

PSYCHOSOCIAL IMPACTS OF CORONA VIRUS DISEASE ON ORPHAN AND VULNERABLE
CHILDREN'S IN JIMMA TOWN

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**PSYCHOSOCIAL IMPACT OF CORONA VIRUS PANDEMIC AMONG ORPHAN AND
VULNERABLE CHILDREN’S IN THE CASE OF JIMMA CITY**

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Declaration

I, Dessie Getachew, hereby declare that this MA thesis entitled “Psychosocial impact of corona virus pandemic among orphan and vulnerable children’s in the case of Jimma townis my original work and was carried out by me for the degree of Master of art in Counseling Psychology under the guidance and advisory of Assistant Professor Addisalem Taye and Assistant Professor Bonsa Shume College of Education and Behavioral Sciences Jimma University, Ethiopia. The interpretations put forth are based on my reading and understanding of the original work and it’s not published anywhere in the form of books, or articles. Other books, articles and websites, which I have used, are accordingly acknowledged at the respective place in the text. For this thesis, no degree, diploma, or distinction has been conferred on me before, either in Jimma University or in any other University.

Name _____

Signature _____

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Abstract

The purpose of this study was to examine the psychosocial impact of Corona Virus Disease among orphan and vulnerable children's in the case of Jimma town. Quantitative and qualitative research approaches were employed to achieve the research objectives. About 112 total participants among orphan and vulnerable children were selected using a simple random sampling technique via a lottery method. Questionnaires, interview guide and observation were used to collect data. Quantitative data were analyzed using independent t-test to measure gender differences in experiencing psychosocial challenges due to Corona Virus Disease. Qualitative data were analyzed via thematic analysis. The result showed that orphan and vulnerable children's suffered from different psychosocial challenges due to the impact of Corona Virus Disease in Jimma town. Moreover, the result indicated that no statistically significant gender differences was found among orphan and vulnerable children's in experiencing psychosocial challenges due to the impact of Corona Virus Disease. Conclusively, Corona Virus Disease played a great role in aggravating psychosocial challenges among orphans and vulnerable children's in Jimma town. Thus, there should be furnishing of life skills training such as stress management and coping skills, problem-solving and decision-making skills.

Key words: *psychosocial impact; orphan; vulnerable children; Jimma town*

CHAPTER ONE

1. INTRODUCTION

This chapter contains background of the study, statement of the problem, research question, objectives of the study, significance of the, delimitation of the study, operational definitions and limitations of the study

1.1. Background of the study

Globally 2,143,703 confirmed cases and 143,258 deaths and in Africa from 52 countries 16,200 confirmed cases, 873 deaths, 3,235 recoveries, and in Ethiopia 95 confirmed cases and three deaths were recorded within the month (Lauer, et al, 2020). Furthermore, COVID-19 break out has created panic and fear in society. A strict kind of lockdown was imposed in Wuhan, Hubei province of China. During home confinement due to lockdown, people face multidimensional issues(Sang et al., 2021).

The COVID-19 pandemic has highlighted the vulnerability of specific population sections, with regards to economic and work conditions, mental and physical well-being, and context-based factors, emphasizing the need for timely policy measures aimed at counteracting the Italian economic framework's fragility-which poorly adapts to unexpected circumstances(Busetta et al.,2021). Moreover, Orphans are the special group of children who are generally deprived and prone to develop psychiatric disorders even those reared in well run-institutions (Olsson and Von Knorring, 1999, Ford, Goodman, and Meltzer, 2003). Furthermore, Orphan had a greater risk of anxiety, depression, and anger than non-orphan. Furthermore, an orphan had significantly higher scores than non-orphans (Atwine, Cantor Graae, and Bajunirwe, 2005; Cluver, Gardner, and Operario, 2007).

Orphans and vulnerable children are the main problems of developing countries, especially sub Saharan Africa. UNAIDS (2010) estimated that of the 16.6 million children (aged 0-17) who have lost one or both parents to AIDS, 14.8 million are in sub-Saharan Africa. Ethiopia being sub Saharan African country

was home of an estimated 5,459,139 orphans of whom 16% were AIDS orphans (Nayak, 2014, Asfa wesen, Aregay, Berhe, Bruh, 2012).

Ethiopia counts one of the largest populations of orphan and vulnerable children in the world(Alem, 2020). The study also stated that the challenges and needs faced by orphans and other children made vulnerable by HIV/AIDS are diverse like, psychosocial distress which is mainly associated with anxiety, loss of parental love and nurture, burden of caring for the sick, impact of family dissolution, depression, stigma, discrimination, grief and frustration. Ethiopia has orphans and vulnerable children (OVC) burden. Being quarantined bears a plethora of psychological burden, varied neuropsychiatric manifestations and psychosocial stigma (Ghosh et al., 2020). The loss of a parent is a hardship for any child, but the availability of care from other sources can have a meaningful impact upon recovery and ongoing development (Smyke et al., 2007). Every child requires basic needs to develop and grow to a healthy and responsible adult (UNICEF, 2016).

A child requires parental love, care and protection in the early stages of development. The immediate family and environment of a child is critical in determining how that child develops because it is in this environment that they get nurtured, thereby experiencing love and acceptance, a sense of belonging, safety and security as well as developing trust, respect and confidence. In the psychological literature, studies such as Bhargava (2005) and Cluver et al. (2007) suggest that orphans may score lower in indicators constructed to reflect social and emotional adjustment and are more likely to report symptoms of depression, peer relationship problems and post-traumatic stress. Orphans were negatively impacted when they perceived a lack of caring, particularly when they received inferior treatment compared with the caregivers' biological children (Ansell & Young, 2004).

Reports of child abuse, neglect, exploitation and domestic violence are on a horrendous rise at the time of COVID-19 pandemic and lockdown. Coronavirus pandemic (COVID-19) has provided an opportunity, to underscore the importance of international commitment in implementing basic infection prevention and control measures for future epidemics (Aigba et al., 2020).

Moreover, Orphans and vulnerable children have been suffering from a lot of problems associated with these vulnerability factors. Some of the problems they face include hunger, lack of access to health and education, physical and psychological abuse, lack of love and affection and negative communities' attitude towards them (Berry and Guthrie, 2003, as cited in Gudina, Nega, & Tariku, 2014). Around 15% of these are believed to have been orphaned as a result of HIV/AIDS and the majority of children orphaned as a result of HIV/AIDS are in Amhara (39%), Oromia (22.4%) and SNNPR (14.1%) and the remaining causes of orphanhood and vulnerability are due to food insecurity, poverty, conflict, natural disasters, malaria, and other infectious diseases.

Orphans and Vulnerable Children (OVC) continue to maintain a spot at the front lines of the international agenda with millions of children worldwide being orphaned or made vulnerable by different problems like HIV/AIDS, wars, and disasters (Tsegaye, 2013). Furthermore, the first onset of the 2019 coronavirus disease (COVID-19) pandemic was in Wuhan city, China, and it kills more than 120 million people in the world, which is also much higher than the Saudi Arabia severe acute respiratory syndrome epidemic (Wang, Horby, Hayden, Gao, 2020).

In addition, the 2019 Corona Virus Disease (COVID-19) outbreak has been declared an international public health emergency on January 30, 2020 by the World Health Organization (WHO) as the disease, first reported from China in December 2019, continues to surge through the continents affecting many

countries from Europe, America and Asia severely and is still widening its burden of disease (Lai, Shih., Ko, Tang, Hsueh, 2020).

1.2. Statement of the problem

Ethiopia counts one of the largest populations of orphan and vulnerable children in the world (Zewdineh, 2008, as cited in Gudina, Nega, & Tariku, 2014). Likewise, Berryand Gutrie (2003,) stated that orphans and vulnerable children are exposed to various social, psychological, economic and health problems. Orphan adolescents are a special group of people who are generally deprived and prone to develop psychiatric disorder even if reared in a well-run institution (Jarso & Likasa, 2020).

As far as the researcher knowledge there is no national and local wide comprehensive study conducted in Ethiopia recently regarding the psychosocial impact of COVID 19 pandemic orphans and vulnerable children. Orphans and vulnerable children are in difficult circumstances that call for the attention of all concerned bodies. For instance, the situational analysis of orphans and vulnerable children report in Tigray Region by Star Foundation (2011) indicated that OVCs lack basic necessities, educational fees and school material support, parental supervision, emotional care and supports as consequences of which they have become exposed to various types of abuses and exploitations.

However, no study has been conducted in Jimma Zone regarding the psychosocial impact of COVID 19 of orphans and vulnerable children. For example, Abashula, Jibat and Ayele (2014) carried out a study on the situation of orphans and vulnerable children in selected woredas and towns in Jimma zone; the results show that orphans' vulnerability to nutrition, poor hygiene, child sexual abuse, drug use, child labor exploitation; and orphans were still in a difficult situations and seek immediate attention. Previous studies regarding different outbreaks reported that the psychological impact of confinement differs from immediate effects such as impulsivity, frustration, uncertainty, dissatisfaction, isolation, depression, anxiety, denial, insomnia, the desperation to extremes of consequences, like suicide, fear of contracting, and transmitting

the infection to family members (Robertsons et al., 2004). Another study conducted at University of Gondar by Tadesse, Dereje and Belay (2014) to investigate psychosocial well-being of orphans and vulnerable children at Orphanages in Gondar town found that access to all the basic services necessary to sustain orphans lives were secured. On the other hand, the study revealed that orphans children suffered from a set of psychosocial problems. Even though different study regarding with the issues and situations of orphan and vulnerable children's, no study was conducted based on the situations of COVID-19 pandemic that makes the encounters of orphan and vulnerable more complex.

Therefore, unlike with previous conducted study, the current study was aimed to assess the psychosocial impact of COVID19 among orphan and vulnerable children's in the case of Jimma town. Thus, the current study raised the following basic research questions.

1. What are the psychological impacts of COVID-19 that orphan and vulnerable children's faced in Jimma town?
2. What are the social impacts of COVID-19 pandemic among orphan and vulnerable children's in Jimma town?
3. Is there any statistical significant difference in experiencieng psychosocial impact of COVID-19 among male and female orphan and vulnerable children's?
4. What are the available psychosocial support systems for the vulnerable and orphan children's at Jimma town?

1.3. Objectives of the study

1.3.1. General objective

The general objective of this study is to assess psychosocial impact of COVID-19 pandemic among vulnerable and orphan children's in Jimma town.

1.3.2. Specific objectives

The specific objectives of this study were to:

1. Assess the psychological impact of COVID-19 that vulnerable and orphan children's faced in Jimma town
2. Explore the social impact of COVID-19 pandemic among vulnerable and orphan children's in Jimma town
3. Identify whether there is a statistical gender difference among male and female vulnerable and orphan children's in experiencing psychosocial impact of COVID -19 in Jimma town.
4. Assess the available psychosocial support systems for the vulnerable and orphan children's at Jimma town

1.4. Significance of the study

The significance of this study lays in the fact that it focus on the psychosocial impact of COVID- 19 among orphan and vulnerable children's in Jimma town. The findings of the study will have clues for policy makers to look for the best alternatives to reduce the psychosocial impact of COVID -19 among orphan and vulnerable children's that hindered the now's and tomorrows of their life. Besides, the study would be put some materials for interested academician and researchers who are interested in the area.

1.5. Delimitation of the study

Geographically, the study was delimited to Jimma town. Conceptually, the study was delimited to assess the psychosocial impact of COVID-19 among orphan and vulnerable children's. Moreover, with regarding to study population study was delimited to orphan and vulnerable children who are found in Jimma towns some selected kebeles (namely: Ginjo Guduru, Ginjo and Bacho Bore kebeles were involved in this study).

1.6. Operational definition of terms

- ✓ **Impact:** in this study, impact is the effect of COVID-19 on orphan and vulnerable children's daily life.

- ✓ **Orphan:** In this study, orphan is those children who lost both father and mother as a result of natural and man-made factor in Jimma town
- ✓ **Vulnerable children:** In this study, vulnerable children referred as those children who are prone to social and psychological problem due to poor and unorganized life style in Jimma town.
- ✓ **Corona Virus:** In this study, Corona Virus is a disease that affects orphan and vulnerable children's in Jimma town.
- ✓ **Psychological impact:** for this study, psychological impacts focus only on depression and stress which was measured by depression and stress scale.
- ✓ **Social impact:** The social challenges that affect the life of orphan and vulnerable children due to COVID-19 in Jimma town.

1.7. Limitation of the Study

There were several limitations in this research. It was very difficult to get participants consent given the much-crowded situation in the terminal and the very depressing situation they show when approached for rapport and consent. Moreover, the researcher gets challenged while searching for literature concerning the issue under the study. Thus, the researcher was obliged to use some western countries' literature and some unpublished sources in Ethiopia. The current study was focused on orphan and vulnerable children's who are living in developing country urban, rural areas and have low socio economic status. Therefore, findings may not generalizable to the children's who have family, living in developed urban, rural areas and have higher levels of socioeconomic status. Thus, investigations with larger and more diverse samples are warranted.

1.8. Organization of the paper

The study is divided into six chapters. Chapter one of the study discusses the background of the study, statement of the problem, objectives of the study, significance of the study, delimitation of the study, limitation of the study, operational definition of terms. Chapter 2 reviews the international and national

kinds of literature on psychosocial problems of returnee migrants. Chapter three of this study describes the research design, study area, population of the study, sampling system and sample size, instruments of data collection, validity and reliability of the study, procedure of data collection, and method of data analysis. The analyses and discussion of two sets of data (quantitative data and qualitative data) that were generated by the study were presented in chapter four. Finally, Chapter five deals with discussion. Finally, chapter six presents summary, conclusion, and recommendations.

CHAPTER TWO

2. REVIEW OF RELATED LITERATURE

2.1. Introduction

This chapter presents the international, national as well as local literature on the problem under study. Thus the chapter contains an overview of the psychological and social impacts of COVID-19 on orphan and vulnerable children. Orphan is any child between the ages of 0 and 17 who have lost one or both parents (Doda, 2017).

2.2. Psychological impact of COVID 19 on orphan and vulnerable children's

Orphans and non-orphans vulnerable children are at increased risk of losing opportunities for school, healthcare, growth, development, nutrition, and shelter. Historical experiences suggest that some viral infections are less severe among children and the prognosis becomes worse with advancing age (Ghosh et al., 2020). Children's proper well-being depends not only on nutritional and medical care but also on proper parental companionship. COVID-19 once in a lifetime phenomenon is not just a public health crisis, but a crisis for human existence. It will carry a long-lasting impact on social, economic, behavioral, psychological consequences. Because of the current death toll casualty from COVID-19 will create millions of orphans in the months to come. Orphans are the special group of children who are generally deprived and prone to develop psychiatric disorders even those reared in well-run institutions (Shiferaw et al., 2018). Likewise, losing a parent and the bereavement that follows is difficult for children, and the effects may not manifest until many years afterward (Shiferaw et al., 2018).

2.2.1. Depression

Depression is a deep sadness with long-term harmful effects on the health and development of the individual. When parents die, children not only miss their physical presence but also many positive things they gave them when they were alive such as love, care, and protection. In many instances, orphans and vulnerable children have no one to share their grief with, and this can compound their sense of helplessness. The lack of support during the grieving process and inadequate help in adjusting to an environment without their parents may lead children to become depressed (Masmas et al., 2012).

Depression is a disorder that is defined by certain emotional, behavioral, thought patterns. Besides, depressed mood is sadness at various times in response to unhappy situation. Further, depressive syndrome is experiencing anxiety with other symptoms such as feeling sad, lonely, unloved, and worthless. Adolescent depression is leveled as depressed mood, depressive syndrome, and clinical depression.

Human beings have been facing different social, economic, and other related problems. Depression is a disorder that is defined by certain emotional, behavioral, and thought patterns. Adolescent depression is leveled as depressed mood, depressive syndrome, and clinical depression (Jarso & Likasa, 2020). Moreover, depressed mood is sadness at various times in response to unhappy situation. Depressive syndrome is experiencing anxiety with other symptoms such as feeling sad, lonely, unloved, and worthless (Jarso & Likasa, 2020).

The ups and downs drifts of life and the lives of human beings are two sides of the same coin, which are not detachable. Depression is a treatable disorder and if this disorder is left untreated at the early age of occurrence, it can lead to different problems like school failure, conduct disorder, and delinquency, eating disorders such as anorexia and bulimia, school phobia, panic attacks, substance abuse, or even suicide. Depressed mood is sadness at various times in response to unhappy situation. Depressive syndrome is experiencing anxiety with other symptoms such as feeling sad, lonely, unloved, and worthless (Jarso & Likasa, 2020).

Childhood is a pivotal period for a child's overall development (Ong et al., 2015). Moreover, the survival and development of a child's optimal potential are disrupted if the family environment is jeopardized due to illness or death of the parents or guardians (Ong et al., 2015). Orphans and vulnerable children (OVC) comprise orphans and children who are more exposed to detrimental events such as abuse, neglect, and exploitation compared to their peers. OVC include street children, children made vulnerable by AIDS, children in the worst forms of child labor, children affected by armed conflict, children living with a disability, and children in multiple OVC categories (Ong et al., 2015). Children in orphanages are sad, depressed, and under stress due to bereavement of their parental loss and lack of good relationships with service providers (Doda, 2017). Furthermore, Orphans have psychological problems and maybe a particularly vulnerable group in their present and future life (Doda, 2017).

Depression is a deep sadness with long-term, harmful effects on the health and development of the individual. Despite different efforts made by different agencies like UNICEF, World Vision, and Save the Children, many orphans still experience emotional problems. The absence of sufficient information about the nature and magnitude of the problem, culturally formed belief that children do not experience emotional problems, and the difficulty to identify psychological problems, as they are not always obvious, are some of the reasons why adults do pay much attention (Doda, 2017).

Affected and vulnerable children and adults, as well as the staff could experience psychological manifestations during post-COVID period in a context of psychosocial difficulties. There could be disease relapses, precipitation of mental health conditions and disease onset as psychological consequences. Literature suggests that females, front-line health care workers, quarantined people and patients with psychiatric history are at higher risk. PTSD may not have a high incidence among general public, whereas other conditions such as depression, anxiety, grief, substance related disorders, insomnia, avoidance behavior, vigilant hand washing and psychosis will be more prevalent. Health workers may experience

stress, burnout, isolation, depression, anxiety, insomnia, and PTSD. Quarantined individuals have an increased risk of acute stress disorder, PTSD, substance abuse and dependence, irritability, anxiety, insomnia, poor concentration and work performance, indecisiveness and depression. Xenophobia, infodemics, stigma and addition of newer psychopathology may complicate the picture. Direct and indirect effects of the pandemic will cause variety of short and long term mental health ailments and symptoms.(Ellepola & Hosp, 2020).

The death of one or both parent has a profound and lifelong impact on the psychological well-being of children. Common reaction in children to the death of parent includes depression, hopelessness, anxiety, and fear of being alone that can further jeopardize children's prospect (Jarso & Likasa, 2020). Furthermore, the same study stated that. Orphan had a greater risk of anxiety, depression, and anger than no orphan. Children's proper well-being depends not only on nutritional and medical care, but also on proper parental companionship. Thus, getting detached from parents in this critical juncture may cause ever-lasting psychiatric consequences including post-traumatic stress disorder, anxiety, psychosis, depression, delinquency and even suicidal tendency (Ghosh et al., 2020).

Orphan hood is a time which involves many psychological and emotional problems. Lack of self-determination and inability to take decision puts orphans at risk of anxiety (Shafiq et al., 2020). In many instances, orphans and vulnerable children have no one to share their grief with, and this can compound their sense of helplessness. Lack of support during the grieving process and inadequate help in adjusting to an environment without their parents may lead children to become depressed (Shiferaw et al., 2018). Child abuse, drop-out from formal education, indulgence into high-risk activities and proliferation of child labor could be potential socio-economic consequences of COVID-19 pandemic (Ghosh et al., 2020).

In Kenya, millions of children have limited access to nurturing care. With the Coronavirus disease 2019 (COVID-19) pandemic, it is anticipated that vulnerable children will bear the biggest brunt of the

direct and indirect impacts of the pandemic. This review aimed to deepen understanding of the effects of COVID-19 on nurturing care from conception to four years of age, a period where the care of children is often delivered through caregivers or other informal platforms (Shumba et al., 2020). Similarly, Anecdotal evidence in Kenya shows that the COVID-19 pandemic is contributing to deteriorating optimal environments that threaten children's early development and have direct health impacts on caregivers and children (Shumba et al., 2020). Coronavirus pandemic (COVID-19) has provided an opportunity, to underscore the importance of international commitment in implementing basic infection prevention and control measures for future epidemics (Aigba et al., 2020).

Depression is a mental illness in which a person experiences deep, unshakable sadness and diminished interest in nearly all activities (Amare, 2018). Orphan children are placed with poorer households, anxiety about the future, including the prospect of not finishing school, may lead to depression (Shiferaw et al., 2018). The pandemic of COVID-19 has spread from China to the whole world. Here we address the vulnerability of African children in the context of this health crisis (Aigba et al., 2020). Similarly, in the context of COVID-19, we successively evoked the possible difficulties of hospital care, some possible alterations in family life, and the dangers that may weigh on the lives of children in the longer term (Aigba et al., 2020). In the spread of the COVID-19 virus transmission between countries and the subsequent recording of large numbers of deaths, Africa is lagging in providing data on morbidity and mortality similar to those then recorded in the first countries affected by the disease (Aigba et al., 2020).

Depressed mood is sadness at various times in response to unhappy situation. Depressive syndrome is experiencing anxiety with other symptoms such as feeling sad, lonely, unloved, and worthless (Jarso & Likasa, 2020).

Orphan-hood has an overall serious negative impact and is frequently accompanied by multidimensional problems. Common reactions of children to the death of a parent include depression,

hopelessness, suicidal ideation, loneliness, anger, confusion, helplessness, anxiety, and fear of being alone that can further jeopardize children's prospects (Yodit, 2017). In Ethiopia there are 5.5 million children, around 6% of the total population, are categorized as orphans or vulnerable children (OVC)(Yodit, 2017).

Depression is also predicted by length of stay in the orphanage and the result shows that there is significant relationship between depression and higher length of stay in the orphanage and that orphan has 1.9 times more chance to have depressive disorder and this result is supported by other studies done in Dhaka (Jarso & Likasa, 2020).

2.2.2. Concept and Theory of Depression

2.2.3. Cognitive theories

Cognitive theories of depression have been one way to understand the developmental etiology and maintenance of depression. These theories share the general hypothesis that how individuals attend to, interpret, and remember negative life events contribute to the likelihood that they will experience depression.

2.2.3.1. Beck's Cognitive Theory

Depression is quite complex in its symptomatology and etiology. Manifestations of depression include overt behavior (e.g., sad demeanor, slowed activity, lack of responsiveness), cognition (e.g., low self-esteem, hopelessness, helplessness, negative view of the world), and somatic symptoms (e.g., loss of weight, disturbed sleep, physical complaints) that extend to almost all domains of functioning. In Beck's cognitive theory of depression (Beck, 1967, 1987), maladaptive self-schemata that include dysfunctional attitudes, involving themes of loss, inadequacy, failure, and worthlessness, constitute the cognitive vulnerability. These schemata consist of stored bodies of knowledge that affect encoding, comprehension, and retrieval of information. These dysfunctional attitudes are to become activated following the

occurrence of a negative life event, generating specific negative cognitions (e.g., negative thoughts about the self, world, and future), and lead to elevations of depressive symptoms.

Depression arises as a result of inferences derived from distorted cognitions. The depressed person views the world through an organized set of depressive schemata that distort experience about self, the world, and the future in a negative direction. This negative way of thinking guides one's perception, interpretation, and memory of personally relevant experiences, thereby resulting in a negatively biased understanding of one's personal world, and ultimately, the development of depressive symptoms.

2.2.3.2. Hopelessness Theory of Depression Hopelessness

Hopelessness theory (Abramson et al., 1989), posits that some individuals exhibit a more depressionogenic inferential style, and when confronted with a negative life event, are likely to develop symptoms of depression. The theory postulates three types of negative inferences that individuals can make given the occurrence of negative events: causal inferences (inferences about why the event occurred including stable and global attributions), inferred consequences (inferences about what will result from the occurrence of the event), and inferences about the self (inferences about the self with respect to the event that occurred). Further, making such inferences increases the likelihood of developing hopelessness, and in turn, depression because hopelessness is posited to be a proximal sufficient cause of hopelessness depression, a theory-based subtype of depression.

2.3. Stress

The word “stressed” could also be used to describe “I feel tense, under pressure or even depressed” (Fouad, 2020). Stress is the response to life events (Fouad, 2020). Physiologically, stress increases cortisol, catecholamines and blood pressure, which, if sustained for a long enough periods, can increase the risk of cardiovascular disease, weight gain, impaired immune response, impaired glucose tolerance and other

negative health outcomes (Bjorntorp & Rosmond, 2000; McEwen, 2001, 2002; McEwen & Wingfield, 2003; Sapolsky, 1996).

Orphans were less likely than non-orphans to have a good friend, more likely to have difficulty concentrating and to report somatic symptoms. There was no evidence of conduct or behavioral problems amongst orphans (Cluver & Gardner, 2006).

The loss of parents during childhood also termed as orphan hood is considered stressful and deemed as a risk factor for poor mental health of children (Shafiq et al., 2020). Stress is an emotional condition, experienced or felt when an individual has to cope with an unsettled, frustrating or harmful situation. It is a response to physical and psychological events perceived by an individual as potentially causing emotional distress; some define stress as events or situations that cause a feeling of tension, pressure, or negative emotions like anxiety and anger. Others view stress as the response to this situation and response as the events that threaten or challenge a person. It is a disturbing sense of helplessness, which is uncomfortable and creates uncertainty and self-doubt (Amare, 2018).

A similar study found that Stress can be caused by different factors; some stress can be caused by some of the primary stress factors such as housing, poverty, loneliness, lack of love, care, and protection from immediate family. Some other stress may be caused by secondary stress factors such as lack of confidence, absence of peer education and peer attachment, low self-esteem, and weak assertiveness. Unless the stress and stressors are not managed appropriately, stress can lead to serious 20 problems. Exposure to chronic stress can contribute to both physical illness and mental illness such as anxiety disorders. In Kenya, millions of children have limited access to nurturing care. With the Coronavirus disease 2019 (COVID-19) pandemic, it is anticipated that vulnerable children will bear the biggest brunt of the direct and indirect impacts of the pandemic (Jarso & Likasa, 2020).

Stress is an emotional condition, experienced or felt when an individual has to cope with unsettled, frustrating or harmful situation. It is a response to physical and psychological events perceived by an individual as potentially causing emotional distress; some define stress as events or situations that cause feeling of tension, pressure, or negative emotions like anxiety and anger. Others view stress as the response to these situation and response as the events that threatens or challenges a person. It is a disturbing sense of helplessness, which is uncomfortable and creates uncertainty and self-doubt. Stress can be caused by different factors; some stress can be caused by some the primary stress factor such as housing, poverty, loneliness, lack of love, care and protection from immediate family. Some other stress may be caused by secondary stress factor such as lack of confidence, absence of peer education and peer attachment, low of self-esteem and weak assertiveness. Unless the stress and stressors are not managed appropriately, stress can lead to serious problems. Exposure to chronic stress can contribute to both physical illness and mental illness such as anxiety disorders.

2.4. Psychosocial impact of Corona Virus on Orphan and Vulnerable children

Psychosocial support (PSS) is defined as an on-going process of meeting the physical, emotional, social, mental, and spiritual needs of a child, all of which are essential elements for meaningful and positive human development (Amare, 2018). There is also heightened stress and psychosocial difficulties among parents and caregivers that threaten the provision of optimal nurturing care environments which children need to achieve their potential.

As of Bauman and Germann, (2005) pointed out social factors have an influence on human thoughts and behavior, and on people's world. Human beings learn their culture through a process of socialization and interaction with other individuals in society, and also with the physical environment. In line with this idea children are viewed as participants in an interactive process by which socially and culturally determined knowledge and understanding become individualized. According to the same study children in African societies are under a strict parental control until they reach puberty when they are put

through certain rituals of initiation. During this stage they are able to learn the norms, values and moral codes of a traditional society. Therefore the family is seen as the first of one's social networks.

2.4.1. Isolation

The feeling of isolation can be heightened if the orphaned children are separated from their siblings, as often occurs when family members split up the child caring duties. Sibling separation can be difficult for children as they often rely on each other to cope with the loss of their parents. Social isolation can be an issue for anyone despite age difference. If children are neglected and do not get enough attention, they may fear interacting with people, and become socially isolated. Mistreatment, abuse, and receiving harsher punishment can result isolation of OVC (Genet, 2014). Social isolation can be an issue for anyone despite their ages; each age group may show more symptoms than the other as children are different from adults (Newman, Barbara; Newman, Philip, 2011).

They explained how children grow up trying to avoid putting themselves in the bad situations they faced earlier in their lives. If the child was neglected at home or if he didn't get enough attention he might fear interacting with people and become socially isolated in order to prevent this from happening once again. Mistreatment or abuse, described by the children as being given a heavier work load than other children at home, sexual abuse and receiving harsher punishment. It is common, orphan children often suffer psychological problems, such as depression and low self-esteem.

2.4.2. Discrimination

In Ethiopia there has been a strong culture of caring for orphan, the sick, disabled and other needy members of the society by the nuclear and extended family members, communities, and churches. However, in the perception of the community, orphan, and vulnerable children are not often considered to have asset to cope up adversity (Belay & Missaye, 2014).

2.5. Psychosocial support of provided for orphan and vulnerable children

Coping strategies can be seen as cognitive and behavioral efforts, which are constantly changing, that we make to adjust to the difficult changes that occur in our life. Active coping strategies involve an awareness of the stressor, followed by attempts to reduce the negative outcome (Carver, 1989). It also defined as:-

- an outcome for children who experience difficulties and still have a positive outcome;
- a skill or capacity to cope under conditions of enormous stress and change that may be assisted by the ability to access social support;
- a process of adaptive coping; or
- A set of person and environment variables that may be specific to particular developmental stages and environmental or contextual circumstances.

Coping strategies are behavioral and cognitive tactics used to manage crises, conditions, and demands that are appraised as distressing. An important development in coping research was the creation of Robert Folkman and Susan Lazarus' Ways of Coping scale. This scale was devised to assess the extent to which one uses one of two general types of coping. Problem-focused coping is directed at problem solving or taking action to change the source of the stress. Emotion focused coping, in contrast, focuses on reducing or managing the emotional distress those results from the crisis. Some emotion-focused coping strategies include wishful thinking, distancing, avoidance, and positive reappraisal. The effectiveness of any particular coping strategy varies according to the situation, and there is not one generally accepted way for older adults to cope with stress. Moreover, most crises warrant both types of coping. There are no standards for coping strategies, it vary depending on, and are influenced by socio- cultural factors. However, there are coping strategies commonly observed like mental disengagement and turning to religion. Mental disengagement occurs via wide variety of activities that serve to distract the person from

thinking about the stressor. Tactics that reflect mental disengagement include using alternative activities to take one's mind off a problem like day dreaming, escape through sleep, or immerse in television. On the other hand, one might turn to religion when under stress. Religion serves as source of emotional support as a tactics of activities coping with stressor (McCrae and Costa, 1986).

In general, different coping mechanisms such as praying, crying, and listening to music help OVC experience lesser psychosocial challenges. By contrast, avoidant coping is characterized by ignoring the issue, often resulting in activities that aid in the denial of the problem (e.g., drinking, sleeping, isolating). However, denial can create additional problems unless the stressor can profitably be ignored. That is, denying the reality allow the event to become more serious, thereby making more difficult coping that eventually must occur(Matthews, et al 1983).

OVC have different coping responses that help them get temporary relief from their psychosocial problems. Similarly, a study conducted by Sebsibe, Fekadu and Molalign, (2013) in Ethiopia on OVC indicates that praying and going to religious places, focusing on education, reading, are among the strategies used to cope up with their emotional challenges as well as avoid discrimination in return for disclosing their secret. Also, recalling the actions and habits of their parents, and in some case, imitating them has been found to be useful by some. However there are those OVC whose coping strategies are unhealthy and dangerous. They use alcohols and drug as a way of shutting out the pain effect. The study has also revealed that most children did not feel comfortable to share their issues, stress and grief

CHAPTER THREE

3. RESEARCH METHODS

3.1. Research design

In this study, mixed research approach was employed because it helps in triangulation of data and gives freedom to use any of the methods, techniques and procedures associated with quantitative and qualitative research. Quantitative research design was employed as a major approach where as qualitative was employed as a supportive approach. This approach is used in convergent manner to obtain more complete understanding and /or compare and contrast the findings that will come from either method (Fischler, 2014).

3.2. Study area

The study was conducted at Jimma town, located 350 km south-west of Addis Ababa. The town's geographical coordinates are 7°41' N latitude and 36° 50' E longitude. The town is found at an average altitude of about 1,780 m above sea level. It lies in the climatic zone locally known as "Woyna Daga" (1,500-2,400 m above sea level) which is considered ideal for agriculture as well as human settlement. The town is generally characterized by warm climate with a mean annual maximum temperature of 30°C and a mean annual minimum temperature of 14°C. The annual rainfall ranges from 1138-1690 mm. The maximum precipitation occurs during the three months period from June through August, with minimum rainfall occurring in December and January. From a climatic point of view, abundant rainfall makes this region one of the best watered of Ethiopian highland areas, conducive for agricultural production.



The town of Jimma evolved during this period from being the home-town of a relatively homogenous society and culture into a place of residence for a diverse and increasingly cosmopolitan population. Economically, the story of Jimma during this period is one of both continuity and change. It is a story of continuity because Jimma, which had been a center of trade from the very beginning, continued to be so during this period. There was significant change, however, because unlike the previous decades in which Jimma had served as a point of exchange or transit for elite goods that mostly originated from beyond the borders of the Oromo Kingdom (such as slaves, ivory and musk), during this period the town developed into the chief center for the collection, organization and export of a cash crop that was grown locally (coffee). Economic change, therefore, resulted in both production and exchange. The social, economic and administrative history of Jimma is closely intertwined, however. The mixture of peoples and cultures, as well as the nature of the urban social institutions that evolved in the town, are closely tied to “the cash crop revolution”, which brought streams of permanent and temporary residents to the town; the evolution of the town into a chief administrative center, as well as the introduction of somewhat peculiar administrative and fiscal institutions, came about, at least in part, as a result of the location of the town in the heart of the “coffee country”, as southwestern Ethiopia came to be known. In short, both the urbanity and the

urbanization of Jimma can be explained by the story of coffee production and trade. This article documents these processes extensively and accounts for the growth of a major town in modern Ethiopia.

3.3. Total population

According to the data obtained from Jimma town Women and Children's Office indicated that, the total of orphan and vulnerable children were 1200 out of which 650 were males and 550 of them were females. Therefore, a total of 1200 orphan and vulnerable children's was treated as the total population in this study.

3.4. Sources of data

The source of data for this study was primary and secondary data sources.

3.4.1. Primary source

The primary data is the first hand information from the study participants. The main benefit of the primary data is to ensure the meaningfulness of data since it is from the real sense of the narrator.

3.4.2. Secondary source

The secondary source of data were collected from documented materials from Jimma, office of women and Children's affairs, offices of kebeles from which the participants of the study were selected.

3.5. Sampling and sample size

In this study, simple random sampling was applied to give an equal chance for the study participants. Among the total population mentioned above ten percent of the total population was the sample size for this study. Moreover, Keble officials, NGO working on orphan and vulnerable children was used as key informants to consolidate the data concerning with the issue raised under the study. The sample size for this study was 120 participants which represents ten percent of the total population.

3.6. Data collection instruments

To collect data from respondents, the researcher employed both quantitative and qualitative data collection tools such as questionnaires and semi-structured interviews were used.

3.6.1. Questionnaire

Quantitative data was collected through questionnaire from orphan and vulnerable children's. The questionnaires were comprised of open and closed-ended type questions. The reason for choosing closed-ended questions is that questions can be easily grouped and coded so that data analysis can be easier.

3.6.2. Interview guide

In order to enhance the methodological triangulation and obtain detailed understanding of respondents that cannot be addressed by questionnaire, semi-structured interview guides were used to collect data from orphan and vulnerable children. In addition, semi- structured interview guide was prepared by researcher.

3.6.3. Observation

In this study the researcher used observation as a means of collecting data to enrich data collected via questionnaire and interview guide.

3.7. Procedures of data collection

Before data collection, the letter of permission was taken from Jimma University College of Education and Behavioral Science, Department of Psychology to Jimma Zone Education Office, sampled school principals and pertinent bodies in the study was contacted. The questionnaire items were translated from English language to local language (Afan Oromo) by an expert. Forward and backward translation was done to manage language barrier. Furthermore, finalized versions of the translated questionnaires were evaluated by peer.

3.8. Data analysis techniques

In this study, data was analyzed quantitatively and qualitatively. Quantitative data obtained through questionnaires were coded and enter in to SPSS version 20 software for windows program to enable analysis. To lessen decision error right during the study, 0.05 level of significance was used. Furthermore, percentages, and frequency, were used to measure the psychosocial impact of orphan and vulnerable children. Moreover, independent t-test was used to measure the gender difference in experiencing psychosocial impact of COVID-19. To end with, the data obtained through qualitative data were analyzed thematically to make triangulation with quantitative data.

3.9. Ethical consideration

For ensuring professional and ethical conduct, in this research all activities throughout the study were governed for American Psychological Association (APA) principles and ethical standards. Hence, all others work are duly acknowledged. The participants of the study were informed that information they provide is used for study purpose only and is not result any harm to them. Volunteerism and confidentiality of the study was explained. Non-volunteered participants neither forced nor threatened to join in the study. Furthermore, participation at every stage was volunteered, and confidentiality and anonymity was assured wherever possible. Besides, the overall purpose of the study, duration, benefits, and risks of the study was stated. Likewise, participants were made the choice to be part of the research or to withdraw from the research after some explanation pertaining to the study. Furthermore, the researcher gives awareness for the data collectors on how to collect the data and keep the principle of COVID-19.

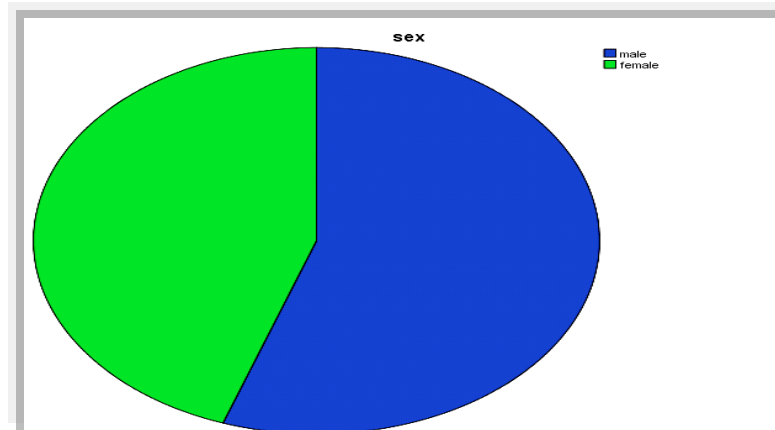
CHAPTER FOUR

4. DATA ANALYSIS AND PRESENTATION

This chapter deals with analysis of the data concerning with Psychological impact of Corona virus among orphan and vulnerable children.

4.1. Socio demographic characteristics of study participants

The following pie chart shows the distribution of study participants by sex



In this study both male and female orphan and vulnerable children's were participated. As it can be seen from the above chart (70 male and 42 female participants) were participated in this study. Thus, the data indicated that, many of study participants were male followed by female participants. Thus, male orphan and vulnerable children's were highly participated.

4.2. Psychological impact of COVID 19 on orphan and vulnerable children's

The first research question in this study was assessing the psychological impact of COVID 19 that vulnerable and orphan children's faced in Jimma town

As data collected from study participants indicated that Corona Virus disease conveys different psychological impacts on the life orphan and vulnerable children's. The study participants suggested their idea as follow:

I am originated in Jimma town in Bore Kebele. I am 12 years old. I have no father and mother who served me as a family. As an individual after the occurrence of corona virus in our country, I faced so many challenges psychologically, out of which depression, stress, fatigue, lack of self-confidence and anxiety were common psychological problems happened in my life (interview1). “I dislike myself after the occurrence of COVID-19. I prefer to die rather than to live, and I have poor appetite, poor sleeping and my future life is unrecognized. I have no any clear dream and destination; I don’t know why I’m here.”(Interview 2).

Orphan and vulnerable children suffered not in one way but in many ways; they may be very lonely, suffer from the loss of their parents, worried about being separated from their siblings, they may find themselves in a situation where they will be abused and neglected, hungry and ill. In addition, the occurrence of Corona Virus disease makes things very difficult on the life of these children’s (interview result from office of children and women affairs of Jimma town).

4.3. Social impact of COVID 19 pandemic among vulnerable and orphan children’s

Being orphaned and vulnerable leads children’s for different social challenges due to the effect of Corona virus (COVID- 19).

I am 10 years’ old orphaned children. I faced different social challenges because of Corona Virus Disease (COVID 19) such as being hated by the community, lack of support from society, being starved. Sometimes, I hate myself and blame myself by raising the question like why I was born in this world (interview 2).

The decree of lock down policy makes me bored because I cannot afford to stay at home and not survive as usual. I know it was risky to be with people, but if I don't come out to look for what to feed I die of hunger faster than being killed by the virus. Even though, I was not able to live because of isolation being made over me because of Corona Virus Disease (COVID -19) (interview 4).

As the data collected from key informants indicated that, orphan and vulnerable children's faced many challenges due to the occurrence of Corona Virus Disease (COVID-19).

For instance, they lack close attachment with community who treat them by giving food, and clothes because of Corona Virus Disease. Due to these challenges orphan and vulnerable children's failed in difficulties and challenges which is not solved by them easily. In addition to this, people ignore orphan and vulnerable children's because of Corona Virus Disease principle and policy forwarded by the ministry of health (INTERVIEW RESULT FROM KEY INFORMANT).

“We orphan children are exposes to the different social problems that make worse our identity and personality. In principle we orphan children are part of the community, but no one hold close us as part of the community. Even before the occurrence of Corona Virus Disease (COVID -19) Sometimes we orphan children becomes sensitively jealous by other children when their parents give them protections, love and affection for their children.” **Interview result from FGD.**

As it shown in the table below (Table 4.4) the model showed that there is no statistically significant gender difference in experiencing stress among orphan and vulnerable children. Depending on the result found from the above table male and female orphan and vulnerable affected equally by the impact of Corona virus that brings psychosocial problems in the life of orphan and vulnerable children's. In the other words, data collected from study participants concerning with gender difference among the study participants via interview and open ended questions narrated as follow;

During the time of such toughest and perilous time (the expansion of corona virus disease) orphan and vulnerable children's faced different problems such as stress, emotional trauma, hopelessness, sadness, and anxiety which was forwarded on the life these children's due to COVID 19.

4.4. Gender difference in experiencing psychological impact of COVID 19 (stress)

The mean of score the study participant on stress was found to be 3.4598 with the standard deviation of .72029. (See the table below)

<i>Statistics</i>	
<i>Variable</i>	<i>Stress</i>
<i>N</i>	<i>120</i>
<i>Mean</i>	<i>3.4598</i>
<i>Std. Deviation</i>	<i>.72029</i>

As it shown in the table below (Table 4.4.1) the result of independent t-test revealed that there is no statistically significant gender difference in experiencing psychological problems at $t(-.214)$, $p=.831$.

<i>No</i>	<i>Variables</i>	<i>Levene's Test for</i>		<i>t-test for</i>		
		<i>Equality of Variances</i>		<i>Equality of Means</i>		
		<i>F</i>	<i>Sig</i>	<i>T</i>	<i>Df</i>	<i>Sig</i>
<i>1</i>	<i>Stress</i>	<i>1.20</i>	<i>.134</i>	<i>275</i>	<i>110</i>	<i>.894</i>

The mean score the study participants on depression were found to be 2.6184 with the standard deviation of .44168.

<i>Statistics</i>	
<i>Variable</i>	<i>Depression</i>
<i>N</i>	<i>120</i>
<i>Mean</i>	<i>2.6184</i>
<i>Std. Deviation</i>	<i>.44168</i>

Data from the interview and open ended question revealed that:

I am orphaned Child. I have no father and mother. I live across the street and sleep on the floor at night. Before corona, I play with the community who live around my settlement. However, after the expansion of Corona Virus disease I found myself alone. No one wants to help me because they fear the virus (COVID 19). Following this, I became hope less, restless; I got no food to eat. From day to day in my life I encountered tension, depression, and anxiety. Sometimes, I ask myself the question like God why you

created me in this world? Because I found no person who help me this was happened on my life due to Corona Virus disease (COVID-19).

No	Variables	Levene's Test for		t-test for		
		Equality of Variances		Equality of Means		
		F	Sig	T	Df	Sig
1	Depression	.556	.458	.214	110	.831

In addition to this, key informants from the office of women and children's affairs suggested their idea as follow:

From the very beginning orphan and vulnerable children live under a difficulties and challenges situation which is uncontrollable and very difficult for their life to survive. The disease named by COVID-19 put these children in so many psychological problems such as losing their hope to survive, losing self-confidence, fall under moral burden to ask food to eat because they perceive themselves as the one who already thrown in the dirty place. Lacks person to share their idea with.

4.4. Psychosocial support systems for the vulnerable and orphan children's

The fourth objective of the study was to assess the psychosocial support systems for vulnerable and orphan children's in Jimma town. The term psychosocial emphasizes the close connection between psychological aspects of our subjective experiences (involving personal thoughts, emotions and behavior) and broader intersubjective social experiences (involving relationships, tradition and culture) (ARC, 2009, UNICEF, 2009). As the data from the study participant revealed that orphan and vulnerable children faced different psychosocial challenges such as depression, stress, anxiety, loneliness, isolation and discrimination up on the occurrence of Corona Virus Disease. In order to ensure that OVC are provided with counseling services, participants suggested the following strategies: first, the government should hire professional counselors, psychologists, and social workers for a cluster of children's, to support orphan and vulnerable children experiencing the challenges mentioned above.

This finding suggests that there is a lack of checks and balances on the part of the government and professionals to ensure that orphan and vulnerable children in the city receive psychosocial support. Findings regarding a lack of professional support by psychologists, counselors and social workers in schools, were found to be consistent with Wood and Goba's (2011) view that mental health workers by Department of Education (DoE) are unable to meet orphan and vulnerable mental needs.

As of the data obtained from the study participants the psychosocial support for orphan and vulnerable children's suggested as follow:

Being orphaned is very difficult challenge for us, as a solution its better if we get advice, get work which is companionable with our energy. We need psychosocial support via training which is provided by psychologist, specifically, counselors, and social workers. Promotion of opportunities for social interaction, enjoyment and mutual support among the orphan and vulnerable children really offer young people the opportunity to become physically and intellectually active.

Morale support interventions, including management support, material support and allowances, should be considered to support frontline orphan and vulnerable children's in their social and psychological well-being.

CHAPTER FIVE

5. DISCUSSION

5.1. Psychological impact of COVID 19 that vulnerable and orphan children are faced in Jimma town

Orphaned students were asked during the interview sessions about the psychological problems they faced after the occurrence of COVID-19. All of the interviewed orphan and vulnerable children stated that the occurrence of COVID-19 caused them to bottomless sadness and pain in their life. The finding of the study revealed that orphan and vulnerable children were exposed to diverse psychological problems such as experience a lot of anxieties, feel pain, fears, loneliness, emotional shock, discomfort in body or mind, expose to extremely distressing experiences and produce long lasting effects on their later development. In line with this finding, Psychological literature predicts an increase in anxiety-related disorders, during stressful periods such as pandemics for the prevalence of the connected increase in stress, anxiety and depression(Busetta et al., 2021).

Similarly, previously conducted study revealed that, Orphans and vulnerable children are subjected to multiple ongoing stressful and traumatic life events such as abuse, neglect, parental loss, sexual abuse among others (Alem, 2020) Likewise, Depression is a deep sadness with long-term harmful effects on the health and development of the individual. When parents die, children not only miss their physical presence but also many positive things they gave them when they were alive such as love, care, and protection. In many instances, orphans and vulnerable children have no one to share their grief with, and this can compound their sense of helplessness. Further, preceding study revealed that, health-based fears due to COVID-19 resulted in the shape of poor health wellbeing. Our study results show that due to the psychological impacts of COVID-19, people faced anxiety, depression, and an imbalance of emotional control state(Sang et al., 2021).

The lack of support during the grieving process and inadequate help in adjusting to an environment without their parents may lead children to become depressed (Alem, 2020). Multiple studies revealed that orphans suffer higher levels of psychosocial distress than their non-orphans peers. In particular, maternal and double orphans are more likely to experience behavioral and emotional difficulties, suffer abuse, and report lower rates of trusting relationships with caregivers (Baaroy & Webb, 2008). Literature on psychosocial competence also has shown that people with low sense of self efficacy and a higher feeling of helplessness are more likely to become more depressed and ill. In support to this, the study on 1210 students from 194 cities in China, found 53.8% of respondents having severe to moderate psychological impact, with female students being associated with greater psychological impacts (Sundarasan et al., 2020).

5.2. Social impact of COVID 19 pandemic among orphan and vulnerable children's in Jimma town

As the current study result, revealed that orphan and vulnerable children's faced so many social challenges due to the impact of Corona Virus Disease. Among the social challenges orphan and vulnerable children's faced lone lines, isolation, segregation, and rejections are some the social challenges that orphan and vulnerable children's faced due the impact of COVID-19. In support to this study, study revealed that, many orphans who feel rejected and despair need social support. Such social support is more than a matter of social relationships or social contact: rather it implies providing emotional and material resources (Alem, 2020). Similarly, study revealed that, Students who were staying alone experienced the highest anxiety levels compared to those staying with family and friends.

5.3. Gender differences in experiencing psychosocial impact of COVID 19 in Jimma town

The current study revealed that there is no statistically significant gender difference was found. As the result the models indicated that there are no differences among orphan and vulnerable children's in experiencing psychosocial challenges at $t (-.24)$, $p=.831$. In the contrast, previous study conducted with

college students in China reported that, Female students may further be subject to lesser coping strategies in times of uncertainty and stressful situations. In line with this study, While some studies found no differences in psychological well-being among male and female OSC (Cluver et al., 2009; Onuoha & Munakata, 2010), other studies found that girls were more vulnerable to psychosocial distress than boys (Makame et al., 2002; Neugbauer, Fisher, Turner, Yamabe, Sarsfield, & Stehling-Ariza, 2009; Nyamukapa et al., 2008).

5.4. Available psychosocial support systems for the vulnerable and orphan children's

As the data collected from research participants the psychosocial support that should available for orphan and vulnerable children's are suggested as follow:

As of the study participants narration its better if the government arrange reception center for orphan and vulnerable children's who lived across the street in Jimma town. Moreover, huge amount of support expected from psychologist who served as a counselor in Jimma University in collaboration with Jimma town women and children's affairs office.

As it's already known in this study orphan and vulnerable children suffered from psychosocial challenges due to the impact of COVID-19. Therefore, it's expected that society should support orphan and vulnerable children in order to be part of the society as other human being in the world. The current study also revealed that Morale support interventions, including management support, material support and allowances, should be considered to support frontline orphan and vulnerable children's in their daily life. In addition, counseling services, providing life orientations, and community mobilization, capacity building on the part of the government and group of processional considered us psychosocial support needed for orphan and vulnerable children.

CHAPTER SIX

6. SUMMERY, CONCLUSION AND RECCCOMENDATIONS

6.1. SUMMERY

In this study attempts were made to find out the psychosocial impacts of COVID-19 among orphan and vulnerable in Jimma town. The data were analyzed on the basis of the following specific questions raised in the statement of the problem:

1. What are the psychological impacts of COVID -19 that orphan and vulnerable children are faced in Jimma town?
2. What are the social impacts of COVID -19 pandemic among orphan and vulnerable children's in Jimma town?
3. Is there any statistical significant difference in experiencing psychosocial impact of COVID-19 among male and female orphan and vulnerable children's?
4. What are the available psychosocial support systems for the vulnerable and orphan children's at Jimma town?

The samples of the study were sampled from 1200 of orphan and vulnerable children's in Jimma town. Quantitative and qualitative research approaches were used. Descriptive statistics such as percentage, mean, standard deviation and independent t-test were used from inferential statistics. Open ended and closed type's questionnaires, interview guide and observation were used as the data collection tools. The findings of the study revealed that, orphan and vulnerable children's suffered from different psychosocial challenges. Moreover, the study revealed that, there was no statistically significant gender difference among male and female study participants on psychological impacts. Furthermore, the available psychosocial supports suggested by the study participants were listed as follow:

- ✓ The government should arrange reception center for orphan and vulnerable children's who liv society should support orphan and vulnerable children in order to be part of the society as other human being in the world across the street in Jimma town
- ✓ In addition, counseling services, providing life orientations, and community mobilization, capacity building on the part of the government and group of processional considered us psychosocial support needed for orphan and vulnerable children.

Conclusively, Corona Virus Disease played a great role in aggravating psychosocial challenges among orphans and vulnerable children's in Jimma town. Therefore, there should be furnishing of life skills training such as stress management and coping skills, problem-solving and decision-making skills.

6.2. CONCLUSION

The study revealed that there are psychosocial challenges that orphan and vulnerable children struggled with in their daily life after the occurrence of Corona Virus Disease (COVID-19). Accordingly, Lack of proper support for these children may lead to antisocial behaviors and may cause them to become a threat to the social fabric. For this reason, having proper channels for guiding and counseling OVC on social relationships is likely to have a positive impact on their behavior and self-esteem.

Findings from the current study revealed that feeling of sadness, hopelessness, lack of concentration and communication were amongst the challenges orphan and vulnerable children encountered on a daily basis, which would require them to have counseling services. As conclusion, orphan and vulnerable children's in Jimma town were exposed to diverse and multidimensional psychosocial impact of COVID -19 such as lots of anxieties, constant worries about their life, fears, a strong feeling of grievance, loneliness, emotional shock and extremely stressful experiences that cause their overall development.

6.3. RECCOMENDATIONS

By considering the major findings of the study; the researcher drawn the following recommendations.

- ✓ Parents, stakeholders, teachers and guardians should establish a support system at different levels and play a significant role to fulfill the psychosocial needs of orphan and vulnerable children.
- ✓ There is a need for schools to mobilize community members to support OVC in their care by identifying and engaging alumni, business communities and other stakeholders to support them
- ✓ Governmental and non-governmental organizations should work in collaborations to implement policy frameworks and to establish orphanage centers to provide appropriate services to orphan children.
- ✓ Psycho-education is needed to support children in these difficult times and build their resilience is imperative by professionals.
- ✓ Jimma town office of women's and children affairs should work on improving orphan and vulnerable children welfare system by providing guidance and counseling services, protecting the rights of children and reducing discriminations happened due to the impact of COVID-19.
- ✓ There should be furnishing of life skills training such as stress management and coping skills, problem-solving and decision-making skills

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Appendixes



COLLEGE OF EDUCATION AND BEHAVIORAL SCIENCES

DEPARTMENT OF PSYCHOLOGY

Appendix I: Questionnaire prepared to measure stress among orphan and vulnerable children

Dear Respondents:

I am MA student of Jimma University and conducting a study on assessing the psychosocial impact of Corona Virus pandemic (COVID-19) among orphan and vulnerable children's in Jimma town for the partial Fulfillment Degree of Masters of Art in Counseling Psychology. Thus, the main purpose of this questionnaire is only to collect relevant information for this research work. Therefore, you are kindly requested to fill the questionnaire genuinely. The success of this study directly depends upon your honest and genuine response to each question. Accordingly, please, mark your responses by putting "X" or "√" in the boxes provided or circle the options you think correct.

. 0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

s/no	Items	Never	Almost Never	Someti mes	Fairly Often	Very Often
1	In the last month, how often have you been upset because of something that happened unexpectedly					
2	In the last month, how often have you felt that you were unable to control the important things in your life?					
3	In the last month, how often have you felt nervous and "stressed"?					
4	In the last month, how often have you felt confident about your ability to handle your problems?					
5	In the last month, how often have you felt that things were going your way?					
6	In the last month, how often have you found that you could not cope with all the things that you had to do?					

7	In the last month, how often have you been able to control irritations in your life?					
8	In the last month, how often have you felt that you were on top of things?					
9	In the last month, how often have you been angered because of things that were outside of your control?					
10	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?					

Appendix II: The questionnaire prepared to measure depression among orphan and vulnerable children

Dear Respondents:

I am MA student of Jimma University and conducting a study on assessing the psychosocial impact of Corona Virus pandemic (COVID-19) among orphan and vulnerable children's in Jimma town for the partial Fulfillment Degree of Masters of Art in Counseling Psychology. Thus, the main purpose of this questionnaire is only to collect relevant information for this research work. Therefore you are kindly requested to fill the questionnaire genuinely. The success of this study directly depends upon your honest and genuine response to each question. Accordingly, please, mark your responses by putting "X" or "√" in the boxes provided or circle the options you think correct.

1 = A little of the time 2 = some of the time 3 = Good part of the time 4 = Most of the time

s/no	Items	A little of the time	Some of the time	A good part of the time	Most of the time
1	I feel down-hearted and blue.				
2	Morning is when I feel the best.				
3	I have crying spells or feel like it.				
4	I have trouble sleeping at night.				
5	I eat as much as I used to.				
6	I notice that I am losing weight.				
7	I have trouble with constipation.				



Univarsiitii Jimmaatti, Kolleejjii Saayinsii Barnoota fi Amala

Mummee Barnoota Xin-sammuu

Yuunivarsiitii Jimmaa Kolleejjii barnoota fi sanyinsii amalatti Af gaaffii daa'immaan abbaa fi haadha hin qabneef qophaa'e.

Kabajamtoota hirmaattoota! ani maqaan koo Dasse Geetaechoo kanan jedhamu barattuu Yunivaarsiitii jimmaa yeroon tahu barnoota koo digirii lammaffaa sayinsii gorsaatiin(counseling psychology)dhan yunivarsiitii jimmaatti hordofaan ture. Yeroo amma kana immoo xumuraa barnoota koo digirii lammaffaatiif kan tahu qorannoo mataa dureen isaa **“rakkoo xiinsamuu fi hawwasumaa sababa vaayireesii koroonaatiin(COVID19)tiin ijoollee abbaa fi haadha hin qabne irraa gahu xinxaaluu”** kan jedhuu jalatti ragaa funaanuuf qophii irraan jira. Kanaafuu hirmattootni kallaatti qorannoo kana keessaatti hirmaatan isin tahu keessaan hubaatanii gaaffii isiniif dhiyaateef ragaa sirrii akka naaf kennitan kabajaa guddaa waliinin isinin gaafadha. Ragaan funaanuuf kunis qorannoo qofaaf kan fayyadu tahuusa akkasumaas ragaan isinirraa funaanuu icciitiidhaan kan qabamu tahu isaa cimseen isin hubaachiisuun barbaada.

Hirmanna keessaaniif duraan dursee galatan dhiyeessa!

Ajaja walii galaa!

- ✓ Maqaa keessaan hin barreessina!
- ✓ Gaaffii isiniif dhiyaate erga dubbistanii hubaatannii booda deebii sirrii tahe kenna!
- ✓ Af-gaaffiin isin rakkisu yoo jiraate namaa ragaa funaanuu gaafadha!

Kutaa 1ffaa: Odeeffannoo waa'ee hirmaattoota

1. Saala:-----
2. Umurii:-----
3. Amantaa

Kutaa 2ffaa: Af –gaaffii waa'ee dhiphinaa xinsammuu daa'immaan abbaa fi haadha hin qabne safaruuf qophaa'e.

- ✓ Gabaate armaan gadii keessaatti filannoowwaan 1- 4 tti gara harka mirgaatti tarreefaman keessaa lakkoofsa ittiin walii galtaan jalattii mallattoo “X” kaaha!
- ✓ 1- gonkumaa 2- darbe darbee 3- yeroo bay'ee 4- yeroo hundumaa

T/L	Himoota	1	2	3	4
1	sababa wanti ati hin eegne na mudateef baatii darbee keessaa dhiphaachaan ture				
2	Jiha darbee keessaa sababa yaaddoo jireenya korraa tureef wanti ani to'achuu hin dandeenye baay'eetu ture				
3	Rakkoo na mudatee furuuf ofitti amanamummaan qaba				
4	Ji'oota darbaan keessaatti wantootni baay'een haala gaariin naaf deema turan				
5	Al tokko tokko rakkoo na mudaatan akkan furuu hin dandeenyetti natti dhagahama				
6	Ji'aa darbee keessaa rakkoo jireenya kooti ofii kootiin furuu akkan danda'u tilmaaman ture				
7	Ani dhiphina jireenya koo irraa jiru hir'isuuf nan shaakala				
8	`Ani dhiphinaa jireenya keessaatti na mudatu furuuf dandheetii qaba jedhee hin yaadu				
9	Jireenya koo keessaatti aariin to'annoo koo ol tahe beeka				
10	Wantootni ani to'achuu hin dandeenye garuu jireenya koo jeeqan jiru jedheen yaada.				

Gaaffii banaa

11. Maaloo mee dhiphina dhibeen koronaa(COVID-19)n xinsammuu fi jireenya hawwasummaa keessaan irraatti fidee tarreessaa?

Kutaa 3ffaa: Af-gaaffii cinqii xinsamuu sababa vaayiresii koronaatiin daa'immaan abbaa fi haadha hin qabne irraa gahu safaruuf qophaa'e.

T/L	Himoota	1	2	3	4
1	Ani yeroo baay'ee nan gadda				
2	Ganama ganama baay'ee natti tola				
3	Ani akka waanan abaarsa qabuttiin of ilaala				
4	Halkan halkan hirriba gaha hin rafu				
5	ani akka waan ulfaatinni koo hir'aatettin yaada				
6	Dha'anaan onnee kootii kan duriiraa dabaleera				
7	Al tokko tokko sababuma dadhabin natti dhagahama				
8	Jireenyi koo gammachuun guutuudha				
9	Ani utuun du'e namoonni biran waan gammadan natti fakkaata				
10	Ani waanan barbaade hojjechuu nan danda'a				
11	Al tokko tokko akkan nama barbaadama tahetu natti dhagahama				
12	Murtee murteessuun anaaf salphaadha				
13	Kan duriiraa caalaa yeroo amma kana baay'een dhiphadha				
14	Ani waa'ee jireenya koo fuula dura abdiin qaba				
15	Wantoota tokko tokko sirressuun anaaf salphaadha				

Gaaffi banaa

Maaloo gaaffii banaa isiniif dhiyaate kana deebisa!

16. mee rakkoo hawwasummaa sababa dhibee vaayiresii koronaatiin isinirraa gahe tarreessa?

17. Dhibeen vaayiresii koronaa(Covid -19) dhibbaa inni xinsammuu fi hawwasummaa daa'immaanii irraatti qabu maal maal faa'a? mee tarreessaa

18. Rakkoo dhibeen vaayiresii Koronaa(Covi-19) n xinsammuu fi hawwasummaa daa'immaan abbaa fi haadha hin qabne irraatti fidee hir'isuuf maaltu godhamu qaba jettu? Mee tarreessa?
