



**EXPRESSIONS OF HOPE AND ASPIRATION AMONG YOUNG PEOPLE
RECEIVING REHABILITATION SERVICES IN KAMPALA, UGANDA**

**By
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DECLARATION

I, Tümel Sabancı, declare that this dissertation is my original work and has never been published and/or submitted for any academic award in any other University.

Signed:

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Date:

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APPROVAL

This dissertation has been submitted for examination with my approval as a Makerere University supervisor.

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ABSTRACT

This study explores expressions of hope and aspiration among young people receiving rehabilitation services in Kampala, Uganda. The study objectives were (i) to examine expressions of hope and aspiration among young people receiving rehabilitation services (ii) to document the social determinants of hope and aspiration among young people receiving rehabilitation services and (iii) to assess barriers to the realization of hope and aspiration among young people receiving rehabilitation services. The study was carried out in Masooli Rehabilitation Centre of Ugandan Youth Development Link (UYDEL). UYDEL is a non-profit making organization (NGO) that was founded by a group of social welfare professionals in 1993. UYDEL currently runs four main programs concerning (i) Child rights protection (child sexual abuse, child trafficking, commercial sexual exploitation, and child labour), (ii) HIV prevention among high risk groups of children and youth, (iii) alcohol and substance abuse, and (iv) adolescent sexual and reproductive health. In addition to the four major programs, UYDEL provides rehabilitation and livelihood skills training to young people and also conducts social research. This study took place with the participants from UYDEL receiving different vocational skills training. Young people in the rehabilitation centre were receiving mainly vocational trainings and learning different skills such as hair dressing, catering, construction, plumbing, electronics and mechanics. Qualitative research methods and procedures such as purposive sampling of participants, in-depth interviews with the participants, and verbatim transcription of the collected data were used during the study. In-depth interviews were, for example, conducted with the young people receiving rehabilitation services in order to explore expressions of hope and aspiration. In-depth interviews were also conducted with the key informants (social workers of the centre). Data were analysed using the method of thematic analysis. Participants were chosen between the survivors of child trafficking and former street children. The study findings indicate that young people receiving rehabilitation services expressed hope and aspiration towards a better future in various ways which were (i) seeking ownership of highly valued possessions, (ii) exhibiting positive conduct and (iii) belief in supernatural interventions. The social determinants of the expressed hope and aspiration among young people receiving rehabilitation services were (i) receiving rehabilitation services, (ii) the availability of employment opportunities, and (iii) the provision of guidance and emotional support. Young

people receiving rehabilitation services also experienced various barriers, which undermined realisation of their hope and aspiration. The major barriers according to the participants were (i) financial obstacles (ii) the risk for secondary abuse, and (iii) the familial challenges and resettlement. The study findings suggest various implications, for instance, for the Masooli Rehabilitation Centre, the Government of Uganda, and research. For example, finding ways for how to guide children to the education system who would like to continue their education is one of the implications for young people in the rehabilitation centre. This challenge can also be solved by developing more NGO links with education related NGOs in Kampala and finding donors for supporting young people's education. Also, more links can be developed by the Masooli Rehabilitation Centre with different kinds of companies in order to provide more resources for the discharged young people.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Young people are critical to any society's social and economic development. Almost half of the global population is under the age of 25 years. According to the facts and figures of United Nations World Youth Report (2005-2015), there are 1.2 billion young people in the world, and the population the young people will be about 1.8 billion by the year 2015. In addition, there are presently 200 million people who live in poverty, 130 million people who are illiterate, 88 million people who are unemployed and 10 million people who are living with HIV/AIDS in the world (UN, 2005). In the light of these facts and figures, it can be said that young people consist a big proportion of the world's population and thus, the issues that affect them deserve appropriate consideration and intervention. Young people, for example, face life challenges such as poverty and unemployment. As this is the case, as manifested in the Millennium Development Goals, young people have started to receive more international attention than previously via interventions by local and international programs concerned with their plight in areas such as education, human rights and work (UN, 2005).

According to Furlong and Cartmel (2007), young people today are growing up settings and environments in terms of education, labour market, that are significantly different from those of the older populations. As also Giddens (1991) states, social life in the modern world takes place in settings which are increasingly diverse and segmented (Giddens 1991 cited in Furlong & Carmel, 2007). Presently, young people face new risks and also opportunities. This social change is affecting young people in many ways in different countries. In particular, young people are grappling with problems such as drug abuse, sexual abuse and exploitation, crime, HIV/AIDS, poverty, loss of family and illiteracy (Kasirye,2007).

In response to the problems encountered by young people, families, governments or non-governmental organizations have intervened in various ways to improve the well-being of young people. Rehabilitation is one of the most important ways of treating and supporting young people in difficult circumstances. By rehabilitation services, people receive physical, psychological and also social support which is needed for continuing their lives. Rehabilitation has a wide scope and it has its specializations based on the specific problem.

There are rehabilitation services on drug addiction, alcohol abuse, torture, sexual abuse, juvenile delinquency, education, disabilities, street children and mental health and so on. All of these rehabilitation services have different approaches; different ways of dealing with problems, different and specialized programs related to their areas and scope, however, one thing remains the same: provide treatment and support to the people with an aim of enhancing the human capital development.

Rehabilitation services must be relevant to human beings in order to achieve their goals. This may not be an easy task in some settings. People experience severe problems, hard times and traumas, which result in problems regarding their psychological and social lives. People may for example, feel hopeless, helpless or show mistrust towards other people. People may experience many devastating situations, and harsh problems, such as deaths, violence, abuse and neglect; however, there is hope for some people. People are often not passive victims, but survivors of these past and difficult experiences (Saleebey, 2006). The concept: resilience has an important part in this perspective. As Rutter mentioned, “resilience is a process and not a trait” (2000, p.657). People have inner capabilities of healing and overcoming hard situations they face.

In the context of proposed study, expressions of hope and aspiration will be assessed among young people receiving rehabilitative services in Kampala, Uganda. Young people are the adults of future. They have dreams, hope and goals in life. I do believe that rather than focusing on only the problems in their lives, focusing on the positive and bright aspects of their personal perceptions and beliefs is important and necessary in programming for young people. For this reason, not seeing children and young people as problematic people receiving rehabilitation services, and acknowledging that they have hope and dreams is vital and should be studied.

1.2 Research Questions

1. How do young people receiving rehabilitation services in Kampala city, Uganda express hope and aspiration regarding their future?
2. What are the social determinants regarding the expressions of hope and aspiration among young people receiving rehabilitation services in Kampala city, Uganda?

3. What are the barriers to the realization of hope and aspiration among young people receiving rehabilitation services in Kampala city, Uganda?

1.3 Research Problem

Studies on hope and aspiration are not common among young people receiving rehabilitation services. Many people experiencing social adversity tend to become hopeless. Aspirations may diminish particularly for young people who face multiple barriers to success (Gutman, 2008). Social adversity includes such as juvenile delinquents, substance abuse, violent conflicts and displacements. According to Greene, poverty and violence may diminish adolescent's sense of safety, security, and hope, leaving little room for long-term aspirations and planning (as cited in Bolland, 2003). Also, young people who are receiving rehabilitation services due to the different social adversities they have face, may or may not become hopeless regarding the circumstances. Rehabilitation services may help them to bounce back, overcome their obstacles and be more hopeful about future. The relationship between hope and rehabilitation is a reciprocal one. According to Synder (2006), setting goals has a great importance in rehabilitation services and it is important to raise the level of hope for the service users since it is useful for the clients. Hope is something which can be taught and cultivated; therefore it is useful as a therapeutic tool. Moreover, receiving rehabilitation services may help people to have hope, dreams and goals towards a better future also considering the better material aspects of the rehabilitation centres.

Studies are focusing on the reasons or causes of problem of or negative consequences of circumstances such as juvenile delinquency and drug abuse. However, more emphasis should be on manifestations of hope and aspiration of young people and see what motivates them towards social development. Learning about people's dreams, is one step further towards helping them to accomplish their dreams. Therefore, instead of focusing mainly on the problems, using strengths perspective, this study aimed at examining expressions of hope and aspiration among young people receiving rehabilitation services in Kampala city, Uganda.

1.4 Objectives of the Study

1.4.1 General Objective

The general objective of this study is to examine the expressions of hope and aspiration among young people receiving rehabilitation services in Kampala, Uganda.

1.4.2 Specific Objectives

The specific objectives of the study are:

1. To examine expressions of hope and aspiration among young people receiving rehabilitation services
2. To document the social determinants of hope and aspiration among young people receiving rehabilitation services
3. To assess barriers to the realization of hope and aspiration among young people receiving rehabilitation services.

1.5 Significance of the study

This study will contribute the literature on hope and aspiration, empowerment, resilience and strengths perspective in social work studies. There will be more knowledge about young people receiving rehabilitative services, particularly on how they express hope and aspiration and their future goals as well as the changes that are needed in order for the young people to accomplish their life goals. By this study, more insights about young people, rehabilitation services, possibilities and aims towards their future can be gained and such knowledge may be useful in social work practice with the youth. Listening is an important part of social work practice. So, asking young people about their hope and aspiration, aims and dreams about their future, will provide much insightful information to their social workers. Such information can be useful for the future policy development about youth and rehabilitation services in Uganda. This means, not only providing services based on the decisions of other actors, but also using participatory approach which considers young people's voices in planning and delivering better rehabilitation services in Uganda.

1.6 Rationale

In the international definition of social work according to IFSW General Meeting and the IASSW General Assembly (2014): “ Social work is a practice-based profession and an academic

discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing.” So, according to this explanation, social change and the empowerment of people consists an important part in social works. As this is the case, focusing on young people who are the adults of tomorrow, with the strengths perspective to their hopes and aspirations, conducting a research on this issue will be contributed to social work studies and also for the enhancing the wellbeing of people.

1.7 Theoretical Framework

This study adopted the strengths perspective as its theoretical framework. The strengths perspective mainly focuses on the power in people and tries to find out the strengths in every unique person. The formula of strengths perspective is mainly about mobilizing client’s strengths (resources, capacities, talents etc.) with an aim of helping them to achieve their goals and to have a better quality of life (Saleebey, 2006).

To begin with, it is worth noting that the strengths perspective is a new paradigm and a clear departure from the traditional social work paradigm, which focuses on problems among social work clients. The problem-oriented approach focuses on problems, victimization among clients and puts emphasis on negative factors rather than focusing on solutions, power and capabilities among clients. The strengths perspective does not ignore existence of problems, but it suggests looking for capabilities and resources of people, which can help them to recover. There is a belief in people, the power in them to heal and for resilience. There are certain philosophies, lexicons and principles in this approach. The philosophy of the strengths perspective espouses hope and possibilities. People may experience many devastating situations such as deaths, violence, abuse and neglect; however, there is hope for many survivors of hardships. Focusing only the problem and talking about it over and over, often makes the client much more devastated. Rather, what social worker can focus is the ability of clients to survive, and exhibition of resilience and hope for better life. Believing this, suggests that clients become not passive victims, but survivors of these past and difficult experiences. Additionally, lexicon is highly important for this perspective. Words have power. They can

change how people see the world, a problem or a person. They can thus be devastative or inspiring. That is why there was a need of new lexicon, adopting a new dictionary of hope for the strengths perspective. Because traditional social work used the language of pathology and disease, clients were labelled with their problems or deficits. In order to avoid labelling clients, new words are adopted in this new perspective and called the lexicon of strengths (Salebeey, 2006). This lexicon includes 3 (three) basic parts which are C, P, R and they work as angles of a triangle. Letter C represents competence, capacities, courage; letter P represents promise, possibility, and positive expectations and letter R represents resilience, reserves, and resources. All these words need to be considered by a social worker when helping clients. Other important concepts suggested by the strengths perspective are empowerment and resilience. To begin with, social work practitioners should empower their clients. For this reason, there is a need for a collaborative work between the social worker and the client. Furthermore, the social worker should focus on people and their environment while working together with the client in order to find and use relevant resources. That is why membership and community have a crucial importance in the strength perspective. Moreover, membership prevents people from feeling isolated, marginalized and makes them feel as a part of community/group. The sense of belonging is what makes people to feel secure in their respective communities. Therefore, mobilizing clients with their environments and memberships is crucial for social work practice. The concept of resilience also has an important role in the strengths perspective. It can be said that resilience implies that people are cope with and effectively manage stress. Resilience is a process which is shaped by the experience of specific events in people's lives (Rutter, 2000). People have inner capabilities of healing and overcoming hard situations they face. Resilience is consistent with the concepts such as healing and wholeness which are developed in the strengths perspective. People have the capacity to heal especially when they believe so. Individuals themselves along with the support provided by their social environments can create the resilience and healing process. As a general argument, people can become social beings only through establishing meaningful relationships with others. Without any dialogue or collaboration with others, it would be so hard to know a client's internal world and strengths.

The strengths perspective is also related with the solution-focused approach to social work practice as both frameworks are concerned with aiding the client's social functioning rather than being concerned with the client's problems. These approaches consider that people know the best about themselves, and that they are their own experts; people thus know better than

any helpers how to overcome the troubling situations. As Berg and Kelly (2000) reported, the client should take the central stage in the problem solving process with the social workers. Some of the core concepts suggested by the solution-focussed approach are building the culture of empowerment, working in egalitarian manner with clients, seeing clients as a resource not as pathology, and establishing collaboration with the client. Similarly, the approach emphasises that social workers put clients at the centre of any helping activity, empower clients, and open ways for solutions as well as develop new goals for future changes among clients. Asking a miracle question is a key example of the solution-focused t is new paradigm. Social worker asks to the client about what can/will happen or what will be social work practice. The miracle question allows clients to discover power within them and helps them to conceptualize how they want to live their lives (De Jong, 1995). Finally, the main aim of adopting the solutions-focussed approach is to work together with the clients, empower them in the way of searching new hopes/solutions by asking the right questions at the right time in a right manner.

Because the present study focussed on expressions of hope and aspiration among young people who had experienced significant hardships and were receiving rehabilitation services, strengths perspective described above was appropriate because it suggests relevant and insightful concepts that were essential to assessing the experiences of the young people that were studied. In general, as implied by the strengths perspective that social workers need to believe in the human's power and ability to recover, bounce back and to overcome their obstacles, I choose to consider the experiences of the young people who were receiving rehabilitation services following their traumatic experiences, from a strengths perspective rather than a deficit based or problem-focused perspective.

1.8. Other Analytical Concepts Adopted for the Study

The following analytical concepts were also adopted for further insights regarding experiences of young people receiving rehabilitation services and how such people expressed hope and aspiration for a better future.

1.8.1 Positive Youth Development

According to the definition of the Youth Development Strategies, Inc.(2000), positive youth development is: “A process of human growth through which adolescents move from being

taken care of to taking care of themselves and others an approach where policy, funding, and programming are directed at providing supports to young people as they build their capacities and strengths to meet their personal and social needs; and a set of practices that adults use to provide youth with the types of relationships and experiences needed to fuel healthy development”. Positive Youth Development aims to promote a healthy development to the all young people, not only those considered a risk. The focus is promoting emotional, social, and mental well-being of young people.

Roth and Brooks-Gunn (2003) cited in Barton and Mackin (2012) reported that positive youth development is categorized by three main elements. These elements are: (a) goals that include promoting competence building and positive connections with adults, peers, and community institutions, (b) a supportive and empowering environment that includes high expectations for positive behaviour; and (c) activities that include opportunities to build skills, real and challenging experiences, and exposure to new social and cultural influences.

Basically, there are two different approaches in designing the youth services. These are “deficit-based” and “positive youth development” approaches (Shek et al., 2007) as cited in Mohammad et al. (2014). The deficit-based approach mainly focuses on fixing the problem of the young person by medical personnel and clinical social workers. However, positive youth development can be seen as an effort to improve and empower the abilities and positive potential of the youth. Positive youth development has its roots from the strengths perspective to social work practice and mainly concerns building capacities, strengths and interests by engaging youth in productive activities (Damon, 2004). Positive youth development has consists of 15 analytical constructs which are bonding, social competence, emotional competence, cognitive competence, behavioural competency, moral competency, self-efficacy, pro-social norms, resilience, self-determination, spirituality, clear and positive identity, beliefs in the future, pro- social involvement and recognition of positive behaviour. As Lerner (2005) reported, positive youth development implies that young people no longer be defined as broken, in need of psychosocial repair, or as problems to be managed (Roth, Brookes-Gunn, Murray & Foster, 1998); rather, all youth should according to youth development be seen as resources to be developed fully. The positive youth development approach states that every child has talents, strengths and capabilities that can offer a positive future (Damon, 2004).

1.8.2 Resilience

The online Oxford dictionary describes resilience as ‘the ability of a substance or object to spring back into shape’ or ‘the capacity to recover quickly from difficulties; toughness.’ However, there is no one single explanation about resilience. There are both psychological and behavioural elements in resilience. The psychological component of resilience helps people to keep their mental health during the times of adversity. The behavioural part of resilience helps the individual to maintain the effectiveness at work and/or home and to keep them to stay focused on their daily tasks and goals. Moreover, resilience is a multidimensional construct. Charney (2007) as cited in Robertson (2003) identify six key attitudinal and behavioural factors that can help maintain well-being during stress: positive attitude (optimism and sense of humour), active coping, cognitive flexibility, moral compass, physical exercise and social support and role models (Robertson, 2003).

In addition to the first interpretations of resilience research, such as Rutter (1987)’s studies about resilience as a result of individual traits, another perspective has been added to the theory by Ungar and other scholars (2012) too, which is the ecological understanding of resilience. According to the latter’s theory, environment counts more than it was previously thought and sometimes more than the individual’s capacity. The social ecological perspective of resilience focuses more on social and physical environment as an orbit of resources. This theory does not, however, underestimate the importance of personal traits, suggests that resilience be understood in a more complex and multidimensional way in relation with individual’s social and physical ecology. People’s changing the environments can increase the long-term positive development of the children who are at risk. Within this perspective, the importance of rehabilitative services may significantly and positively change the lives of the young people who experienced serious social problems such as drug abuse and prostitution (Ungar, 2012)

1.8.3 Rehabilitation Services

According to Wilmot (1961), rehabilitation means returning “independently functioning” individuals to the mainstream society. This means that, adjusting an individual to participate in the social institutions the society.

The history of rehabilitation is comparatively short and related to the armed conflicts which produced a quite a lot of number of disabled young men. Rehabilitation services gained

importance after World War 1. However, the most important improvements in rehabilitation happened after World War 2. The focus on rehabilitation was broadened and started to include psychological support programs (Frank et al, 1990).

The term rehabilitation is quite general and can be used in different treatment approaches and areas such as drug use, alcohol abuse, disabilities, juvenile delinquency, HIV/AIDS, mental health, trauma and torture. To give a specific example, Darbouze (2008) reported that rehabilitation is essential to juvenile delinquents and re-entry into mainstream society because being rehabilitated sets the foundation for an individual to lead a healthy lifestyle in the community once out of the juvenile justice system. The rehabilitation model is preferred to the retributive model in social work practice because the latter primarily focuses on punishment as deterrence and is thus less effective than the former in modifying people's undesirable behaviour (Bradshaw & Roseborough, 2005).

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The first step of the study process was to conduct a literature review to examine what concepts and relationships exist in the literature regarding the main objectives. The literature also informed the researcher about the process and variation in the phenomenon (Greene, 2004). In this particular study, literature review related about (i) manifestations of hope and aspiration, (ii) social determinants of hope and aspiration, (iii) barriers to realisation of hope and aspiration, and finally (iv) child trafficking in Uganda were conducted in order to get familiar with the topic and examine existing concepts.

2.2 Manifestations of Hope and Aspiration

The dictionary definition of aspiration is: “a strong desire to achieve something high or great.” (Merriam-Webster Online). However, this explanation would be so simple. What do we mean by aspiration can be complex. According to Gutman and Akerman (2008), aspiration usually means achievement of something high or great; the term addresses the future and present perspectives. Aspiration can also be defined as “ability to identify and set goals for the future, while being inspired in the present to work toward those goals” (Quaglia and Cobb, 1996). Aspiration, which is distinct from expectations, reflects what someone wants to achieve, rather than what they think they will achieve (Flouri, et al., 2014). According to Ambrose (2003), aspirations are strong desires for achievement of ideals which have a great value for the individual. They are the manifestations of desires for accomplishments about the aspects of life such as professional expertise, autonomy, personal identity, knowledge accumulation, and family and community roles. Aspiration serves as directional ideals for long-term purposes, when it is strong enough to motivate the individual towards active pursuit of his/her goals. Aspiration makes individuals to think about the effectiveness of their capacities, to use the existing ones and to improve them towards their goals.

Traditionally, aspiration studies focus on educational and career aspirations of young people. However, aspiration is a multidimensional concept. For example, aspiration can include future desires such as having a nice home, having lots of money, having a family. Aspiration is context-specific; that is it cannot be free from the individual’s social context. People draw

their aspirations from their social spheres, possibilities and lives of others around them. As a result, the notion of high or low aspiration is subjective and contextual rather than objective and depends on the individual's characteristics and development. Aspiration also has a historical context. People grow up in particular historical, political, social periods with different social and educational policies. These circumstances also affect the nature of aspirations among people (Gutman & Akerman, 2008).

The concept hope has its roots from the ancient history. According to Aristotle (as cited in Titone et.al, 2013), there are three causes for people to feel hopeful in their lives. First, individuals are hopeful when they have skills that they feel confident such skills. Second, individuals hope that good things will happen based on the past good things had happened. Third, when people are young, they tend to look at the good side rather than the bad side of life because they have not yet witnessed many instances of wickedness. They are, for example, trusting, because they have not yet often been cheated. There is high-mindedness in thinking that one is worthy of great things, a feeling which belongs to one who is hopeful, According to Aristotle, young people expect the best from others because of various reasons, and this helps them to keep their expectations and hope high (Titone, 2013).

According to Schrank et al. (2011), hope is a primarily future orientated expectation of attaining personally valued goals which will give meaning, is subjectively considered possible and depends on personal activity or characteristics (e.g. resilience and courage) and/ or external factors (e.g. availability of resources). Hope is also essential for resilience. According to Bunstan et al. (1996), hope is an essential element in enabling the living to continue living and the dying to die with dignity (Dubree & Vogelpohlr, 1980; Engel. 1962; Frankl, 1984; Hickey, 1986; Limandri & Boyle, 1978). People who believe that they can influence their life circumstances are more likely to cope with the difficulties they face and achieve hopefulness and enhanced well-being (Schrank et al., 2011).

Expressions of hope, although quite unique to every individual, are affected by people's socio-economic, psychosocial, and personal characteristics. In their research about narratives of hope among homeless individuals, Kirst, Zerger, Wise, Harris et al. (2014), reported that hope was manifested by the categories of : goal setting, rebuilding self-esteem, finding meaning through relationship and symbolism (e.g. door key). In this particular study about narratives, people's hopes were focussed on regaining control of their lives and having a sense

of independence for the future, together with creating new relationships and reclaiming their lives in the community. Hope is also defined as a multidimensional dynamic life force that is characterized by a confident but uncertain expectation of achieving, which is realistically possible and personally significant (Rustøen et al, 2004). According to Dufault and Martocchio, hope consists of 6 different dimensions: contextual, affective, temporal, affiliative, behavioural, and cognitive.

2.3 Social Determinants of Hope and Aspiration

According to the Gutman (2008), there are certain factors which influence the aspirations of young people. These individual determinants are characteristics, abilities, cognitions and behaviour as well as gender. Also, socio-economic status, poverty, levels of social adversity, family's ambitions, and the historical and social contexts are also important determinants of hope. Regarding a multi-national country, ethnicity is also an important determinant of hope in that context.

According to Schoon and Parsons (2002), and Willitts et al., (2005), children from lower income families tend to have lower educational aspirations than their peers. Also, experiencing high levels of social adversity affects the aspiration level of young people about continuing further education. Young people from more advantaged families have a greater access to resources and opportunities. Role models, occupational knowledge and social networks are also related to the socio-economic factors and differences in socio economic background. Gender also plays an important role in the development of aspiration in different contexts. According to a research held in UK, girls have higher educational and occupational aspirations than boys (Gutman et al., 2008). Children's abilities also play an important role in the development of aspirations. Research demonstrates that perceived self-efficacy predicts the occupational and academic aspirations of children and young people (Bandura et al., 2001). The aspirations of young people are thus powerful predictors of their educational attainment. For disadvantaged young people, the fulfilment and realization of their aspirations may be more difficult than for their more advantaged peers (Armstrong & Crombie, 2000; Hanson, 1994; Trusty, 2002, as cited in Gutman, 2008). Aspirations also shaped by the individuals' perceptions of themselves and their abilities. If individuals believe in themselves that they can accomplish, they will put more effort to achieve their goals.

2.4 Barriers to Realization of Hope and Aspiration

According to Gutman and Akerman, one of the barriers to the realization of hope and aspirations is aspiration- attainment gap. People's educational and occupational aspirations can be affected by their life conditions. Aspiration-attainment gap means that there is a difference between people's aspirations and their educational or occupational attainment. This gap is likely to be experienced more by the particular groups of young people in society such as females, people from lower socio-economic status, and also ethnic minorities. So, individual's gender and/or economic status can be a barrier to realization of hopes and aspirations. In this regard, structural inequalities can inhibit the realisation of young people's hopes and aspirations. Furthermore, financial obstacles can limit people's access to the available opportunities and resources such as private education and technological means. Also, individuals can be affected by circumstances like dropping out of school due to financial problems or being parents at an early age (2008).

The perceived barriers to the realization of hope and aspiration can also be closely related to gender. According to the study by Watts et al. (2015), women reported that they were anticipating more barriers than their male peers in their occupational development. According to Ambrose (2003), the lack of aspiration can create pathological problems, since it prevents the development of capacities of a human being. People, who are without any strong aspirations tend to be stuck in current conditions, and be ignorant of other possibilities. Barriers which are forced by the socioeconomic conditions can be a reason for the lack of aspirations. Socioeconomic or familial barriers as contextual factors can suppress the development of aspirations because these contextual influences determine the individual's beliefs about the achievability of their aspirations. The socioeconomic or familial challenges can hinder or suppress the development of aspiration by preventing individuals from considering their possible personal achievements.

2.5 Social Adversity: Child Trafficking in Uganda

Child trafficking is one of the most important global problems of today's world. According to the Palermo Protocol (2000), child trafficking is the: "recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation, where exploitation includes at minimum, prostitution, other forms of sexual exploitation, forced labour, slavery or practices similar to slavery, servitude or the removal of organs". Human Rights Watch has similarly

defined child trafficking as “the recruitment, transportation, transfer, harbouring, or receipt of a child for the purposes of sexual or labour exploitation, forced labour, or slavery” (as cited in Beryer, 2004). According to the global facts and figures about child trafficking worldwide (SIMPOC 2002), it is estimated that children in unconditional worst forms of child labour stand at 8.4 million; this includes child trafficking (1.2 million); forced and bonded labour (5.7million); armed conflict as fighters (0.3million); prostitution and pornography (1.8 million); and illicit activities (0.6million). As this is the case, it can be said that trafficking is explained as a process (which involves recruitment, transportation and control) that can be organized in a variety of different ways, involve different types and degrees of compulsion and lead to a variety of very different outcomes, linked only by a common purpose, ‘exploitation’ (Anderson & O’Connell Davidson, 2003, as cited in Davidson, 2011). Most of the children are trafficked for cheap labour. They are working in homes, factories, restaurants/bars, construction and also for adoption, sexual exploitation (Beryer, 2004). Child trafficking and Child soldiering are also considered among the worst forms of child labour. According to Article 3 (a) of Convention 182, the term “the worst forms of child labour” comprises all forms of slavery or practices similar to slavery, such as the sale and trafficking of children, forced or compulsory labour, including recruitment of children for use in armed conflict” (Kasirye, 2007).

Globally, children are being trafficked from all over the world, between countries and also domestically. In this particular study, child trafficking in Uganda context has been studied and research took place with the survivors of trafficking in rehabilitation centres of Uganda, Kampala. Child Trafficking is one of the social problems in Uganda and this practice has been accelerated by the last 20 years due to the Lord’s Resistance Army existence in Northern Uganda. According to UNICEF (2006), 25.000 – 30.000 children are believed to have been abducted since 1990 in Uganda .Uganda is source, transit and also receiving country for the child trafficking. There are different purposes for this act. Mainly, commercial sex, domestic labour, commercial agriculture, fishing, mining, armed conflict, drug trafficking, and urban informal sector activities including street children are the main sectors that are children working in. Promises are made by the perpetrators to the children and their families. These are employment, shelter, education opportunities, and a better life in the city. The main factors which lead to child trafficking are HIV/AIDS, poverty, conflict and wars. Approximately, 900,000 children below the age 17 are estimated to have lost one or both parents to AIDS in Uganda. This made children more vulnerable to being trafficked by other

people. Secondly, approximately 9.8 million of people in Uganda live below poverty line. Because of the poverty, many parents are sending their children to the urban areas from rural areas in order to work in domestic services and to earn money. Finally, conflicts and wars in Uganda played a role in child trafficking. Children were abducted and forced to be child soldiers in the combat. They were used as combatants, sex slaves or helpers of commanders. There are many areas where children have been abducted in Uganda; these areas include Busia in eastern Uganda at the border with Kenya, Pader district located in the middle of the armed conflict area in Northern Uganda, Kalangala district, districts of Masaka, Rakai and Mbarara for sexual purpose, fishing and servitude. Masaka district in particular, has history of supplying other districts, particularly Kampala and Kalangala with children commercial sex exploitation of children and domestic work (Kasirye, 2007).

2.6 Conclusion

Literature review related to the (i) manifestations of hope and aspiration, (ii) social determinants of the hope and aspiration, (iii) barriers to realization of hope and aspiration and finally the literature review related to the (iv) concept of child trafficking and the facts and figures about child trafficking in Uganda has been explained respectively. The main objective of providing information about this particular topic of child trafficking was to inform the readers about the concerned topic and give relative information about the participants of the study. This is because, the participants of the study have been chosen among the young people who are the survivors of the child trafficking and currently receiving rehabilitation services in Kampala. Child trafficking is explained as a part of social adversity among the young people in Uganda.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the key methodological methods and procedures that guided the study. These are the (i) research design, (ii) study area/context, (iii) selection of participants, (iv) data collection methods, (v) data analysis, (vi) ethical considerations, (vii) limitations of the study. I consider in detail each of these aspects of methodology below.

3.2 Study Area/ Context

The study was conducted among young people as the primary respondents and key informants selected from the Uganda Youth Development Link (UYDEL), which is located in Kampala, the capital city of Uganda. UYDEL is a non-profit making non-Governmental organization (NGO) that was founded by a group of social welfare professionals in 1993. UYDEL's core programs focus on the following: (i) HIV/AIDS prevention, care and support, (ii) alcohol, drug and substance abuse prevention, (iii) child protection, including prevention and rehabilitation of children engaged in worst forms of child labour, (iv) adolescent sexual and reproductive health, and (v) prevention of commercial sexual exploitation of children in the districts of Kampala, Wakiso, and Mukono. UYDEL's clientele includes mainly children who are (i) infected and/or affected by HIV/AIDS, (ii) who live on streets, (iii) in contact with the law, (iv) engaged in the worst forms of child labour (commercial sex exploitation, illicit activities, paid domestic work, and work that interferes with school attendance), (v) out of school, (vi) child mothers, (vi) in poverty stricken (impoverished) households, and (vii) victims of trafficking for labour and sexual exploitation, (UYDEL, 2014). There are 5 drop in centres and outreach posts located in Kampala city; one more drop-in centre is located in Kitega, Mukono District and another rehabilitation transit centre at Masooli in Wakiso District. This study was conducted in the rehabilitation transit centre at Masooli, Wakiso District. In addition to the four major programs, UYDEL provides rehabilitation and livelihood skills training to young people and also conducts social research. This study took place with the young people who were training in various vocational skills, such as hair dressing, catering, construction, plumbing, electric and electronic mechanics.

3.3 Research Design

I adopted a descriptive case study design, which is concerned with and designed to describe the existing distribution of variables, without regard to testing causal relationships or other hypotheses (Grimes & Schulz, 2002). A Case study research design was chosen because it helps researchers to gain an understanding of a complex issue and can add more insights/information to what is already known through previous research. A case study research emphasizes detailed contextual analysis of a limited number of cases or conditions and their relationships (Dooley, 2002).

3.4. Selection of Participants

Participants were selected from the young people who were receiving rehabilitation services at UYDEL. A total of 10 young people aged between 14 years to 21 years were selected for the study; among these, 5 were female and the other 5 were male. Another criterion, apart from the age, of the selection of participants was related to the social adversity: child trafficking. As mentioned before, participants who were the survivors of the trafficking and were former street children were selected purposefully for this study. Additionally, two social workers were selected as key informant. A common non-random sampling technique known as, purposive sampling was used in the selection of participants. According to Morce (2007), purposive sampling is selecting participants deliberately with particular characteristics, according to the needs of the developing analysis and emerging theory. Because of the fact that there was a high diversity of young people in the rehabilitation centre, purposive sampling technique was used because it allowed selected of participants who met the selection criteria. Participants were selected until a saturation point was reached.

3.5 Data Collection Methods

Two main methods, namely, in-depth interviewing and key informant interviews were used during data collection from the participants. In-depth interviewing is a qualitative data collection method that involves conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular idea, program, or situation (Boyce & Neale, 2006). In-depth interviewing was the appropriate method in used investigating the young people's personal hopes and aspirations, the things that they wanted to accomplish in order to reach their goals and obstacles they perceived and what they wished could be done in order to remove obstacles to the realisation of hope and aspiration. Key

informant interviews were also conducted with the youth workers at the UYDEL rehabilitation centre in order to learn more about the young people's aims and aspirations during their rehabilitation process. Interview guides were used to collect the relevant data from the participants and key informants (for further information, see Appendix A). Consent forms and assent forms were read and signed by all participants (for further information, see appendix B). All the interviews were audio-recorded and subsequently transcribed verbatim. These interviews were conducted at the rehabilitation centre of UYDEL which is located in Masooli, Wakiso district, Uganda and ranged from 45 minutes to 1 hour and 20 minutes.

3.6 Data Analysis

The data were analysed using the method of thematic analysis (Braun & Clark, 2006). The main objective of thematic analysis according to Reissmann (2008) is to excavate ways of working with the narrative data where primary attention is on "what is said". According to Braun and Clark (2006), thematic analysis is a method for identifying, analysing and reporting patterns (themes) within data. Inductive way of thematic analysis was used while analysing the data. This type of analysis consists of coding the available data without trying to fix it to an existing coding frame (Braun & Clark, 2006). Throughout the analysis, transcripts coded and divided into subthemes, then developed in more abstract level of themes. After listening to audio records and writing verbatim transcripts, I read the documented transcripts and tried to familiarize with the existing data. I listened to the audio records again repeatedly in order to identify the key issues that appeared to be shared among various participants. I also got familiar with the existing literature to identify the concepts and emerging issues. I coded my data manually, arranged different sections of data with emerging concepts and themes.

3.7 Ethical Considerations

Ethical conduct was adhered to by the means of the following: (i) seeking informed consent, (ii) ensuring voluntary participation, (iii) ensuring confidentiality of the collected data and privacy of participants, and (iv) ensuring that there was no harm to participants. Informed consent and assent were sought from each of the eligible individuals and informed consent and assent forms were subsequently signed after fully explaining the study. Potential participants were informed that participation was voluntary. Similarly, confidentiality of the collected information and privacy of the participants were ensured. Interviews were conducted based on the one-to-one interactions with the participants and the researcher.

Audio-recorded interviews were subsequently listened to and transcribed verbatim by the researcher. It was further ensured that no harm occurred to the participants. No further inquiries were made if respondent did not want to continue with the interview. A quiet office room was used in order to provide a conducive environment to the participants. A soft drink was provided to each interviewed participant as refreshment during the course of the interview.

All the collected data were handled with maximum confidentiality and is being kept in such a way that no unauthorized person can view or access it. Participants' identities were kept as anonymous as possible and their names were not included on the interview transcripts. In situation where use of a name was required during use of the information gathered, pseudonyms served the purpose. All the information provided will be used exclusively for academic purposes and will be destroyed after it has served the intended purpose. Participants did not incur costs on travel because the interviews/discussions were held at the rehabilitation centre.

As a researcher coming from a different cultural and socio-economic background, I am well aware that I have different values and framework in my mind which may affect the interpretation of the collected data. Every individual socialise differently and has a socially constructed knowledge about his/her surroundings. However, I have tried to display the experiences, thoughts and values of the research participants during my study.

3.8 Limitations of Study

The study was limited by the language problem because young people were coming from different districts of Uganda. One half of the young people who were interviewed were not very fluent in the English Language and preferred to be interviewed in their local languages, which the researcher did not speak. This problem was solved by the help of translator during the interviews. Because the topic is related with personal hopes and aspirations, trust relationship were established with the respondents in order to be able to achieve a broad and in-depth understanding of personal experiences among the young people who were interviewed.

CHAPTER FOUR

PRESENTATION AND DISCUSSION OF FINDINGS

4.1 Introduction

In this chapter I present and discuss the study findings based on three themes that emerged from the data. These themes are (a) expressions of hope and aspiration, (b) social determinants of hope and aspiration and (c) barriers to hope and aspiration perceived by the participants. This chapter starts with the socio-demographic characteristics of young people that participated in the study.

4.2 Socio-demographic characteristics of young people

The socio-demographic characteristics are represented by gender, age, highest level of education, hometown/district, former occupation and religious affiliation of the young people below:

	Gender	Age	Highest level of Education	Hometown /District	Former occupation	Religious Affiliation
#1	Female	17	P4	Mbarara	Street Worker	Christian
#2	Male	21	S4	Kawanda	Homeless/ Street Children	Christian
#3	Female	17	S4	Masindi	Housemaid	Christian
#4	Female	17	S2	Masaka	Casual Labourer	Christian
#5	Male	16	P7	Mpigi	Casual Labourer	Muslim
#6	Female	21	S4	Mityana	Housemaid	Christian
#7	Female	15	P7	Gayaza	Housemaid	Christian
#8	Male	14	P6	Fortportal	Street Worker	Christian
#9	Male	15	P5	Kawempe	Street Worker	Muslim
#10	Male	15	P4	Bugiri	Street Worker	Christian

According to the data, of the total 10 young people, who were included in the study, 5 were female and the other 5 were male. The age of the 10 young people who were the primary study participants ranged from 14 to 21. All of the young people were semi-literate and had varying levels of formal education they attained. The lowest level of formal education attended by the participants was P4 while the highest level of education attained by the participants was S4. Some of participants managed to succeed until the level of secondary school, although the majority dropped out of school at the primary school level. The biggest reason for dropping out from the school was the lack of school fees. In addition, Seven out of ten participants' religious affiliation was Christianity. The other three were believers of Islam. The results presented above indicate that most of the female participants previously worked as maids and doing house work such as cleaning, taking care of the younger children, and cooking away from their homes. In contrast, most of the male participants were previously worked and lived on the streets. All of the male participants who were formerly street people previously earned a living by collecting and selling plastic bottles and soda papers in the urban areas. Some of these young people also previously worked as casual labourers in the urban markets where they sold food stuffs and other commodities. The data presented above also indicate that many of the young people who were interviewed came from different districts of Uganda. Some of them come to town voluntarily with a hope of better life and work conditions. However, many of them were brought to town by adults and their peers. The most striking reason for them to come into a city setting was poverty in their respective homes and communities and being neglected by their parents.

4.3 Expressions of Hope and Aspirations among Young People

Three subthemes regarding expressions of hope and aspiration emerged from the data. These subthemes are: (a) Seeking ownership of highly valued possessions (b) showing positive conduct and (c) exhibiting a belief in supernatural intervention. Below, I consider each of these subthemes in detail.

4.3.1 Seeking Ownership of Highly Valued Possessions

Participants reported that seeking ownership of highly valued possessions was one way of expressing hope and aspiration by the young people. These highly valued possessions included (a) getting salaried job, (b) earning much money, and (c) owning a workshop.

For example, Jane a 17 year old female stated:

I want to be a lawyer. That is my dream and goal which I am fighting for, because I feel that within myself. I can help those who are hopeless. So, I can be their voice; Yes. Sometimes when I look at my personal life, my mum is judging me and she neglected me. I do not know whether she was tired of me. I do not think it is the right thing to do. No, I do not want that; I want to be a lawyer to fight for them (voiceless people).

Similarly, Mary a 16 year old female reported:

Now I am studying hair dressing. If I learn how to make things, I can start my own business and start getting my own money. What is in my plans in 5 years is to have my money, not my husband. I want to have my own hair salon. I want to be a hairdresser. I do not want to be poor; I want to be merciful to others. When you see young kids, you help them, and you take care of them. So, I want to take care of other people who are poor and need care.

These quotations suggest that these participants highly valued being self-employed and being independent. Job ownership and working for disadvantaged people were also highly valued according to above participants. Moreover, participants viewed other people such as children as similarly vulnerable as the young people receiving rehabilitation services. As in the first quotation, Jane mentioned that her ambitions included being advocate for the voiceless and marginalized people such as herself. Similarly, Mary emphasised the importance of helping people who were in need of money and care. Due to the fact that their experiences were similar to those of the people they wanted to help, which suggests a kind of a wishful thinking towards the future was common among the participants. The quotations also indicate that self – care was highly valued by both participants. Self-care was related with being self-employed and independent as well as being strong enough to be able to fight for their lives and the lives of other people.

In addition, participants reported working in their communities of origin in the future to be especially important for the young people who were receiving rehabilitation services. For example, Martin a 14 year old boy stated:

I want to start working in my hometown. So, I can help my mother. I want to be a mechanic because I can earn a lot of money. For example, there is a

man in my town who is a mechanic. He was so hard working, now he has his own shop. So, if I work hard I can benefit. I want to have a very big shop in my home village. Also, I want to have cows, cattle and to make profit out of them.

This quotation implies that Martin has a strong attachments regarding working and living in his hometown and he wants to create local employment as well as to contribute to the socio-economic development of the village. Being helpful to family members is another important issue suggested by this quotation. Modelling is similarly very important for this participant. He has a role model and modelling shows self-agency and resilience in action. Similarly, being self- employed and earning money were important for Martin.

According to Quaglia and Cobb (1996), aspiration in general can be identified as one's "ability to identify and set goals for the future, while being inspired in the present to work toward those goals". From the presented data, it can be noted that that young people have mentioned different kinds of aspirations towards future. According to Gutman and Akerman (2008), youth were being inspired from the present to work towards their goals and dreams for their future. They would like to achieve things like having a salaried job, earning much money and owning a workshop. They were able to identify their goals and work towards their goals. Also, according to Prince Trust (2004) in United Kingdom, having an interesting job, a nice home, and making much money were three important components of the aims and aspirations of the young people aged 14 to 25. So, it can be suggested that these three elements of aims and aspirations are also applicable to the young people who were receiving rehabilitation services in Masooli, Kampala city in Uganda.

Moreover, resilience in action can be seen from the presented data. According to Luthnas (2002: 702), resilience is "the developable capacity to rebound or bounce back from adversity, conflict, and failure or even positive events, progress, and increased responsibility". Young people from the rehabilitation centre had been in difficult and adverse situations before entering the centre. In the centre, not only they were receiving various trainings, they also developed more resilience and hope towards future. Aiming for being a lawyer, a mechanic, to be available to help other people, were for example, signs of hope and resilience and a manifestation that they were developing capacity to rebound from the adversities and problems they had experienced. Also, according to Youssef and Luthans (2007) resilience is

not only about recovery, but also proactive learning through conquering life challenges. These young people have many challenges and they are in the phase of recovery from what they have been through, but also they are learning how to fight against the challenges in their lives for future and developing resilience and learning.

4.3.2 Exhibiting Positive Conduct

Participants reported that exhibiting positive conduct was another way of expressing hope and aspiration by young people who were receiving rehabilitation services. In this regard, exhibition of positive conduct concerned (a) the importance of being successful, (b) the importance of being a well-behaved person and (c) the role of self- agency. For example, Kathy a 15 year old female reported:

I want to work in a saloon. I want to be self-employed. I want to be successful. Also getting money to help my parents, money for my school fees...Because my parents do not have enough money for school fees for my siblings. So I can support them.

Mark, a 15 year old male similarly stated:

I want to go back to school so that I can realize my dream of being an engineer. I want to be a successful electronic engineer because there is a lot of money in that job. I want a lot of money because I want to build a house for my parents. I know that I have to be focused on my studies here. I am also praying to God. I work hard and I know that if I behave well people will help me to find a job.

These quotations indicate that being successful meant having, for example, a job and being self-employed. Also being capable of taking care of family members was a sign of being successful in life according. The importance of getting higher education was also emphasized by Mark and acquiring practical education was considered as a means to being successful. In addition, being financially supportive to family members was also highly regarded by the participants.

In addition, Dean, the 28 year old social worker also commented on exhibition of positive conducts among young people receiving rehabilitation services as a way of expressing hope and aspiration as follows:

All of our clients want to be successful. None of them wants to be a failure. That is why you see they are learning vocational skills as a basic way of earning money; good money. There are other quick ways of earning money such as prostitution and selling drugs but these are not safe means and it is also not good money.

As this quotation shows, the ambitions of young people were evident in career choices they made. All of them want to be successful and to be self-employed. These young people tended to prefer culturally acceptable ways of earning money to ways of earning money which were culturally despised.

Furthermore, the participants reported that young people attempted to change their conduct so as to be better persons. For example, Maria, a 17 year old female stated:

I am a tough lady; I am very tough. If something goes on which I do not like, I can just give you that bad look which means “please leave”. But I do not want to be that tough to people. That is what I want to change in myself. I just want to be calm. If I behave in a cool way, I will be successful and people around me will give me a hand to reach my dreams.

Similarly, Justin, a 16 year old male stated:

I want to be a person who is admired. I want to be a business man because I do not want to be the person I was in the past. I am happy with the change here. I want to shift from poverty to prosperity. I want also to change the behaviour and discipline of other people as there some people who do not want to listen; they just want to fight others.

As this quotation illustrates, participants emphasized the importance changing personal and other people’s conduct to promote personal and social wellbeing. Behavioural change was regarded as a key to being a successful person in the future. These participants were aware of the necessity of change, and they had an ideal world in their minds which guided them in

modifying personal and other people's behaviour. The importance of change in behaviour was strongly desired by the young people receiving rehabilitation services.

Additionally, Kathrine, a 17 year old female stated:

You cannot just wake up and be successful in one day. You need advice and support from some people. You need to obey; you need to have discipline and patience. If you do not have patience, you cannot be successful.

John, a 21 year old male also commented on the need for change in personal conduct as follows:

I have to pray; I have to obey everybody, but most importantly, I have to improve myself for what I need to do. What do I need to do? I need just to work hard so that I can get a job. What I need to do is to be patient and to work hard so that I overcome these problems.

The quotation above suggests that Kathrine and John believed that the young people receiving rehabilitation services needed to be obedient to succeed in life. Patience for success was a must according to the participants. Working hard and having a control over oneself was also regarded as important aspect of success. Young people were well aware of the importance of human agency as a main driver and a manifestation of success.

According to the hope theory by Snyder (2002), agency thinking is important in all goal-directed thoughts. Agency thought is the perceived capacity to use one's pathways to reach the desired goals. People motivate themselves using phrases like "I can do it" or "nothing can stop me". This agency thought becomes more important when people encounter barriers to realization of their goals. During such problems, this agency thinking helps people to motivate themselves to find the best way to achieve their goals (Synder, 2002). So, it can be said that young people in the rehabilitation centre had high levels of the sense of human agency that manifested in their expressed hope and aspiration. They believed that they personally responsible for their successes and they had a mind-set of pathways to their desired success. The young people receiving rehabilitation services were according motivated and inspired in their endeavours towards living brighter futures.

Although young people receiving rehabilitation services manifested hope and aspirations in unique ways, some similarities in the ways they expressed hope and aspiration can be found in previous studies. One of the studies suggested that, manifestation of hope can be regarded as key self-management strategy of goal setting, rebuilding self-esteem and rebuilding relationships (Schrunk, 2002). It can thus be said that young people were using these self-management strategies such as goal setting in order to become successful in their jobs and in their lives in general in the future. Also, it can be said that young people in rehabilitation centre were willing to re-build their self-esteem through agency thinking and exhibiting positive conduct within their surroundings. They also desired to have an optimal control over their lives and to experience a sense of independence following the period of rehabilitation, to facilitate the achievement of acceptance, the rebuilding of relationships and reclaiming their lives in their local communities (Kirst et al., 2014).

4.3.3 Belief in supernatural interventions

Participants reported that the belief in supernatural intervention was another way of expressing hope and aspiration among young people. Both Christian and Muslim participants receiving rehabilitation services mentioned that they believed in God and religion, and emphasised the importance of having faith in order to achieve their goals and to have a better future. For example, Stanley, a 14 year old male stated that:

I can achieve my goals by praying to God, having faith and being a hardworking person. After I get a job, I can provide money for myself and my mum and I can take care of her.

Similarly, Sabrina, a 15 year old female states that:

The training I am getting from the Centre and the religion I believe in make me feel hopeful. I can achieve my goals by trusting in god, having faith, and by being strong. I believe I can do that. I also show respect to elders and those people who know most about my area of work.

As it can be seen from the above quotations, Sabrina and Stanley showed that their belief in supernatural interventions was centrally and positively influencing their lives for a better future. Both of them believed that practising religion such as praying created a great value in their lives and made them hopeful about their futures. Besides, the importance of human agency, the need for an external and supernatural intervention was also a part of their success

and being manifested as a part of their hopes and aspirations towards a better future. They strongly believed in themselves but also other powerful sources, namely, God and religion. Praying had a role of creating an inner peace and inner power which made them to believe that things would sort themselves out. They also believed that they could achieve, they knew their responsibilities but also there was a role of supernatural forces, which made them motivated towards a better future.

Optimism, hope, and religion have all been previously identified as traits which promote resiliency (Chang, 2003; Luthar, Cicchetti, & Becker, 2000; Scheier & Carver, 1992; Smith, McCullough, & Poll, 2003) as cited in Powell (2006). Religion is one of the powerful systems that exist in whole world. There are various explanations about how religious systems can be so powerful. However, what really matters is how the beliefs in those systems affect people's behaviours and values. Each of the symbolic systems create set of rules for social interactions and decision making. Considering this, religious systems predict that young people should make more positive decisions and engage in more effective social interactions. According to Powell (2006), a belief in supernatural interventions constitutes the core of resilience. According to Alcorta (2006), the belief in religion or supernatural intervention is one of the factors which facilitates effective coping with life stressors and helps to promote mental well-being (Brown 2000; Hummer et al. 1999; Koenig 1998; Levin 1994, 1996; Markstrom 1999; Matthews et al. 1998) as cited in Alcorta (2006). Donahue and Benson suggested that the belief in religion was positively related with pro - social behaviour and values (Alcorta, 2006). According to this view, people who believed in supernatural interventions also had higher degrees of hopes and resiliency. Jankowski and Sandage (2011) also reported that people who had a belief in God were more hopeful and forgiving than those who were not believers in God. According to Cooper et al. (2009), religious activities helped people to increase hope and decrease the stress during times of struggle (as cited in Houser & Welch, 2013). It can similarly be seen from the quotations of the young people that they had a belief that believing in supernatural interventions could make things and their lives better in the future.

4.4 Social Determinants of Hope and Aspiration

Three subthemes regarding the social determinants of hope and aspiration among young people receiving rehabilitation services emerged from the data. These subthemes are: (a)

receiving rehabilitation services (b) availability of employment opportunities and (c) guidance and emotional support. Below, I consider each of these subthemes in detail.

4.4.1 Receiving Rehabilitation Services

Participants reported that the services provided by UYDEL and the availability of opportunities related to being self-employed and earning money were a key determinants of hope and aspiration among young people. The availability of services comprised vocational skills training, life skills training, sexual health training and other activities such as drama, sports and recreation. For example, Ryan, a 14 year old male commented on the availability of services at the Masooli rehabilitation centre as follows:

Getting trained here makes me hopeful about my future. I am studying about mechanics. I get to know how to operate the engine of motorbikes so that when I go out in the field I can start looking for a job and I can develop myself.

Similarly, Jane a 17 year old female stated:

The course I am taking here makes me hopeful about my future. It is a catering course. When I look at it, it has a way through for what I want. And also the people I am with make me hopeful. They show me that there is something very good for me. If I behave in a cool way, and I will be successful and realise my dreams.

As these quotations indicate, Ryan and Jane highly valued the vocational trainings that they were receiving at the Masooli rehabilitation centre. Vocational training appeared to open opportunities that made these participant's futures seem promising. The training particularly provided them orientations in fields that they were keenly interested and a belief that they would subsequently obtain salaried jobs. Having a salaried job and a workplace according to these participants manifested hope and aspiration and the wish for being successful as determined by the vocational skills training they received was considerably strong.

4.4.2 The Availability of Employment Opportunities

Participants reported that the availability of employment opportunities was one of the factors that made young people receiving rehabilitation services hopeful. They accordingly believed that the young people receiving rehabilitation services could find employment because of the trainings they received at the Masooli Rehabilitation Centre. For example, Ryan a 14 year old male stated:

Getting the trainings here is an opportunity for me. After this, I want to look for a job of being a mechanic so that I can be in that job and do it very well. There is a man in my town that has a workshop and he is earning good money. I have an opportunity of being a mechanic and benefiting from it. If I behave well with the people I am with, there is an opportunity for me to get a job and to reach these things I want.

Moreover, Laura a 17 year old female commented on the possibility of getting employment in the future as a determinant for the hope and aspiration among the young people receiving rehabilitation services. She stated:

We have good teachers at the centre who are teaching me. I am learning what I did not know before, and also to release what I have in my hand; to share with others. When I go outside I will be brave. They are helping me to move on. Opportunities here are available.

According to Ryan and Laura, the rehabilitation centre as a whole offered a great opportunity for them in a sense that they were able to acquire relevant education learn about life in general and receive help from other people. In particular, Ryan and Laura perceived the Masooli rehabilitation centre as a place of opportunity to the extent that they were receiving vocational skills training and emotional support from the social workers. The trainings were perceived by Ryan and Laura a necessary tool for acquiring salaried employment which would in turn lead to the meeting of their personal and social needs.

4.4.3 The Provision of Guidance and Emotional Support

Participants reported that young people receiving rehabilitation services viewed the guidance they received from the social workers and other significant people such as religious leaders, teachers, other employees at the Masooli rehabilitation as well as family members as their

sources of hope and aspiration. Participants particularly reported that the guidance they the young people receiving rehabilitation services demonstrated a sense of care and concern by their significant others. Besides the above, the participants viewed role modelling as available and an opportunity for the young people receiving rehabilitation services to modify their conduct. Therefore, the perceived availability of care and support was one of the most important determinants of hope and aspiration among the young people. On the positive influence by significant others on the expression of hope and young people receiving rehabilitation services, Laura a 17 year old female, for example, stated:

My mom is inspiring me because she is a brave person. No matter what, she is always fighting. Also, our director inspires me. He comes and he encourages us; he speaks with us about our future plans and how we have to be in the future. Also our nurse is inspiring me by her character. She is always teaching us and talking to girls about how we have to behave.

Furthermore, Martin, a 14 year old male commented on the role of significant others in making young people receiving rehabilitation services hopeful as follows:

Madam Kathy (a social worker) is inspiring me. Because when we came here, we did not have anything; no clothing; actually nothing. Madam Kathy gave us necessities like clothing, soap and everything that we now have. That's an inspiration for me. She also took good care of us by giving us shelter and food.

These quotations suggest that, Laura and Martin valued highly their significant others who often guided them and meet their urgent needs such as shelter and food. These significant others such as social workers, mothers played different but complementary roles and also facilitated realisation of varied meanings in their lives. The significant others were especially important for the young people receiving rehabilitation services because they give timely care and support to these young people. Participants felt valued because they were receiving basic things which were important for their livelihood. Ranging from a family member to the employees of the Masooli rehabilitation centre, it can be said that the importance of positive conduct and social modelling was an important contributor to the development of hope and aspiration among the young people receiving rehabilitation services. They perceived these role models as capable of providing the highly valued help, care and support. Because these

young people were generally lacked parental love and care at that time, the availability of willing substitutes was a very important factor for them.

Furthermore, participants mentioned the importance of guidance on the future plans as another determinant of hope and aspiration among the young people receiving rehabilitation services. Receiving guidance about future plans, knowing how to behave and being inspired by behaviours of their significant other were key factors that emerged from the data. For example, Dean, the 28 year old social worker stated:

When they (young people) come here, they do not know what they want. They know that life is all about waking up and sleeping. But what we do is that we draw lines and show them that life is not all about waking up and sleeping. “You might have something but you can lose it tomorrow”. So, we help them to plan for their future. That is why we provide a variety of therapy, trainings, and motivational interviewing. So, you help them to be part of decision making regarding their lives. We also encourage motivate them, to make decisions on their own. We guide them to make positive decisions for their lives while they are here.

The quotation above shows that care and support, and helping these young people to plan their future were an important influence and a genesis for hope and aspiration. Providing different opportunities such as trainings and therapies was also way of preparing these young children for their future life. Besides, care and support, motivational interviewing was a key element of the available rehabilitation services at the Masooli rehabilitation centre. By this method, young people were motivated to be the initiators of desired changes in their lives and part of the decision making processes towards better lives. Social workers were available and willing to help to the young people receiving rehabilitation services to take initiatives that positively influenced their well-being.

According to Schimmel (2008), people who suffered from trauma and stress were often needy of unconditional positive regard to gain self-respect, self-confidence and trust in society; such unconditional positive regard subsequently facilitated their reintegration with their societies as contributing members. The nature of guidance and support provided to the young people receiving rehabilitation services in the context of the present study may have led to similar results as those stated above.

Also, according to Barton and Mackin (2012); people are more likely to engage in the process of change when they are engaged as participating partners in setting goals and deciding on the strategies of intervention rather than being solely objects of decision making process initiated by others. This is also highly related with the positive youth development strategies in terms of providing competence, positive connection and a supportive and empowering environment.

Jane a 17 year old female also stated:

I want to be like Rihanna (an American artist) because she is successful in her job and she is also economically and mentally powerful. I love the way she sings, and the way she treats other people. Our director also inspires me because here in Uganda, it is hard to find someone who takes care of you, someone to feed you, to give you accommodation, to love you, and to give you that parental love; it is not easy. And also the mothers we sleep around with. They give us parental love, counselling, and comfort. Our mother here in the (Masooli rehabilitation) centre treats us like her daughters or sons. Even our parents were not able to manage doing that.

The quotation above shows that care and support, especially from parents was an important source of hope and aspiration among the young people who were receiving rehabilitation services. Jane particularly mentioned that parental love, care and support were essential to meeting basic need such as shelter and food at the Masooli rehabilitation centre. Accordingly, she is pleasant to have these opportunities in the Masooli rehabilitation centre because Jane's biological parents were unable to provide her basic needs such as food. Therefore, such role models and well-wishers substituted the caring roles of biological parents in nurturing the young people who were receiving rehabilitation services at the Masooli centre.

In keeping with the above findings, Campbell (2005) stated that, rehabilitation meant the process of helping a person to adapt to society or restore someone to a former position or rank. However, the meaning of this concept has changed over the years and evolved into more broader and complex meanings in different settings. Lately, educational, vocational and psychologically based programs are regarded as forms of rehabilitation service provided to users (Campbell, 2005). This shows that rehabilitation services have variations and different targets. Moreover, according to Darbouze (2008), rehabilitation is vital because it teaches

individuals necessary steps that are essential to obtaining goals in a legitimate ways. Thus, effective rehabilitation is an important factor and resource provided for the re-entry process and also preventing recidivism among service users.

In the light of this information, it can be said that providing skills and education were a viable means for young people receiving rehabilitation services to achieve their goals. According to Conlon et al. (2008), educational attainment has a significant role in reducing recidivism among delinquent children. It not only provides rehabilitation to these young people, but also provides them with the necessary means and resources to become successful when they re-enter to the community. These means include career counselling, job placement, living arrangements and employment skills. Education-based treatment is considered as a key because it provides easier re-entry to the society and after successful rehabilitation young people are less likely to commit delinquent behaviour (Conlon et al., 2008 as cited in Darbouze, 2008). Thus, vocational rehabilitation services were one of the most important determinants of hope and aspirations among young people in Masooli because they engendered the provision of education, life skills training, living arrangements and employment opportunities to the young people.

There is also a body of literature that examines the importance of guidance, care and support to the young people living in rehabilitation services. According to Schimmel (2008), one of the most significant deprivations of street children is the lack of positive affection, love, support, and emotionally intimate relationship. Given the fact that many of the young people in the Masooli rehabilitation centre were coming from streets and experienced neglect and abuse, they may have similarly experienced significant deprivation of support and care before they received rehabilitation services. As the presented data indicates, the young people receiving rehabilitation services were previously deprived of support, care and guidance from their biological parents. Indeed, many of them had lived on the cold streets of the urban centres of Uganda before they came to Masooli rehabilitation centre. Considering the fact that these young people had previously suffered from significant trauma and stress, they were particularly needy of generous care and support for them to regain their physical, social and mental well-being and to be able to successfully reintegrate with their communities later (Schimmel, 2008).

Survivors of child trafficking and/or street children often experience many difficulties as they are usually deprived of consistent care, love and support from caring adults. Life on streets is by and large about struggling for survival, both physically and psychologically each day. There are different dangers such as abuse and violence which make lives of survivors of street life so precarious. Considering this, there is a need for generous care and support especially when young people are admitted to a rehabilitation facility such as one available at Masooli. Rehabilitation is subsequently essential to the development and realisation of their goals and expectations. According to Mukherjee (2005), one of the biggest problems, which such young people often faced, is the lack of intimacy, love and supportive relationships (as cited in Schimmel, 2008). Such a state of affairs is similarly illustrated by the presented data. As a consequence, the young people receiving rehabilitation services generally were deserving recipients of the support and care from the Masooli Rehabilitation Centre.

4.5 Barriers to the Realization of Hope and Aspiration among Young People Receiving Rehabilitation Services

Three subthemes concerning barriers to the realization of hope and aspiration among young people receiving rehabilitation services emerged from the data. These subthemes are (a) financial obstacles (b) risk for secondary abuse, and (c) familial challenges and resettlement. Below, I discuss each of these subthemes in detail.

4.5.1 Financial obstacles

Participants reported that financial challenges were the major barrier to the realization of hope and aspiration among young people receiving rehabilitation services. Financial obstacles according to the participants included (i) scarcity of jobs and (ii) the lack of capital and resources to start businesses. For example, Janet a 17 year old female stated:

The biggest problem for me is looking for jobs and not getting them, because there is a scarcity of jobs in Kampala city. Getting a job is my dream but payment is another problem. They pay less money; it is not enough to support an individual to meet his or her needs. Another challenge is to find the money I need for what I want to do as my personal business.

Similarly, John a 21 year old male reported:

The biggest problem is poverty and finding capitals to use in order to start a business. I may need someone to help me after I finish my training here. There is lack of materials and capital to start my own business.

These quotations suggest that, John and Janet viewed financial obstacles as their biggest challenge in the efforts to start up personal businesses so that they could realize their dreams. Participants were hopeful because of the training they were receiving but also concerned that the capital to support could keep their hope just a dream. The lack of capital to start personal businesses implied that the trainings, which the young people receiving rehabilitation services obtained, were not fully utilised. Moreover, many of them faced the unemployment risk despite having the skills acquired from Masooli rehabilitation centre. As Janet stated, even though she could find a job, a low salary could not facilitate her to meet her basic needs such as feeding and accommodation particularly within the Kampala city.

Furthermore, Dean, a 28 year old social worker commented on the centre's lack of capacity to provide start-up kits for their clients as follows:

Another problem is that we cannot give each and every person start-up kits so that they may start their business. So, there might be some relapse among our clients because they do not have money to start businesses and to earn a living; some of the clients relapse because of poverty.

This quotation suggests that, poverty and the lack of financial capital were some of the major barriers to the realization of hope and aspiration among young people receiving rehabilitation services. Although the employees of the Masooli rehabilitation centre tried to help their clients, they were unable to provide start-up toolkits for every single young person (client) to start up a personal business. Another issue which is reported by the key informant concerned recidivism. Recidivism means the tendency by a person to relapse or fall back into crime or prior criminal habits or antisocial behavioural patterns (Begun, 1976). What key informant mentioned as relapse is related to falling back to the old habits and earlier situations which clients engaged in before coming to the Masooli Rehabilitation Centre. The lack of social support was also another factor which could lead to recidivism among the rehabilitated clients. Because the young people receiving rehabilitation services lacked many viable social networks, they tended to survival exclusively from the help they received from the Masooli

rehabilitation centre. Unfortunately, such support was also often inadequate to meet the complex and dynamic needs of their clients.

4.5.2 The Risk for Secondary Abuse

Participants reported that the risk for secondary abuse was another barrier to realization of hope and aspiration among young people receiving rehabilitation services. In this regard, Dean, the 28 year old social worker stated:

One of the barriers that our clients face after leaving the centre is what we call secondary abuse. They have been abused before coming here and they are being abused again when they go back to their communities. They become vulnerable after living here because we cannot follow up on every discharged client. Some of the clients come from far districts of Uganda, where we cannot easily reach because of financial challenges.

This quotation suggests that Dean was concerned that their clients relapsed and also suffered from secondary abuse because the centre lacked sufficient capacity to reintegrate clients with their respective communities. Moreover, some communities where clients returned after receiving services from the Masooli Rehabilitation centre were too far away from Kampala city to allow follow-up on the discharged clients. So, these young people experienced the risk for being abused again following their discharge because of the institutional incapacity to ensure successful recovery and reintegration within their communities.

Laura, a 21 year old female also indicated that unemployment was a barrier to the realisation of hope and aspiration among the young people receiving rehabilitation services. She stated:

It is hard to find a job and this is a big problem. I want to stay in Kampala city because there are more opportunities to find a job than upcountry districts. But I am afraid of going back to streets because jobs are still scarce in the city; I do not want to work and sleep in the streets again.

This quotation shows that, Laura believed that Kampala city offered a better opportunity than moving upcountry for her to find employment after leaving the Masooli rehabilitation centre. However, it was not a certainty that a suitable job would be found in Kampala city as she believed that job opportunities were also few. In other words, Laura was aware of the scarcity of jobs in the upcountry districts as well as in Kampala city. Because of the lack of jobs in the

country, Laura was concerned about the dire consequences such as sleeping on the streets among other hardships, which she very much detested as she had previously experienced such forms of social adversity.

4.5.3 Familial Challenges and Resettlement

Participants reported that familial challenges and resettlement were also barriers to the realisation hope and aspiration among young people receiving rehabilitation services from Masooli Centre. Such familial challenges included the lack of a known family or relatives to depend on, having parents who separated or divorced and having a single parent. Such families according to the participants also tended to experience serious financial and material constraints which hindered them from supporting the young people that were receiving rehabilitation services from Masooli Centre. Moreover, there was a risk of rejection of the young people receiving rehabilitation services by the family members and also the failure to trace their parents due to frequent resettlement patterns. For example, Dave the 26 year old male social worker stated:

Sometimes parents say “I do not want him or her back in my family”. So, what do you do with that young kid? We call the police to intervene. We call officers in the family and child protection unit of police. There are qualified social workers working with police or we get in contact with the local leaders who often help us with such cases. They talk with the parents to accept their children after receiving services from the Masooli rehabilitation centre.

This quotation shows that family reunification was often difficult to accomplish to facilitate the young people receiving rehabilitation services to resume life outside the institution. The young people had plans and their dreams which they hoped their families would support them realise but were often impossible. Moreover, many of the rehabilitated young people were being rejected by their parents and consequently faced problems of shelter and care. The quotation also indicates that social worker identified the police and local government leaders as important collaborative resources to address the challenges associated with reintegration of the rehabilitated young people with their families. In other words, the police department in Uganda and social workers worked in partnership with the Masooli rehabilitation centre to ensure the well-being of the young people receiving rehabilitation services.

Furthermore, Jane, a 17 year old female commented on the importance of the family in the reintegration of young people receiving rehabilitation services as follows:

First, there are so many options around me that I can realize but without my mum, everything is down. Because anything you want to do, everyone is like “you need your mother first”. Whenever I think about her, everything in my mind just gets stuck. Because, my mum neglected me, she no longer counts me as a daughter. It has been long time when I spoke to her. Last time when I tried to call her, she abused me verbally.

This quotation suggests that Jane believed that she had opportunities to support realisation of her hope and aspiration except the support of her mother. She was hopeful but the absence of familial relationship with her mother, parental rejection and neglect was considered a barrier to the realisation of her dreams.

According to the Ambrose (2003), barriers to aspirations can be stimulated by the contextual problems such as the lack of familial support or one’s poor socioeconomic status. Contextual factors can promote or inhibit people’s aspiration and development. Problematic familial relationships and poor socioeconomic status were evident barriers to realisation of hope and aspiration among the young people receiving rehabilitation services in the context of the present study. Other forms of contextual barriers that equally hamper the realisation of people’s dreams and ambitions include stigmatization, segregation and material deprivation, intellectual deprivation (especially caused by unequal access to education and the lack of career opportunities (Ambrose, 2003).

Considering the presented data, the socioeconomic obstacles, problematic familial relationships and material deprivation and lack of career opportunities were common barriers to realization of hope and aspirations among the young people receiving rehabilitation services from Masooli Centre. Participants particularly reported the financial obstacles to include scarcity of jobs in the Kampala city setting and the lack of financial capital to facilitate the young people to start and run personal businesses. These problems were aggravated by the lack of viable social support networks to buffer the young people receiving rehabilitation services against life stresses associated with living on streets and engaging in criminal acts behaviour such as prostitution. In this context, the meaning of resettlement is the process where child leaves the streets or out of home settlement and settled down in an

environment where he/she can live under the supervision of an adult or family member. All of these young people were away from their homes and either working and living on the streets or other people's homes' in Kampala. So, these young people were already deprived from familial support and love. This makes a good resettlement a must after leaving the rehabilitation centre. According to the research made about Ugandan street children and resettlement, accommodation and counselling are the two most important components for a successful resettlement for the young people. Without these, familial challenges may remain as barriers. Also, the children need affective care and a safe home during their resettlement; this is to enable them to process their traumatizing experiences (Olsson, 2013).

CHAPTER FIVE

CONCLUSION

5.1 Introduction

This chapter presents the conclusion and implications of the study for (i) young people receiving rehabilitation services, (ii) Masooli Rehabilitation Centre, (iii) Ugandan Government (iv) and Further research. I consider each of them respectively below.

5.2 Summary of Study Findings

The present study provides additional understanding regarding expressions of hope and aspiration among young people who were currently receiving rehabilitation services due to various problems such as being victims of child trafficking, drug abuse, being street children and working on streets. Child trafficking is one of the social problems in Uganda. The major factors which lead to trafficking in Uganda are HIV/AIDS, poverty, conflict and wars. Many children suffered from child trafficking and many are still suffering. Young people who are victims of trafficking have been brought to cities; also some of them left their villages due to familial problems, poverty, with an aim of having a better life in the city than in the rural areas. Young people who participated in this study were all away from their hometowns and living in Kampala city. Female participants were working as maids or house girls, male participants were working in the streets in harsh conditions before they became clients of Masooli rehabilitation centre. Receiving vocational rehabilitation was the biggest hope for those children. They were learning new skills and being hopeful for a better future.

The young people receiving rehabilitation services manifested hope and aspiration in ways such as (i) seeking ownership of highly valued possessions, (ii) showing positive conduct and (iii) exhibiting a belief in supernatural intervention. Moreover, because they were lacking role models/ figures to guide, support or love them, employees of the centre acted as substitutes and played important roles in the lives of these young people. Many of them mentioned the importance of the behaviour of their director and how he was inspiring young people for a better future. Another point which inspired the young people receiving rehabilitation services was the meeting with old residents of the centre. As they see them, they become more hopeful and inspired.

The social determinants of hopes and aspiration among the young people receiving rehabilitation services were the availability of vocational skills trainings that they were receiving from the Masooli Rehabilitation Centre. They also believed that there was the availability of employment opportunities and that they could find salaried jobs. The third determinant mentioned by the young people was the guidance and emotional support they received from the employees of the Masooli rehabilitation centre. The young people perceived the employees of Masooli rehabilitation centre as role models and highly valued the guidance that they were receiving from these employees.

The barriers to realization of their hope and aspiration among the young people receiving rehabilitation services were mainly (i) financial obstacles and (ii) familial challenges and resettlement. According to the presented data, financial obstacles were the biggest obstacle to the realisation of young people's dreams and goals. Financial challenges were followed by familial challenges and resettlement problem. According to the social workers, resettlement remained a problem because some young people who were receiving rehabilitation services came from far districts of Uganda and the centre social workers could not conduct follow-up each of discharged client. As this was the case, recidivism remained a big risk for the young people who were receiving rehabilitation services at Masooli rehabilitation centre. Not having a biological family or a strong social support network, not having enough money to be able to start a new life, and not having a place/shelter in which to live were factors which could cause secondary abuse among young people receiving rehabilitation services, particularly after they left the centre. Secondary abuse and recidivism of young people implied that the young people receiving rehabilitation services exhibited a tendency to fall back to the criminal behaviour or older behavioural patterns following their discharge from Masooli rehabilitation centre.

5.3 Implications of the study

5.3.1 Introduction

This study has important implications for the young people receiving rehabilitation services, Masooli Rehabilitation Centre, the Ugandan Government and further research. In the following sections I consider each of these implications:

5.3.2 Implications for the young people

Rehabilitation centres and government should find ways for how to guide children to the education system who would like to continue their education. This challenge can also be solved by developing more NGO links with education related NGO's in Kampala and finding donors for supporting young people's education.

5.3.3 Implications for the Masooli Rehabilitation Centre

First of all, there is a need of more financial support for the rehabilitation centre in order to be more effective in providing services to its clients. Masooli Rehabilitation Centre was working hard to re-integrate the young people to the society and young people's own communities by providing start-up tool kits and resettlement. However, due to the lack of financial resources of the centre, they could not provide these toolkits to each and every discharged client. So, there is a need for more financial resources for them to be able to help young people more after being discharged. More links can be developed with different kinds of companies in order to provide more resources for the discharged young people.

Moreover, there is a need of more collaborative mechanisms between rehabilitation centre and other organizations such as police department, local government and with other NGOs in order to facilitate the resettlement and reintegration of the young people to the society. This type of collaboration mechanism can be strengthened in order to find more effective solutions to the resettlement challenge. Workshops and meetings could be organized in order to exchange ideas about how to develop a better resettlement and reintegration process for the discharged youth. An effective work plan could be created by the social workers and by other welfare professionals in order to evaluate the current situation and create an alternative solution.

Also, given the fact that working as a social worker can be stressful, good supervision and support from outside to the centre employees can help to the social workers. Social workers meet with people who are in difficult conditions, and try to be there for all of them both physically and psychologically, listening to the young people's stories and trying to be helpful and part of the change of young people's lives. However, this can even cause a burnout syndrome. So, good counselling for the social workers can also be helpful for their profession and psychological well-being.

5.3.4 Implications for the Ugandan Government

More effective policies should be developed and implemented respectively about the street working children and the victims of child trafficking by the Ugandan Government. Initiatives should be taken in order to finalise child labour all over the country and better rehabilitation services for the street children of Uganda.

5.3.5 Implications for Further research

After carrying out the study about the hopes and aspirations of young people in Kampala, researcher suggests that a research based on how an effective family reunification or resettlement of the street children or the survivors of child trafficking can be carried out in order to find further solutions of this problem. Also, further research can be conducted about the level of effectiveness of the rehabilitation centre's services considering the re-integration of the young people to the mainstream society, in order to see if the services of the centre are effective.

REFERENCES

- Alcorta, C. S. (2006). Youth, religion, and resilience. Retrieved from Proquest Dissertations and Theses
- Ambrose, D. (2003). Barriers to aspiration development and self-fulfillment: Interdisciplinary insights for talent discovery. *Gifted Child Quarterly*, 47(4), 282-294.
doi:10.1177/001698620304700405
- Aspiration: ((n.d.).Retrieved February 2, 2015, from <http://www.merriam-webster.com/>
Retrieved from ProQuest Digital Dissertations
- Begun,J. (1976). Recidivism. *International Journal of Social Psychiatry*. December 1976, 22:296-303.
- Berg, I.K & Kelly, S. (2000), *Building Solutions in Child Protective Services*, pp.4-303, Norton Professional Books, NY, London.
- Beyrer, C. (2004). Global child trafficking. *The Lancet*, Vol 364. 2004
- Bolland, J.M (2003). Hopelessness and risk behaviour among adolescents living in high poverty inner-city neighbourhoods. *Journal of Adolescence* 26 (2003) 145 – 158.
- Boyce, C. & Neale, P.,(2006) *Conducting In-Depth Interviews for Evaluation.*: Pathfinder International.
- Bradshaw, W., & Rosenborough, D. (2005, December). Restorative Justice Dialogue: The Impact of Mediation and Conferencing on Juvenile Recidivism. *Federal Probation*, 69 (2) 15-21, 52.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. doi:10.1191/1478088706qp063oa
- Campbell, K. (2005). Rehabilitation theory. In M. Bosworth (Ed.), *Encyclopedia of prisons & correctional facilities*. (pp. 832-835). Thousand Oaks
- Conlon, B., Harris, S., Nagel, J., Hillman, M., & Hanson, R. (2008, February). Education: Don't Leave Prison Without It. *Corrections Today*, 70 (1), 48-49, 51-52.
Retrieved June 10, 2008, from Criminal Justice Periodicals database. (Document ID: 1443969791).
- Damon, W. (2004). What is positive youth development? *The Annals of the American Academy of Political and Social Science*, 591, 13-24.

Darbouze, K. (2008). Rehabilitative Methods and the Affect on Juvenile Delinquents. Retrieved February 3, 2015, from <http://drum.lib.umd.edu/>
De Jong, P., & Miller, S. (1995). *How to interview for client strengths*. Social Work, 40, 729-736

Davidson, J.O (2011). Moving children? Child trafficking, child migration, and child rights. *Critical Social Policy*, 0261-0183 101; Vol. 31(3): 454-477; 405014 10.1177/0261018311405014 <http://csp.sagepub.com>

Dooley, L. M. (2002). Case study research and theory building. *Advances in Developing Human Resources*, 4(3), 335-354. doi:10.1177/1523422302043007

Frank, R. G., Gluck, J. P., & Buckelew, S. P. (1990). Rehabilitation: Psychology's greatest opportunity? *American Psychologist*, 45(6), 757. doi:10.1037/0003-066X.45.6.757

Flouri, E., Tsivrikos, D., Akhtar, R., & Midouhas, E. (2015). Neighbourhood, school and family determinants of children's aspirations in primary school. *Journal of Vocational Behavior*, 87, 71-79. doi:10.1016/j.jvb.2014.12.006

Furlong, Andy & Cartmel, F. (2007) *Young people and social change: new perspectives*. Buckingham: Open University Press

Grimes, D. A., & Schulz, K. F. (2002). Descriptive studies: What they can and cannot do. *The Lancet*, 359(9301), 145-149. doi:10.1016/S0140-6736(02)07373-7

Gutman, L.M & Akerman, R. (2008). Determinants of Aspirations. Research Report. Centre for Research on the the Wider Benefits of Learning. Institute of Education University of London.

Hammersley, Martyn & Atkinson, Paul (2007): *Ethnography: principles in practice*. Milton Park, Abingdon, Oxon: Routledge

Houser, M. E., & Welch, R. D. (2013). Hope, religious behaviors, and attachment to god: A trinitarian perspective. *Journal of Psychology and Theology*, 41(4), 281.

Kasirye, R. (2007) Rapid Assessment Report on Trafficking of children into WFCL, including Child soldiers in Uganda.

Kirst, M., Zerger, S., Wise Harris, D., Plenert, E., & Stergiopoulos, V. (2014). The promise of recovery: Narratives of hope among homeless individuals with mental illness participating in a housing first randomised controlled trial in toronto, canada. *BMJ Open*, 4(3), e004379-e004379. doi:10.1136/bmjopen-2013-004379

Kohler Riessman, Catherine (2008) *Narrative methods for the human sciences*, London: Sage. Chapter 3. *Thematic Analysis*

Luthans, F. 2002a. The need for and meaning of positive organizational behavior. *Journal of Organizational Behavior*, 23: 695-706.

Lerner, R. (2005). Promoting positive youth development: Theoretical and empirical bases. White paper prepared for: workshop on the science of adolescent health and development. Washington DC: National Research Council.

Mahadzirah Mohamad, Morliyati Mohammad and Nor Azman Mat Ali, 2014. Positive Youth Development and Life Satisfaction among Youths. *Journal of Applied Science*, 14-2782-2792.

Morse, J. (2004). Purposive Sampling. In M. Lewis-Beck, A. Bryman & T. Liao (Eds), *Encyclopedia of social science research methods*. (pp. 885-886). Thousand Oaks, CA.

Olsson, S. (2013). Once a lion – never a cat? A minor field study of former street children's experiences of stigma and sustainable resettlement methods in kampala, uganda.

O'Connell Davidson, J. (2011). Moving children? child trafficking, child migration, and child rights. *Critical Social Policy*, 31(3), 454-477. doi:10.1177/0261018311405014

Prince's Trust (2004). *Reaching the Hardest to Reach*. London: The Prince's Trust

Powell, E (2011). The effect of optimism, hope, and religion on mood and anxiety disorders over time in women with the FMR1 premutation. University of South Carolina.

Quaglia, R. J., and Casey, C. D. (1996). Toward a theory of student aspirations. *Journal of Research in Rural Education*, 12, 127-132.

Rehabilitation Services, (n.d.). Retrieved February 3, 2015, from <http://www.uydel.org/>

Rutter, M (2000): *Resilience considered conceptual considerations, empirical findings, and policy implications*, I: Shonkoff, J.P. ock Meisels, S.J(red.). *Handbook of early childhood interventions*. Andra Upplagan(s.651-683). Cambridge: Cambridge University Press

Saleebey D. (2006). Introduction: Chapter one: "Power in the people", chapter five: "the strengths approach to practice, Chapter fifteen: "The strengths perspective. Possibilities and Problems." in Saleebey D. (ed.) *The strengths perspective in social work practice*. Fourth edition, Boston, Pearson Education

Sandage, S. J., & Jankowski, P. J. (2010). Forgiveness, spiritual instability, mental health symptoms, and well-being: Mediator effects of differentiation of self. *Psychology of Religion and Spirituality*, 2(3), 168-180. doi:10.1037/a0019124

Schimmel, N. (2008) A humanistic approach to caring for street children: The importance of emotionally intimate and supportive relationships for the successful rehabilitation of street children, *Vulnerable Children and Youth Studies: An International Interdisciplinary Journal for Research, Policy and Care*, 3:3, 214-220.

Schoon, I., and Parsons, S. (2002). Teenage aspirations for future careers and occupational outcomes. *Journal of Vocational Behavior*, 60, 262-288.

Snyder, C.R (2002) Hope Theory: Rainbows in the Mind. *Psychological Inquiry* 2002, Vol. 13, No. 4, 249–275

Schrank, B., Bird, V., Rudnick, A., & Slade, M. (2012). Determinants, self-management strategies and interventions for hope in people with mental disorders: Systematic search and narrative review. *Social Science & Medicine*, 74(4), 554-564.
doi:10.1016/j.socscimed.2011.11.008

Snyder, C. R. (2002). Hope theory: Rainbows in the mind. *Psychological Inquiry*, 13(4), 249-275.

Titone, C., Stefanik, L., & McNamara, R. (2013). ASSESSING AND IMPROVING HOPEFULNESS: A CASE STUDY OF SWAZI YOUTH. *International Education*, 43(1), 65.

Ungar, M.(2012) *The Social Ecology of Resilience. A Handbook of Theory and Practice*.

UN World Youth Report (2005) “*Young people today, and in 2015*”: Department of Economic and Social Affairs. United Nations

Watts, L. L., Frame, M. C., Moffett, R. G., Van Hein, J. L., & Hein, M. (2015). The relationship between gender, perceived career barriers, and occupational aspirations. *Journal of Applied Social Psychology*, 45(1), 10-22. doi:10.1111/jasp.12271

William H. Barton & Juliette R. Mackin (2012) Towards a Strength-Based Juvenile Correctional Facility: Sustainability and Effects of an Institutional Transformation, *Journal of Offender Rehabilitation*, 51:7, 435-452, DOI: 10.1080/10509674.2012.700688

Wilmot, R. (1976). What is rehabilitation? *International Journal of Offender Therapy and Comparative Criminology*, 20(3), 246-254. doi:10.1177/0306624X7602000307

Willitts, M., Anderson, T., Tait, C. and Williams, G. (2005). *Children in Britain: Findings from the 2003 Families and Children Study (FACS)*. National Centre for Social Research and the Department for Work and Pensions: Research Report No 249.

Youssef, C. M., & Luthans, F. (2007). Positive organizational behavior in the workplace: The impact of hope, optimism, and resilience. *Journal of Management*, 33(5), 774-800.
doi:10.1177/0149206307305562

APPENDICES

Appendix A: Assent Form

My name is Tümel Sabancı. I am currently pursuing a MS in Social Work with Families and Children (MFamily) (2013-2015) at the Makerere University. As a partial requirement for fulfillment of this degree, I am conducting a study titled, EXPRESSIONS OF HOPE AND ASPIRATION AMONG YOUNG PEOPLE RECEIVING REHABILITATION SERVICES IN KAMPALA, UGANDA.

To attain the objectives set forth in this study, the views of children and young people are very paramount as key social protection stakeholders in the country. As a child, you have been selected to take part in this study. Your purposive selection to participate in the study is based on your status as a social protection stakeholder. You will be expected to share your opinion about this subject. Besides you, other children and adults will take part in this study.

By participating in this study, there are no direct or personal benefits but your views will help get the voices of children. There are not necessarily any anticipated risks associated with your participation in this study. The only anticipated cost will be your valuable time which you will commit to the interview. You will not incur costs on travel since the interview/discussion will be held at your school, community/home or institution/organisation. In case that is not a place of convenience, hence requiring moving to another point of agreement, the researcher will bear the cost.

During the discussion/interview, some refreshments and bites will be availed. There are however, no plans for compensation whether in monetary or material terms.

In case you have any study related questions that you may need me to attend to, please contact me on 0782991862 and/or email: tumelsabanci@gmail.com

Your participation in this study is voluntary and you reserve the right to decline answering any question, ask any question any time or opt out of the study at any time without resulting into any possible consequences to you, your family, organization or school.

All the information provided will be used only for the intended study purpose. All the collected data will be handled confidentially and will be kept in such a way that no unauthorized person can view or access it. Your identity will be kept as anonymous as possible and your name will appear nowhere. In situation where use of a name is required during use of the information gathered, pseudonyms will serve the purpose. I seek to record

the interview/discussion please as this makes it easier to document what is said during the interview/discussion, besides helping to ensure that your views are not misrepresented. In the analysis some data may be somewhat altered so that you will not be recognized. After finishing the project the data files (audio recordings) will be destroyed.

Statement of Assent

I do accept willingly to participate in this study

.....
Signature of Respondent Age of Participant

.....
Signature of parent/guardian for a minor Date

.....
Name and signature of interviewer Date

Appendix B Interview Guide for Participants

Age:

Gender:

Level of education:

Religion (affiliation) :

Family background :

Hometown / district/ village :

(*intimate relationships) : bf /GF/married

Can you tell me about your life history until now. Like a life line. How was your childhood?

Then what has changed? What happened? How and when did you come to kampala.? How

long have you been in Kampala, how was your life back then before masooli?

Manifestations of Hope

How hopeful are you about the future?

How do you see yourself in the next 5-10 years from now on?

What would you like to accomplish in your life?

What do you see likely to change in your behavior and life in general?

What do you want to be in the future? What kind of a person you want to be?

What kind of goals do you have in your life? List Short term and long term goals, plans?

What are the main things you want to have in your future life? (Referring both material and spiritual

Determinants of Hope/Aspirations

***What factors make you hopeful about the future?

Is there anyone (SIGNIFICANT OTHER) who is inspiring you and how is that person inspiring you?

What kind of opportunities exists that make you hopeful in life?

How accessible are these opportunities to you?

What do you think you need most in order to achieve your dreams?

How do you think you can achieve your goals/ dreams? (Through education, support etc.)

what do you need to achieve your dream?

What would you like to change from your past (any event)?

How about role models* lots of people around any role model?

What unique qualities do people who inspire you have?

Barriers of Hope

What factors hinders realization of your hope and aspiration?

What is the biggest challenge to realizing your hope and aspiration in your life now?

How can the challenges be eliminated? What others can do and what they can do to eliminate these* (locus of control/ sense of agency)

What would you like to change in your life now if you had a miracle stick?

What would happen if a miracle happens now?

(OPTIONAL: What challenges do you have in your life)

Appendix C: Interview Guide for Key Informants

Age:

Gender:

Level of education:

Religion (affiliation):

Family background:

Hometown / district/ village:

Marital status:

Expressions of Hope

How hopeful are your service beneficiaries?

(Considering the challenges, e.g. child trafficking that young people have experienced and your rehabilitation provided with them, how hopeful are they about a better future?)

What shows that some of these young people have hope for a better future?

Where do you see these service users in 5-10 years?

What are the main things they want to accomplish in their life?

Do you think their behaviors are changing, what kind of changes?

What they want to change in their lives?

What do they want to be in future? what kind of person they want to be ?

What they want to accomplish in their life?

What kind of goals they have? Short term long term plans?

What are the main things they want in their future life?

Determinants

What are the socio-demographic and socio-economic backgrounds of these young people?

What kind of problems they have?

What are the factors that can make them hopeful about future?

Are there any differences between genders in terms of aspiration/hope?

What do these young people need most according to your opinion as a professional?

Is there anyone who is inspiring them? How?

What kind of opportunities exists to make them hopeful?

How accessible are these opportunities?

What do they need to accomplish these dreams?

How they can achieve their goals/dreams? Through what ?

Barriers

What are the barriers are there in their life according to your opinion?

What are the biggest challenges they face in life/ to realizing their dreams hopes and aspirations now?

How do you think these challenges can be eliminated?

(What kind of challenges you face as a professional with while working young people in rehabilitation center? What is the most challenging part of your job for you? Optional)

What factors hinders realization of your hope and aspiration?

What is the biggest challenge to realizing your hope and aspiration in your life now?

How can the challenges be eliminated? What others can do and what they can do to eliminate these* (locus of control/ sense of agency)

What kind of events, workshops have been held related to inspiring young people in Masooli?

What would they change if they have a miracle stick?

What would happen if a miracle happens for these young people?