Caregivers’ Responsiveness and Social Development of Institutionalized Children in Ainabkoi Sub-County, Uasin Gishu County, Kenya

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Abstract

Social development of children is a significant feature in their general welfare. However, how far the caregivers have been capable of fostering such development in children particularly in institutionalized setups appear to be insufficiently investigated. This study was based on Vygotsky Theory and ecological systems theory. The study adopted descriptive research design. The target population was 181 respondents, which comprised of 156 children aged 14-18 years, 25 caregivers and managers of Children homes. The study employed census method to select all the caregivers, managers and children aged 14-18 years old. Questionnaires with closed and open-ended questions were used to get responses from the children and caregivers while an interview guide was used to collect data from the manager. Quantitative data gathered from the closed ended section of the questionnaires was analyzed using descriptive statistics which included frequencies, percentages, means, mode and standard deviations with the aid of SPSS version 23, while qualitative data from interview schedules and open ended questionnaire was analyzed using content analysis. Inferential statistics were presented by the Pearson’s chi-square test ($\chi^2$), which assessed the relationship between the identified variables of caregiving approaches and social development of institutionalized children. Correlational analysis of the objectives using the chi-square test revealed significant relationships between caregiver’s, responsiveness ($0.019$ (p<0.05) with the social development of children was determined. The study found that the caregivers’ responsiveness was characterized by their response to the children’s behavior as a reinforcement sustaining their behavior directed toward the adult. The study concluded that social development of institutionalized children was greatly influenced by caregivers’ social responsibility. Overall, findings from this study reveal that caregivers’ responsivity determine the social development of institutionalized children, self-awareness, social awareness and self-management. The study recommended that caregivers need to undergo many trainings on approaches for child social development with modules that captures the changing dynamics of children’s social development due to the environment and resources available at the institutions.

1.0 Introduction

About 8 million orphaned and vulnerable teenagers globally are in institutional care (Ahren, 2017). However, the global community has begun to question institutionalized care arrangements, often triggered by the fact that when children are exposed to such environment they are observed as neglected in some form (Berens & Nelson, 2015). In a few circumstances, the care centres are inadequately suited to meet their formative needs (UNICEF, 2016). A significant number of systematic reviews into cognitive development of institutionalized children have shown that institutionalized care is invariably associated with poor cognitive development (Berens & Nelson, 2015; Van IJzendoorn, Luijk, & Juffer, 2008).

There is wide recognition of the adverse impacts of institutionalization on developmental outcomes and children’s wellbeing. This has led many countries to undertake efforts to reduce the numbers of children living in institutional care and, whenever possible, to prevent institutionalization in the first place, or to reunite children with their families in line with their obligations under the United Nations Convention on the Rights of the Child (CRC) and the UN Guidelines for the Alternative Care of...
Children (UNICEF, 2017). Studies by Abel, Park, Tipene-Leach, Finau & Lennen, (2011) and Campbell, Pungello, Miller-Johnson, Burchinal and Ramey, (2011) in the USA and Europe showed that children are almost 100% dependent on caregivers and their services. The idea that a baby can exist on its own is totally unacceptable because babies are generally taken care of by somebody.

Balbernne (2011) asserted that the physical, emotional and mental capacities can only be harnessed and realized by a caregiver who is attuned to the needs and wants of the child. The caregivers’ response, sensitivity and recognition of the child’s propositions are the central element for building a child’s social development. The fact that in 2015 approximately 11 million children died across the world before attaining their fifth birthday (WHO, 2016) is a testament to the need for caregivers and the services they offer. It is evidenced that, social development and advancement is shaped by the character of the caregiver. The caregiver provides the basic needs, emotional support and physiological which are very important for the well-being of the child (Engle & Lhotska, 1999). It is expected that children develop attachment to their parents/guardians in a normal family setting (Vacaru, Sterkenburg, & Schuengel, 2017). However children who are institutionalized do not develop attachments to their caregivers (Dobrova-Krol, Bakermans-Kranenburg, van IJzendoorn, & Juffer, 2010). Be that as it may, the connections of most of the institutionalized children are not completely created or indeed truant (Dobrova-Krol et al. 2010).

In Africa, a study conducted in Nigeria by Carlson (2014) observed that responsiveness and sensitivity are central constructs in the care of the child. The two aspects are significant when considering the connection and response a caregiver must have to the communicative signals presented by the child. Field (2010) defined sensitivity as an awareness of the child together with appreciation of dialogues and acts of the child that show that they need something. Responsiveness on the other hand has been defined as the way in which the caregivers adapt to the signals offered or indicated by the child.

It has been established by van IJzendoorn, Bakermans-Kranenburg, and Juffer (2007) that children who differ in terms of growth and development remain in care of institutions. Critenden (2010) in his study on approaches of the caregiver done in Morocco illustrated that connection process, social relationships and social caregiving as a few outstanding techniques that mend the social advancement of a child. Solid support when the child is volatile is however, one other approach that builds the physical, mental and social status of the child.

In Kenya, a study conducted by Oduor (2013) on caregiving and the psychological wellness of the child, it revealed that the caregivers lacked sufficient training on appropriate approaches to take care of the children. The study did not however, look at the influence of caregivers on social development in institutionalized centers as the current study did. The facets of responsiveness sensitivity, study social connections and solid support as revealed by Wamuhia & Abiri (2015) affected academic performance of the children. Again, this study did not consider the aspect of social development as it noted a problem in the way caregivers did their jobs. The research gaps arises from that fact few studies focused on caregiver responsiveness and it how it affects the social development of institutionalized children. This study therefore aimed at filling this knowledge gap in Kenya.

2.0 Statement of the Problem

Over the years, organizations that provide care have remained a choice for children without both parents and those who are helpless and obviously need care and security. The institutional care of orphans and vulnerable children has been widely used in countries with different ethnic, cultural and economic backgrounds. However, in many settings including where this study was conducted, the quality of care which children receive has been alleged to be detrimental to their growth and development. Notwithstanding, these children often suffer from dramatic developmental delays and may follow deviant developmental pathways, emanating from structural neglect and other forms of deprivation and neglect. However, little has been researched and documented especially on caregivers’ responsiveness on social development of institutionalized children. Furthermore, these studies have not yet recognized and examined the role of caregiver approaches and how the approaches relate to the social development of institutionalized children. This is true of Aimabkoi where no study has been done in the area to
examine caregiver’s responsiveness and its influence on social development of children in the area. It is on this basis that the study established whether there is a relationship between caregiver responsiveness and social development of institutionalized children in Ainabkoi Sub-County, Uasin Gishu County, Kenya.

3.0 Research Methodology

The study adopted descriptive research design. The target population was 181 respondents, which comprised of 156 children aged 14-18 years, 25 caregivers and managers of Children homes. The study employed census method to select all the caregivers, managers and children aged 14-18 years old. Questionnaires with closed and open-ended questions were used to get responses from the children and caregivers while an interview guide was used to collect data from the manager. To test for reliability of the research instruments, the piloted instruments were tested using test retest method to ascertain the level of reliability. The study utilized content validity as the main approach of ascertaining the validity. This test of validity method was adopted because it was consistent with the objectives of the study and the research design. Quantitative data gathered from the closed ended section of the questionnaires was analyzed using descriptive statistics which included frequencies, percentages, means, mode and standard deviations with the aid of SPSS version 23. Qualitative data from interview schedules and open ended questionnaire was analyzed using content analysis. Inferential statistics were presented by the Pearson’s chi-square test ($\chi^2$), which assessed the relationship between the identified variables of caregiving approaches and social development of institutionalized children.

4.0 Findings and Discussions

4.1 Children Response to Caregivers Responsiveness to their Needs

The study aimed at investigating children’s response to caregiver’s responsiveness to their needs. Children were asked to indicate their agreement or disagreement to statements that examined caregivers’ responsiveness to institutionalized children social development. Data was analysed and presented in table 1.1 below.

<table>
<thead>
<tr>
<th>Statements</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagreed</td>
<td>Disagree</td>
</tr>
<tr>
<td>My caregivers have been able to respond effectively to my need to communicate</td>
<td>Count 2</td>
</tr>
<tr>
<td>%</td>
<td>1.3%</td>
</tr>
<tr>
<td>My caregivers have a solution for my behavior</td>
<td>Count 3</td>
</tr>
<tr>
<td>%</td>
<td>2.0%</td>
</tr>
<tr>
<td>My caregivers have been able to meet all the demands of my attention efforts</td>
<td>Count 2</td>
</tr>
<tr>
<td>%</td>
<td>1.3%</td>
</tr>
<tr>
<td>My caregivers have been able to significantly meet certain different challenges that I face as a child.</td>
<td>Count 2</td>
</tr>
<tr>
<td>%</td>
<td>1.3%</td>
</tr>
</tbody>
</table>

Table 1.1 shows that majority 129(84.3%) of the children strongly agreed that caregivers were able to respond effectively to their need to communicate. Moreover, 13(8.5%) agreed, 6(3.9%) were undecided, 3(2%) disagreed while 2(1.3%) strongly agreed with this statement. When asked if caregivers have a solution for their behavior some 69(45.4%) strongly agreed,
Table 1.2: Relationship between Caregivers’ Responsiveness and Social Development of Institutionalized Children

<table>
<thead>
<tr>
<th>Chi-Square Tests</th>
<th>Value</th>
<th>df</th>
<th>Asymp. Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-Square</td>
<td>20.368</td>
<td>18</td>
<td>.313</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>13.419</td>
<td>18</td>
<td>.766</td>
</tr>
<tr>
<td>Linear-by-Linear Relationship</td>
<td>5.535</td>
<td>1</td>
<td>.019</td>
</tr>
<tr>
<td>N of Valid Cases</td>
<td>23</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As shown in the Table 4.7, the chi-square test of relationship was .019 (p<0.05). This shows that there was a significant relationship between caregivers’ response and social development of institutionalized children. The study sought information on caregiver’s responsiveness and its relationship to institutionalized children’s social development. Results obtained in chapter four table 4.6 indicated children rating their caregivers’ responsiveness to their communication needs highly at 84.3%. Another approach employed that showed responsiveness was caregiver’s ability to solve challenges faced by children. Although the rating of caregivers and children’s response to this aspects slightly varied with children rating caregivers responsiveness higher than care givers themselves.

Results from a Pearson Chi-square in Table 4.8 in chapter four found that there was significant relationship between caregiver’s responsiveness and social development of institutionalized children. At a Pearson chi-square value of 0.313 and a linear by linear relationship of 0.019 at a p value of less than 0.05. Therefore, the hypothesis: There is significant relationship between caregiver’s responsiveness and social development of institutionalized children was accepted. Findings showed that caregiver’s responsiveness accounts for 76.6% of social development of institutionalized children. It is the observation of this study that children under institutional care develop through the medium of relationships, and the nature and quality of those relationships have profound developmental consequences for the same children. In addition, different aspects of parent responsiveness may predict different developmental outcomes (Landry et al. 2006). For example, Landry et al. (2006) selected contingent responding, affective support, support for child focus of attention and supportive language input measured at the micro-level as responsive for child’s well-being.

This finding was supported by Tronto (1993) who hypothesized that caregivers’ responsiveness to care for children is both in practice and virtue, which are intertwined. Caregiving involves the virtue of attention to the needs of the child in order to detect the need to care. Therefore, the virtue of taking responsibility is required for responding to a need for care. As well, the virtue of competence is necessary in order to practice caring effectively, and the virtue of responsiveness is significant for the drill of charming with and considering the experiences of the receivers of care (Tronto, 2010). In a related conceptualization, Kittay (2002) pronounces care consisting three aspects which include labour, attitude and virtue. Labour involves

attending to the needs of self and others. Forty five percent (45.4%) of the children indicated that caregiver’s had a solution to their abnormal behavior. Majority (52.6%) of the caregivers as compared to the children indicated that they had action report as proof that they had dealt with all peculiar tendencies of each child under their care. Caregiver’s responsiveness in meeting all needs of children seeking attention was rated low by both children (49%) and caregivers (31.8%).

In an interview with caregivers, the reason behind this is that, sometimes children under institutional care have complex needs and therefore, it may not be possible to fulfil all their needs. However, overall, the study found that caregivers were responsive by effectively responding to children communication needs and significantly solving challenges faced by children under their care. For instance, they were responsive through recording peculiar abnormal behavior and meeting all children attention needs was however low. These findings have been supported by Balbernie (2011) who asserted that the physical, emotional and mental capacities of a child can only be harnessed and realized by a caregiver who is attuned to the needs and wants of the child. The caregivers’ responsiveness to a child’s propositions are the central elements for building a child’s social development. Additionally, Kittay (2002) notes that having a caring attitude will enables a person caring to be open to understanding and responding to the needs of children. When a caregiver, caringly and consistently attends to a child’s needs, even when it is difficult and disadvantageous to the caregiver, cultivating the virtue of care.

5.0 Conclusion and Recommendation

The study concluded that social development of institutionalized children is greatly influenced by the approaches used by caregivers. Additionally, most of the caregivers were able to effectively respond to children’s needs. However, some caregivers were not able to adequately respond to children social development needs by being able to offset different challenges faced by each child. The study recommended that caregivers need to undergo many trainings on approaches for child social development with modules that capture the changing dynamics of children development due to environment and resources available at the institutions. Additionally, caregivers should improve their verbal skills including increased conversations, animated emotional responses and positive social interactions as well as overall social development of children living in residential care facilities. Further research should be undertaken to analyse the factors influencing gendered participation in social development of institutionalized children in care institutions.

References


