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## Care and Rearing of Institutionalized Girls in Arequipa, Peru: An Ethnographic Approach

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## TITLE

Care and rearing of institutionalized girls in Arequipa, Peru: An ethnographic approach

## ABSTRACT

*Introduction:* Institutional care for children is a global phenomenon. Despite its advantages, common threats have been described. In Peru, more than 70% of institutionalized children/adolescents have living parents who cannot take care of them. The study aims to understand the care/rearing of institutionalized girls in Arequipa, Peru.

*Methodology:* Ethnographic design, with a sample integrated by 27 institutionalized girls. Data collected based on participant observation and semi-structured interviews. The analysis followed the Method of Constant Comparisons.

*Results:* Five main themes were found: 1) The little house (foster home) is better than my house; 2) They take care of me—even when I am sick—; 3) But...; 4) What I have lived is what I am; 5) Happiness fits in this little house.

*Discussion:* An ethnography of care/rearing practices could be helpful for a better understanding of the dimensions of the life of institutionalized girls living in developing countries.

**Keywords:** Child care; Child, Institutionalized; Ethnography; Perú; Transcultural Nursing.

## INTRODUCTION

The survival of a culture depends on the intergenerational transmission of values and customs. Children are the guarantors of this survival (Andrews et al., 2020). The interdependent nature of childhood and community reinforces the responsibility of the second for caring for all its members; therefore, any agent in the environment will be relevant for decision-making on care/rearing practice (Andrews et al., 2020), especially in circumstances of extreme vulnerability, where institutionalization is resorted to for the care of children (Omari et al., 2021). Transcultural nursing (TN) has developed different approaches to the above elements (Leininger, 2002; Purnell, 2019). One of the most widely used and applied for academic training to develop transcultural nursing competencies for decades is Giger and Davidhizar's Transcultural Assessment Model (Chae et al., 2020; Giger & Davidhizar, 2020), showing how cultural phenomena deeply influence the person and the care received, providing, also, a framework for cultural assessment, “guided by six broad areas which are thought to be areas of variability existing across all cultures” (Harding, 2017, p. 438): 1) Communication; 2) Personal space; 3) Social organization; 4) Time; 5) Environmental control; and 6) Biological variations. This frame presents a determined approach to the cultural assessment process, which can similarly be employed to organize knowledge about cultural groups (Giger & Davidhizar, 2020; Harding, 2017).

In countries such as Peru, these factors impact care in a particular way. Although the population below the poverty line has dropped considerably in the last decade (from 30.8% in 2010 to 20.5% in 2018), the Gini index (or the coefficient of inequality among its inhabitants) is still very high (42.4%) compared to countries in Western Europe, for example (The World Bank, 2021). Due to this circumstance, children have also been found whose parents cannot provide a safe environment for them, resorting to institutionalization. Thus, it is estimated that more than 70% of institutionalized children have one living parent who cannot take care of them (Moffa et al., 2019).

While there is no standardized definition, and it can be given under different names (residential care, public or societal care, children's homes, orphanages, charitable children's institutions and others), institutional care is global, with millions of children in institutions (Desmond et al., 2020), offering them basic and social shelter (Omari et al., 2021). However, common threats have been described: isolation, hyper-regulation, intricate relationships between children and professional caregivers, and insufficient attention to psycho-emotional demands (Gabatz et al., 2019). Moreover, these threats have peculiar characteristics in girls: their higher empathy scores may cause them a higher level of emotional stress (Lemos et al., 2021). In Peru, some of these institutions is located in Arequipa. Although Arequipa is the second-most populous city in the country, 40% of its population is not covered by any health insurance, in a context of compromised basic hygiene/sanitation and increased violence (Cornejo-Cuervo et al., 2015). Therefore, there are charitable children's institutions that try to address two main areas: a) bringing education to areas not covered by the state and b) meeting the basic and social needs of children in exclusion, thanks to involved caregivers and volunteers (Federación de Círculos Sociales Católicos de Arequipa, 2021).

A culturally sensitive care approach demands, from nurses, similar skills to any other health professionals involved in international volunteering projects —skills such as awareness of/knowledge about the cultural aspects of health, ability to work within a system with unfamiliar power dynamics, respect for other cultures, ability to build a global network, among others— (Claeys et al., 2021; Zamora et al., 2019). Consequently, and despite risks such as *voluntourism* and *white saviorism* —as pointed out by Biddle (2021)—, international volunteering today can make fundamental values of TN a reality, such as that of cultural encounters, “a pivotal construct of cultural competence [...] needed to acquire cultural awareness, cultural knowledge, cultural skill, and cultural desire.” (Campinha-Bacote, 2019; p. 1). These encounters can generate knowledge coherent with the satisfaction of one of the objectives of the nursing discipline: to watch over the promotion of the health and well-being of girls and boys from pan-ethnic minority groups (Andrews et al., 2020). This study aims to understand the care and upbringing of institutionalized girls in a childcare organization in Arequipa while exploring elements of their immediate

environment that contribute to describing the care/rearing practices they receive from a cultural perspective, such as communication, personal space, social organization, time, and environmental control.

## **METHOD**

The Four Seasons of Ethnography (González, 2000) was used to perform this study, a design “that centers on the awareness of the researcher as a human instrument and the natural cycles of knowledge and ethnographic research” (Pitts, 2012, p. 2). Apart from these theoretical and epistemological values, this design proposes a clear and coherent methodological guide, structuring and placing the ethnographic tools and tasks in four moments or (seasons), which are, in this order, Spring (assessment), Summer (fieldwork), Fall (completion of fieldwork) and Winter (writing the ethnography) (González, 2000). On the other hand, the design allowed Giger and Davidhizar’s cultural assessment model to integrate as a fundamental element. Furthermore, the ethnographic design is inherent to TN (Leininger, 2002).

The study was conducted in an institution belonging to a federation of Catholic social organizations in Arequipa (Peru), in one of its *albergues* [shelter], or popularly known as *casitas* [little houses]. The participants of the study were mainly institutionalized girls, but also professional caregivers (two women, in their forties, hired by the institution for supervision, assistance with meals, and taking them to and from school), supporters (two young women, former institutionalized girls themselves, whose role were for general assistance) and two volunteers that arrived at the institution during the period of the data collection—one of them was the leading researcher herself—. After receiving a grant from the Cooperation and Solidarity Area of the University of Cordoba, these two volunteers came from Spain and were finishing their Degree in Nursing. The anonymization of the subjects took place once the analysis had begun so that the real names were replaced by fictitious ones. The sample responded to the entire community living in the *casita* during the data collection period.

The data collection was performed between July 1 and August 31, 2019. The first author used two techniques: participant observation and semi-structured interviews. The data collection tools were consistent with the Four Seasons of Ethnography (González, 2000). Thus, these tools were framed in two moments, *Spring* and *Summer*. In the *Spring*, the following took place: obtaining permission and approval from the insiders (allowing the insiders to tell the principal investigator, honestly, if they perceived her to be able to understand them); assessing tacit knowledge, biases, expectations, and controversial issues; implementing the research diary and field notebook; implementing observer bracketing (learning to do this through practice with exposure to spontaneous reactions and analysis of situated knowledge); and identifying both boundaries and priority foci of observation. During the

*Summer*, the following occurred: a natural participant observation (the researcher was part of the community because she was a volunteer) of the different groups and micro-social contexts had various daily entries in the field notebook (in this case, a tablet computer that always accompanied the leading researcher); interviewing; and personal journaling with daily checks. Despite this narrative order, these tools were implemented during the first two weeks after the leading researcher's arrival to the care institution, continuing until her departure.

The priority focus of observation was the girls in the first place, the supporters in the second place, and finally, the professional caregivers and the volunteers. The limits of this observation —apart from safeguarding essential privacy understood integrally— were established whenever evasive/defensive responses were detected on the part of the participants. These responses occurred (although not always) because of abuse, sexuality, conflict with other girls, and religion. In addition, the volunteers were not present at the family visits to preserve families' privacy. A total of 27 semi-structured interviews were performed following the assessment model of Giger and Davidhizar (2020). These interviews were conducted by the leading researcher to all the institutionalized girls. They were performed in the volunteers' community room —except for those performed with the tool "Game"—, an adaptation of the assessment mentioned above (It would consist of several levels, each level corresponding to Giger and Davidhizar's (2020) dimensions, and the questions were boxes on the floor. Each time they reach the box, they were invited to answer the question and move on to the next one), which was performed inside a church adjacent to the house to a group of five girls (between five and nine years old). Interviews lasted between 10 and 50 minutes. All the interviews were audiotaped using the tablet mentioned above. The leading researcher performed the transcriptions eventually.

The analysis followed the Method of Constant Comparisons (Glaser, 1965), a systematic process of coding and constant comparison of data (Charmaz, 2014). The resulting corpus of observation notes and interview transcripts were examined, line by line, thanks to the NVivo 12 Plus program. The dimensions of Giger and Davidhizar's model were used as starting categories, integrated into the second level of axial coding. At the first descriptive level of the analysis, coding was performed with the creation of nodes of meaning (a total of 1,626). These nodes (substantive codes) were constructed using literal words or paraphrases from the informants. At the second intermediate level, axial coding was performed by grouping sets of nodes by related meanings, resulting in a total of 282 sets. The starting categories (the dimensions of the Giger and Davidhizar model were mainly present at this level of analysis. Then, at the third level, the interpretative one, the SimpleMind Pro program was used, where sets were grouped by meaning and frequency, resulting in a total of five patterns of meaning, and each pattern with its respective resulting categories and subcategories. Within this third level, citations from the data corpus were

incorporated, thus making an illustrative approach to the analysis itself to support the description of the results. Co-authors triangulated results at each level of analysis. Eventually, the institution triangulated results too: Preliminary report of results was sent requesting feedback. Finally, the study followed Calderón's (2002) criteria for rigor and quality, such as theoretical, epistemological, and methodological appropriateness; relevance; validity; and reflexivity.

The study was conducted following the principles of the Helsinki Declaration (1996). The very design of the Four Seasons of Ethnography allowed an ethical approach to the community, in general, and the girls, particularly, with the techniques, tools, and moments of data collection described above. To these would be added the task (belonging to Fall) of "leave-taking behaviors which respect the relationships formed" (González, 2000). Thus, verbal consent was obtained from all the participants, and verbal and written consent was obtained from the institution by using videoconference means weeks before the start of the research. Furthermore, the confidentiality of the data collected, and the anonymization of the participants (and the institution) were guaranteed. All ensured that the principles of autonomy, beneficence, and justice (applied to the group and the individuals of the community studied) were scrupulously observed. Eventually, ethical approval for this project was obtained from the Research Ethics Committee of Cordoba (Spain).

## **RESULTS**

The children were all girls ( $n=27$ ) with ages between 5 and 17 years. The reasons for their institutionalization were: parental abandonment, lack of financial resources and support networks; single-parent family, scarce economic resources and domestic violence; poverty; lack of support networks; unstructured family; gender violence; lack of childcare support networks; and family sex abuse. The resulting analysis identified five patterns forming the category tree represented in the explanatory framework shown in Figure 1. This figure also shows the central relationships of patterns, categories, and specific objectives.

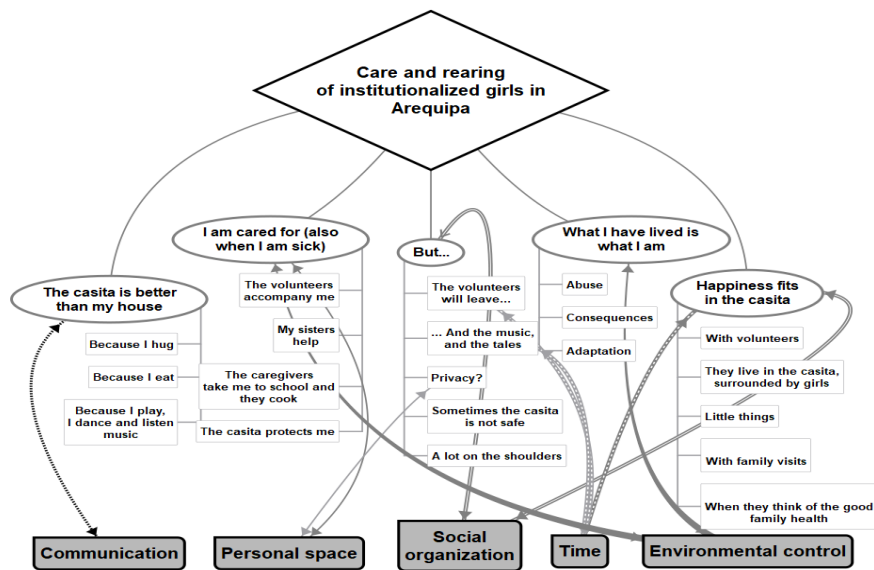


Figure1. The explanatory framework of results and primary relationships with specific objectives

### The casita is better than my house

The girls received love and care from professional caregivers, supporters, and volunteers. They highlighted the role of the volunteers, with whom the girls felt most comfortable expressing love through their favorite gestures: hugs! [One of the most intimate moments with the girls is the "good night" moment. Before our arrival, these "good nights" were non-existent; nobody accompanied them, nobody tucked them in, nobody kissed them good night. At this moment, hugs and kisses are the protagonists and declarations of love between both parties. Research Diary (RD). "Hug you because you love me, and I love you." Patricia (7 y.o.)]. The house satisfied their need for food, providing breakfast (milk with oatmeal and bread), lunch (based primarily on rice and soups), and dinner (usually leftover food). [The girls ate without complaining, flocking to the plate, remaining hungry. They drink a cup of tea after each meal, and so far, I have not seen any girls drinking between meals; that is, they only drink when the caregivers prepare it [...]. On the birthday, the girls take as much food as possible because they know that there will probably be no dinner afterward, and they will go straight to bed. However, they consider themselves satisfied in this respect. RD "At home, we had no money, and we were in need when dad left us. Here we do have food." Daniela (11 y.o.)]. The casita also satisfies the need for body and oral hygiene. However, despite facilities' availability, a lack of hygiene habits contributed to inadequate control of personal toiletries, such as toothbrushes or handwashing. Moreover, the professional caregivers did not reinforce these habits. Nevertheless, the volunteers and supporters managed to consolidate such hygiene practices in some girls. In addition, thanks to the institution, the girls practiced recreational activities with other girls. Through them, they were able to escape from their problems, mainly when they played (Fishing —play tag— or *Jackies* —a solo play that is performed with a bouncing ball and a set of approximately ten small pieces called *Matatenas*—), danced (mainly regional dances) and listened to music (provided by the volunteers, who got a loudspeaker for the casita - their favorite song was *Waka-Waka*, by Shakira). [Once the cleaning and school obligations are over, play, music, and dance

dominate the courtyard, which is the solution to all problems! RD "When I'm scared or crying, I go play with the other girls." Carla (8 y.o.)  
"When I'm sad, I just want to listen to music." Amanda (17 y.o.).

### **I am cared for (also when I am sick)**

The volunteers accompany in all aspects of the girls' daily lives. The girls especially appreciate this when they are in bed with a fever. The volunteers stay by their side in these circumstances (staying in bed next to them, taking their temperature, and administering medication and affection). One of them referred to this: [*"I liked being looked after by the volunteers because I'd never been looked after before."* Lucia (11 y.o.). *Many girls have fallen ill with the flu. We find that we don't even have a thermometer [...] or a pediatric paracetamol syrup to bring it down. [...] Not only that: we don't even have the money to buy the medication in case of an emergency. RD. [Last night] a girl had a fever of almost 39 [degrees Celsius], and we need to get it down. As we did not have the means, we used washcloths. Still, the fever continued to rise, so we needed to go to a pharmacy to get the medication, but there was no fund to pay for it. We found the help of a supportive pharmacist who [...] provided us with several drugs. RD.* When there were any, the older sisters were also appreciated for their accompaniment in times of illness, although this was limited by lack of knowledge and resources. An example of care on the part of the sisters was the application of cold washcloths for fever, but more were observed, as pointed out by Marta: [*"I felt like I wanted to vomit, and my sister went to the bathroom to get me a basin."* Marta (9 y.o.)]. For their part, the professional caregivers (called *Señorita* "Miss" by the girls) were responsible for the daily tasks of cooking and distributing food and taking them to school. In addition, they accompanied them to the *posta médica* [medical post] when they needed acute medical attention, and approached the room when they were bedridden, providing them with some broth: [*"When I had chickenpox, I was in the room with the other girls who also had it. La señorita took care of us because she told us not to go out and brought us a chicken once"*. Samara (14 y.o.)]. Nevertheless, the institution was also looking after them. The structure offered them protection from abuse by family members and, even by some supporters. [*"At home, everyone beat me, here [...] I'm okay because I can talk and play with other girls."* Lucia (11 y.o.). *Over a while, intimidation and threats from a supporter were part of everyday life. Obedience resulted from fear and punishment, leading to physical abuse that both parties denied. Still, once we saw it, it could be corrected by changing supporters. RD. " Everything was conflictive with the previous supporter because she abused the little ones, they had to do the job, and she took away their spoons. " Celia (11 y.o.)].*

### **But...**

The care of the volunteers had, for the girls, an expiration date. The girls felt helpless, with an anticipated feeling of abandonment because, until others came, their presence and activities were not going to be replaced. [*The girls did not believe that they had been with the volunteers for such a long time because, according to Lucia (11 y.o.), "no one was with them that long, and they always leave them."* They associate each of our departures from the house with our return to Spain. That is why we used the calendar to show all the days they had left to enjoy, but, in any case, they take it very badly that we were intended to go. RD. "You can't leave

*the house; you're my guardian angel.*" Adela (9 y.o.)). The presence of the volunteers brought with it another presence: that of music and storytelling. Music was heard thanks to the mobile phones of the volunteers and the stories, thanks to the reading of the only book that was available in the *casita*. Thus, the absence of the volunteers meant the absence of music and reading. [*"I like to read, but I don't have any books."* Daniela (11 y.o.)]. Furthermore, many girls reported a lack of privacy. When exploring one of the dimensions of the model, the researcher asked them about their privacy; most of them did not know its meaning. After discussing it, they expressed their desire to enjoy it more. [*"I would like to have more privacy so I can cry alone and sleep happily."* Carlota (6 y.o.)]. Moreover, the institution could not guarantee the full safety of the girls. First, the volunteers witnessed the first supporters mistreating the girls by action or omission, with threats and intimidation. Besides, on one occasion, a family member, who was a physical abuser, was allowed by mistake to visit the girls, his access should be restricted, but the professional caregivers were not aware of this until the victim told them. As for unwanted or tightened obligations and responsibilities, the girls had rigorous schedules dedicated to order and cleanliness. In this regard, Celia commented: [*"I don't consider myself happy because we have many obligations here, and I'd like to live free."* Celia (11 y.o.). *Every day, the girls get up at five in the morning to clean the whole house, each with an assigned task, which they have to repeat after lunch, so the entire house is cleaned twice a day.* RD]. The older sisters were uneasy about the responsibility of caring for the younger ones. Rebecca alluded to this: [*"I'm tired because I have to clean my little sisters' clothes and help make the food, and I don't have time to do my homework."* Rebecca]. Finally, Laura, Rosa, Celia, Rebeca, Adelina, and Amanda were girls who had to resort to street vending to help their families before entering the institution, but they were all aware that if they wanted to continue their training, they would need to get to work. [*"I am not going to be able to graduate this sixth grade if I don't get the money. The girls in my class can do it. I have thought of selling water on the street to get it; the girls in the casita will help me."* Celia (11 y.o.)].

### **What I have lived is what I am**

Fear and rejection of men are present, especially when the abuse came from members of the most intimate circle of the family, such as alcoholic parents or sexually abusive grandparents. [*They associate a party with alcohol consumption, referring to it with disgust, which is always seen in male consumers, and taking it to the personal, referring to some relative as their father or uncle.* RD. *"I don't hug my dad; he's indifferent to me."* Amanda (17 y.o.). *Amanda consulted us on questions of sexuality. She has misconceptions about the morning-after pill (the one she had to take for a rape case half a year ago). This girl considers rape because she had to accept and could not tell, as it would be an embarrassment to her family, she would be blamed, and she would not be seen in the same light.* RD. *Adela lives with the burden of her grandfather's sexual abuse, of which she claims her father was aware but did not act.* RD. *"I can't forget my grandfather's sexual abuse. It's something I have to learn to live with."* Adela (9 y.o.)]. These experiences had negative consequences for the girls, in the form of a lack of any stability in the home, identity gaps - some girls did not know their date of birth, the date of arrival at the institution and did not have a single document certifying their

identity - emotional deficiencies and the absence of the mother figure. [*"In my childhood, I would like that my mother would have been there." Caterina (9 y.o.). Adelina lived on the streets since she was five years old. Her grandmother sometimes gave them food, but she considered her to be 'just another mouth to feed.'* Hence, Adelina turned to her neighbors, who knew her situation. She spent her childhood working and earning a living. RD. *"When I was a child, my parents abandoned me; I never had a fixed home, I worked for women who gave me a bed." Adelina (17 y.o.)*]. Nevertheless, not in all cases was the mother absent, and, at the time of the study, the memory and longing for her care lingered. [*"When I was a little girl, I was always poorly sighted, and my mother used to pour milk in my eye, but since my mother is no longer there, there is no one to pour it for me, so my sight is already failing." Celia (11 y.o.)*]. However, several girls, when asked what they would take away from their childhood, answered that nothing, that they needed all the experiences to be the person they are at that moment. [*"I wouldn't take anything away from my childhood because what I've lived through is what I am." Daniela (11 y.o.)*]. Starting from what they are, they could imagine a future that would allow them to be agents of change for happier, more abuse-free childhoods. [*Many girls are clear about what they want to be when they grow up. They relate their future profession as a solution to their family's economic problems or the situations of injustice they experienced at home during their childhood, such as abuse/complaints RD "When I grow up, I want to be a lawyer so I can put bad guys in jail, like my stepfather, who beat up my mother." Celia (11 y.o.)*].

### **Happiness fits in the *casita***

The relationship with the volunteers came to produce intense positive emotions linked to happiness, as illustrated by Laura's sentence: [*"Happiness is that ... you [volunteer] don't go away." Laura (10 y.o.)*]. Moreover, their happiness was related to the institution, considering themselves happy if they lived in the *casita* and they were surrounded by the other girls. This link with the institution made them afraid that they would have to leave and have nowhere to go. [*"I'm afraid I'll be thrown out of the house." Laura (10 y.o.) "I'm happy here, I play, and it's nice." Elisa (10 y.o.)*]. In addition, it is crucial in their *casita* what they call small things, such as a birthday (one of the most awaited celebrations, as it usually involved a visit from a family member, cake, music, and dancing), the swimming pool and the beach. The last two were possible once a year, thanks to the institution, making a meeting between houses and being an opportunity to see their male siblings (their only annual contact). [*"Happiness is going to the beach and birthdays." Natalia (Unknown)*]. The happiness inside the little house was also related to the visits of relatives. Fundamentally (and in the period that the observation lasted), this was the visit of mothers - to a lesser extent, aunts and grandmothers and, occasionally, an older brother and a father. They could bring, as a gift, fruit, or a hat. The frequency of visits was not high: it was generally once a month, although there was a girl who was visited by her mother every two weeks and, conversely, others who did not receive any visits. None of them lasted more than half an hour (except for the girl who was visited the most, who could even enjoy her mother's company at night). [*We rarely see visitors in the little house. During their visits, they tell the children problems, both from home and from other relatives, leaving*

*the girls sad and with particular concern. Still, the time of the visit is one of the happiest. RD. "Happiness is my daddy coming." Laura (10 y.o.).* Finally, thinking about the possibility of their families being in good health brought them closer to happiness. *[Sometimes, when they hear an ambulance, they close their eyes and pray that their family is well and that nothing will happen to them. RD "Happiness is that my mom is okay." Katerina (9 y.o.).*

## **DISCUSSION**

This study shows that institutionalized girls see the foster home as a better place to live than their own homes because, as Mohangi and Pretorius (2017) also state, they perceive it as a “home.” In line with Braitstein (2015), these environments end up being child-friendly, with the care they receive standing as a fundamental pillar for their health and well-being. In contrast, Korzh (2015) points out that institutionalized children lack many educational and economic opportunities for full integration into society. Inconsistency with the present study, various studies conducted in low and medium-income countries consider institutions to be a better place for upbringing (Omari et al., 2021). This author speculates that there are two main reasons for this: the religious nature of the structures and the presence of a vocational caregiver profile. As the results have described, the institution means for the girls an opportunity to give and receive love. This love is linked to physical contact, the need for food, and leisure. The results are consistent with those reported by Moffa et al. (2019) regarding the coverage of other basic needs. These highlighted the secondary place occupied by personal hygiene.

Concerning the care that institutionalized girls receive, they differ depending on who provides it. All of them highlighted their preference for the volunteers, who had just completed their third nursing school year, acquired the essential competencies in transcultural nursing (in a subject of their university degree) and humanitarian and development aid (in a specific course provided by the NGO linked with their cooperation project). This circumstance evokes the arguments of de Freitas et al. (2010) about how the holistic vision of nurses facilitates the process of adaptation to these environments, pushing the principles of TN to the limit, developing empathy, and building trust. Therefore, international volunteers with a nursing profile represent here a catalyst for the institution's comprehensive care. In strictly healthcare aspects, other studies show how nursing knowledge facilitates the correct medication administration in settings far from ideal (Bos et al., 2011). The holistic accompaniment offered by the volunteers can be explained by the state of vulnerability in which the girls find themselves, in such a way that this predisposes the voluntary caregivers to ask themselves about the limits of their role, as noted by de Freitas et al. (2010). Regarding the professional caregivers, the study's observations underline their theoretical responsibility for care, including health-related care, although—from the authors' Westernized perspective—they present a low perception of risk for care. Thus, inconsistent with other studies, we report a

disputable impact on the care with the low qualification and remuneration of those who exercise it. According to Mazzone et al. (2019), this fact is a global characteristic, but it is especially noteworthy in Peru (Herrero et al., 2019).

In terms of organizational aspects, we have found very questionable issues. In the first place, in the *casita*, the professional caregivers change every year, and the volunteers end up leaving, so the attachment bond they create with the girls has an *expiration date*, which can favor the appearance of increased behavioral problems in girls, as Lemos et al. (2021) pointed out. Gabatz et al. (2019) highlighted this link as indispensable while stating that strategies must be put in place to avoid developing maladaptive attachment. As noted above, international volunteers with a transcultural nursing profile (i.e., with relevant knowledge of humanitarian aid, colonialism, and privilege, plus the appropriate competencies to provide culturally congruent care) represent a catalytic effect for holistic childcare to be present in these institutions (Claeys et al., 2021; Zamora et al., 2019). However, this catalysis would not be possible if their work were not framed within a development cooperation project that contemplates the criterion of sustainability. (Biddle, 2021) This criterion would make it possible, among other things, for the girls not to experience the separation from the volunteers in a traumatic way but to experience continuity in their care (and in the “happiness” feeling) provided by the volunteers. This aim would take place through a non-presential link (thanks to traditional correspondence and occasional virtual meeting platforms - as in the case of this project) and, on the other hand, a systematized care handover between other international volunteers who take over from those who previously interacted with the girls, and who are part of the same cooperation macro-project, coordinated by the same humanitarian aid institutions.

Regarding privacy, our results showed that it was not within the girls’ expectations, being also the lowest priority for the institution. The agenda of international institutions also places the need for the safety of children in care by obliging regular inspection visits to the homes by different competent authorities (Berger & Paar, 2017).

Nevertheless, the *casita* was sometimes not safe either, as described in the results. In this regard, Berger and Paar (2017) noted how some of them lack fences and locks on the outside. Taking into account the lack of security in a more global sense, Braitstein (2015) went so far as to recommend a universal de-institutionalization, considering these unfavorable environments, also in countries such as Peru, where institutional mistreatment is also present and normalized, with difficulties in communicating the facts safely (Mazzone et al., 2019). Furthermore, the present study highlights how girls feel about assuming too many responsibilities, especially cleaning. Some studies

emphasize how the care for leisure time is necessary for the development of the girls. However, institutions often put tidiness and cleanliness first (Montreuil et al., 2018).

One of the girls' phrases that had the most significant impact on the primary investigator is "*what I have experienced is what I am*", referring to all their experiences, among which we can highlight family abuse, in addition to the capacity for acceptance and resilience. Inconsistency with McTavish et al. (2020), this mistreatment is reflected in a series of consequences, such as the lack of attachment. Bos et al. (2011) state that only 3% of the institutionalized children show fully formed attachment. The results describe the memory of screams, problems derived from alcoholism, fear of men, and even their parents, expressed with a remarkable indifference or lack of affection towards their relatives. The mistreatment received is reflected in their psychological and social development (McTavish et al., 2020). Despite this, the abused girls showed interest and affection for their companions, the volunteers, and the caregivers.

Finally, we found scarce literature on what happiness consisted of for children in these circumstances. Moulson et al. (2015) described a relationship between social deprivation and poor emotional management. However, the girls in the *casita* were capable of finding happiness in the people who look after them, with family health, visits, and the "little things."

All in all, the results can awaken the empathetic imagination of volunteers, health professionals, and aid workers and guide them to provide the best comprehensive and culturally consistent care for institutionalized girls in developing countries. Among the study limitations, two months represent a limited period for an ethnography, transcriptions began upon the researcher's return to her country of residence in September 2019, a few days after the end of data collection due to technical constraints, and the fact that both observations and interviews focused mainly on foster girls. In contrast, the perspectives of caregivers and supporters may have been left unexplored.

## **CONCLUSIONS**

In this study, an approach to understanding the care and upbringing of institutionalized girls in Arequipa, Peru, was achieved through the following considerations: The girls considered their foster care home —their *casita*— better than their home because it satisfied their needs for affection, food, and recreation; besides, they were comprehensively cared for, thanks to the company of volunteers, the support of their sisters and professional caregivers, and the security offered by the institution; despite this, they were aware that music and reading would disappear with the volunteers, remaining in the institution with minimal privacy and protection; in addition, their identity was built by their past, marked by abuse and its consequences —which they accepted—; yet, in their

*casita*, there was room for happiness, defined by the presence of the volunteers, the companions, the little things, the visits of relatives and the health of the latter. Within the framework of TN, this ethnography visualizes care that is scarcely described in the scientific literature and could be helpful for an integral understanding of the dimensions of the life of institutionalized girls in developing countries. In addition, its methodological design has been innovative, combining the use of Giger and Davidhizar's cultural assessment model with Four Seasons of Ethnography without compromising rigor and efficiency in the resolution of its proposed objectives. Finally, these results have highlighted the positive role of international volunteers with a transcultural nursing profile, who has represented a catalyst for these institutions' holistic care. This fact adds context and nuance to the globally initiated conversation about the deinstitutionalization of childcare and the role of volunteerism in international humanitarian aid.

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