PSYCHOSOCIAL SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN THE CASE OF THREE CENTER IN WOLISO, OROMIA

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A THESIS SUBMITTED TO DEPARTMENT OF EDUCATION AND BEHAVIORAL SCIENCES OF JIMMA UNIVERSITY

2018, JIMMA, OROMIA, ETHIOPIA

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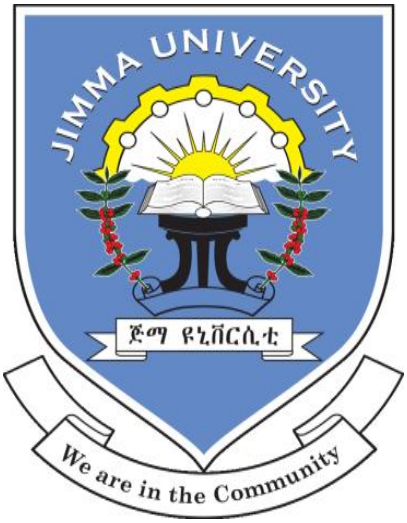

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A THESIS SUBMITTED TO DEPARTMENT OF PSYCHOLOGY IN PARTIAL FULFILLMENT FOR THE REQUIREMENTS OF MASTER OF ARTS DEGREE IN COUNSELING PSYCHOLOGY

2018, JIMMA, OROMIA, ETHIOPIA

DEDICATION

I dedicate this thesis Manuscript to my brother Mekonnen Tadesse for nursing me with affection and love and for his dedicated moral encouragement in the success of my life.

DECLARATION

I, the under signed, declared that this thesis is my original work and has not been presented for a degree in any other university, that all source of materials used for the thesis have been duly acknowledged.

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ACKNOWLEDGMENTS

I am indebted to my advisor Desalegn Garuma (Ph.D. Candidate) and co -advisor Yasmin Mohammed for all their sincere, faithful and devotion to help me for the accomplishment of this work.

I also acknowledge Dr. Getachew Abashu, Ass. Professor Birhanu Negusse, Dr. Abaya Gelata, Aragash Hassen and all the rest staff member of Psychology Department for their cooperativeness, friendship and kindness during our stay in Jimma University.

I would like to express my thanks to all community in Kale Hiwot Curch, Mekaneyasus Church and Ethiopian Red Cross in Woliso Town where this research is carried out for all their collaboration and voluntariness to give me the information I need without unreserved themselves. Especial thanks are due to Ato Getnet Tefere, from Kale Hiwot Church, who helps me from the beginning of sample collection to the final work.

My sincere thanks shall go to Ato Gemsisa Hundessa whose help from the beginning of this work until its accomplishment go with me on providing me any type of stationary materials, computer and finally on editing the thesis paper. My thanks have also no end to my friends especially Melesa Bekele, Eshetu Chala, Urgesse Diribi, Malis Geleta, Mulata Kebebe, and Ewunetu Kebede.

Finally yet importantly, I have great pleasure in thanking my families (especially my brothers Negusse Tadesse, Mekonnen Tadesse, Rabira Tadesse, Dagne Tadesse) who are at my back from beginning of my M.A. study in financial, psychological and moral support.

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Virus
ANOVA	Analysis of Variance
CSA	Central Statics Agency
GO	Government Organization
HIV	Human Immune Deficiency Virus
KHT	Kale Hiwot church
MKC	Meseret Kiristos church
NGO	Non-Governmental Organization
NPA	National Plans for Action
OVC	Orphan Vulnerable children
RC	Red Cross
UNAID	United Nations Agency for International Development l
UNICEF	United Nations Children s Fund
USAID	United Nations Program for HIV and AIDS
UNSCO	United State of Socio- Cultural Organization

ABSTRACT

Now a day the situation of orphan and vulnerable children in sub-Saharan Africa is terrible as compared to Europe. This situation causes millions of deaths in the region. The challenges in most cases results to poor standard of living of orphans and vulnerable children and ultimately leads of children's death. The main objective of the study was to assess psychosocial support for orphan and vulnerable children in the three selected orphanage centers in Woliso town. The study adopted cross sectional descriptive survey research design mixed approach the target population 325 from this with the sample size of 176 is analyzed. In selecting participants, a technique of simple random sampling was used. To collect data three designed tools; questionnaires, interviews and focus group discussion were used. In the data collection 176 orphan and vulnerable children and 10 care givers were selected by random sampling procedure from the three orphanages. The data was analyzed by both descriptive (mean, standard deviation, percentage) and one way ANOVA. The major findings of the study related to the psychological and social consequences for orphan and vulnerable children are shortages of materials, crowd-ness, scarcity of material service, medication, basic needs, limited social life, communication and inadequate or absence of psychosocial services which result for the development of psychosocial problems in orphanages. The study also identified that the care givers lack skills on working with orphan and vulnerable children. Further study revealed statistically significant mean difference between the selected sites. However, there was no statistically significant mean difference. Finally, the researcher will give an insight for policy makers, child care program designers and service providers to plan and implement standardized services to improve lives of orphan and vulnerable children.

Key terms *Orphans, Vulnerable and Children.*

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND OF THE STUDY

There is no universally accepted definition of the orphan's vulnerable children category. Although the United Nations Children's Fund (UNICEF) defines an orphan as any "child under 18 years of age who has lost one or both parents", individual countries set the definitions of "vulnerability" based on HIV-status, socio-economic status, parental abandonment, or a combination in their national plans for action (NPAs) (Smart, 2003).

The problem of orphans is sensitive all over the world and almost all nations strive to combat the problem through different approaches. This is because the children are pillars of the future society. They hold our destiny in their hands. As babies they are completely dependent on their parents for nourishment, protection, care, and support. As they grow older and begin to interact outside of their family, they gradually learn to become independent. With proper care and support, children will grow into strong adults who can make a positive contribution to their families and communities. Like seeds that grow into strong trees, children who are looked after when they are young and vulnerable will grow into strong, mature, happy, and respectful adults. Malimi (2009), showed that traditionally the issue of orphans was the responsibility of extended family claims and in case of failure community did intervene, so in most cases orphans were secured within their kinship system. Social support is a cost effective critical resource (Thurman, T.R., et al. 2006) that buffers the effects of mental illness among children. The availability of support for children in communities affected by HIV/AIDS varies with the prevalence and maturity of the epidemic (Bauman, L., et al 2006). The social support system is usually sustained by family relatives and neighbors.

Nowadays community, community-based organizations (CBOs), faith-based organizations (FBOs), non-government organizations (NGOs), and the government are responsible for caring the orphans, but the government has done a little to address the problem of orphans. If orphans are not prepared for an independent adult life they are in danger in falling into poverty trap. The

problem of orphans is still a challenge to the society and still a global problem up to now where Ethiopian is not isolated.

The orphan crisis has been recognized as the globally problem. It is estimated that 143,000,000 children are orphans, and 17, 8000,000 million orphans have lost both parents are living in orphanage centers or on streets and lack care and attention required for healthy development. HIV/AIDS is a threat to children and their families globally, and that it will continue to be a threat for many years to come (UNAIDS, 2007). Since 1990, the number of Orphans from all causes has decrease in Asia, Latin America, and the Caribbean, but has risen by 50% in sub-Saharan Africa. This means the situation of orphans in sub- Saharan Africa is terrible compare to situation happening in Europe. According to UNICEF, Sub-Saharan Africa has the largest orphan burden with over 70 million children who have lost one or both parents from all causes of death. Although the HIV/AIDS epidemic is the most prevalent cause of orphan-hood, most children are orphaned by other causes such as natural disasters, conflict, and other health conditions (Gulaid, L. A., 2008). The effects have placed an overwhelming burden on children, families, communities and the country as a whole (United Nation Children's Fund, UNICEF, 2007).

Due to poverty, family disintegration, household violence, disability, and social unrest the number of OVC are expected to increase in the future. These children are most vulnerable and are at increased risk of exposure to child labor, trafficking, prostitution, abduction, stigma and discrimination. In the next decade this number is expected to rise and this will increase the number of children living in the poverty, street with no support, no education or food at a high risk of involved in the drugs and other illegal activities.

OVC are more susceptible than other children because they have already lost the parental protection and care (cited in: Abhishek Saraswat, 2017) with the rise of the HIV/AIDS in recent years, policy makers are struggling to care for the 17 million children orphaned by the pandemic (State of the World's Children, 2011). The numbers are even higher when accounting for children orphaned by all causes and those made vulnerable by the socioeconomic impact and mother-to-child transmission of HIV/AIDS.

This study sought to understand the psychosocial well-being of orphans aged Below 18 years old. According to Erikson stages of psychosocial development (1950) aged 12-18 years old is the adolescence stage, and is the period of identity vs. role confusion, where by adolescent needs to develop a sense of self and personality identity. Success leads to an ability to stay true to you, while failure leads to role confusion and weak sense of self. The failure in this stage as the results of anti-social behavior, most of the children become school dropout, early pregnancy, drug abuse, alcoholic and other delinquent behavior persists in our community. Especially, the age 12-15 needs more attention and more protection because this stage associated with a lot of changes such as puberty takes place, sex with the frequently changing relationship and this can lead adolescents to the risk of HIV/AIDS, engage in the risk behavior such as alcohol, cigarettes, and sexual intercourse increases sharply. Aged 16-18 which the researcher leave behind is the age where by adolescent has established sense of identity, no longer threaded by seeking their parents "advice" or "counseling" and become to worry about the future, and they can protect themselves (Erikson, E., 1950).

In response to the problem of orphans, and children rights which have become an important international focus since the adoption of the United Nations Convention on the Rights of the Child in 1989, and ratification of the African Charter on the Rights of the Child in 1990, the Ethiopia government came up with a lot of measures which include: registered in Africa Charter on the rights and Welfare of the child, formulation of Child development policy, HIV/AIDS prevention and control office, establishing Minister of Women, Children and Youth Affairs and so on. However, the overall achievement is not as such satisfactory compared with scope of the problem and children are exposed for psychosocial problems. In addition a lot of research have been done on which Much attention has been focused on the physical well-being of these orphans and vulnerable children (OVC); however, their psychosocial difficulties, such as depression, exposure to trauma, and difficulty coping with the loss of a parent, can no longer be ignored.

1.2. Statement of the Problem

The current shortcomings in research and policy have led to an information gap which impedes effective psychosocial programming for OVC. First, there is an inadequate understanding of the predictors of the psychosocial well-being of OVC. Previous research has produced conflicting

findings on the effects of factors such as age, gender, orphan type, child labour, and school attendance (Baaroy& Webb, 2008; L. Cluver, Fincham, &Seedat, 2009; Qun Zhao, 2010). This lack of knowledge is compounded by a second barrier: psychosocial health is currently not a policy priority.

As of CSA (2007), Ethiopia is estimated to have about 5,423,459 orphans, of whom 804,184 of them are due to HIV/AIDS. According to the estimation, in Ethiopia there are about 1,216,908 adults and 79,871 HIV positive children. According to the Standard Service Delivery Guideline for OVC's Care and Support Programs of Ethiopia, there are about seven core service components includes shelter and care, economic strengthening, legal protection, health care, psychosocial support, education, and food and nutrition. However, the existing literatures indicated that the psychosocial needs of orphan and vulnerable children is neglected or overlooked by the service providers. In Ethiopia orphan and vulnerable children face many psychosocial problems due to the death of their parents.

The number of children experiencing orphan-hood is increasing at an alarming rate. Although specific data on the number of orphans are highly inconsistent, most of this increase is explained by HIV/AIDS-induced adult mortality. Orphaned children continue to maintain a spot at the forefront of the international agenda with millions of children worldwide being orphaned or made vulnerable by HIV/AIDS, war, drought and with the numbers projected to increase in the next decade (UNAIDS 2004). Psychosocial wellbeing of Orphans and vulnerable children (OVC) at orphanages in Gondar town (Sebsibe, Fekadu &Molalign, 2013) are quite wide spread.

Large and growing numbers of orphaned children are a worldwide concern; whereas sub-Saharan Africa has the highest proportion of children who are orphaned, where more than one in seven children is orphaned (UNAIDS UNICEF & USAID, 2004). Although the issue of parental death and its consequences regarding orphaning of children is obvious in developing countries, civil war, poverty, chronic illness and HIV/AIDS have worsened the situation. The consequences of the HIV epidemic in Ethiopia are seen in the eyes of children who have lost one or both of their parents, traumatized by events beyond their control and understanding. These children are often stigmatized by relatives and rejected by communities which tend to think that caring for a child orphaned by AIDS is a lost investment. Many families in Ethiopia today are affected by poverty and are in situation not to serve basic functions such as rearing of children.

Studies that are conducted both outside and inside of Ethiopia focused on different dimensions of the consequences of parent death. For example, Meier and Eddy (2011) focused on the response of grief or mourning. On the other hand, Murauskas (2000); Beegle, Weerdt, and Dercon (2007) conducted a study on the consequence of parent death in childhood or adolescence and focused on the long term upshots, short term effects may not ultimately worsen in the years yet to come, when they reach the adulthood period. Moreover, researches conducted in Ethiopia by Himaz (2009) and Camfield and Himaz (2009), respectively, focus on the upshots of parental death on child schooling, subjective well-being and found out that the age of orphaning matter to child outcomes.

Generally, previous research has produced conflicting findings on the effects of factors such as age, gender, orphan type, child labour, and school attendance. Despite the current trend, this research will focus on identifying day to day problems that Orphan and vulnerable children encountered, psychosocial consequence of parent loss (lack of parent love, labour abuse, like grief, hopelessness, isolated from society as a whole, provision of basic need, loneliness, health care problem and so on) and role and responsibilities that must played with environmental communities in order to support these children. It specifically gives answers for the following research questions:

1. What psychological consequence do orphan and vulnerable children face as a result of parent death?
2. What social consequences do orphan and vulnerable children who face as a result of parent death?
3. Is there a significant difference between Orphan and vulnerable children who live in the selected center?
4. What psychosocial supports do orphan and vulnerable children get from the center that accommodate them?

1.3. Objectives of the Study

1.3.1. General Objective

The main objective of this study was to assess the psychosocial support for orphan and vulnerable children in three center in Woliso town.

1.3.2. Specific Objectives

1. To explain psychological consequence of orphan children problem those who lives in the center due to lost of their care givers.
2. To examine the social consequence of orphan children problem those who lives in the center due to their care givers lost.
3. To describe if there is any significant difference among Orphan children who lives in different institutions.
4. To investigate the major psychosocial supports that OVC get from the center that accommodate them.

1.4. Significance of the Study

The number of children living in difficult circumstances is noted to be significant due to social, economic, political as well as cultural factors (MoLSA, 2005). Identifying different problems that encounter Orphan children help to give immediate solution by different professional's supporter (like social work professional, counselling and guidance service) and policy makers. The finding from this research will be used as a good base to family members, social work practitioners, health professionals, policy makers, counsellors, teachers, researchers, other GOs and NGOs working with children

1.5. Scope of the Study

The scope of this research is delimited to children who have lost either or both parents due to different cases in Woliso town with particular emphasis to those who live in selected center. These center Organizations include Kale Hiwot Church, Maserati kiristosi Church (MKC) and Ethiopia Red Cross Societies. The study makes its focus on the identifying the effects of one or both parent's death on psychosocial values of Orphan children. This will have done with the purpose of assessing the life experience of the children in the institution. However, the study does not cover all children who lost their parents in the town.

1.6 Limitation of the Study

The present research focused on identifying the major perceived psychological and social support for orphan and vulnerable children. One important limitation of this study was that the researcher used data only from orphan and vulnerable children and care givers from the selected center. If the researcher were used additional information data from others; such as government, non-government organization, school counselor and health workers the result of the study were more strengthen . In addition, scarcity of budget to include other orphanage institution to collect further data another factors to be considered as a limitation of the study.

1.7 Definition of Key Terms

- **Child-**in this paper refers to a person who age is below 18 years who are also considered as adolescents.
- **Orphaned children**- A child less than 18 years of age whose mother, father or both parents have died from any cause.
- **Psychosocial support -** Psychosocial support as an ongoing process of meeting physical, emotional, social, mental, and spiritual needs of a child, all of which are essential elements for meaningful and positive human development.
- **Orphanage -**is children whose biological parents are deceased or otherwise unable or unwilling to take care of them.
- **Vulnerable child-**is being under the age of 18 years and currently at high risk of lacking adequate care and protection
- **Counseling**: - The processes of assisting and guiding orphaned children, to resolve especially personal, social, or psychological problems and difficulties.
- **Institution**:- an organization, society or cooperation having a public purpose, as a church, school, hospital,

CHAPTER TWO

REVIEW RELATED LITERATURE

2.1 Introduction

This chapter explores the literature on the psychosocial different effects on orphan and vulnerable children. The term literature review refers to the activities involved in identifying and searching for information on a topic and developing an understanding of the knowledge of the topic. Review of literature helps the researcher to generate ideas on the research topic. It gives a broad understanding of the problem and points out research strategies, specific procedures, measuring instruments and statistical analysis that are productive in solving the problem necessary for interpreting the result of the study. The literature review has been organized and presented under the following headings:-

2.2 Orphan and vulnerable children: Overview

Orphan and vulnerable children have personal, social, psychological, moral and educational problems. Society can no longer ignore the orphans as they are society's future. The experience of psychological abuse during childhood can have a long term and deleterious effect upon a person's social development and emotional wellbeing.

2.3 The Conception of Orphan-hood

The current situation is one fraught with a lack of clarity over definitions of orphan-hood within the context of war, poverty (drought) and HIV/AIDS. The definition of an orphan varies in the literature, basically with regard to age, sex and parental loss (Sherr, T.S., et al, 2008). Generally an orphan is defined as a child who has experienced the death of either parents or one parent. The UNAIDS defines an orphan as a child under 15 years of age who has lost a mother or both parents (UNICEF/UNAIDS, 1999). Some researchers used the UNAIDS definition. Others have increased the age to18 years (Atwine et al. 2005, Cluver et al. 2006, Nyamukapa, 2006). They argued that the UNAIDS use of 15 years was statistical and methodologically linked to the availability of primary data for that age categorization (0-15

years) in most Demographic and Health Surveys. They concluded that this statistical and methodological necessity or convenience should not limit observations that children still have unmet needs beyond 15 years and the fact that most countries have 18 years as the boundary for orphan-hood. It is also generally accepted among researchers that loss of a father would also place children at heightened vulnerability for psychological distress. Finding in Uganda shows that paternal orphans (children who lost their fathers) are seriously affected than children who lost their mothers (Monk 2000). Consequently, UNAIDS revised its definition, and now refer to any child age 18 and below whose mother or father had died as an orphan (UNICEF/UNAIDS 2009).

Several layers and classification systems for orphans have been identified as attempts to understand their situations (Bicego et al 2003). These include the nature of their careers, namely, extended families, foster parents, child-headed household and institutional care (Nyambedha et al 2003), between paternal, maternal and double orphans (Hunter 1991). And recently, we have orphans caused by AIDS and orphans of other causes (Cluver & Gardner 2006). In the wake of HIV/AIDS epidemic, lack of adequate care service structures and mechanisms led to poor living situations of the increased numbers of children orphaned by AIDS. This prompted academia and service providers to focus on AIDS orphans. However, the nature and dynamic of the HIV/AIDS epidemic and its associated poverty means that focusing on AIDS orphans does not address the full scale of the disease on children (Foster & Williamson, 2000). It is suggested that HIV/AIDS affects families and not individuals and so all children (not only orphans) become vulnerable when the disease enters a household. The tight definition of orphan-hood (or orphan) has limited usefulness within the context of HIV/AIDS epidemic. An explicit definition of the construct and boundaries of inclusion or exclusion is a contested issue in the literature. For the purpose of this study, the term orphan refers to a child who is bereft of at least one parent to death whilst OVC is used to identify a child who is 18 years or below and has either lost mother or father or both.

2.4 Risks and protective factors Orphan-hood

Review of the general literature suggests that possible factors such as social and psychological difficulties observed in children. Cluver & Orkin (2009) argued that food insecurity, stigma and bullying increase psychological symptoms among children in South Africa. In addition, factors that have been identified in the general childhood literature as risks and protective factors for the situation of orphaned children. Availability or perception of social support is suggested to enhance the coping skills of orphan children to handle stressing life events and functions to reduce distress and psychological difficulties (Decker D., 2007). Social support is a cost effective critical resource (Thurman, T. R., et al. 2006) that buffers the effects of mental illness among children. The availability of support for children in communities affected by HIV/AIDS varies with the prevalence and maturity of the epidemic (Bauman, L., et al. 2006). The social support system is usually sustained by family relatives and neighbors.

In high prevalence countries like those in Southern African countries children witness the death of parents, siblings, relatives and neighbors that overwhelm the traditional support system provided by extended family members and established supportive environment of community network (Hong et al. 2010). It is suggested that the traditional support system is collapsing in the region because of the orphan crises (Foster 2000; UNICEF, 2007; Nyambedha, E.O., et al 2003).

2.5 **The Consequences of Parental Death on Children**

Children who lose their parents through death will face different kinds of consequences including lower educational achievement, behaviour problems, mental health, psychological problems, lack of social competence and long-term health consequences, mental health and well-being, alcohol abuse, and problems with relationships Schafer (2009); Coyne and Beckman

2.5.1 Short and long term effects

There are both long term and short term effects of a parent's death on children. On their study that is conducted in north western Tanzania highlighted that, considering short term effects is important, but sometimes short term effects may not eventually worsen in the years yet to come, when they reach the adulthood period. For example, most of the time parental death is related with loss of earning or income of the family in general income which would in consequence affect the outcomes around the time of illness or during the period of memorial service. However, these outcomes may cover over time. The financial consequences and short term distress were which are common at the time of parental death have a tendency to fade with time.

Effect of parental death on the earlier period of childhood may bring a long term effect by extending to adulthood. Adults who experienced parental death during childhood are exposed to reveal different level of misery, addiction, suicide, dependency, low self-confidence, being self-absorbed, sustaining intimacy and expressing anger, predict a shorter life span for themselves, perceive themselves as more vulnerable to future loss and worry more about their own death than adults who did not experience parental death during childhood (Mack, Y. K. 2004).

Children who have lost one or both parents accumulate fewer skills and experience, and such factors as age, gender, and changes in home circumstances and caregiver can all contribute to this effect (Mack, Y. K. 2004). The other study conducted by found out that parental death has a long run effect on children cognitive and non-cognitive skills (emotional stability, social skills), and that explains why such children dropout of schools, and experience of teen-age pregnancies. In addition, it will have an effect on educational achievements, IQ scores, successive family development, health, employment and income. By the cause of death, children will lose the role model of their life as the deceased parent may have been role model for his/her children and other family members by his/her socio-economic status, education level and profession in life. Parental death also affects the parenting process in which the children receive from their caregivers.

2.5.2. Effects of Gender of Deceased Parent

Parent's death has differential according to parent gender. The factors such as the gender of the deceased parent may be more influential than parental death alone (Mack, Y. K. 2004). When adults experience maternal death during childhood they will experience less relationship with others. Participatory discussion of children and adults in five communities in Ethiopia, and found that losing a mother between the age of 8 and 12 has significant on schooling outcomes (Himaz, R., 2009). While the death of a father does not have the same effect on schooling outcomes, it reduces the sense of confidence, and hopefulness that a child feels about his life and future. The researcher holds that many fathers in Ethiopia are the major bread winners for their household; hence, children will feel that they have fewer assets available for them.

A large number of children in Ethiopia who lose their mother are sent out to be looked after by relatives and non-relatives or they will experience a change in caregiver. Therefore, this experience of changing care giver exposes children who lost their mother to a poorer academic achievement, to dropping out from school, losing of writing and reading skills and missing school but these effects are not observed on children who lost their father (Himaz, R., 2009).The research conducted in Kenya by Evans and Miguel (2007) also present the same result with that of (Himaz, R., 2009).research. According to whom a maternal death has a much larger effect than paternal deaths, and most of the difference is driven by the sharp drop in school participation. Encouragement and income provided by (healthy) mothers is more important, on average, in determining child schooling participation than the encouragement and income provided by fathers. Moreover, after maternal death children are more likely to be sent to live in other households.

2.6. The Impact of Early Orphanage Life on Development

Many influences contribute to a child's development and behavior, including genetics and the environment, both during pregnancy and following birth. In the general population, 15% to 20% of all children will display some type of developmental and/or behavioral issue. Most of those children have mild difficulties regarding, for example, attention, language or reading. Certain situations can increase a child's risk for developmental and behavioral problems. Malnutrition, neglect, and abuse, for instance, can all incur long-lasting effects. For these reasons, children

who are raised in privation (such as in poor foster care, orphanages, or neglectful primary care) suffer increased risk for a variety of developmental and behavioral issues, particularly if they have lived in an adverse environment during the first 3 years of life. Specific medical histories also increase the possibility of developmental/behavioral problems: premature birth, low birth weight, prenatal alcohol exposure, and family genetic disorder (Lisa Nalven, M. F., 2017.).

2.7. Orphan Crises Globally

Exact figures are not available; not all nations have accurate census information. Recent estimates reported in the joint report, Children on the Brink (2004) (cited in Catherene, H.M., 2008) assert there are approximately 143 million children worldwide who have lost at least one parent; of these, about 16.2 million are "double orphans" who have lost both parents (p.7). Extreme poverty, conflict, exploitation, war, famine, disease and the HIV/AIDS pandemic is having a devastating impact on the world's youngest and most vulnerable citizens. Orphan hood is leaving ever increasing numbers of children vulnerable, malnourished, poor, and uneducated with little hope for the future. "More than 100 million vulnerable children around the world do not go to school. Since 1990, the number of orphans from all causes has gone down in Asia, Latin America and the Caribbean, but has risen by 50% in Sub-Saharan Africa. (United Nation Children's Fund, 2006).

2.8. Orphan Crisis Facing Sub-Saharan Africa

No other region in the world has left more children orphaned and vulnerable than Sub Saharan Africa. In 2005, the region was home to 48.3 million orphans from all causes, 12 million Educational Access 6 of them orphaned as a result of the HIV/AIDS pandemic (United Children's Fund, 2006). The real tragedy is the number of orphans in Sub-Saharan Africa will continue to rise in the years ahead. As staggering as the numbers already are, the crisis in the region is just starting to unfold.

As noted in the report Children on the Sub-Saharan Africa is home to 24 of the 25 countries with the world's highest levels of HIV prevalence (Brink, 2004). As adults die, in growing numbers, they will leave increasing numbers of children behind. Ethiopia is one of the poorest nations in the world and has not escaped the crisis (p.8). With the second largest population in Africa,

Ethiopia also has the distinction of having the second highest population of orphans. The HIV/AIDS pandemic is not the only contributing factor in the rapidly increasing numbers of orphans and vulnerable children in the country. War, famine, drought, disease, and political instability are also causes. The effects have placed an overwhelming burden on children, families, communities, and the country as a whole. The vast majority of orphans and vulnerable children are cared for by extended family members. In Sub-Saharan Africa, 60% of orphans now live in grandparent headed households (Help Age International, 2006) (cited in Catherene, H.M., 2008). The social and economic impact of orphan hood threatens the well-being and security of not only millions of children but also extended families that care for them and the country as a whole.

CHAPTER THREE

METHODOLOGY

3.1 RESEARCH DESIGN

In this study cross-sectional research design was used. It attempted to assess the types and nature of psychosocial supports given for orphan vulnerable children. The study employed quantitative methods of data analysis. In order to achieve the stated objectives, mixed approaches of data collection was used.

3.2 Study Population

The study population were the OVC living in the three selected center (Orphanage) living in Woliso town. The children who were below 18 years old lived at least years in the Orphanage and actively beneficiary of the service at the time of the research were considered for the sample selection, whereas children who were not willing to participate in the study were excluded from participating in the study.

3.3 Study Area

Woliso is one of the towns in Oromia regional state of Ethiopia, which was established in 1919 E.C. currently, the town is serving as a zonal town for the South West Shoa Zone and a seat for Woliso Woreda. According to 2007, G.C population Census of Central Statistical Agency (CSA) report, the population size of Woliso town was 37, 868 and now this number has projected to reach about 80,000. Administratively the town has divided in to four Kebeles. The town has its own administrative structure that has led by a Mayor.

The town is located at 8.31^0 60" North latitude and 37.58^0 $60^{"}$ East longitudes. The elevation of the town ranges from 1900 to 2000 meters above sea level. The mean temperature of the town is 22.5℃and the mean annual rainfall is 1200mm (WTAMO, 2014).Woliso town is located at a distance of 114 kilometers from the capital city of the country, Addis Ababa, along Addis Ababa to Jimma main road. The majority of the inhabitants are practiced Ethiopian Orthodox

Christianity, with 63.29% of the population, while 19.06% of the populations were Protestant, and 16.36% were Muslim.

The study was conducted at Woliso town in three selected organizations on Orphan vulnerable children. These organizations are Kale Hiwot church which was established in 2004, Meserata Kiritosi Church (M.K.C) which was established in 1989 and Ethiopia Red Cross Societies in Oromia region South West Shoa which was established in 1983. (Woliso Town communication affairs).

3.4. Population size and Sampling Technique

The orphans were taken from the administrator office of the institution in the town as a sampling frame. Out of the total population of 325 Orphan children, 176 of the Orphans were selected using Morgan and Kreijice (1970) sample size calculation formula

$$n = \frac{{Z_{\alpha/2}}^2 NP(1-P)}{d^2(N-1) + X^2P(1-P)}$$

Where n= require sample size, N=Population size

P= population proportion (assumed to be 0.5 since this would provide the maximum sample size)

d= degree of accuracy expressed as proportion

$$n = \frac{(1.96)^2 * 325 * 0.5 * 0.5}{0.05 * 0.05(325-1) + (1.96)^2 * 0.5 * 0.5}$$

$$n = 176$$

Next, these 176 participants were selected using simple random sampling method.

In addition, the researcher collected more information about the Orphan's full information from caretakers through questionnaire. A total of 10 caregivers and officers were asked to get more information about the Orphan vulnerable children accommodated in the Orphanage.

3.5. Data Collection Instrument

3.5.1. Questionnaire

Questionnaire was the main tool or instrument used to collect data in a descriptive-survey research study. Questionnaire through closed ended questionnaire was employed to collect quantitative data from selected three center institutions. This is because item is convenient to conduct survey and to acquire necessary information from large number of study subject with short period of time. Furthermore, it makes possible an economy of time and expense and also provides a high proportion of usable response (Best & Kahn, 2003). The researcher was used self-administered questionnaires. A 4-item scale used in a previous study (Whitaker, Miller, & Clark, 2000) was employed to assess the study. These questionnaires included open ended and close ended which were prepared by English and translated in to Afan Oromo and Amharic language.

3.5.2. Semi –Structure Personal Interview for Care Giver

A Semi–structure personal interview was developed for 10 care giver participants of the three organizations. The researcher interviewed all the ten (10) care giver participants (3 male and 7 female) individually to allow the participants a chance to freely express him-self or her outside the group environment or set-up where all responses were written. In this study, the interview guide would be employ semi-structured and open ended questions. This interview guide was prepared by researcher and it would be used after the advisor approved. Patton (2002) explained the advantages of using this type of interview as it makes sure that the interviewer has carefully decided how the best to use the limited time available in an interview situation. The purpose of this form semi-structured personal interviewing was to find out the kind of services provided and how counseling services were utilized in the center to comment on psychosocial support service for the Orphan Vulnerable Children.

3.5.3. Focus Group Discussion with Care Giver (FGD)

The study was also used focus group discussion as a data collection tool to ensure the data quality and triangulate the findings. Focus group discussion ensured breadth of data since many

participants discussed on a specific research topic from different views. Focus group discussion(FGD) would be found to be useful for exploring issues in groups, where attention to group dynamic and to discussion content allows participants to interact and co-create the research data (Nelson, 2009). Therefore, the FGD would be undertaken for two major reasons: first; to cross- check and supplement the information was gathered through interview regarding their psychosocial problems and support system for OVC in Woliso town at the selected organization. The FGD guide contains a list of guiding questions that would be developed by the researcher, based on the objectives of the study.

The topic guide questions for focus group discussions were prepared in Amharic and Afan Oromo to make easily understandable by the participants and to avoid interruption of discussion flow due to translation efforts. Interviews were also conducted in Amharic and Afan Oromo, local language of the respondents. In this focus group discussion 7 females and 3 males care givers were participated.

3.6 Data collection Procedures

The researcher went to the study area with cover letter which was written by Jimma University, Colleges of Educational and Behavioural Science. Before starting distribution of the questionnaire, the researcher was introduced himself by following with the explanation of the purpose of the questionnaire for the participants and concerned bodies. This was done in order to avoid confusion and told to reply the questionnaires based on the facts and their personal feeling. After consent from target institution was obtained, appropriate time was arranged before distributing the questionnaires to minimize the return rate of the questionnaires.

All the data were gathered by employing questionnaires, interview and focus group discussion. The researcher distributed questionnaires in order to collect quantitative data to orphan and vulnerable children participants while a semi-structured interviews and focus group discussion were applied to collect qualitative data from care givers.

3.7 Validity and Reliability of the Research Instrument

Validity refers to a measure tool or instrument measures exactly Before the actual data collecting activities was done, the questionnaire was pilot tested and reviewed in one of religious organization, Chadet, in Woliso town on 25 Orphan and vulnerable children that was not included in researcher's sampled institutions. As a result of this, the questionnaires were revised depending on the comment gained from the participants in the pilot study. This all was done in order to measure the validity and reliability of results of the data collected for the purpose of this research.

Additionally, the reliability of the instrument was measured by using Cronbach alpha test at 0.05. The average reliability estimation was 0.78. After that some questionnaires were modified. A reliability test was performed to check the consistency and accuracy of the measurement scales.

3.8. Method of Data Analysis

Both quantitative and qualitative data analysis methods were used to analyze data generated through collection instrument like questionnaires, semi-structured interviews and focus group discussion. The quantitative data which was collected from closed-ended questions were coded, tabulated, analyzed, described and interpreted by using descriptive statistical tools such as frequencies, percentages, standard deviation and mean value. The reason to employ these data analysis is that, frequency was used simply to identify a number of respondents' responses for a given specific items while percentage enables the researcher to simplify and explain a given set of data. Mean was also used to identify average responses given by the respondents. To make the analysis more accurate a one-way ANOVA was employed to analyze the data by using Statistical Package for Social Sciences (SPSS) version 20 software.

Qualitative data which was collected from caregivers through semi-structured interview and focus group discussion of open-ended questions were narrated in words in order to supplement the data through other means. Then the analysis and interpretation was made in relation to the basic questions of the study and findings of the study were compiled in order to present conclusions and recommendations.

3.9 Ethical Consideration

Throughout the study starting from research proposal preparation to dissemination of results and beyond all ethical issues were considered and maintained. The objective of the study was clearly communicated in a language the study participants can understand. In addition, the right of the study participants to withdraw from the study at any time was safeguarded. At the same time the potential benefits and risks from participating in the study was explained for the research participants. To avoid intrusive interview for the care givers, the researcher established good rapport and used qualitative interview techniques. The anonymity of participants and confidentiality of the information was maintained throughout the study by using pseudo identification and removing personal identifiers for the participants. All the written data were kept in secured place and that was explained to the study participants prior to interviews and focus group discussions (FGDs).

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

This chapter presented results and findings of the study. The presentation was focused on demographic characteristics of participants, Orphan and vulnerable children and care givers which were presented using frequency and percentage. The cross sectional design of mixed approach with qualitative and quantitative data analysis was applied in order to collect data. The obtained data from the participants through these instruments, questionnaires, interviews and group discussion, were analyzed quantitatively and qualitatively respectively. In quantitative data analysis mean and standard deviation were used to describe the psychological and social consequence of orphan and vulnerable children. Qualitative data obtained from open-ended questions on especially, challenges in providing supports to orphan and vulnerable children and strategies that may be used to overcome these challenge were analyzed and presented in word. In this descriptive survey research from 325 total of population of orphan and vulnerable children, 176 OVC where 104 male and 72 female were drawn using a standard sample size calculation formula developed by Morgan and Kreijice (1970). Close-ended questionnaires were prepared for these OVC and all of the sampled OVC were participated without any exclusion. For the prepared open-ended questionnaires, 10 care givers were also fully participated. This might add values for the validity of the research.

4.2 Demographic Characteristics of Participants (OVC and Care givers)

4.2.1 Demographic Characteristics of Orphan and Vulnerable Children

In the following table general back ground information about the orphan and vulnerable children from Mekana yesus church, Kale Hiwot church and Ethiopian Red Cross society at Woliso center were presented. The table presents characteristics of orphans who participated in the study. The characteristics of orphans presented include sex, age and level of education. Other information includes causatives of orphanage, and duration an orphan has been at the center.

Table : Demographic Characteristic of Orphan and vulnerable children

Demographic characteristics	Frequency	Percent (%)
Sex		
Male	104	59.09
Female	72	40.91
Total	176	100
Age		
10-12	69	39.2
13-15	75	42.6
16-18	32	18.2
Level of education		
Never been to school	-	-
Primary school	117	66.5
Secondary school	59	33.5
Total	176	100
Causative of Orphanage		
Death of Father	47	26.7
Death of Mother	63	42.8
Death of both Parents	19	12.9
Other	47	26.7
Total	176	100
Total time an Orphan has been at the center	-	-
<1	18	10.2
1-3	51	28.9
4-5	107	60.8
>5		

A total of 176 orphans participated in this study. Table 1; show that 104 (59.09 %) of orphans were males while 72 (40.91%) were females. As regards to age of orphans, results show that 69 (39.2%) of orphans were aged between10-12 years, 75 (42.6%) of orphans are aged between 13-15 years, and 32 (18.2%) of orphans are aged between 16-18 years. As per results more orphans are aged between 13-15 years old.

In assessing the background of orphanage as presented in Table 1, it was revealed that 47 (26.7%) of orphans lost their fathers, 63 (42.8%) of orphans lost their mother, 19 (12.9%) of the total orphan children taken as a respondents lost both of their father and mother, and the rest 47 (26.7%) of orphans were taken by someone to the orphanage center and not orphan due to the death of their parents. Most of these orphan children replied that they lost their parents due to family divorce, socioeconomic problem (income, life style, illness for long period of time etc.). From Table 1, one can see that most of orphans in the orphanage is due death of their mother.

In assessing the duration of orphans in staying at orphanage centers, Table 1 revealed that there is no orphan had been at orphanage centers for a period less than a year, 18 (10.2%) of orphans had been at orphanage centers for a period of between 1 to 3 years, 51 (28.9%) of orphans have been at the centers for a period between 4 to 5 years and 107 (60.8%) of orphans had been at orphanage centers for more than five years.

4.2.2 Demographic Characteristics of Social Welfare and Caregivers

Table 2 presents characteristics of social welfare officers working in the orphanage centers, and caregivers participated in the study. The demographic characteristics of social welfare officers and caregivers presented include sex, age and marital status. Other information includes level of education and experience in dealing with orphans.

Table : Demographic Characteristics of Social Welfare Officers and caregiver

Demographic characteristics	Frequency	Percent
Sex		
Male	3	30.0%
Female	7	70.0%
Total	10	100.0%
Age		
18-25	1	10.0%
26-35	4	40.0%
36-50	5	50%
>50	-	
Marital Status		
Unmarried	2	20.0%
Married	8	80.0%
Total	10	100.0%
Level of education		
< 12 Grade	2	20.0%
Certificate	4	40.0%
Diploma	2	20.0%
Bachelor Degree	2	20.0%
Total	10	100.0%
Experience in the Orphanage		
<1	-	
1-3	6	60.0%
4-5	3	30.0%
>5	1	10.0%
Total	10	10.0%

In this study, a total of 10 orphanage center staff and caregivers were involved in the study. From Table 2, 3 (30%) of orphanage staff and caregivers were male while 7 (70%) of them were female. More of female are engaged in taking care of orphans because in Ethiopia it is believed

that, female are the one who are more engaged in taking care of children as compared to their male counterpart.

In regard to the age of orphanage center staff and caregivers as presented in Table 2, 1 (10%) of orphanage center staff and caregivers are aged between 18 and 25 years old, 4 (40%) of them are aged between 26 and 35 years, and 5 (50%) of them is aged between 36 and 50 years. Majority of workers are aged between 26 and 35 years old because this age group is the age where majority of Ethiopians started to follow their religious attentively. This can be evidenced from the recorded life history of the religious members at the selected sites.

In assessing the marital status of the orphanage center staff, it was noted that 2 (20%) of workers were unmarried while 8 (80%) of workers are married. Majority of workers are unmarried due to the nature of work at the orphanage center. The work at orphanage center requires a person who is not much busy with his/her family.

The level of education of orphanage center staff and caregivers were identified, from the results presented in Table 2 2 (20%) of the care givers were below grade 12, 4(40%) of orphanage center staff and caregivers are certificate levels, 2 (20%) of orphanage center staff and caregivers hold diploma, and 2 (20%) of orphanage center staff caregivers have bachelor degree. Based on these results majority of workers were below grade 12. This indicates that majority of staff have no adequate knowledge to take care of orphans and in need off to be trained in any relevant courses.

In assessing the experience of orphanage center staff and caregiver, it was revealed that 6 (60%) of orphanage center staff and caregiver worked with orphanage centers in a period between 1 and 3 years, 3 (30%) of them have been at the centers in a period between 4 and 5 years and 1 (10%) of them have been at orphanage centers for more than 5 years. Based on these results, majority of workers at orphanage centers are experienced in supporting orphans.

Table : Summery of distributed and collected data for the participants

Participants	Sample size			Number of distributed questionnaires	Number of collected questionnaire	% of participated
	M	F	T			
Orphan and Vulnerable Children	104	72	176	176	176	100
Caregivers	4	6	10	10	10	100

As indicated in the table 3 above, a total of 176 questionnaires were distributed to a total of 176 orphan and vulnerable children participants and all of the questionnaires, 176 (100%) were filled and returned properly. For 10 care givers, 10 interview questions were prepared and all of the selected care givers were actively participated. In both participants, the returning and participating rate is 100%.

4.3 Analysis of Quantitative Results

Major quantitative results of the findings are presented in separate section in accordance of the basic research questions

4.3.1 Major Categories of Responses of Orphan and Vulnerable Children Problems Related to Psychological consequence

This section intended to identify the psychological consequence of orphan and vulnerable children in the indicated organizations. The quantitative responses of orphan and vulnerable children on psychological problem identified were present in Table 4 below. In the table, responses of orphan and vulnerable children of age 10-18 years were given in frequency and percent as to address the specific objective of the study.

Table : responses of orphan children on questions related to psychological consequences

No	Items	1		2		3		4		Mean
		F	%	F	%	f	%	f	%	
1	I could experienced positive feeling	106	60.2	51	28.9	9	5.1	10	5.6	1.56
2	I feel that I have nothing to look forward to	108	61.3	25	14. 0	18	10.2	25	14.2	1.74
3	I feel I am not worth much as a person	8	4.5	28	15.9	35	19.8	105	59.6	3.35
4	I feel scare without any good reason	106	60.2	35	19.9	17	9.6	18	10.2	3.30
5	I feel as I am pretty worthless	25	14.2	22	12.5	109	61.9	20	11.4	2.69
6	I feel that I have a number of good qualities	107	60.7	34	19.3	20	11.4	15	8.5	1.68
7	I certainly feel useless at times	32	18.2	29	16.5	96	54.5	19	10.8	2.57
8	I feel social isolated	24	13.6	28	15.9	26	14.7	98	55.9	3.12
9	I feel comfortable while I am playing with my peer groups	98	55.7	27	15.3	19	10.8	32	18.2	1.91

Key: the scale used 1- never, 2—sometimes, 3- often, 4- always, n-number of respondents and %- percent

From Table 4, one can see that 106 (60.2%) the respondents responded that they couldn't have positive feeling regarding to the Orphan children while 51(28.9%) replied that they sometimes feel positively. Almost 5% of the respondents responded that they always feel positively. The

mean value of the respondents was 1.56 below the average (2.0) shows that they do not experienced positive feel.

On the assessment of the second item, 108 (61.3%) of the respondents said that they have no thing to look forward to while 18(10.2%) of the respondents responded that they did not good feeling to look forward to often. The mean value is 1.74 which are less than the average value.

In assessing the item of worthiness, it was revealed that very few orphan who said never (4.5%) and sometimes (15.9%) that in his/her life, he/she feel to be worth as a person. But, much of respondents (59.6%) responded that they always worth themselves as a person. The mean value calculated were 3.35 which is greater than the average value.

The above table (Table 4) shows that, 106 (60.2%) of the orphan children respondents said that they never feel scares (having a characteristic quality in a high degree). In other side 17(9.6%) and 18(10.2%) of them responded that they often and always feel scare respectively. The mean value of respondents was 3.30.

Regarding to item 5 of the Table 4, 109 (61.9%) of the respondents responded that they often feel that as they were worthless while 25 (14.2%) of the respondents replied that they never feel pretty worthless. Out of total respondents only 20 (11.4%) of them said they feel always worthless. On comparison of the mean with the average mean value of the respondents the mean values of the respondents were 2.69 which are greater than the average value.

From research results, it was found that majority of orphans did not think themselves as they have good quality. This can be evidence from the results that 107(60.7%) and 34(19.3%) of orphans said that they never and sometimes respectively that orphans have a number of good quality. Very few of the orphan respondents 20 (11.4%) and 15 (8.5%) responded that they often and always respectively feel as if they have a number of good qualities. More over the mean of the mean value of the respondents is 1.68 below the average mean value.

Table 4 shows that 96 (54.5%) of the respondents replied that as their life is meaningless means that they are useless person. 19(10.8%) of orphan respondents give value for themselves by saying that the feel always as a useful person. The mean value is 2.57 which are greater than the average mean value.

In regard to isolation, it was revealed that 98(55.9%) of orphans respondents said that he/she always prefers social isolation. While, 24(13.6%) of the respondents refused social isolation, but 28(15.9%) of them sometimes feel social isolation with the mean value of 3.12 which is much greater than the average mean value.

From the subjects response analyzed on table 4.3 it indicates as some 27(15.3%) of the orphan did not have a comfort playing with their peer groups. Only 19(10.8%) of the respondents often like to relax with other people, but majority or more than a half 98 (55.7%) of them are hate to pass their leisure time with the other people with mean value of 1.91.

Over all, the responses of the orphan and vulnerable children given in the above table (Table 4) for the three selected organization is summarized as given in table 5 below. Data obtained from respondents' was analysed using descriptive statistics, mean values and standard deviation to recognize the major categories of problem related to psychological consequences. Before interpretation of the results, the researcher emphasized some literatures. According to (Welch, 2011 and NSF, 2013) the mid-point value for the 5-point scale is 3.0 so that in interpreting mean score result it has to be based on the scale value. For example, (NSF, 2013) interpreted the average response or mean score 3.94, just slightly below an "agree" or "support the statement" response. Therefore, the present researcher also considered this line in interpreting mean score in this paper.

Table : Mean, standard deviations, F- value and P-value of factors related to problem of psychological consequence

Site Categorises	Mean	Standard deviations	F-value	P-value
KHC	2.12	0.422		
MKC	2.05	0.416	0.776	0.462
RC	1.93	0.456		
Total	2.04	0.419		

Table 5 showed that among the three categories of psychological problem treated, on average Red Cross Church shared (M=1.93, SD = 0.456) which is slightly below an "often" value on

the scale and followed by the mean score of Mekanyesus Church (M=2.05, SD = 0.416). The same table showed that interpersonal Kale Hiwot Church shared score (M =2.12, SD = 0.422) which is somewhat above "often" value on the scale. Therefore, these results of mean scores variation indicate that the major perceived psychological consequences of these participants are Red Cross (RC), Mekane Yesus Church (MKC) and Kale Hiwot Church (KHC) categories respectively.

4.3.2 Major Categories of Responses of Orphan and Vulnerable Children Problems related to social consequence

This section intended to identify the social consequence of orphan and vulnerable children in the selected organizations in Waliso town. The quantitative responses of orphan and vulnerable children on social problem identified were present in Table 6 below. In the table, responses of orphan and vulnerable children were given in frequency and percent as to address the specific objective of the study.

Table : responses of orphan children on questions related social consequences

No	**Items**	**1**		**2**		**3**		**4**		**mean**
		F	%	f	%	f	%	f	%	
1	I can easily interact with people	31	17.6	101	57.4	26	14.7	18	10.2	2.18
2	I have someone to talk about my problems	108	61.4	24	13.6	21	11.9	23	13.1	1.77
3	I experienced sense of loneliness	24	13.6	22	12.5	106	60.2	24	13.6	2.74
4	I have friends around me while I am in need	118	67.0	23	13.1	20	11.4	16	9.1	1.63
5	I like to live a solitary life	14	7.9	105	59.6	41	23.3	16	9.1	2.70
6	I hate to pass my leisure time with other people	18	10.2	37	21.0	15	8.5	105	59.6	3.19

Key: the scale used 1- never, 2—sometimes, 3- often, 4- always, n-number of respondents and %- percent

Concerning the interaction of orphan children, analysis of table 4.4 indicates that 101 (57.4%) of them replied that they sometimes interact with people. But, very few of the orphan respondents said that they always interact with people easily. However, 31 (17.6%) of them said that it is not easy to interact with people. It is also seen that the mean value of the respondents is 2.18 and which is slightly greater than the average mean value.

In assessing item 2 and 4 from table 6, 108(61.4%) and 118 (67.0%) of the respondents said that they have no one to talk with about their problem respectively while 24 (13.6%) and 23 (13.1%) of them respectively said sometimes they have a person near them whom they can told their problems. However, 23(13.1%) and 16 (9.1%) of the respondents replied as they have a friends with them to talk about their problems. The mean value is 1.77 which is below the average mean value.

Regarding to loneliness, 106(60.2%) of the orphan often experienced sense of loneliness. But 22 (12.5%) of the orphan children feel to be alone sometimes. Few of them said that they never experienced sense of loneliness. The mean value was 2.74 which is greater than the average value.

As can be observed from the table 4.4 item 5 responses of the respondents, 105(59.6%) of them like to stay alone or select a solitary life. Few of the respondents, 14(7.9%) never accept to live a solitary life. The mean value calculated is 2.70 which are greater than the mean value shows that the most of the orphans prefer a solitary life.

In related to their leisure time responses of the respondents from table 4.4 shows that 105(59.6%) of them hate to pass leisure time with their friends/other people. 37(21.0%) of the respondents said sometimes to imply that they hate to be with their friends in their leisure time. However, 18(10.2%) of them responded never that is they are interested to be with their other people in their leisure time. The mean value is 3.19 which is much greater than the average mean value confirms that much of the orphans hate to pass their leisure time with other people.

Under these categories, the problem related social consequences of orphan and vulnerable children at the three centres are described using statistics mean and standard deviation as indicated in table 7 below.

Table : Mean, standard deviations, F- value and P-value of factors related to problem of social consequences

Site Categorises	N	Mean	Standard deviations	F-value	P-value
KHC	12	2.0833	0.48979	0.961	0.385
MKC	147	2.0692	0.38614		
RC	17	1.9314	0.39113		
Total	176	2.0568	0.39391		

It is shown from table 7 above, the mean value 1.93 for red cross orphan and vulnerable children is slightly lower than an 'often' (2.0) value on the scale. On the same table, it can be seen that this value is followed with mean value MKC, 2.069 which almost equivalent to the average values. Finally in this table it is shown that, the mean value of KHC, 2.0833, is greater than the mean value. Therefore, these results of mean score variations indicated that high social problem is observed on orphan and vulnerable children at KHC, MKC and RC respectively

4.3.3 Major Categories of Responses of Orphan and Vulnerable Children Problems related to difficult circumstances

Responses of orphan and vulnerable children on prepared questions related any difficult circumstance which might be difficult to categorize either as psychological problem or social problem were summarized and presented in the following table (Table 8). In the table the responses of the OVC were present using frequency and percent.

Table : Responses of Orphan Vulnerable Children on Questions Related to Difficult

No	Items	1		2		3		4		Mean
		f	%	f	%	f	%	F	%	
1	I tend to over react to difficult situation	104	59.1	36	20.4	15	8.5	21	11.9	1.73
2	Over all, I am satisfied with my self	118	67.0	20	11.4	19	10.8	19	10.8	1.65
3	I am confident that I could deal efficiently with unexpected events	104	59.1	36	20.4	17	9.6	19	10.8	1.72
4	I don't find it difficult to ask information from others.	110	62.5	23	13.1	23	13.1	20	11.4	1.73
5	It is difficult to communicate a guest with the first contact	62	35.2	67	38.1	28	15.9	19	10.8	2.02

Circumstances

The responses of these participants at each institution is summarized and presented in tabular form using statistical mean and standard deviation as indicated in table 9 below.

Table : Mean, standard deviations, F- value and P-value of factors related to problem of psychological consequence

Site Categorises	N	Mean	Standard deviations	F-value	P-value
KHC	12	1.6667	1.02809	0.124	0.883
MKC	147	1.7891	1.00976		
RC	17	1.7059	.94106		
Total	176	1.7727	.99974		

The mean values indicated in table 9 shows, all the values in all site categories are below the average vale, 2.0. These values however, are above ‘sometimes’ and ‘never’ value on scale.

4.4 Statistical Significance Difference between the Three Sites

One of the objective of this study was to investigate whether or not there is significant difference psychosocial problems between group of participants‟ sampled from different centers of the study. A one- way ANOVA was employed to compare the significance difference on the responses of the participants among the selected centre. As one can see from Table 5 (P= 0.462), Table 7 (P= 0.385) and Table 9 (P= 0.883), the calculated p-value is greater than alpha value=0.05 indicated that there is no significant difference between the three sites.

4.5 Analysis of Qualitative Results (Responses of Caregivers on Psychosocial Support that OVC Gets from the Institutions)

In addition to closed ended questionnaire, questions for interview and group discussions were prepared for care givers which can supplement the responses of OVC. Care giver participants of this study were asked to tell further the overall psychological consequences of OVC and overall problems of these children in the institution and what to be suggested.

The data collected by interview on the item related to the availability health care material participants from Kale Hiwot church said ‘there a clinic in the church which is not fully functioning due to shortage of materials. But, the rest two religious institutions (MKC and RC) the respondents reply that as there are no materials available for health care in the centre by indicating the problems.

Concerning nutritive food, the data collected from these care givers shows that they did not believed that the food that given for these children is not nutritive. Even some of the respondents said that there is high need for additional support for deliverance of food.

The responses of the respondents for the question related daily activity of orphan and vulnerable children shows that most of the orphans and vulnerable children are prefer to be alone. Few respondents said ‘some of the OVC are crying and shows sadness face without any reason’. Some of them are wanted to ask questions, but they are not in the position to be freely asked what they need.

In all the three sites the data collected from the respondents concerning the question on the counselling service provision indicated that as there is no counselling service provided by a professional counsellor. They all said 'simply what are done in the institution are the elders guiding these children through their experience not professionally'. In addition, the respondents said that 'we are given a short term training which is not enough to give a counselling service for the orphans in centre'.

Concerning the challenge in the institutions, the participants identified and mentioned the following problems. They said that 'there are shortages of materials, over crowdness, difficulty in managing, scarcity of material service to be provided like medication and basic need food, cloth, etc, shortage of free space in the institution compound where to do sport except in Kale Hiwot church.

Finally, the respondents suggested that 'the orphan and vulnerable children should be provided by: continuous training, employed professional counsellor, with nutritive food, full health service, creating additional income generating system, additional such type service centre should be extended in order to decrease the number of orphan at one centre'.

4.6 Discussion

The objective of this study was to identify major psychosocial consequences on orphan and vulnerable children and providing strategies used to improve the problems. Furthermore, it was planned to examine psychological consequences and social consequences and coping mechanisms of the problem separately, by grouping similar dimensions of the problems together. Therefore, in this chapter, the current findings and previous studies in relation to aforementioned variables are discussed as follows:

4.6. 1 Psychological and Social Consequences of Orphan and Vulnerable Children in Orphanage

The result of present study revealed that there is a series problem among OVC in the three institutions both psychologically and socially that had contribution in causing stress, loneliness, isolation, lack of confidence, difficulty of communication, worthless, not to give value for

himself, and so on. These findings are found to be consistent with the findings of similar study conducted by (Gwalema, T.G., *et al*. 2009) which indicated counseling services health service, education and food are very important needs to orphan and vulnerable children's psychological and social problems.

However, there are different services provisioned for the OVC's in orphanages. The study revealed that services are more of basic necessities including food and shelter. Though there is inadequacy and low quality, the provision of basic needs is better implemented than the psychological and social services. A few of respondents reported that their lives had changed due to the care and support services they have received from the orphanage center. On the contrary, there are also few children who have deep rooted hate for the center and found the services not worthwhile. Whereas, the study found the psychosocial and legal protection services were the least addressed services in orphanages.

It is seen from responses of the respondents that majority of OVC did not get psychosocial services like counseling. Their awareness on the importance and service delivery mode of psychological and social services is also limited. In addition, they have fear of confidentiality issue to consult their caregivers. In all of the selected orphanages there are no professional counselors at all.

The study revealed that orphan and vulnerable children in orphanages have developed psychological and social health problems hugely. Consistent with this finding, a study by (Adda, J., *et.al.* 2011) concludes that parental death has a long run effect on cognitive and non-cognitive skills (emotional stability, social skills) educational achievement and health effect. The problems are related with the life events before and after parental loss, and experiences in orphanages and general population.

4.6.2 Result from Interviews and Group Discussion

Qualitative results from caregivers revealed that, the most significant psychological and social problems of OVC's in the orphanage are depression, stress and, hopelessness, negative attitude, loneliness, poor attachment and relationship, unhappiness, sadness, useless and other behavioral problems. Majority of the caregiver participants said that

'These children prefer to be alone, socially isolated and cry. They did not want to share their problems since they felt not secured and did not have trust on people. They more of prefer to be alone-social isolation'.

Most studies revealed that the majority of the OVC were socially isolated and had poor attachment to the peoples around them. It has been well documented that the OVC suffer from both disturbed social interaction as well as poor relationship problems (Atwine, B., *et al.,* 2005) and UNICEF, 2007).

In addition, the majority of caregiver participants showed the poor relationship with service providers, particularly caregivers, and community can aggravate such problems. Thus, improving the relationship with caregivers and other staffs is essential. Adding to these the other reasons made the children not to feel good (psychologically) and isolated (socially) are child abuse, neglect, discrimination, and bad attitude for OVC perceived and experienced by children. Not knowing their parents and/or relatives, abuse and neglect by parents and living for long time in orphanage caused some children to have identity crisis. Hopelessness and helplessness is also the other psychosocial problem observed on the children due to parental death and uncomfortable conditions in orphanages. Also showed similar finding that their parents' deaths had negatively affected their confidence in other people, the meaning they placed on their own lives, and their religious beliefs. Majority of them felt that they have nobody who support them and have no option. However, few of them hope that their life will be changed and they will represent their country when they become adult.

When the participants are asked the strategy they use to cope up with the problems, majority said that

'*Crying is their only option to let out their bad feelings. They explained that they did not have anybody who understand them and share their problems heartedly. They prefer to bury the problem internal for themselves or to cry'.*

At times of sadness and depression feeling, due to loss of parents and uncomfortable conditions in the orphanage, they isolate and sit down somewhere else alone as reported scholars.

Similarly, the current study identified from one of the participants points of view that 'separating from family, separating from friends, new standards of living in the orphanage which is not as in outside orphanage, worry about future opportunity and peer pressure as common stressors creator among these children in the orphanage'. Moreover, these findings are supported by (Bitsika, S., et al. 2010), which revealed that leaving home and living independently for the first time presents a major challenge as perceived sources of psychological stress to children.

Likewise, the present findings showed that there were no statistically significant mean differences between pairs of means of OVC from different institutions in facing all forms of perceived psychological and social problems. This finding implies that there was no difference among OVC from different centers probably because they are slightly living in similar situation, the institutions share common standards of governance, resources and environments whether social or physical regardless of difference in individual characteristics.

4.7 Supports Offered by the Institution for Orphan and Vulnerable Children in the Center

The participants in the research indicate some supports given the institution for orphan and vulnerable children. In similar manner all the respondents from the three institutions said that

'In all the three institutions orphan and vulnerable children offered by basic need (food, cloth and shelter) from the center. In the institution, these children get guidance from the institutions' officer and care givers which developed through experience and short term training'.

Regarding schooling the participants replied that *'all of the orphan and vulnerable children are in school. Even though it is not satisfactory, any necessary material (exercise book, uniform, school fee, etc.) for the school is covered by the institution. The center is also giving health service outside the institution'.*

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

Psychosocial support helps vulnerable children and their caregivers to cope with the mental and emotional challenges related to the death of their parents or loved ones. When a psychological and social intervention is successful, it brings back control and confidence in the lives of those affected. This results in increased social, physical and psychological well-being. Psychological and social interventions also bring positive change for children regarding their skills and knowledge, emotional and social wellbeing. The extent and quality of the psychosocial services being provided therefore needs to be monitored and evaluated systematically, as this will provide a contextual understanding of the situation of OVC and will contribute to better policies and program development.

This study concluded that orphan and vulnerable children in orphanages have developed psychological and social problems. The study also identified that the care givers lack skills on working with orphan and vulnerable children as results failed to identify psychological and social needs. On the side of provision of the psychosocial support social welfare officers (care givers) lack skills or training on psychosocial support.

In addition, the study concluded that orphan and vulnerable children in orphanages participated on the study have experienced lack of parental love, care and attachment, inadequate and low standard services. The children reported big frustration with the experiences of child abuse and neglect, discrimination, limited social life and communication and inadequate and/or absence of psychosocial services which result for the development of psychosocial problems in orphanages.

Finally, the researcher identified as there are psychological and social problems among orphan and vulnerable children under the study in the orphanage that need to follow some recommendation so as to make this situation better.

5.2 Recommendation

The section aimed to recommend alternative strategies in addressing challenges of psychological and social consequences of orphan and vulnerable children accommodated in the mentioned institutions. The most important and neglected problems of orphan and vulnerable children in orphanages is psychological and social problems as indicated in the findings. The study is therefore giving the following recommendations.

In addressing challenges of psychological and social problems of orphans and vulnerable children aged below 18 years-old seek support from government, training of staff; adequately conceptualize orphan hood and allocation of enough funds. The government and non-government should allocate enough funds because the orphans' needs are different from the needs of non-orphans. Insufficient funds are obstacles which results in poor services to the orphanage canters. Allocation of enough funds will solve the challenges facing orphans and workers in the orphanage centers.

In order to avoid over crowd-ness, additional orphanage center should be built in the town. Orphanage centers should employ competent care takers who are skilled and able to provide psychosocial support and care taker should get short term training. Social welfare officers and care givers working in the orphanage have to have general knowledge of social work because the needs of orphan and vulnerable children is different from needs of other children.

Continuous short and long term training should be given for the care givers. Furthermore, theory based behavioral change intervention programs will be helpful for the children who experienced isolation/loneliness life events and acquired behavior problems.

Interventions like arranging social gathering stages with different sections of community should be designed and implemented to alleviate the bad attitude and improve social relation between OVC with community, and staffs. The interventions on child rights and protection in the centers and general population should also be strengthened and need great emphasis.

Most importantly, it will give an insight for policy makers, child care program designers and service providers to plan and implement standardized services and consider perspectives of beneficiaries based on findings for improving lives of orphan and vulnerable.

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APPENDICES

Appendix A

Jimma University

College of Educational and Behavioral Science

Department of Psychology

A Questionnaire for Orphan children in the religious institutions

Objectives

First of all, I would like to thank you for your willingness to respond to this questionnaire.

The purpose of this questionnaire is to gather information for a steady of the life of orphaned children and know what kind of supporting to get them.

Read the following items and put 'X' in the appropriate box that contains items that represents you.

Part One: Personal Information

My mother my father both of them dead

1. Ag ☐

2. Sex Male ☐ Female ☐

3. Grade Level 1-4 ☐ 5-8 ☐ 9-12 ☐

4. What is your birth order for your parent?

First ☐ Middle ☐ Last ☐ the only child ☐

5. Whom do you lost first from your parent(s) by death?

Father ☐ Mother ☐ not lost any one but Vulnerable ☐

Part II: - psychosocial Problem questions

Write the symbol 'X' that represents the item agrees with you or not. They are related to psychosocial challenges of the orphan face.

Numbers represents as 1= Never 2= Sometimes 3= Often 4= Always

Psychosocial Items

No	Items	Never	Sometimes	Often	Always
1	I could experience positive feeling				
2	I tend to over react to difficult situation				
3	I feel that I have nothing to look forward to				
4	I feel I am not worth much as a person				
5	I feel scare without any good reason				
6	I feel as I am pretty worthless				
7	I feel that I have a number of good qualities				
8	Over all, I am satisfied with my self				
9	I am confident that I could deal efficiently with unexpected events				
10	I certainly feel useless at times				
11	I can easily interact with people				
12	I have someone to talk about my problems				
13	I experienced sense of loneliness				
14	I feel social isolated				
15	I don't find it difficult to ask information from others.				
16	I feel comfortable while I am playing with my peer groups				
17	I have friends around me while I am in need				
18	It is difficult to communicate a guest with the first contact				
19	I like to live a solitary life				
20	I hate to pass my leisure time with other people				

Source: *Mezgebo G/Mariam (2014). UN published Thesis at Addis Ababa University*

Appendix B

Jimma University

College of Educational and Behavioral Science

Department of Psychology

A Questionnaire for Caregivers in the religious institutions

Dear Respondent!

The purpose of this questionnaire is to collect data about the psychosocial support for orphan's vulnerable children affected by HIV/AIDS in Woliso town three religious centres. The type information you will provide determines the quality of the study. Please be sure that the information you will forward is used only for academic purpose. Therefore, you are kindly requested to give information for the whole questionnaire.

Thank you for your cooperation!

1. Background Information

1.1. Name of the religious institution_____

1.2. Age _____

1.3. Sex_____

1.4. Work experience as a caregiver for Orphan Children _____Years

1.5. Qualification_____

2. Are you trained how to give care for Orphan Children? Yes ☐ NO ☐

3. Are there any health care materials in your institution that can give service for Orphan Children? If yes, is that sufficient? Explain.

_____

_____

4. Do you think that these Orphaned children gets nutritive food in their diet? Explain _____

5. What do you observe on Orphan children in their day to day activities? Are they play with each other or alone?

_____
_____
_____
_____.

6. Is there any counselling service given for these children in your institution? If yes, how often? On what area?

_____.

7. What challenge do you encounter while you are given care for these orphan children in your institution?

_____
_____
_____.

8. Generally, what suggestion can you give on these Orphan children in your institution?

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Dabalee A

YUUNIVARSIITII JIMMAA

KOLLEEJJII XIN-SAMMUU

DIPPAARTIMENTII SAAYIKOOLOJII

Gaafannoo ijoollee maatii hin qabne dhaabbata amantaa keessaa jiraataniif qophaa'e.

Duraan dursa gaafannoo dhiyaate kan naaf deebisuuf eeyyamamoo waan taataniif galatoomaa jedha.

Kaayyoon gaafannoo kana: Ijoollee sababa HIV/AIDS tiin maatii dhabeeyyii ta'anii dhabbata amantaa magaala Walisoo keessa jiraatan haala jireenya xin-sammuu fi hawaasummaa isaanii fi kunuunsa dabalataan godhamuufi qabu adda baafachuu fi fala kaa'ufi dha.

Gaaffilee armaan gadii erga dubbifteen booda iddoo silaallatu sanduuqa qophaa'e keessatti mallattoo 'X' ka'uun guutii.

Qajeelcha Tokko- Odeeffannoo walii gala

1.Umurii ☐

2.Saala Dhi.☐ Dha ☐

3. Sadarkaa barnootaa 1-4 ☐ 5-8. ☐ 9-12. ☐

4. Maatii keef mucaa meeqaffaa dha?

Jalqaba☐ gidduu☐ dhuma ☐ ana qofa qabu ☐

5.Dhaabbata kana keessa jiraachuu erga eegaltee ammam taate?

Waggaa 1 gadi ☐ waggaa 1-3☐ waggaa 4-7 ☐ waggaa 8 ol ☐

Qajeelcha Lama:Gaaffilee rakkoowwan Xin-sammuu fi hawaasummaa ilaalatee qophaa'an

Gaaffilee armaan gadii dubbisuun deebii naaf ta'a kan Jetti Jalatti mallattoo 'X'teesisuun deebisi.

Bakka buu'ummaa 1.Gonkumaa, 2.Darbee darbee , 3.yeroo baayee 4.yeroo hunda

Gaaffilee Bakka ***Buu'oota***

T.L	Gaaffiiwwan	1	2	3	4
1	Keessi koo baayee ofiti gammadaa ture				
2	Rakkoowwan namudatan haala gaariinan keessa darba				
3	Keessa kootti wantiin naaf haagodhamuu jedhee eegu hin jiru.				
4	Akka namaatti ofi ilaalee hin beeku.				
5	Waan tokko malee sodaan natty dhaga'ama.				
6	Akkan waanan omaa hin fayyadnee ttan of ilaala				
7	Gaarumma heddu akkan waanan qabuutan of ilaala.				
8	Amantaa guutuun of irratti qaba				
9	Wantii tokko tasa otoo namudatee akn keessa bahu nan amana.				
10	Darbee darbee akkan waanan omaa hin fayyadneetti natti dhaga'ama				
11	Akka salphaattan namaan walii gala				
12	Namniin rakkoo koo itti qooddadhu nan qaba				
13	Qobummaan natti dhaga'ama				
14	Jireenya hawaasummaa keessaa bahee qophaa Jiraachuutu naaf mijata.				
15	Odeeffannoo namoota irraa argachuun baayee narrakkisu				
16	Hiriyoota koo waliin xabachuun baayee natti tola				
17	Wantoota nabarbaachisaniif hiriyaa na cinaa dhaabbaatu qaba				
18	Naman yeroo calqabaaf arge waliin dafee waliigaluun narakkisa.				
19	Jireenya qophummaan fila dha				
20	Hiriyoota koo waliin bashaannanuun baayee natti hin tolu.				

Dabalee B

Yuunivarsiitii jimmaa

Kolleejjii xin-sammuu

Dippartimentii saayikolojii

Gaaffannoo guddistuu ijoolee maatii dhabeeyyiif qophaa'ee kabajamtoota gaaffannoo kanaaf deebii naaf laatan

Kaayyoon gaaffannoo kanaa: Ijoollee sababa HIV/AIDS tiin maatii dhabeeyyii ta'anii dhabbata amantaa magaala Walisoo keessa jiraatan haala jireenya xin-sammuu fi hawaasummaa isaanii fi kunuunsa dabalataan godhamuufi qabu adda baafachuu fi fala kaa'ufi dha.

1.Odeeffannoo waliigalaa

1.1 Maqaa dhaabbiilee amantaa_____

1.2 Umurii_____

1.3 Saala_____

1.4 Muuxannoo hojii akka kunuunsituuttii_____

1.5 Sadarkaa barnootaa_____

2. Tajaajila kunuunsaa irratti leenjii fudhattee beektaa? Eeyyee _____ Lakkii _____

3. Dhaabbilee amantaa kana keeessatti meeshaan ijoollee maatii dhabeeyyii kanaaf tajaajiluu jira ? yoo jiraatee gahaa dha? Ibsii----------
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4. Ijoolleen maatii dhabeeyyiin kanneen nyaataa madaalamaa ni argatu jettee yaaddaa? Ibsa ittii kenni._____
_____.

5.Jiruu fi jireenyaa guyya guyyaan ijoollee maatii dhabeeyyii kana irratti mul'atuu maalii? Hiriyoota isaanii walii tahatuu moo qopha taphachuu filatuu? ibsii----------
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6.Dhaabbataa amantaa keessaan kanaatti tajaajillii gorsaa xiin-sammuus ta'e hawaasummaa jiraa? Yoo jiraate yeroo hammamitiif? Waayee maalii maalii irratti akka ta'e yaa ibsamu_____
_____.

7.Ijoollee kanneeniif yammuu kunuunsii godhamuu rakkoon isin muudatee yoo jiraate _____

8.Akkaa waliigalaattii waayee ijoollee kanneen maal jechuu dandeessuu? Bal'inaan yaa ibsamuu_____
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Appendix C

Jimma University

College of Educational and Behavioral Science

Department of Psychology

A semi –structure interview for Caregivers in the religious institutions

Dear Respondent!

The purpose of this **interview** is to collect data about thepsychosocial support for orphan's vulnerable children affected by HIV/AIDS in Woliso town three religious centres. The type information you will provide determines the quality of the study. Please be sure that the information you will forward is used only for academic purpose. Therefore, you are kindly requested to give information for the whole interview.

Thank you for your cooperation!.

A. SEMI –STRUCTURE INTERVIW FOR CARE GIVER

A Semi –structure interview for orphaned children was developed for care giver of the three religious institution center to find out the kinds of service provide and how counseling is being utilized in the center counselor were asked to comment on Psychosocial support service for the Orphaned Children the questions were prepared in the to fit the Objective of the studies. The following are the major contents of interview questions.

1. Do you think that anyone can provide counseling serives for children?
2. What kinds of counseling service are being provided at the center?
3. How is counseling service being utilized at the center?
4. Have you faced challenges in rendering counseling to orphan children? If yes, what kinds of case you have encountered?
5. What limitation do you think you have providing counseling services to orphaned children?
6. Any suggestion regarding counseling service orphaned children?

B. Focus Group discussion with care giver (FGD)

Focus Group discussion with care giver was utilized to gather information on specific issue related to knowing the adequacy of services. Accordingly, five/ or six care giver who were given counseling were participants and asked to discus related counseling service beings rendered by the centers.

The following question were used in (FGD)

1. Have you ever received counseling service at the center?
2. What kinds of counseling service are beings given at the centre?
3. How counseling service is being given for children at the center?
4. Do you feel counseling service that the counseling is useful address your problem?
5. What kinds of challenges of have you observed in offering counseling service?
6. What should be done to improve counseling service at the center?