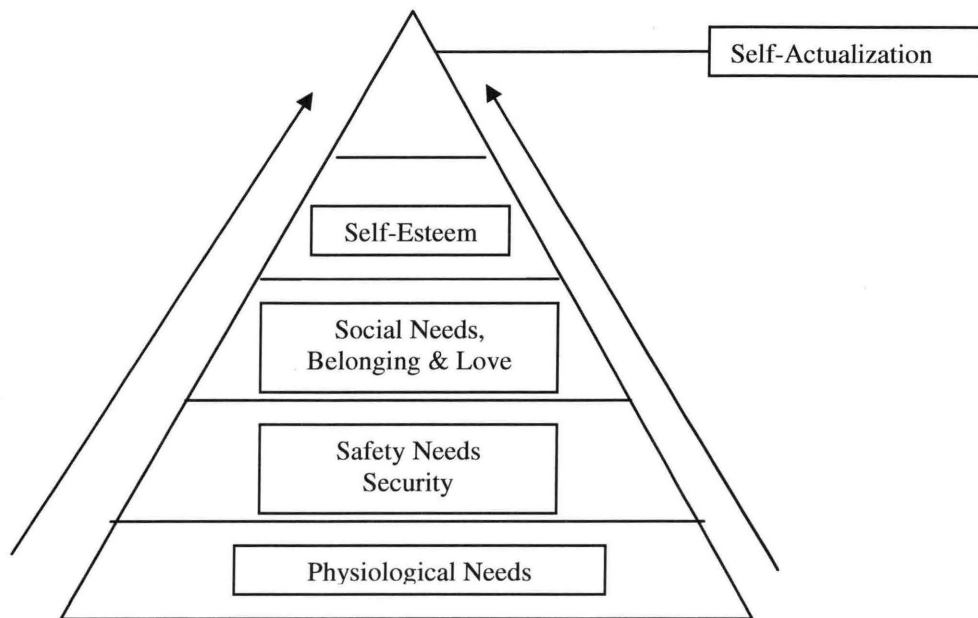
All the participants in this photovoice study illustrated the consequences of extreme poverty. According to the caregivers, extreme poverty lies at the heart of the impeding factors affecting the health of world orphans in Sierra Leone. Extreme poverty in Sierra Leone is linked to poor sanitation, overcrowding, limited access to education and medical services, limited access to water, food, inadequate shelter, child labor exploitation, and abandonment and neglect. The assessment of these factors is unique because the caregivers provided the researcher a visual presentation to support the narrative description of the influencing factors of poor health.

Daily survival is the number one concern of the people of Sierra Leone. Participant A described the need for audiences to understand how much poverty affects the children of Sierra Leone. Families and guardians are forced to be dependent upon children to make a daily living. According to Participant A, the people of Sierra Leone are less concerned with the child's education and proper sanitation as they are with "selling today so I can eat today." However, maintaining this attitude is dangerous because it continues the cycle of poverty. Poor sanitation is linked to infectious disease,

thus increasing child and infant mortality. Limiting a child's education provides the child fewer chances to acquire job skills to become financially stable. This ultimately limits the economic contribution the child is capable of making in the future, thus decreasing the community's ability to advance economically.

The orphaned and abandoned children of Sierra Leone lack the capacity to meet life's most basic needs. All 10 participants discussed the water shortage occurring in Sierra Leone, as about half of the citizens of Freetown do not have access to clean, running water (World Health Organization, 2006a). This contributes to dehydration and intestinal diseases such as diarrhea, cholera, and typhoid that are linked to 20 percent of infant and child mortality rates (World Health Organization, 2006b). The inadequate dwellings seen in Freetown also contribute to child mortality because the homes are not safe and provide little security from airborne and vectorborne infections. Pneumonia and malaria cause 25 percent and 12 percent of child and infant deaths respectively (World Health Organization, 2006b). Child malnourishment is also rampant in Sierra Leone. According to the participants of this study, the need and the price of food encourages the use of child labor.

By applying Maslow's Hierarchy of Needs to the children of Sierra Leone, it becomes apparent why the children and citizens of Sierra Leone continue to struggle from the damage of the civil war. According to Maslow, to achieve fullest human potential (self-actualization), a hierarchy of needs must be fulfilled (Maslow, 1943). See Figure 44 below for Maslow's Hierarchy of needs.



*Figure 44.* Maslow's Hierarchy of Needs. Depicts the hierarchy of needs as described by Abraham Maslow.

At the foundation of the hierarchy are the basic physiological needs (food, water, and shelter). This level serves as the foundation because no other need can be realized without first meeting life's most basic needs (Maslow, 1943). Because the world orphans of Sierra Leone cannot meet these basic needs it will be impossible for them to reach full human potential.

#### *Promoting Factors of Health and Well-Being*

As presented in other literature, the orphaned children who receive love and supportive care from adoptees or extended family members are less likely to experience distress that other orphans experience (Evans & Miguel, 2007; Oleke et al., 2006). This supports what the participants of this study described. All the participants identified a

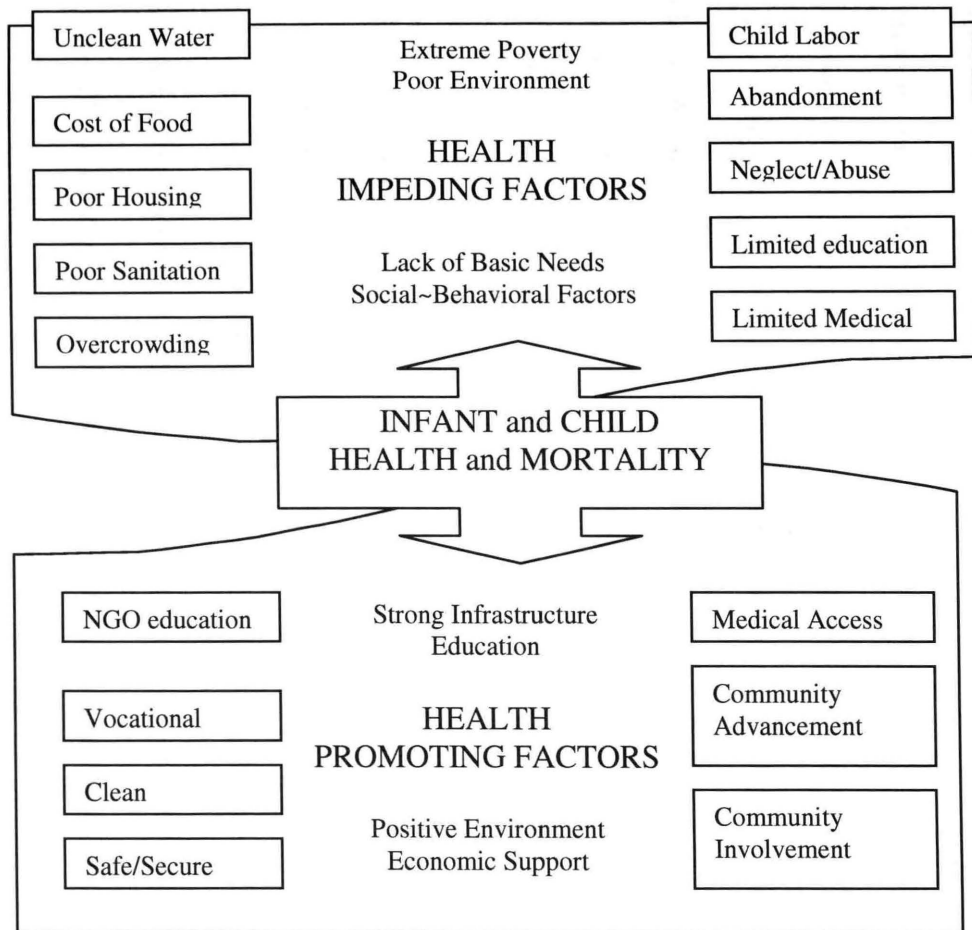
strong infrastructure as the center of promoting factors influencing world orphan health and well-being. The caregivers captured the impact that access to education, medical care, a clean and safe environment, and community involvement has on the orphaned children. Participant J provided a response that is representative of the participants' view of the work of organizations like All As One:

For example children centers offer abandoned children a safe place to start a new and productive life so the government should have an infrastructure so they can educate the children of their rights. When I see these children on the outside, I know that AAO is doing a great job.

Non-governmental organizations are a positive alternative to orphan care. Organizations like All As One provide comprehensive care to orphaned and abandoned children who otherwise would be on the streets. AAO proves to play a pivotal role in the lives of these world orphans.

Two participants captured community advancement efforts by both community members and government programs. These initiatives illustrate that the community and government understand that a strong commitment to change is needed to improve upon quality of life. The researcher believes that these small acts of commitment may serve as the fuel to action needed by local organizations like AAO and other global communities.

In Chapter IV, two models were presented to illustrate how the impeding and promoting themes identified through transcription review and participant photographs interrelate to affect the health and well-being of world orphans (Please refer to Figures 2 and 29). Presented below in Figure 45, the researcher illustrates how these impeding and promoting factors relate to the infant and child mortality rates in Sierra Leone. The impeding factors such as poor sanitation, limited access to medical care, and cost of food increase the country's mortality rates; however, the promoting factors improve a child's chance of survival.



*Figure 45. Causation Model. Depicts how the impeding and promoting factors are related to either infant and child health or infant and child mortality.*

The poor infrastructure of Sierra Leone impacts the health, education, and socioeconomic status of its population. The infrastructure was destroyed during the war, and since the declaration of peace, Sierra Leone has been unable to provide its children and citizens the necessary resources to eliminate poverty, disease, and illiteracy. Influences are needed from various levels of support to improve the health of world orphans. The Ecological Perspective explains the impact that different levels of influence have on a person's health. To realize change for the individual, change must first occur at the community and public policy levels (McLeroy et al., 1988).

When comparing orphans who have a greater chance of survival to those who have a poorer chance the major difference is the strength of the surrounding infrastructure. To have a strong infrastructure, community support and public policy is critical. Community development and community participation are advancing as effective techniques in public health interventions (Hossain, Bhuiya, Khan, & Uhaa, 2004). A problem seen in global health is the implementation of strategies that reach only a small group of people. For example, to combat the infant and child mortality rates in South Asia, private sector hospital development became the immediate solution; however, these developments were not reaching the most at risk populations (Hossain, Bhuiya, Khan, & Uhaa, 2004). The most effective public health interventions seen in rural areas of South Asia are based on community participation practices. These interventions are quickly becoming the most promoted strategies used to reach the at risk populations. These community based participatory projects are witnessing better success



rates than the private sector solutions first implemented to alleviate global health concerns (Hossain et al., 2004).

Non-governmental organizations like All As One can provide more effective strategies for the world orphans. An entire staff of native Sierra Leoneans service the AAO center in Freetown. This improves the facility's ability to meet the needs of the children efficiently and effectively because the caregivers are members of the community. The caregivers are able to perform tasks that "outside" organizations and governments may be unable to do. Employing natives of Sierra Leone not only creates financial and economic support to local families, but also creates empowerment among the staff to work with the community for change. According to the interview responses, the caregivers understand that governmental support is important to improve the health and well-being of world orphans in Sierra Leone, but support and motivation must also be represented within the community.

#### *Impact of Participatory Action Research on All As One*

The executive director of AAO discussed how she has seen both an external and internal change in her employees since the center has been providing services to Sierra Leone. The employees are more optimistic about the possibility of social change. She explained how difficult it was at first to get the staff's 'buy in' to this idea of building a positive future for the children of Sierra Leone, but because they see the impact they are making on the lives of the children at the center, the caregivers are much more motivated to create change within their community. Although these positive community influences

exist in Sierra Leone, the services are limited to just a few children. At this time, the organization outreach has not extended to others in the community.

The uniqueness of photovoice methodology is in its focus to initiate social change. The three main goals of photovoice are: (a) to record and present everyday realities using photography; (b) to promote critical dialogue and knowledge about the personal and community strengths and weaknesses; and (c) to reach policymakers (Wang, 2006). Along with the dialogue between the researcher and the participant ignited by the photographs taken during the photovoice activities, the participants also reflected on the problems and possible solutions for Sierra Leone. All 10 participants discussed the need for more governmental accountability and interventions by international governments; however, all agreed that dependence on these agencies should not be as great as the dependence on each other in the community. Change must happen at the grassroots level.

All As One is beginning the cycle of community empowerment. The executive director and the staff in Freetown realize the importance of community outreach. The possibilities are endless for All As One. Recently, AAO purchased six acres of land on the outskirts of Freetown (Grafton, Sierra Leone). Grafton is home to many war-wounded and displaced children and families (All As One, 2008). The organization plans to build a new All As One facility. This new center will be home to a new women's and children's hospital, a new school, and a new children's center (AAO Executive Director, personal communication, May 21, 2008). The plans for these new facilities are focused on community outreach and empowerment. The hospital will target children and women

to reduce the child, infant, and maternal mortality rates of Sierra Leone. The school will provide primary, junior, and senior secondary education as well as adult education and vocational training to residents and community members to improve upon the illiteracy rates and poverty rates in Sierra Leone. The new children's center will be able to serve more children than the current center (All As One, 2008). All As One is taking the necessary steps to create a stronger infrastructure for the people of Sierra Leone. However, AAO needs to recruit support for finances and resources to make this program a success.

All As One has already initiated immediate actions to recruit financial support. The executive director and AAO volunteers designed and published a booklet to serve as an initial media awareness project illustrating the center's needs and future plans. This study will result in the publication of a website displaying the photographs taken by the participants to raise awareness about the needs and solutions for Sierra Leone. The executive director believes that the awareness of this study will act as a catalyst for other results such as increased funding and support.

Grant funding, fundraisers, and donations are needed to initiate the Grafton project. This study will act as scientific support for grant and philanthropic funding. Research of current community outreach projects is suggested so All As One can have a successful model to follow for funding efforts. An example of a successful community outreach project is BRAC. BRAC began in 1972 as a relief organization in Bangladesh, India (BRAC, 2005). By 1973, it became a development organization committed to

alleviating poverty by empowering the poor (BRAC, 2005). Since the early 70's BRAC has implemented several developmental programs to break the cycle of poverty and ill health such as: (a) Oral Therapy Extension Program, (b) Microfinance, and (c) Adult Literacy Programs (BRAC, 2005). All As One will need to assess how a program like this can be implemented in Freetown, Sierra Leone; BRAC serves as a strong reference tool for organizations like All As One that have made the commitment to bring social change to their community. In closing, the executive director was asked who needs to be reached through this research in order to help the children and people of Sierra Leone, she replied:

I would love to reach people who can catch sight of the vision for changing the future for the country of Sierra Leone. I somehow want to reach the core group of people who can really understand that we must take action and that it is POSSIBLE. To me, we need Sierra Leoneans and people in other countries to really join together on this. Without Sierra Leoneans "buying into the dream," it will never be accomplished. So we need to continue educating and recruiting more Sierra Leoneans to the "cause" along with the international community coming along to support with funds and other resources to make change happen.

### Limitations

Although this study identified important factors which affect the health and well-being of world orphans living in Sierra Leone, this study is not without its limitations. This study used a purposive sample of non-governmental caregivers working with

orphans in Sierra Leone; therefore, the results of this study are reflected reports specific to this population and the country of Sierra Leone. Like other qualitative studies, the results may not be generalized to all other non-governmental relief organizations working in Africa and with orphans. However, the results can be used to provide a better understanding of the lived experiences of orphan caregivers in Sierra Leone and the results may also provide a context for helping organizations identify barriers, increasing self-efficacy to communicate these barriers, and helping organizations actively find solutions to the identified problems.

In order to reduce the limitations of this study, the researcher implemented strategies to increase reliability and validity. Photovoice and the SHOWeD Method allowed the participants to represent their views and interpret the meaning of the photographs they captured. In terms of reliability and validity as it relates to qualitative research, the study's credibility, transferability, consistency, and authenticity was increased by use of member checking to validate written transcripts, triangulation of data collection methods, inclusion of expert viewpoints to provide verification of methods and content, and implementation of consistent protocol.

### Recommendations

The possibilities surrounding this type of research are endless. Photovoice is used in a variety of settings and audiences. This is the first photovoice project conducted in Sierra Leone and with the world orphans living in Freetown. This study focused on the reflections of caregivers employed at a non-governmental organization. It is

recommended that emphasis on the reflections of the orphaned, lost, and displaced children is needed to further examine the factors which affect their health and well-being. This study also warrants the need for future research to explore the high child mortality rates that plague Sierra Leone. Sierra Leone is home to the world's worst child under the age of 5-mortality rate; therefore, it is recommended that another study be initiated to determine the predictability and strength of association between the impeding factors identified in this study and the increased risk of mortality.

Caregivers also mentioned the need for more quality-standard orphanages in Sierra Leone. According to the results of this study, several orphanages exist, but few are of standard. In Freetown, there are about 48 child orphanages; however, very few are quality orphanages. According to the caregivers, of the 48 orphanages in Freetown, approximately three to four are considered quality; the children are not well cared for in the majority of orphanages. Gaps in the care these orphanages provide exist because there is no standard enforced to ensure quality care. The orphanages that do provide quality-standard care reflect the integrity of the center's directors, administrators, and staff.

It is recommended that non-governmental agencies should work together to further explore the needs of the lost, abandoned, and orphaned children to ensure successful efforts are put into place to reduce the impediments to quality health and well-being. Quality-standard NGOs can also work together to advocate for the implementation and enforcement of higher standards among child orphanages to motivate

centers to improve the quality of care and the integrity of global health. Quality standard orphanages should work together with social welfare to advocate for public policy requiring orphanages to meet certain standards in implementing care to the disadvantaged children of Sierra Leone.

One participant briefly discussed concerns surrounding deforestation and public smoking. Both issues deserve further examination. Deforestation is a global environmental health issue that requires further investigation so appropriate interventions are developed to alleviate this concern. The link between smoking, environmental tobacco smoke, and chronic disease may also initiate advocacy efforts to promote new public policy against public smoking. Participant G described the issues surrounding public smoking in Sierra Leone.

Participant G:

There is no law in Sierra Leone banning smoking. If it is there in principle it is not practiced, people can smoke any where, any hour. Even in public transport, if you say something to them they will say it is there freedom, it is there right. Failing to realize that for every right there is a check, but we are not educated. What I mean is that the average Sierra Leonean is not educated about smoking and its effects. We only believe that you who smokes is the smoker, failing to realize that if you sit by a smoker you are also smoking. What are we to do? Smokers will mock you when you say something to them about the dangers of smoking, they say it is because we do not have the money to buy it.

In the picture you can see 2 people endangering the health of the other people. I think the government should educate people to emphasize public smoking should be stopped. The government will not stop smoking because it makes money, but it should be said that if you buy do not smoke in public. Sometimes they will send children to go buy cigarettes. So if you see young children smoking, it is a result of being an errand child. Buying cigarettes at an early age, some of them like to test the brand and how it will effect them. Before there are 10 they are professionals. Families should stop sending children. The government should making strict policy against pubic smoking.

In conclusion, a follow-up study is recommended to identify if changes proposed in this study are occurring and to identify the successes of the initial action plan. This protocol aligns with the reflection process presented by both photovoice and Participatory Action Research (Wang, 2006). The researcher hopes to continue a working relationship with All As One to aid in creating change for Sierra Leone through acts of awareness, media advocacy, and support in public policy. It is important to understand that through the power of a group of committed citizens, change can happen. As Margaret Mead once noted, "Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has."



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## APPENDIX A

### All As One Mission Statement

All As One Mission  
(All As One, n.d)

“It is the mission of All As One to respond to the critical dilemma of orphaned, abandoned, disabled, abused, and destitute children in Sierra Leone who have an urgent need for food, housing, education, and medical support.”

## APPENDIX B

### Agency Approval Letter



Building a future for Africa's children

P.O. Box 4903  
Spanaway, WA 98387 USA  
t: 253.846.0815  
e: [info@allasone.org](mailto:info@allasone.org)  
[www.allasone.org](http://www.allasone.org)

September 22, 2007

RE: Letter of reference for Ashley Walker's research proposal

Ashley Walker's initiative and enthusiasm for making a difference in the world is quite evident in her work and her life. I'm happy to support her new effort for a proposed research study that will provide an inspiration and hope for those working to help the millions of Africa's orphans.

As the Executive Director for All As One, a nonprofit organization and registered non-governmental organization (NGO) currently running an orphanage, school and clinic in Sierra Leone, West Africa, I know firsthand the hardships, obstacles and struggles African orphans face. I believe there is a huge potential impact this project could have on making the future brighter for the destitute children.

I also believe that it is crucial that the plight of orphans be brought to world consciousness, and Ashley's project is designed to help accomplish that. The proposed photovoice and action research study that she and Dr. Oomen-Early have developed would include digital technology in a unique way. I believe it could be very powerful in helping make a difference for orphaned children worldwide. The study could not only empower grassroots workers to showcase the barriers we face in caring for orphans in Africa, but give the children a "voice" as well. These children desperately need someone to speak for them, as they cannot do it for themselves. With this project, Ashley Walker and Dr. Oomen-Early have designed a way for the children and their primary caretakers to be heard.

A key factor of this project is not just the publication of the research, but also the proposed photo exhibit that could bring much-needed attention to this growing and critical global issue. My staff in Sierra Leone and I are very happy and ready to assist with this proposed study, and believe that it will have lasting value.

On behalf of the orphaned children in our care, I want to thank you for your consideration.

Sincerely,

Deanna Wallace  
Executive Director  
[www.allasone.org](http://www.allasone.org)

## APPENDIX C

### Training Outline

(Wang and Burris, 1997; Wang, 2006)

## I. Introduction of Photovoice Methodology

### A. Discuss the purpose of photovoice

1. The goals of photovoice
2. Responsibility of the participants

### B. Discuss ethics of Photovoice research

1. Obtaining verbal consent before taking photographs
2. Inform participants regarding what can and cannot be photographed (i.e. private vs. public property)

## II. Obtain Informed Consent

### A. Pass out informed consent forms

1. Consent to Participate
2. Consent to Publish

### B. Review form with help of translator

1. Emphasize that participation is voluntary
2. Discuss risks and benefits of participating
3. Discuss procedures of the Consent to Publish Form

### C. Discuss confidentiality

## III. Brainstorm Initial Themes

### A. Participants will discuss themes to focus photographs



1. Group consensus will be reached
2. Individual decisions will be made on what they wish to photograph

B. Identify audience to submit photographs

1. Community leaders
2. Policy makers

IV. Distribute Cameras

A. Review how to use the camera

B. Discuss time frame allowed to take photographs

V. Discuss procedures after photographs are returned to researcher

A. Participants will select photographs that best represent the study's purpose

B. Participants will contextualize photographs using the SHOWeD Method

C. Participants will code the themes arising from photographs

D. Participants will plan the format of final presentation to share photographs

VI. Questions

## APPENDIX D

### Informed Consent Form

Texas Woman's University  
Consent to Participate in Research

Department: College of Health Sciences, Department of Health Studies

Investigator: Ashley Walker

Telephone: XXX-XXX-XXXX

Advisor: Jody Early, Ph.D

Telephone: XXX-XXX-XXXX

**Title of Study:** USING PHOTOVOICE TO ASSESS FACTORS WHICH PROMOTE AND THREATEN THE HEALTH OF ORPHANS IN SIERRA LEONE: AN ACTION RESEARCH STUDY

The following consent form will provide a detailed description of the research study and the benefits and risks associated with participation.

**Explanation and Purpose:** You are being asked to participate in a research study for Mrs. Walker's dissertation at Texas Woman's University. The purpose of this study is to identify the current cultural, epidemiological, environmental, political and sociological factors which impede and promote health and literacy among orphans in Sierra Leone. The study will examine these factors from the perspective of you, NGO grassroots workers working with orphans in Sierra Leone.

**Research Procedures:** For this study, the researcher will conduct action research through photovoice and in-depth interviews. Photovoice is a method using pictures to tell a story. You will be given a digital camera to use during this part of data collection. After you complete the mandatory training session, you will be given seven days to take pictures. You will return the camera to the researcher to discuss your pictures through follow-up interviews. The interviews will be recorded. The purpose of recording is to provide a transcript of the information discussed in the interview and to assure the accuracy of the reporting of that information. You will be given a copy of the transcript to verify its accuracy. Your maximum time commitment to the study is 20 hours (4 hours for training, 14 hours for taking pictures, and 1 hour for interview and 1 hour for transcript review).

**Possible Risks/Discomforts:** Potential risks related to your participation in the study include fatigue and physical or emotional discomfort during your interview. To avoid fatigue, you may take a break during the interview as needed. If you experience any physical or emotional discomfort regarding the interview questions, you may stop answering any questions at any time.

Another possible risk to you as a result of your participation in this study is release of confidential information. Confidentiality will be protected to the extent that is allowed by law. Your pictures and responses to the interview questions will use a code name rather than your real name. You will maintain possession of your pictures and only those you agree to release will be used by the investigator. The tapes of the interviews will be available only to the investigator, and her

\_\_\_\_Participant's Initials

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advisor. The recordings, the hard copies of transcriptions, and jump drives containing transcribed text and photographs will be stored in a locked filing cabinet in the investigator's office. The recordings and jump drives will be erased and hard copies of the transcriptions will be shredded within 5 years of completion of the study.

It is expected that the results of this study will be published in the investigator's dissertation as well as other research publications. However, no names will be included in any publication.

The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is any problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Participation and Possible Benefits: Your involvement in this research study is completely voluntary, and you may discontinue your participation in this study at any time without penalty. If you complete the entire study including the training, photovoice, interviews, and review of transcription, you will be allowed to keep the camera given to you during this study. You will also be contributing to the body of knowledge regarding world orphans. The information you provide may help create the need for future research and the need for social change. You will also have access to the findings and can request a summary of the report at the completion of the study.

Contact for Questions: If you have any questions or concerns about the research study you may contact the researchers: Ashley Walker at XXX-XXX-XXXX or via email [XXXXXXXX@XXXX.XXX.XXX](mailto:XXXXXXXX@XXXX.XXX.XXX) and Jody Early, PhD at XXX-XXX-XXXX or via email [joomen@twu.edu](mailto:joomen@twu.edu). If you have any questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via email at [IRB@twu.edu](mailto:IRB@twu.edu). You will be given a copy of this signed and dated consent form to keep.

By signing below, you confirm that you have read this document. Your signature confirms your voluntary participation in this research project.

Signature of Volunteer: \_\_\_\_\_

Date: \_\_\_\_\_

APPENDIX E

Subject Photo Release Form

TEXAS WOMAN'S UNIVERSITY  
RELEASE FORM for PHOTO SUBJECT

Subject's Name: \_\_\_\_\_

Project Title: \_\_\_\_\_

Date(s): \_\_\_\_\_

Location: \_\_\_\_\_

I will let you take my picture and save it as a digital file for use in the project listed above. I know that my picture may be used in print or for display.

By signing this form, I agree that: I am 18 years or older and I have read or been read this form.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

## APPENDIX F

### Participant Photograph Publication Release Form

Texas Woman's University  
Consent for the Publication of Photographs

I give my permission for the selected pictures to appear in print, online, and other types of display. I have reviewed all pictures that I took during the research study. I understand that my name will not be used unless I agree to have it published. The pictures may be seen in print, copied, displayed, copyrighted, and used and shown anywhere in the world. I understand that signing this form releases Texas Woman's University and the researcher from any claims, actions, damages, or demands of uses listed above. I state that this material has not been published before, either online or in print.

Title or subject photograph \_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_



## APPENDIX G

### SHOWeD Method Outline

# The SHOWeD Method for Analyzing Photographs

(Wang & Pies, 2004)

The following questions will be used to assist in contextualizing the selected photographs. Responses to the following questions will be recorded by an audio voice recorder. The responses will be transcribed into transcript for data analysis. This process will take 60 to 90 minutes to complete.

1. What do you **see** here?
2. What is really **happening** here?
3. How does this relate to **our** lives?
4. **Why** does this problem, concern, or strength **exist**?
5. What can we **do** about it?

## APPENDIX H

### Photovoice Methodology

Photovoice is a component of participatory action research which uses photography to create and encourage social change. Caroline Wang presents a nine-step methodology to successfully carry out the goals of Photovoice (Wang, 2006). The nine-steps include:

1. *Select a target audience of policy makers or community leaders.* The participants select this group based on the target audience's ability to make decisions that will improve upon the problems identified through Photovoice activities.
2. *Recruit Photovoice participants.* Wang recommends that a photovoice group should include six to ten people. This provides efficiency in collecting data and adequate discussion.
3. *Introduce Photovoice to the participants.* The researcher must conduct a workshop or training session to explain Photovoice and to demonstrate proper use of the cameras. This session is also used to educate the participants about obtaining consent when photographing others.
4. *Obtain informed consent.* The researcher must obtain informed consent from each participant. This is typically completed during the training session.
5. *Brainstorm with participants.* A brainstorming activity is highly recommended to familiarize the participants with initial themes for taking photographs. This helps guide the Photovoice activities because the participants may have a clearer idea to focus their picture idea. Brainstorming can be done at the training session.
6. *Distribute cameras.* This is done at the training session. Each participant will need a camera to complete the Photovoice activity. The facilitator (researcher) will decide on the camera to distribute to participants.
7. *Provide time for participants to take pictures.* The most common allotted time for picture taking is seven days. This provides the participant enough time to take a good quantity of pictures related to the research project.
8. *Meet to discuss the photographs.* After the seven days, the participants are asked to return with the cameras and their images to discuss the photographs taken. This can be done as a group or individually. Each participant will review their photographs and select the photographs that tell the story the best. The facilitator will then work with the participant to contextualize their photographs using the SHOWeD Method. The facilitator will then identify common themes found in the photographs and during the photograph discussion.
9. *Plan with participants a format to share photographs and stories.* The facilitator and participants will choose the target audience and the best medium to present the photographs and descriptions. Formats used in the past include: website, slide show, and exhibits.