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THE PSYCHOSOCIAL WELL-BEING OF AIDS ORPHAN AND VULNERABLE CHILDREN IN THE THREE DIFFERENT ORPHANAGES IN ADDIS ABABA

A THESIS SUBMITTED TO THE SCHOOL OF SOCIAL WORK ADDIS ABABA UNIVERSITY IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN SOCIAL WORK

By

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# Table of Content

<table>
<thead>
<tr>
<th>Content</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgement</td>
<td>i</td>
</tr>
<tr>
<td>Table of content</td>
<td>ii</td>
</tr>
<tr>
<td>Appendix</td>
<td>vi</td>
</tr>
<tr>
<td>Acronyms</td>
<td>vii</td>
</tr>
<tr>
<td>Abstract</td>
<td>viii</td>
</tr>
</tbody>
</table>

## CHAPTER ONE

1.1 Background of the study ........................................................................................................1

1.2 Statement of the problem ........................................................................................................3

1.3 Objectives ................................................................................................................................5

1.3.1. General Objective ................................................................................................................5

1.3.2. Specific Objectives ..............................................................................................................5

1.4. Research questions ..................................................................................................................5

1.5. Operational Definitions ........................................................................................................5

## CHAPTER TWO

Review of Related Literature ........................................................................................................7

2. Introduction ...............................................................................................................................7

2.1. Overview of Orphan and vulnerable children care and support .........................7
CHAPTER THREE

Research Methods........................................................................................................22

3. Research Design .......................................................................................................22

3.1. Study Setting ........................................................................................................22

3.2. Study Population ................................................................................................24

3.3. Sample size .........................................................................................................24

3.4. Sampling Procedures .........................................................................................25

3.5. Data Collection procedures ............................................................................26
3.5.1. In-depth Interview ..........................................................................................26

3.5.2. Focus Group Discussion (FGD) .....................................................................27

3.6. Data Management ............................................................................................27

3.7. Data Analysis Procedures .................................................................................28

3.8. Research validity ...............................................................................................28

3.9. Ethical Consideration .......................................................................................29

CHAPTER FOUR

Findings ....................................................................................................................31

4. Background Information of participants .............................................................31

4.1. Consequences of being institutionalized ..........................................................32

4.2. Experiences of Orphan and Vulnerable Children in Orphanages ....................32

4.2.1. Child Abuse, Neglect and Discrimination ..................................................32

4.2.2. Social Life, Communication and Self-confidence .......................................33

4.2.3. OVC Wellbeing and Provision of Basic Needs ..........................................34

4.2.3. Psychosocial Care and Support Services ..................................................35

4.3. Psychosocial Problems .....................................................................................36

4.3.1. Depression, Stress and Anxiety ....................................................................36

4.3.2. Hopelessness and Helplessness ...................................................................36

4.3.3. Hostility and Negative Attitude ....................................................................37
4.3.4. Poor Attachment and Relationship (Social Isolation) ............................38

4.3.5. Loneliness ..................................................................................................38

4.3.6. Lack of extracurricular activities and entertainment .................................38

4.4. Behavioral Problems of OVC .....................................................................39

4.4.1. Suicidal Ideation and Practice .................................................................39

4.5. Survival Strategies of Orphan and Vulnerable Children ...............................40

4.5.1. Praying / Conversation with God/ ............................................................40

4.5.2. Support group/ Between OVC .................................................................40

4.5.3. Watching Films and Listening Music .......................................................41

4.5.4. Crying and Bury Feelings Internally .......................................................41

4.5.5. Focus on Education ..................................................................................41

4.5.6. Diary Writing ..........................................................................................42

CHAPTER FIVE

DISCUSSION ...........................................................................................................43

CHAPTER SIX

Conclusion, Implications and Recommendations .................................................50

6.1. Conclusion .....................................................................................................50

6.2. Social work implication and recommendation ............................................51

6.3. Recommendations .......................................................................................53

Reference
Appendix

Appendix-A  Study tools: Interview and focus group discussion Guide

Appendix-B  Information Sheet and Consent Form

Appendix-C  Conceptual framework

Appendix-D  Interview guide (Amharic version)

Appendix-E  Information Sheet and Consent Form (Amharic version)
ACRONYMS

AIDS: Acquired immunodeficiency syndromes

CSA: Central Statistics Authority

EMOH: Ethiopian ministry of health

HIV: Acquired immunodeficiency virus

MOLSA: Ministry of Labor and Social Affairs

NGO: Non-governmental organization

OVC: Orphans and vulnerable children

UNICEF: United Nations Children Education Fund

PWB: Psychological Well-Being

UN: United Nations

UNAIDS: United Nations Program for HIV and AIDS
Abstract

The main objective of this study was to explore the psychosocial wellbeing of AIDS orphan and vulnerable children in the orphanages. The psychosocial needs of orphan and vulnerable children is often neglected or overlooked by service providers. As a result, orphaned and vulnerable children are suffering from psychosocial problems like distress, and anxiety. In addition, the experiences and psychosocial wellbeing of the children in orphanages is not researched well, to assess the psychosocial problems of orphan, qualitative research method was used. This qualitative study is conducted in three orphanages of Addis Ababa. The study population is orphan and vulnerable children getting orphanages services. The researcher used in depth interviews and focus group discussions to collect the data. The data analysis method was modified grounded theory analysis using open code version 3.4. Findings revealed that multi-facets of psychosocial problems such as depression, stress, suicide, hopelessness, being oppositional and angry, poor attachment and social relationship, and hostility are observed on OVC’s. Different coping mechanisms like praying and diary writing are reported by them. The research indicated that orphan and vulnerable children in orphanages severely affected by multiple psychosocial problems. The study also revealed the OVC have different coping strategies to face psychosocial problems while they are served in orphanages. Based on the findings, the researcher recommended that placing and expanding psychosocial services like counseling, group therapy, support groups, and referral linkage with psychiatric services will be valuable. Introducing and promoting healthy cope up mechanisms for children in orphanages are also essentials.

KEY WORDS; psychosocial well-being, orphan, vulnerable children, orphanages, AIDS, coping strategies.
CHAPTER ONE

1.4 Background of the study

The psychosocial wellbeing of orphan and vulnerable children is affected drastically in different causes. The number of orphan and vulnerable children is increasing in developing nations particularly sub-Saharan Africa countries. The problem is fueling by the effect of HIV/AIDS. The African orphan crisis, exacerbated by the HIV/AIDS epidemic will have important negative intergenerational effects.

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 adult and 79,871 HIV positive children. Due to the broad definition of OVC, the number of vulnerable children will greatly surpass from the estimate for orphans. Based on the legal definition of Ethiopia, orphan and vulnerable children (OVC) encompasses those children under 18 years of age and who has lost one or both parents and children in difficult circumstances. Moreover, the experience of orphan-hood begins with parental illness, not death.

In Ethiopia, the lives of orphans and working children Tatek, (2008) and the psychological distress and its predictors in AIDS orphan adolescents Hiwot, et al.,(2011) were studied. Overall, in most studies little attention has been given to the psychological wellbeing of orphan in Ethiopia.

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. Federal HIV/AIDS Prevention and Control Office (FHAPCO), Addis Ababa HIV/AIDS Prevention and Control Office (AAHAPCO), Addis Ababa women, Children and Youth Affairs Bureau (AAWCYAB) and Ministry of Women, Children and Youth Affairs (MOWCYA) reports showed that orphan and vulnerable children are suffering from psychosocial problems like distress, anxiety and emotional disturbance. In Ethiopia, less than half of orphan and vulnerable children (48%) among the surveyed children in some districts of the country were receiving psychosocial support services like counseling. However, the overall achievement is not as such satisfactory compared with scope of the problem and children are exposed for psychosocial problems.

Orphans and vulnerable children (OVC) 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 and with the numbers of projected to increase in the next decade UNAIDS, (2004). Large and growing numbers of OVC 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). Orphan children may face many hardships during childhood including a decline in health, nutrition, and psychological well-being. Orphan-hood is frequently accompanied with multidimensional problems including prejudice, school services, inadequate food, sexual abuse and others that can further expose children’s prospects of completing school.

Moreover, the death of one or both parents has a profound and lifelong impact on the psychological wellbeing of children. Children and adolescents in particular are at increased risk
for unresolved or complicated bereavement because of their developmental vulnerability and emotional dependency. Being an AIDS orphan may further place them at heightened risk of prolonged mental problems Hiwot et al., (2011).

Thus, to maintain the psychosocial problems of orphan and vulnerable children measures should be taken. As the study by Dalen, Nakitende, and Musisi, (2009) recommended, that ensuring education, legal protection, and psychosocial support of the orphan children is very important. Interventions on the children, caregivers, administrators, programmers, and officials related with psychosocial issues also crucial. Services on child level to maintain the psychosocial health include counseling, life skills training, community support and integration, rehabilitation and HIV/AIDS services. Psychotherapy is also very essential for children who have faced stressful life events.

1.2. Statement of the problem

The number of children experiencing orphanhood 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. The impact of the HIV/AIDS epidemic in creating a burden of care of orphans for the traditional family structure is well documented in a handful of culture-specific studies (Foster, 2000).

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.
The Ethiopian literature on psychosocial well-being of orphan children is very small. The limited research that has been carried out focused on HIV orphans who suffer from particular social and economic disadvantages and mental health problems. Although orphaned children seem to attract the attention of researchers GOs and NGOs in Ethiopia, much of the attempt are on the economic needs of children not on the psychosocial problems affecting their wholesome development.

Few exceptions, of course, could be cited which have recently conducted local surveys in Addis Ababa and elsewhere. Among these, Belay and Belay (cited in Desalegn, 2006) conducted a psychosocial survey of orphaned and vulnerable children, their family and communities in both rural and urban settings. It explicitly found out the psychosocial situations of orphaned children before, during and after parental death and the support and care they get from all levels.

Study on the psychosocial problems of AIDS an orphan and vulnerable child in the orphanages is lacking. Thus, this study explores the psychosocial problems of the orphan and vulnerable children in the orphanages.
1.3. Objectives

1.3.1. General Objective:

The main objective of the study was to explore the psychosocial problems of orphan and vulnerable children served in institution based child care centers/orphanages.

1.3.2. Specific Objectives:

2. To explore the psychosocial problems of orphan and vulnerable children in the orphanages
3. To explore the social and psychological well-being of orphan under institutional care
4. To explore the coping strategies employed by orphans in the institution/orphanages.

1.4. Research questions

1. What are the psychosocial problems of orphan and vulnerable children in the institution?
2. How do orphan’s cope up with psychosocial problems?
3. What is the psychosocial status of orphans in the orphanages?

1.5. Operational Definitions

**Orphan Child:** Orphan is a child who is less than 18 years old and who has lost one or both parents regardless of the cause of the loss.

**Vulnerable Child:** A vulnerable child is a child who is less than 18 years of age and whose survival, care, protection or development might have been jeopardized due to a particular condition, and who is found in a situation that preclude the fulfillment of his or her rights. The more inclusive definition is used which includes all of the following:
5. A child who lost one or both parents;
6. A child whose parent(s) is/are terminally ill and can no longer support the child;
7. Children living on or in the streets;
8. A child exposed to different forms of abuse, violence and/or exploitation;
9. A child in conflict with the law;
10. A child who is sexually exploited;
11. Unaccompanied children due to displacement.

**Orphanages**: is an institution where abandoned children and those who lost their parents grow up. Standard Child Care Guideline (2010)

**Psychological well-being**: individual meaningful engagement in life, self-satisfaction, optimal psychological functioning and development at one’s true highest potential. It has six dimensions that are autonomy, environmental mastery, personal growth, positive relationship with others, purpose in life and self-acceptance of individuals Ryff, (1989).

**Autonomy**: the extent to which children’s view themselves as being independent and able to resist social pressures

**Environmental mastery**: the extent to which children’s feel in control of and able to act in the environment

**Personal growth**: the extent to which children’s have a sense of continued development and self-improvement.

**Positive relations with others**: the extent to which children’s have satisfying, trusting relationships with other people.
CHAPTER TWO

Review of Related Literature

2. Introduction

In this chapter, literature on the psychosocial situations of orphans is examined, and theoretical perspectives on the psychosocial development of adolescents are given. This is followed by a discussion of studies on the psychosocial, social and economic needs of orphans as affected by HIV/AIDS, the support available to them, and the coping mechanisms of the same.

2.1. Overview of Orphan and vulnerable children care and support

It is well understood that many organizations, associations, community based and faith based organizations work for children particularly for orphan and vulnerable children’s (OVC’s). Harms, Jack and Kizza, (2010) stated that international help to care for African’s orphans is essential not only for their immediate welfare but also to protect the long term prosperity of the countries. Current knowledge indicates that orphans and vulnerable children pay a large tribute to HIV/AIDS and deserve a large-scale response. The AIDS epidemic in sub-Saharan Africa cannot be tackled without a concerted effort from international and national agencies. In sub-Saharan Africa to address double orphan children only require US$1.1-1.7 billion annually by 2010.

2.2. Interventions (services) for OVC’s

A range of services should be there to address the multidimensional problems of orphans and vulnerable children. The multiple problems of these most affected groups of children are
interrelated and intertwined. As a result the solutions should be comprehensive and integrated like that of the causes.

2.2.1. Psychosocial support of children

Children who are orphaned and vulnerable overwhelmingly exposed for psychosocial distress. Worldwide there are estimated to be 250 million children who contribute to the workforce. 171 million of who are considered to work in hazardous situations. As these children represent the most marginalized citizens in our societies, they also suffer from the effect of poverty and its associated health burdens. According to Ji. Li. Lin. and Sun,(.2007), young children without both parents should be given the highest priority in support. If children are cared for by their adolescent siblings then such adolescents should be the first to get the services. Fang. Stanton. and Hong. (2009)findings underscored the urgency and importance of culturally and developmentally appropriate intervention efforts targeting psychosocial problems among children affected by AIDS and call for more explanation of risk and resilience factors, both individual and contextual, affecting the psychosocial wellbeing of these children. U.N Global AIDS Report, (2006), showed three of four children who came to the attention of the child welfare system because of a child abuse and neglect investigation and who had clear clinical impairment had not received any mental health care within 12 months after the investigation.

The psychosocial services for OVCs include counseling (individual and group). Life skills training, community support and integration, rehabilitation, apprenticeship and HIV/AIDS services are needed like that of basic necessities and mentioned effective for the health development of orphan and vulnerable children. Similarly the caregiver- child relationship is central to a child’s development.
2.3. Effects of being orphan and vulnerable children in orphanages

Psychosocial health problem is central of the problems in orphanages. Prevalence of mental health problems experienced by children and adolescent in home based foster care was 2 to 5 times than children and adolescents in the general population. The problem is associated with being orphan and vulnerable children based on a study conclusion in Uganda. In china, many orphans were struggling with psychosocial problems and unmet needs such as food. Shelter, education, and medical care. As a result hunger is increasingly associated with detrimental health, emotional and learning outcomes. Another study also said that orphans are likely to live with deficit in health status throughout the rest of their lives. Stover, Bollinger, Walker, and Monasch, (2007), reported that their parents’ deaths had negatively affected their confidence in other people, the meaning they placed on their own lives, and their religious beliefs. More than half reported feeling that life was no longer worth living at least some of the time, and 4% had attempted suicide. Similar study reported that vulnerable young people reported experiencing multiple traumatic events, including the death of loved ones, illness in the family, stigma, rejection in times of need, and the absence of adults to talk to about relationships and problems. Thus, this group needs special attention to foster their physical, social and psychological wellbeing.

2.4. The Psychosocial Well-being of Orphans

Richter, Foster and Sherr (2006, P15) define “psychosocial well-being” as “the positive age- and stage-appropriate outcome of children’s physical, social, and psychological development”. This refers to a child’s intrapersonal (internal) emotional and mental state (psycho-) and his/her interpersonal network of human relationships and social connections and functioning (social). Gilborn, (2006)
The teenagers’ well-being is so important because adolescence is such a significant stage in psychological development, and vulnerable adolescents, especially those affected by HIV/AIDS, face unique responsibilities and challenges, such as earning wages, managing households, and caring for younger children and sick adults. Gilborn et al. (2006) defines a good (or high) psychosocial well-being as a period in which one’s mental/emotional state and social relationships are predominantly positive, healthy, and adaptive, whilst a poor psychosocial well-being (or psychosocial distress) is when these are mostly negative, unhealthy, or maladaptive.

Activities that support and promote the psychosocial wellbeing of children and families are critical because children are able to bear and recover from significant levels of suffering when they are surrounded by people who love and care for them (Richter, 2006). The sense of belonging and hope that is nurtured by these relationships enables children to cope better with hardships like hunger, general discomfort, and the other privations of poverty and loss. These efforts are “key investments” in “human capital” -children who receive affection, stimulation, and support in early childhood have a good foundation for growth and development, are more able to cope with challenges, are better at overcoming disadvantages, and making positive contributions to the society (Richter, 2006).

Gilborn et al. (2006: 9) hypothesized that “psychosocial well-being is influenced by

1. Individual factors and experiences (such as age, sex, innate personality characteristics, family or household structure, personal exposure to stress and trauma, and socioeconomic status),
2. Contextual factors (e.g., community cohesiveness and support, presence of AIDS-related stigma, the socio-political environment, and availability of educational and employment opportunities), and

3. Access to programs and services, including psychosocial support programs”

Gilbornet al (2006) report high levels of psychosocial distress, like feeling guilty for bad things that have occurred/feeling worried or stressed/feeling irritable or sad/difficulty in concentrating/feeling overwhelmed and hopeless about the future. In addition, despite adverse circumstances and feelings of distress, there are signs of psychosocial well-being among teenagers -peer relationships emerge as an important source of social support and coping.

Some teenagers report that they feel they can do things to help themselves/feel confident in themselves/feel hopeful about the future/feel able to cope with difficulties in life Gilborn et al(2006). This suggests some level of resilience amongst the vulnerable group of teenagers.

2.5. Psychosocial Needs of Orphans

The psychosocial impact of orphans is a neglected topic, due to the shocking financial crisis that confronts them; programs tend to focus on providing for material needs rather than counseling and other forms of psychosocial support (Foster & Williamson 2000). This section focuses on the psychosocial needs HIV/AIDS orphans experience in relation to parenting with a terminal illness; witnessing an AIDS-related death; the psychological impact of death; psychosocial stressors; and stigma.

Research evidence shows that orphans face many psychosocial challenges that involve the lack of parental guidance, love, care, and acceptance in the new families they join or the institutionNasaba, Defilippi, (2006). They also face social problems, which include the lack of
supportive peer groups and role models, stigma and other risks in their immediate environment

PEPFAR (2006) adds that HIV/AIDS affects orphans in a number of ways, including:

- Living with a high risk of becoming infected
- Being required to work and/or put their education on hold as they take on the household/care-giving responsibilities of a chronically ill parent/s
- Experiencing greater poverty because of the disease
- Being subjected to stigma and discrimination because of their association with a person living with HIV.

When the health of HIV-infected parents begins to fail, the basic needs of the children may be compromised, as the parent possibly loses his/her job due to bad health and/or the household income is redirected towards caring for the sick parent Population Council,(2004). At times, the normal parental-child role may be reversed, as older children may have to take care of the ill parent and assume household and childcare responsibilities Smart,(1999).

Stein (2003) argues that some terminally ill parents may become overprotective of their children, and may begin to distance themselves from their children in the hopes of reducing the impact of the future loss. This overprotection might have a negative impact in children since they might feel that their parent is neglecting them. After the traumatic experience of witnessing the death of a parent, orphans are often sent to different households, separated from their siblings, and relocated away from schools and friends UNAIDS(2002).

Cluver (2003) indicates that children with parents infected with HIV are likely to experience more disrupted routines, and more periods of informal fostering than other children who have parents with other terminal illnesses. A study conducted in Zimbabwe by Nemapare and Tang
(2003) reports that the loss of a father (who is the symbol of financial security) results in untold worries about the future, and the loss of a mother, who loves, nurtures, and guides the child is the most difficult thing for any child to handle.

Orphans suffer emotional stress; higher levels of anxiety, depression, and anger, along with the associated inactivity induced by depression; feelings of hopelessness and thoughts of suicide due to the hardships they face after a parent dies UNICEF,(2006). Orphans and vulnerable children who are affected by HIV/AIDS have the additional burden of becoming the victims of the stigma associated with the AIDS pandemic Economic Commission for Africa,(2004). Bray (2003) argues that this stigma causes varying levels of additional trauma, which is then added to the traditional long-term effects experienced by non-HIV/AIDS orphans.

Children whose parents are presumed to have died because of AIDS are often thought to be HIV-positive themselves, and are consequently stigmatized, which manifests as being excluded from school and denied treatment when they are sick (Richer, 2006). Children have powerful emotions regarding death, and may exhibit these emotions for extended periods of time at random intervals (Kristin,). Added to the traditional long-term effects experienced by non-HIV/AIDS orphans.

Children whose parents are presumed to have died because of AIDS are often thought to be HIV-positive themselves, and are consequently stigmatized, which manifests as being excluded from school and denied treatment when they are sick (Richer, 2006). Children have powerful emotions regarding death, and may exhibit these emotions for extended periods of time at random intervals. Kristin (2015).
Nasaba et al. (2006, P 6) summarize the psychosocial problems that affect HIV/AIDS orphans, starting from the illness until to death of the parent, which includes the following:

- “Children are not always told the truth about their parents’ diagnosis. This doubt causes anxiety.
- Children start worrying about what will happen to them when their parent dies.
- Illness and death of parents create traumatic feelings in children.
- After the death of a parent, the child may be required to head the family.
- Children may be “distributed” to different relatives after their parents die, resulting in a breakdown of the original family unity.
- Often children who lose their parents lack parental guidance, love, care, and acceptance in the new families that take them in. It takes a long time to adjust to the new environment without their parents.
- In some instances, children fail to be taken in by relatives and they end up heading their own families. Others opt to move to town and start working as “house girls”, or even commercial sex workers.
- At school, children affected by HIV/AIDS face stigma and discrimination”.

### 2.6. OVC Psychosocial Support Models

The service delivery model of orphan and vulnerable children support programs will affect the satisfaction and wellbeing of the children. Poor outcomes may be observed when the child is receiving care from a delivery system other than the one that provided the low-quality care. A study in Eritrea concludes that orphanages are necessarily the breeding grounds of psychopathology. This study also recommended orphanages must therefore be avoided at all
costs. The comprehensiveness of the services might become the second level criteria for children to feel comfortable. For example, successful interventions will be those that build on the strengths of family functioning by developing models based on knowledge about how families provide care and support to children, and develop appropriate models of delivery suitable in varied social, economic and infrastructure contexts. In additions, use of standardized and locally adapted guidelines by international relief organizations would strength national capacity to deal with prioritized health problems and link relief efforts with development.

The psychosocial support for children would be effective if it is in a family setting. Many studies showed, families and communities are best placed to deliver cares, yet many are currently overburdened and urgently need interventions that strengthen their ability to provide for these children. Based on the study conducted in china, children living in group homes reported better improvement than children in orphanages in some aspects of mental health (e.g., mood and peer relationships). This finding suggested that group homes may serve the children’s psychological needs better than AIDS orphanages. However, in a similar study one interviewee explained ‘they live in a big family of affection and friendship where people love and take care of them’. Due to the rule and regulation for living, some children felt that they do not have enough freedom at the orphanages and others feel secured as study in USA indicated. With increasing number of orphans due to HIV/AIDS, this experience suggests that orphan children are best cared for within families and communities from the same cultural milieu including traditional healers. However, orphanages are not homogeneous; some provide attentive, loving, individualized care in a group setting that can be superior to indifferent foster care. Furthermore, study conducted in five countries (Ethiopia, Kenya, Tanzania, Cambodia and Nagaland) did not support the hypothesis that institutional care is systematically associated with poorer wellbeing than community care.
2.7. Theoretical Perspectives on Adolescents

Different theorists view adolescence differently; however, they all agree that adolescence is a very important stage, one that needs to be handled with care. Therefore a clear understanding of adolescence is important, since it provides a picture of the role-expectations of adolescents. Hall’s storm and stress model of adolescence describes adolescence as a stage in life that is characterized by a high level of emotional turmoil and stress, due to the hormonal disruption associated with puberty Hall, (1904). He views adolescence as a time of sexual confusion, great emotional stress, and self-doubt.

It can be concluded, based on Hall’s model, that adolescence is a stage wherein teenagers are not entirely in control of their lives, and as a result become vulnerable to health-risk behaviors because of the ensuing confusion and self-doubt. During this stage, teenagers are expected to simply deal with the emotional stress caused by the biological changes taking place. Hall (1904) suggests that good parenting is vital during this stage of human development if the teenagers are to adequately adjust to these new processes.

On the other hand, Erikson’s (1950) psychosocial theory of development argues that human beings pass through eight stages of development, and each of these stages must be resolved successfully before the individual can progress to the next. Stage five of his psychosocial theory denotes the adolescent stage, described as “personal identity versus role confusion” Erikson (1950). Erikson views adolescence as a major stage in human development, one in which teenagers construct the roles they will occupy as adults. During this stage, teenagers re-examine their inherited identity and attempt to define one of their own making, sexually and occupationally. Like Hall, Erikson sees this stage as a very confusing and dangerous one in
human development, since it determines how a teenager sees himself/herself in relation to his/her family and society.

Jessor’s (1991) problem-behavior theory emphasizes the importance of adolescence, arguing that it is in this critical period that teenagers become vulnerable to risk behaviors. These risk behaviors may have negative health outcomes because this it is in this crucial stage that risk-related learning takes place.

All these theories highlight the importance of adolescence, and these insights are applicable to adolescent orphans affected by HIV/AIDS.

2.8. Conceptual Framework

The wellbeing of orphan and vulnerable children can be affected by different factors. Effects of HIV/AIDS, as a main cause for OVC, AIDS orphans and vulnerable children consistently demonstrated poorer psychosocial adjustment that comparison children in the same community. A developmental psychopathology approach strives to understand the complexity of human development as the dynamic transaction between the person and the environment describe the principles of a developmental psychopathology framework. First, because development is multi-determined, its understanding must be interdisciplinary and cross domains from biology and genetics to social ecology and culture. Second, developmental psychopathology is interested in the range of outcomes from normal development to psychopathology and the range in between. The recognition that multiple outcomes are possible even in response to the horrific environmental stressors is paramount. Third, this approach seeks to understand the risk and protective factors that may account for this range of outcomes. Fourth, a developmental psychopathology approach does not view adaptive and maladaptive behavior as
static. Both the individual and the environment change over time; thus the transaction and associated outcomes are dynamic as well.

2.8.1. General Concepts of Bereavement and Grief

When the death of a beloved takes place (even when the death is expected), individuals may experience a wide range of emotions, commonly referred to as “bereavement and grief.” Psychologists and grief theorists describe bereavement as the state of having suffered a loss, grief as the normal reaction one experiences in that state, and mourning as both an intra-psychic process and cultural response to grief. Bereavement is a distressing but natural and probably universal experience. Grief is understood as an incorporation of diverse psychological (affective, cognitive, social, behavioral) and physical (physiological, somatic) manifestations, the overt expression of which varies both between and within cultures. Affective manifestations include depression and despair, dejection, anxiety, guilt, anger, hostility, and loneliness. Cognitive manifestations include preoccupation with the deceased, low self-esteem, self-reproach, helplessness, hopelessness, a sense of unreality, and problems with memory and concentration. Behavioral and social manifestations include agitation, crying, fatigue, and social withdrawal. Although research in general has concentrated on these negative components, there has been a trend to explore the positive aspects associated with grief, including personal growth and creativity.

Much like the process of physical healing, the grieving process is a series of tasks that one must work through before fully adjusting to the loss. The attachment theory, postulated that there were four phases in a grieving process: (a) shock, associated with symptoms of numbness and denial; (b) yearning and protest, as realization of the loss develops, (c) despair, accompanied
by many of the manifestations described above over a longer period, and (d) recovery, marked by a general feeling of increasing well-being, acceptance of and adaptation to the loss. Research suggests that if these steps are not successfully completed, individuals will suffer “complicated” grief, which can be defined as the deviation from the cultural norm in the time course or intensity of specific or general symptoms of grief.

2.8.2. Individual Factors

Individual factors include school performance, locus of control beliefs, self-esteem, and cognitive development. Previous studies have found that bereaved children had significantly poorer school performances than their non-bereaved peers (Lowton, 2001). Longitudinal studies in the United States (Silverman & Worden, 1992) also found a significant mediating effect of locus control and self-esteem on the relation between bereavement and psychological symptomatology among children, with an external locus of control and low self-esteem leading to higher symptomatology. The impact of bereavement on cognitive development and its relation to mental health status in later life have not been assessed among AIDS orphans, although previous studies of Romanian orphans found that IQ was associated with early social and emotional

2.8.3. Contextual Factors

Previous studies have suggested a number of contextual factors that may potentially affect the mental health of children orphaned by AIDS (Cluver & Gardner, 2007). These factors include varied orphan hood experiences (e.g., double orphans, paternal orphans, and maternal orphans), different care-arrangements (home care, kinship care, or institutional care), and quality of care (e.g., caregiver-child relationship). Other contextual factors include parental depression,
stressful life events, parent-child relationship, family environment, and family socioeconomic status. Most of the contextual factors concern the extent to which caregivers are available (both physically and emotionally) to protect, nurture, and care for the child during bereavement (e.g., attachment security). Without empathic caregivers (attachment figures) to help children recognize and express grief, normal reactions to loss can go unrecognized and persist into emotional and behavioral problems. Children, therefore, are at risk of growing up with unrecognized and unaddressed grief and prolonged negative emotions that are often expressed with anger and depression. Failure by caregivers to recognize and address poor social adjustment and associated mental symptoms will aggravate the child’s psychological problems. In particular, impersonal and distant involvement of adults does not support the intimate attachment relationship thought necessary for healthy human development.

An illustration of a dynamic, multi-determinants developmental psychopathology framework of the psychosocial needs of children orphaned by HIV/AIDS is provided in Figure 1. A developmental psychopathology approach has shown significant ability to guide research, intervention, and policy around the psychosocial needs of children exposed to significant stressors, for example, in the areas of child maltreatment and orphans in institutionalized settings.
Figure 1. Adapted and redeveloped developmental psychopathology framework of psychosocial needs of orphan and vulnerable children. Cummings, (2000)
CHAPTER THREE

METHOD

This chapter deals with the description of the research design, population and sample, research instruments, the procedure of data collection, and analysis methods.

3. Research Design

The research primarily used qualitative method. Qualitative method was used to describe the subjective feelings, experiences and opinions of individuals which were difficult to illustrate with quantitative study method. The qualitative approach helps to establish the meaning of the phenomena, which in this case is psychosocial problems of orphan and vulnerable children in orphanages, from the view of participants. Qualitative study design is better to express the experiences of orphans and vulnerable children. Qualitative study is essential to show the whole story of a group’s life and understand characteristics of a particular social setting with its dynamicity and multiplicity of voices like orphan and vulnerable children lives.

3.1. Study Setting

The study was conducted in orphanages of ‘Kolfe Youth Care and Rehabilitation Center’ Kechene Child Care and Rehabilitation center and ‘AbebechGobena Children Care and Development Association’ in ‘Addis Ketema,’ ‘Gulele’ and ‘Arada’ sub-cities respectively.

AbebechGobena child care and development Association is a nonprofit Ethiopian resident charity association, founded by a devoted humanitarian lady called Dr. AbebechGobena. It was founded in 1980 at the time severe drought that occurred in the northern part of the
country. Since then, for over three decades it has performed commendable jobs in the area of orphans and vulnerable children.

Kechene Children and Youth Care Center is established in 1952 to provide services for orphans, abandoned and abused children. Currently, the institution hosts more than 300 female orphans and vulnerable children (OVC) whose age ranges from 7-18 years of age that came from different corners of the country.

This center is found in Addis Ababa, Gulele Sub City, Woreda04, locally named “MenenAkababi”. It is one of the childcare institutions administered by Addis Ababa Women, Children and Youth Affair Bureau. The center provides basic services for children in the institution as well as working on reunification and reintegration of children. The overall goal of the institution is to contribute to the ongoing efforts of improving the general wellbeing of OVC.

Kolfe Children and Youth Care Center is established in 1963 to provide services for orphans, abandoned and abused children. Currently, the institution hosts more than 200 male orphans and vulnerable children (OVC) whose age ranges from 7-18 years of age that came from different corners of the country.

This center is found in Addis Ababa, Addis Ketema Sub City, Woreda 05, locally named “Taiwan Akababi”. It is one of the childcare institutions administered by Addis Ababa Women, Children and Youth affair Bureau. The center provides basic services for children in the institution as well as working on reunification and reintegration of children. The overall goal of the institution is to contribute to the ongoing efforts of improving the general wellbeing of OVC.
These orphanages were chosen for this study because; firstly, these orphanages have many years of work experience in delivering child care services. Secondly, the centers have large numbers of orphan and vulnerable children compared to other orphanages which claim to be involved in taking care for orphans and vulnerable children.

3.2 Study Population

The target population of this research was orphan and vulnerable children living in Addis Ababa. The study population were children attended institution based child care (orphanage) services in ‘Kolfe youth care and rehabilitation center’, ‘Kechene youth care and rehabilitation center’ and ‘AbebechGobenaYehitsanatKibikabenaLimatMahiber (AGOHELMA)’ in ‘Kolfe’, ‘Gulele’ and ‘Arada’ sub-cities respectively. These organizations have long time experiences in providing care and rehabilitation services for orphan and vulnerable children. The sample population of the study was selected children from these orphanages with the purpose of rich knowledge on psychosocial issues that they have been experiencing.

The inclusion criteria were:

1. Orphan whose age is between 10 and 18 years old
2. children who are able to articulate during the interviews and focus group discussions;
3. Orphan and Vulnerable Children who have lost one or both parent(s) by death
4. The orphan and vulnerable children should attended institution based /orphanage/ services for one or more years to have well experience of the environment.

3.3 Sample size

The sample size of the study participants was dependent on redundancy or saturation of information. The researcher was conducted ten in depth interviews till saturation point of
information reached. Four focus group discussions (FGDs) were conducted for two categories of groups based on their gender since female and male children live in separate orphanages. In addition, children may have some issues difficult to discuss in front of opposite sexes. Thus, two FGDs with female orphan and vulnerable children and two FGDs with male orphan and vulnerable children were arranged and conducted. The group had 8-10 members in average.

3.4. Sampling Procedures

First, an official letter from Addis Ababa University was submitted to Addis Ababa Women, Children and Youth affairs Bureau (AAWCYAB) to get permission of research. Similarly, official letter was also submitted to AbebechGobena children care and development association’. These selected orphanages had worked for long time and had better experience on orphan and vulnerable children care and support. Copy of the letter was kept in hand to show any concerned body and respondents.

The researcher used purposive sampling technique to identify information rich children on psychosocial problems. To get those subjects who are knowledgeable for the study topic, OVCs who attended care and support in orphanages for more than a year were selected. Those children who are interactive were communicated to ensure the quality of data.

The purpose of the study and eligibility criteria to participate in the study was explained briefly for the organization heads, program managers and counselors to get in touch orphan and vulnerable children’s who fulfill the criteria to participate in the study. The research was also further explained the purpose of the study for children who are volunteering to participate in the study. After full approval to conduct the study from the orphanage officials, children and their
guardian’s, convenient data, time and place to meet with those children was set based on their preferences.

3.5. Data Collection procedures

The data collection was held on January 2015 through March 2015. The data were collected by the sole investigator, since the study was qualitative; researcher entertained the subjective feelings and experience that helped him in the data analysis. The researcher had an assistant for taking a note in the focus group discussion. The researcher used semi-structured interview guides for both the in depth interview and focus group discussion. The in depth interviews and FGDs were conducted in the spare time of children. The convenient time for the participants was when they return from school between 3:00 and 5:00 pm and weekend days. The in depth interviews and FGDs were also conducted in the same orphanage centers particularly in their playing room while the other children were not there to keep the participants comfort and ensure privacy.

Parallel to the FGDs and in-depth interviews, field notes were taken during the interview or discussion to capture emotions expressed verbally or non-verbal. Both the in depth interviews and FGDs were audio recorded. An ongoing analysis was started as early as data collection in order to be flexible to include the missing voices of study population. The data obtained whether in audio or textual kept for data audit in a secured place.

3.5.1. In-depth Interview

The researcher primarily used in depth interview to collect authentic data. In order to understand the depth experiences of informants’ interview is a good tool. Thus, respondents had described their individual experiences and had unique interpretation of experience through
individual in-depth interview. Furthermore, orphan and vulnerable children had sensitive issues experienced that was difficult to discuss in a group setting. In the process of interviewing, emotionally supportive environment was created which helped children and adolescents to feel comfortable to participate in an interview and minimize power balance. Rapport has been developed with the children. In depth interviews were conducted for about 30 minutes to 1 hour in average. Totally ten in depth interviews, six with females and four with males orphan and vulnerable children in orphanages, were conducted.

3.5.2. Focus Group Discussion (FGD)

The study 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. Both female and male orphan and vulnerable children in the orphanages within the range age of the inclusion criteria was included. The topic guide questions for FGDs were prepared in Amharic to make easy understandable by the children and to avoid interruption of discussion flow due to translation efforts. The focus group discussions and interviews were also conducted in Amharic, local language of the respondents. Two FGDs for female orphan and vulnerable children’s and two FGDs for male OVC’s in orphanages were conducted. A group was composed of with 8-10 children in average.

3.6. Data Management

The data obtained from individual in-depth interviews and FGDs were audio taped and recorded. The data collected in Amharic language first was transcribed. The Amharic version transcribed data, then, was translated to English to make it easy for analysis. The translated data
were entered into qualitative data analysis software called open code, version 3.4. Notes taken from during the field work was also kept and referred during analysis. The data obtained whether in audio or textual was kept for data audit.

3.7. Data Analysis Procedures

The researcher immersed himself into the data by repeated hearing of audios and reading of the transcribed and translated notes. The researcher used the open code software which is helpful to reduce and analyze textual data. The translated data were open coded. The coded data were further coded, grouped and categorized. That means the codes with similar characteristics grouped together thematically. The researcher provided tick description (interpretation), based on the findings to increase the transferability of the study to other context. And then the preliminary findings presented to colleagues and/or friends to receive input and comments. In addition, cases were drawn from the interviews and FGDs, and discussed to explain specific stories in detail.

The data further recoded and categorized to reduce the size. The interpretation followed instantaneously after the analysis. The transcribed and translated notes were labeled by using the ID, data and place of interview or discussion, to make connection back at any time when the researcher is in need.

3.8. Research validity or trustworthy

The researcher administered one interview guide to gather data on the participants’ perception of their own feelings and situation with regard to psychosocial well-being. Following an in-depth literature study, the researcher compiled the interview guide to seek answers from orphans on the psychosocial-related questions. A detailed literature study was done to establish how the orphans experienced their world and perceived their psychosocial well-being. Broad
categories of factors contributing to psychosocial well-being were identified and included in the interview guide. The categories are poverty; social skills and socio-cultural needs and psychosocial well-being; self-esteem, emotional needs and psychosocial well-being; psychological problems and needs. In order to identify potentially unclear instructions and items, the interview guide was evaluated by Mr. Abreham Achenef an expert in research methods at MedaWelay University. Items that were unclear because of formulation as well as technical implications regarding data capturing were identified, and the formulation of a number of items was amended. The necessary measures were taken to ensure validity and reliability of the interview guide. The interview guide measured what it was supposed to measure and the questions were adequate to be representative of the phenomenon. Steps had been followed to ensure the content validity of the interview guide and included an extensive literature study and various experts from the orphanages checked the questions.

3.9. Ethical Consideration

Written consent was obtained for children for children 15 to 18 years of age since they are minor consenting group. For those below the age of 14 years, written consent were obtained from legal guardians in the absence of their families whereas, oral assent was obtained from the children 10 to 14 years of old.

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 child, 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 recorded and written data kept in secured place and that was explained to the study participants prior to interviews and focus group discussions (FGDs). The computer used for the data collection and analysis had only one entry and was password protected.
CHAPTER FOUR

Findings

The main aim of the study was to explore the psychosocial problems of orphan and vulnerable children residing in orphanages. Hence, the following overarching experiences of orphan and vulnerable children in orphanages analysis and discussion of cases. (1) Background information of study participants, (2) Consequences of being OVC (3) Experiences of orphan and vulnerable children in the orphanages context (4) Psychosocial health problems and (5) Survival strategies of orphan and vulnerable children are the topics dealt under this chapter.

4. Background Information of participants

<table>
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<th>number of participates</th>
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</tr>
<tr>
<td>Female</td>
<td>23</td>
</tr>
<tr>
<td>Age of children</td>
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</tr>
<tr>
<td>10-14</td>
<td>31</td>
</tr>
<tr>
<td>15-18</td>
<td>15</td>
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<tr>
<td>Educational statues of children</td>
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</tr>
<tr>
<td>Secondary</td>
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</tr>
<tr>
<td>Lost parent (s)</td>
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<td>Yes</td>
<td>37</td>
</tr>
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<td>9</td>
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</table>
4.1. Consequences of being institutionalized

The study indicated that most of the children experienced loss of their parents; in return the parental love and attachment that they need to have as a child. Lack of adequate and standardized care, and vulnerable for psychological and social problems are also the challenges they face because of their OVC status. As the finding showed the freedom of children also compromised. As the children reported they have no permission to go out of the centers and interact with community except school time for those who attend education.

4.2. Experiences of Orphan and Vulnerable Children in Orphanages

The availability and absence of necessary services, social relationship and communication, child rights and cultural issues are matters apart from loss of parental love and care. Due to this the experiences of orphan and vulnerable children while they are living in orphanages impacted on their psychosocial wellbeing.

4.2.1. Child Abuse, Neglect and Discrimination

Some of the research participants explained that they have experienced discrimination while getting care and support services in orphanages. They feel discriminated by orphanage workers and the outside community. Most of the children associate the discrimination with HIV/AIDS by assuming that people discriminated if they are HIV positive and screened obsessively. The children said that they reminded being orphan (parentless) and even judged as killer of their parents and bad sign.

The majority of the research participants felt that the community has bad attitude, feeling and backward thought for them. The discrimination by orphanage workers particularly caregivers
exhibited in necessities like food. Many children underscored and express with frustration that the caregivers discriminate one child from another with services they supposed to get.

Similarly, few of the research participants reported that they have experienced verbal, physical and emotional abuse and neglect by the community and internal staffs as well. There is a demarcation between the institutionalized children and the community who resides around the orphanages. The community called the children by saying ‘‘MADEGO’’ and the children called the outsiders by saying ‘‘VILLAGERS’’ or ‘‘MENDERE’’.

The research participants also said that they have experienced labor abuse and they are beaten mostly by older children and youths aged above 18 years. Some research participants from the two government orphanages also argued that the police beaten and psychologically threaten them. They have reported that if the workers or nannies in the orphanages considered us like their own children, they are not supposed to expose us for police. They also tired off the corporal punishment in the center when they did mistakes. On the contrary, two children said that there is no discrimination at all. A 15 years old girl described her feeling as follows:

“Whatever mistakes we made, they should not expose us to others. Since she is a mother, she should not expose us to police rather she should punish her child by herself. But what I see here is they report to police if someone did mistakes…”

4.2.2. Social Life, Communication and Self confidence

The majority of the research participants have deteriorated social life and communication with the people around them as they reported. They have difficulty to relate with people easily. The difficulty is related with self esteem, self confidence, perception and social skills they have. The self confidence to succeed their life goals is low and feels inequality. They think that they
could not have desired inputs and capabilities to achieve their goals self confidently by comparing themselves with non orphan children. A child describes her self-confidence as follows:

“I do not assure myself. What makes me have no self-confidence is just because I have nothing. So I feel insecure. This situation affected my school performance since I usually fear to communicate with my classmates and teachers”

Similarly, most of the FGDs participants and some of the in depth interview participants expressed that they lack social skills to live with the community and lead their lives effectively. As they reported, their interaction with the outside community is prohibited due to the rule and regulation of the centers. They associate the center like that of prison which has no freedom. A 15 years old child describes his feelings about the orphanage’s strict rules as follow

“The officials do not allow us to go out from the orphanages in the weekend. We are not supposed to live here for a long. When we integrate, how can we interact with the community? The problem is we do not know how to communicate with people outside the orphanages”

4.2.3. OVC Wellbeing and Provision of Basic Needs

Majority of the OVC expressed their appreciation for the centers and government for the efforts and services done for them though the psychosocial needs are not addressed well. The available services in the centers that most children witnessed are access to education, clothing and shoe, shelter, medical care and food. These are the services better addressed compared with psychosocialServices though there is inadequacy and low quality.
Few of the participants reported that their lives had changed due to the care and support services they have received from the orphanage but they lack love, emotional attachment and social life. On the contrary, there are also few children who have deep rooted hate for the center and say there is no change at all. These children prefer to live on the street and tried to escape from the orphanages. They reported that they live in the center because they have no option and also because they are in fear of sexual violence on the street. Some of the children did not find the services as expected and did not like the service delivery model totally and wishing only for adoption.

4.2.4. Psychosocial Care and Support Services

As majority of the research participants explained, the least addressed services were psychosocial and legal protection services. Some of them did not attend guidance and counseling, group therapy, recreational and group discussion services even though the setup is there in some orphanages.

In addition, many of the children did not participate on vocational, life skills and social skills trainings. However, few of the children who participated on FGD and interview reported that they have got training on gender, HIV/AIDS and HCPs. Likewise, some of respondents indicated that they do not want to consult counselors/social workers because they do not think that their secret will be kept confidentially. The respondents further explained the situation by stating that center administrators, and counselors and/or social workers try to consult children only at the time of problem (during conflict, mistake or when a child cries or become depressed).
4.3. Psychosocial Problems

The finding revealed that OVC are vulnerable for multidimensional and intertwined problems. Multi-facets of psychosocial problems observed on OVC’s and affect them negatively. These problems are rooted to the life events before and after parental loss, and experiences in orphanages and community at large. The following are the most frequently observed psychosocial problems.

4.3.1. Depression, Stress and Anxiety

Many of the research participants felt sad, depressed and stressed due to the lack of positive relationship with service providers and the community, and due to the grief and bereavement of their parental loss. A child who lost her mother expresses her grief by saying: “I love my mother very much; I love her more than anything. She was everything of mine. I prefer if I were not born or if I died instead of my mother”

The other reason for being depressed and stressed are child abuse, neglect, discrimination, and bad attitude for OVC perceived and experienced by children. Identity crisis problem also observed to some extent among those who did not know their parents totally and those abused and neglected by their parents.

4.3.2. Hopelessness and Helplessness

The other psychosocial problem observed on the children is hopelessness and helplessness. Some children wish if they were not born and feel that life is not worth living. They look the future negatively. Some feel that there is no one who cares for them. Few of
the children hoped that they will be adopted by foreigners. A child sexually abused describes her feeling in this way:

“Since there is no life after death except in heaven, I consider myself as dead girl. I feel sick while the others are healthy because of the sexual abuse performed on me by my father and uncle... I was tried to hang myself but failed “. As the same time child who always feels helplessness describes her feeling as follow;

“I lost my mom and dad in two consecutive years. Now, there is no one who cares about me. I do not share my problems with anybody since I do not trust them. Moreover, the officials may fire me out if I make any mistake. The future is dark.”

4.3.3. Hostility and Negative Attitude

The children were also asked their attitude towards the community and caregivers and even for the other staffs and few of the respondents replied by saying "we hate them because they hate us". Some of the children have serious hostility for the care givers, community and the orphanage center and even for their life. There is an outlook that the future becomes worst by some children. Two children who were participated in the interview have extremely disliked for their fathers for the reason that they were sexually abused and betrayed by their fathers. A child betrayed by her father described here revengeful feeling as:

“I like devil more than my father. Because I do not know the devil and he also do not know me. But my father, who knows me, betrayed me. If God give long life for me and my father, I myself will revenge my father, unforgettable revenge, by killing him..."
4.3.4. Poor Attachment and Relationship (Social Isolation)

The children participated in this study feels as they detached from the community and the service providers. They do not feel secured since they have no good attachment. They perceive that the community has no good attitude and love for them. As they indicated, they prefer to be socially isolated. Accordingly, their relationship with their caregivers, other staffs with some exceptions and the outside community is very limited and not positive based on their explanation. As a result, some children are shy to express themselves.

However, few children have good attitude for both the community and caregivers (nannies). These few children have more attachment with counselors than the other staffs comparatively.

4.3.5. Loneliness

Most of the research participants indicated that they experience feelings of loneliness when they enter the orphanage the first time. According to the respondents the loneliness feeling continues and exacerbates during their stay in the centers due to the poor relationship with the staffs particularly caregivers and memory of parental death. They feel that as they are ignored and nobody takes care of them.

4.3.6. Lack of extracurricular activities and entertainment

Regarding extracurricular activities, the children complained that there is nothing effectively organized in the orphanage as a supplementary to formal education. Most of the children indicate that they wished to participate in debating and drama clubs. One child stated that:
“Every day after School, we have nothing to do and nowhere to go in our spare time. As a result of this most we depressed. If there are activities organized to spend time, we will go for what each one of us enjoys most”

**4.4. Behavioral Problems of OVC**

The finding revealed that orphan and vulnerable children who had poor relationship with the caregivers and community developed behavioral problems. Some became angry and opposes people's ideas and actions whether positive or negative. An 11 year girl expresses her opposition as: “When the nanny is coming to beat me, I fight her with my capacity. If she beat me, I beat her back”

The other behavioral problems acquired in orphanages are irritability, being fighter and nagging easily as majority express. Expressed during FGDs, being unethical and lack respect for people are also other behavioral problems. The participants reported that being addicted with drug which is the bad role model of above 18 years old youths is also behavioral problems.

**4.4.1. Suicidal Ideation and Practice**

Four out of ten interviewees expressed that they wish to kill themselves most of the times because of the inadequate love and care, the discrimination and abuse made by communities particularly by caregivers and the physical, verbal and emotional abuse by older children and youths aged 15 to 30 years as mentioned. The reason for the suicide also related with past events encountered on them. For example, one child has tried unsuccessful suicide after raped by her father and uncle. The other child has watched when her mother slaughtered by her father. Some of them have tried to hang themselves. As they explained they always think of suicide when they become angry and quarreled with caregivers, even now.
4.5. Survival Strategies of Orphan and Vulnerable Children

Those children who had reported social and psychological problems use different strategies to cope up with the problems. Majority reported that they 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.

4.5.1. Praying / Conversation with God/

Most of the research participants reported that praying is their coping strategy to face the situations. When they describe spirituality as coping efforts; they even acknowledge their presence in life and get this services from the orphanage center is his (God) arrangements. As they said, they complain and shout to God for the harsh environment and become cool down after the conversation. Some speak to God to protect them from dangers and direct their future life. A few children said that they have hesitation whether God heard them or not but continued to beg him. A 17 years old boy said: "With God, what is impossible is possible…… always life would be okay after praying and going to church"

4.5.2. Support group/ Between OVC

Majority of the study participants said that they have learnt a habit of supporting each other when they face problems. They explained that they support each other when they suffered from physical illness in the absence of health professionals, when they quarrel with the community and caregivers. Some of the center children have the habit to consult and speak to their friend in the same compound when they become sad, angry and stressed particularly in time of conflict with caregivers and workers as a whole. They reassured each other.
4.5.3. Watching Films and Listening Music

Watching films and listening music are also the strategies practiced by the children to forget the things upset them. Majority of the respondents indicated that they love to watch films and listening music as a defense mechanism. These are the strategies considered therapy to their emotional wellbeing. However, some of the children become sad and cried when they watch films and listen music on family matters that made them remember their families.

4.5.4. Crying and Bury Feelings Internally

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. A 13 years old boy expressed his cope mechanisms as: “When I became sad, I pass the day by crying and being alone...”

4.5.5. Focus on Education

Some of the children said that focusing on education to change their future life positive made them to bypass the feelings. They try to use their time effectively to stand by themselves. And at that time they try to suppress their bad feelings and ignore the current situation. Thus, they try to be patient and focus on their education by believing that they have no supporter and the only way out is to be successful in their education.
4.5.6. Diary Writing

As exceptional case, diary writing is listed as coping mechanism during focus group discussion by two children only. These children have the habit of writing notes that happened in their life and environment in a secured diary book. They found it better strategies to release their stresses and keep the stories secretly. A girl in FGD describes her coping mechanism as follows: “When I become very sad, I write on my diary rather than speak to counselors. It has nothing to leak. My diary is my best friend. It reassured me..."
CHAPTER FIVE

DISCUSSION

This research revealed that the experiences of children in the community and/or family and orphanages, particularly their relationship, had great impact on their psychosocial wellbeing. As it showed, different factors (experiences) that affect their psychosocial health observed. Children mainly affected by poor social relationship and communication with the community and staffs, inadequacy and lack of quality of the services provided, cultural difference, loss of parental love and care, and low self esteem and confidence of children. The study also showed that orphan and vulnerable children have faced different forms of abuse, neglect and discrimination both in the community and in the orphanage.

The study indicates that there were a set of multi dimensional and intertwined psychosocial problems that were poorly addressed within the orphanages. Psychosocial problems were the main theme reported as deteriorating the wellbeing of the OVC in the orphanages. this and other studies corporate that when children lose one or both of their parent(s) due to any cause, they experience multiple psychological problems, like stress, depression, anxiety, lack of parental love, lack of self confidence, poor concentration, sleeping disturbance(Gilborn et.al,2001; Chipungu and Bent-Goodley,2004; Calhoun and Tadeschi,1995; Wolff and Fisseha,1998; FHAPCO,2007).
The community and staffs in orphanages had no good attitude for them. They have also suffered from shortage of shelter, cloth, and food. Another study supported this finding that as these children represent the most marginalized citizens in our societies, they also suffer from the effect of poverty and its associated health burdens. Zhao (2009).

This study also 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. (Richter et al., 2005; Tarullo et al., 2007; Zhao et al., 2007; Atwine et al., 2005; UNICEF, 2007). The reason behind these could be the strict orphanage’s rules of conduct which limit social interaction. Create bad perceptions of people among the children, leading to lack of self confidence and social skill.

Many children considered the orphanages as prison which has no freedom. This is in line with another research explained that due to the rule and regulation for living, some children felt that they do not have enough freedom at the orphanages and others feel secured as study in USA indicated.

Many children have experienced and perceived discrimination from the community because they live in orphanage. The community can easily identify them and showed bad attitude not to relate with their daughters and sons. According to the perception of the children, the community assumed that OVC as fighter and developed bad behavior. The children also perceived discrimination by staffs of the orphanages particularly by caregivers. The discrimination done affected the psychosocial wellbeing of OVC. Discrimination done in orphanages mainly related with food, sleep and love and care provided for children.
Attachment theorists argue that latter social relationships of individuals are reflective of their childhood attachment with their care givers. An emotionally cold and detached relationship as is often alleged to be the case in institutional care could be synonymous with trouble in developing intimate and personal relationship. This research is in line with other findings in most. More so, the psychosocial paradigm by Erickson views that human development passes through eight defined stages of growth and development (Maguire 2002). Like the other two theories, the psychosocial theory postulate that social dysfunctions in adulthood are as a result of unresolved childhood conflict (Zastrow and Kirst-Ashman 2013).

The other explanation could be that lack of parental love and care from people in the community and care providers could also ruin their moral values and beliefs affecting their smooth social interaction that leads to friendly life. This signifies that healthy child development hinges greatly upon the continuity of good social relationships. Hence, programs focusing on socialization skill should target people in the community and care providers to promote the social development of the OVC.

The love and care, the emotional attachment, with the children who have good relation and not have good relation with caregivers is not equal. Children also relate the stigma and discrimination with HIV/AIDS considering the usual discrimination for person living with HIV/AIDS (PLHA) and by associating their parent's death to HIV/AIDS.

Lack of extracurricular activities and entertainment were the other psychosocial problems observed in the orphanages. Research reveals that the presence of extracurricular activities and entertainment for OVC can leverage significant improvements in their lives.(Nhargava,2005) this opportunities are also key to employability and can foster child’s developmentally important
sense of competence. On account of this fact, organizing extracurricular activities and entertainment events in the orphanages is vitally important to enhance children’s resilience against psychosocial problems and to develop their wellbeing.

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 are better implemented than the psychosocial 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. Majority of OVC did not get psychosocial services like counseling. Their awareness on the importance and service delivery mode of psychosocial services is also limited. In addition, they have fear of confidentiality issue to consult counselors. In some orphanages there are no counselors at all.

The study revealed that orphan and vulnerable children in orphanages have developed psychosocial health problems hugely. Consistent with this finding, a study in Eritrea also concludes that orphanages are necessarily the breeding grounds of psychological problems. The problems are related with the life events before and after parental loss, and experiences in orphanages and general population. The most significant psychosocial problems of OVC's are Depression, stress and anxiety, Hopelessness, hostility and negative attitude, loneliness, poor attachment and relationship, and other behavioral problems. However, another study conducted
in five countries did not support the hypothesis that institutional care is systematically associated with poorer wellbeing than community care.

The majority of the research participants showed depression and stress due to the poor relationship with service providers, particularly caregivers, and community. Thus, improving the relationship with caregivers and other staffs is essential. This finding is in agreement with another study said that the caregiver-child relationship is central to a child's development. Their parental death and separation, grief and bereavement made them to become sad, and depressed. The other reasons made the children depressed and stressed 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. Stover (2007), 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.

The other psychosocial problem finding of the research is hostility (hate) and negative attitude of the children for human beings. The children think that people hate them and they reciprocate the same. Some of the children have even serious hostility for their life and expects
negative events. The hostility and negative attitude for people and life is stronger on children betrayed and abused by their parents.

The study also revealed that children participated in this study are socially isolated and have poor attachment with people around them. Except few of respondents, they felt as they detached from the community and the service providers too. Their attachment with people is not as such secured. Majority of them have no good social relationship in the community and institution since they perceived that nobody has good attitude and love for them. Most of the time children get conflict with the staffs and the neighbor community and even with each other. Comparatively, their relationship with each other is better.

The other psychosocial problem that more OVC experienced is feeling of loneliness. The feeling happened to them because of parental loss by death or separation. Children felt loneliness when they enter to orphanage the first time and exacerbated during their stay due to the poor relationship with staffs and outside community. Feeling of rejection and ignored by people also observed on the children.

This study revealed that orphan and vulnerable children who had no positive relationship with the community and staffs showed behavioral problems. Being oppositional is one of the behavioral problems observed among the children living in the centers. Children lost their positive attitude and tolerance for the people and did not agree with them. Similarly, children acquired drug addiction, protective, nagging, fighting and tempered behavior due to the effect of frequent conflict with staffs and community as well as older and above 18 years youths. More children have no the skills to control their emotion and became easily irritable.
Suicidal ideation and practice is identified as one of the main psychosocial problems in some children in orphanages. Frustrated children due to the inadequate love and care, the discrimination and abuse have the idea to take their life and few of them tried even though it was unsuccessful. A study conducted in SSA Countries also showed similar finding that more than half reported feeling that life was no longer worth living at least some of the time, and 4% had attempted suicide. The reason for the suicide also related with past events encountered on them while they were with their families like sexual abuse.

Coping strategies have been described as the cognitive and behavioral efforts one makes to try to endure, escape or minimize the effect of stress. (Dumont and Provost, 1999). In the present study, despite lack of formal and concrete support strictures to enhance resilience against psychosocial problems, children in the orphanages reported that they used different strategies to deal with the pain of loss of their parents and the change in their lives. However, some of the coping strategies, like bury feelings internally and self discrimination, were not positive and related with lack of assertiveness. Evidence shows that abandoned children, like most people, possess an inherent degree of resilience. Nevertheless, the social support they receive from their peers, association, organization and society cannot be ignoring in this case. Branon and Feist(2000) speak about the positive link between good health and social support. The theoretical view point of McCubbin et al., (1996).As cited in Broom et al. (2004). Also suggests that the coping strategies one use is based on the resource that is available to the adolescent in their circumstances. Therefore, orphanages should consider the strengthening of psychosocial support programs, such as life skill training, extracurricular activities and entertainment events, mentoring and apprenticeship that encourage the OVC.
6.4. Conclusion

This study revealed the consequences of being OVC, experiences of OVC in orphanages context, psychosocial health problems and survival (coping) strategies of orphan and vulnerable children as discussed in previous chapter. Accordingly, the following conclusions are derived from the study by the researcher.

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.

The research indicated that orphan and vulnerable children have severely suffered from multiple psychosocial problems. The main psychosocial problems revealed are depression, stress, hostility and negative attitude, hopelessness, poor attachment and social relation, loneliness, suicidal ideation and serious behavioral problems like being opposition and irate. It also showed that the need of psychosocial health services and inner voices of OVC is almost unreached in orphanages. Thus, the orphanages are more than suitable for psychosocial problems.

Despite the children have faced many psychosocial health problems while they are served in orphanages, they have different coping strategies to cope up the problems as of the finding revealed. The cope up mechanisms used by the OVC include praying, supporting each other,
watching film and listening music, focusing on education, crying and burying feelings internally and diary writing. Even though some of the mechanisms like burying feelings and crying are not positive ways, the strategies found beneficial. However, orphan and vulnerable children should have additional cope up mechanisms need to be taught to lead their lives effectively.

6.5. Social work implication and recommendation

Social workers believe in a society that takes care of its vulnerable members. Today, social workers provide a wide range of services to orphans and vulnerable children. Some of the roles social workers perform include; the role of broker of human services, the role of a teacher, counselor, an advocate, a case manager, facilitator, enabler and the role of an activist.

Social worker as a broker links the orphans and vulnerable children to appropriate human services and other resources. The social worker is always placed in a position of being the professional person most likely to facilitate linkage between the orphans and vulnerable children and community resources. As a human services broker, the social worker must be knowledgeable about the various services and programs available, maintain an up to date assessment of each one’s strengths and limitations.

The social worker as a teacher prepares the OVC with knowledge and skills necessary to prevent problems or enhance social functioning. The purpose of social work practice here is to help OVC change dysfunctional behavior and learn effective patterns of social interaction.

Social worker as a counselor or clinician helps the OVC to improve their social functioning by helping them better understand their attitudes and feelings modify behaviors and learn to cope with problematic situations. The OVC’s situations must be thoroughly understood and their motivation, capacities and opportunities for change assessed.
Social worker as an advocate becomes the speaker for the OVC by presenting and arguing their cause. Advocacy is becoming an increasingly popular role of social workers. Social worker as an advocate plays an important role of reconciliation, liberation, and recovering of deprived properties and rights of people especially the disadvantaged groups such as the orphans and vulnerable children. Social work in common with other helping professions aims at promoting human welfare through the prevention and relief of suffering.

Social workers participate in planning programs, identifying the needs of certain high-risk groups such as OVC, and organize services for such problems as child abuse, rape and high risk infants. Social workers can play preventive as well as therapeutic roles. Through an understanding of implications of various high-risk situations, the social work can aid the orphans and vulnerable children to anticipate problems and cope more effectively.

The social worker’s role is to emphasize the functioning capacities of the orphans, help reduce pressures, promote rehabilitation and prevent unnecessary dysfunction. Where there are social and emotional factors which complicate the OVC’s physical adjustment, the social worker is part of the team which evaluates the OVC’s ability to maintain themselves.
6.6. Recommendations

The most important and neglected problems of orphan and vulnerable children in orphanages is psychosocial problems as indicated in the findings. Placing and expanding psychosocial services like counseling, group therapy, integration with community and support groups, life skills and vocational trainings and referral linkage with psychiatric services for OVC will to be valuable. Furthermore, theory based behavioral change intervention programs will be helpful for the children who experienced stressful life events and acquired behavior problems. Introducing and promoting healthy cope up mechanisms for children in orphanages is also essential. Apart from creating the access of psychosocial care and support services, promoting the services for OVC and establishing trusting relationship are fundamental for effective utilization of the services.

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. Similarly, building the knowledge and skills of counselors and/or social workers, and other staffs particularly caregivers on parenting, child psychology, social skills and psychosocial services, for example counseling, is vital.

The government should enforce service providers for the real planning and execution of psychosocial services in orphanages.
Apendix A: Study tools: Interview and focus group discussion Guide

1. Age, sex, education level?

2. Challenges in school? Orphanage?

3. How do you understand the psychological and social wellbeing of orphan and vulnerable children attending in the orphanage? Elaborate more?

4. How do you describe your psychosocial wellbeing as an orphan or vulnerable child? How is your emotion?

5. What did you feel being orphan and vulnerable children?

6. How do you describe your social interaction?

7. What is the factor that hinders your psychosocial status considering your experience?

8. How did you manage these factors to survive healthfully?

9. What are the strategies you have been using to solve psychological and social problems?

10. Are there any psychological and social services given in the center? How do you describe these services? What are the psychological and social services you have been receiving?

11. What are the life changes you have gone through due to the services in the orphanages?

12. What are the things that should be improved (included) for the wellbeing of orphan and vulnerable children in orphanages?
Appendix B: Information Sheet and Consent Form

Information Sheet and Consent Form for the study of the psychosocial wellbeing of orphan and vulnerable Children in Orphanages in 'Arada', 'Gulele' and 'AdisKetema' sub-cities, Addis Ababa city administration, Ethiopia.

Name of the researcher: AbadirSeidFantahun

Name of the organization: Addis Ababa University School of social work

Name of the Sponsor: Self sponsor

Information Sheet and Consent Form prepared for children participants who are beneficiary of institution based child care centers/orphanages in 'Arada', 'Gulele' and 'AdisKetema' sub-cities of Addis Ababa city Administration, Ethiopia that studies Psychosocial Wellbeing of Orphan and Vulnerable Children in Orphanages

Introduction

This information sheet and consent form is prepared by the investigator whose main aim is to study psychosocial problems of orphan and vulnerable Children in Orphanages in 'Arada', 'Gulele' and 'AdisKetema' sub-cities of Addis Ababa city Administration. The investigator is Masters Student of Addis Ababa University School of Social Work.

Purpose: The purpose of this research is to explore the experiences of orphan and vulnerable children served in institution based child care centers/orphanages in relation to their psychosocial health. Orphan and vulnerable children care and support program is a substitute care for the abandoned children due to various reasons. It is very crucial to meet
the basic needs of orphan and vulnerable children. Therefore, the findings of this study will contribute to improve the services packages and implementation.

**Procedure:** In order to explore Psychosocial Wellbeing of Orphan and Vulnerable Children in Orphanages in 'Arada', 'Gulele' and 'AdisKetema'sub-cities of Addis Ababa city Administration, we invite you to take part in our project. If you are willing to participate in our project, you need to understand and sign the consent form. All the responses given by the participants and results obtained will be kept anonymous and confidential using coding system whereby no one will have access to your responses.

**Risk and/or Discomfort:** By participating in this research project you may feel that it has some discomfort specially on wasting your time (about 60-90 minutes) but this may not be too much comparing its potential benefits. It contributes to the overall improvement of wellbeing of orphan and vulnerable children. There is no risk in participating in this research project.

**Benefits:** If you participate in this research project, you may not get direct benefit but your participation is likely to help us **explore** the experiences of orphan and vulnerable children served in institution based child care centers/orphanages in relation to their psychosocial health that will help organizations design and implement quality services for their beneficiaries in Addis Ababa, Ethiopia.
The benefits of the research will also be to contribute to the knowledge gap resulting from the limited research about the lives of orphan and vulnerable children.

Finally 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 OVC's.

**Incentives:** You will not be provided any incentives to take part in this project.

**Confidentiality and Anonymity:** The information that we will be collected from this research project will be kept confidential. The audio taped information will be kept in password protected computer and will be heard by the principal investigator only. The transcribed and translated information about you that will be collected from the study will be stored in a file, which will not have your name on it, but a code number assigned to it. Which number belongs to which name will be kept under lock and key, and it will not be revealed to anyone except the principal investigator.

**Right to Refuse or Withdraw:** You have the full right to refuse from participating in this research if you do not wish to participate; and this will not affect the care and support services you get from OVC care and support service providers. If you feel uncomfortable with the recorder, you may ask that it be turned off at any time. You have also the full right to withdraw from this study at any time you wish to, without losing any of your rights as a beneficiary of this program.
Figure 1. Adapted and redeveloped developmental psychopathology framework of psychosocial needs of orphan and vulnerable children. Cummings,(2000)
እስራኤል፡የጥናትመሣሪያዎች፡የቃለመጠይቅመምሪያ

1. እድሜ፣ፆታእናየትምህርትደረጃ

2. ከእስራኤል፡የጥናትመሣሪያዎች፡የቃለመጠይቅመምሪያ

3. ከእስራኤል፡የጥናትመሣሪያዎች፡የቃለመጠይቅመምሪያ

4. ከእስራኤል፡የጥናትመሣሪያዎች፡የቃለመጠይቅመምሪያ

5. ከእስራኤል፡የጥናትመሣሪያዎች፡የቃለመጠይቅመምሪያ

6. ከእስራኤል፡የጥናትመሣሪያዎች፡የቃለመጠይቅመምሪያ

7. ከእስራኤል፡የጥናትመሣሪያዎች፡የቃለመጠይቅመምሪያ

8. ከእስራኤል፡የጥናትመሣሪያዎች፡የቃለመጠይቅመምሪያ

9. ከእስራኤል፡የጥናትመሣሪያዎች፡የቃለመጠይቅመምሪያ

10. ከእስራኤል፡የጥናትመሣሪያዎች፡የቃለመጠይቅመምሪያ
አልአል/ነርስርር /የስናል ይስምምነት መግለጫቅጽ

የምርምር Paso accusation ያለባቸውነገሮችንድንናቸው

እዝልለ፡በምርምር/ጥናት/ማብራሪያናየስምምነትመግለጫቅጽ

የምርምር Paso accusation ይስምምነት መግለጫቅጽየተዘጋጀውስለወላጆቻቸውንበሞትያጡናለችግርተጋላጭየሆኑህፃናትየሥነልቦናእናማህበራዊ

ማልባርሱወንታን ያለባቸው፣ ያለባቸው በህፃናትማሳደጊያውስጥወላጆቻቸውንበሞትያጡእናለችግርተጋላጭይህፃናትነው፡፡

መግቢያ ይህ ይስምምነት መግለጫቅጫወላጆቻቸውንበሞትያጡናለችግርተጋላጭየሆኑህፃናትየሥነልቦናእናማህበራዊ

ወላጆቻቸውንበሞትያጡናለችግርተጋላጭ ይህ ይስምምነት መግለጫቅጫወላጆቻቸውንበሞትያጡናለችግርተጋላጭ ይህ ይስምምነት መግለጫቅጫወላጆቻቸውንበሞትያጡ

የሚያካሂደውበአዲስአበባዩኒቨርሲቲሶሻልወርክትምህርትቤትየድህረምረቃወይምየሶሻልወርክየሁለተ

ጋጋር/ኤም/ተማሪነው፡፡
ወላጆቻውንበሞትያጡእናለችግርተጋላጭየሆኑህፃናትማሳደጊያማዕከልውስጥእየተገለገሉላሉህፃናትከስነልቦናእናማህበራዊደህንነትጋርበተያያዘያላቸውየህይወትተሞክሮለመመርመር/መተንተን/የሚዳሲሆንይህምድርጅቶችለተጠቃሚዎቻቸውየሚሰጧቸውንአግለጋጭይረዳል፡፡አስተዋጽኦጣርስናነፃፅረውይህንያህልአይደለም፡፡ማካካሻበዚህጥናትበመሳተፍዎምንምዓይነትማካካሻአይሰጥዎትምነገርግንበጥናቱበመሳተፍዎምስጋናችንከፍተኛነው፡፡ሚስጢርስለመጠበቅከዚህጥናትየሚገኘውመረጃሙሉበሙሉሚስጢራዊነቱይጠበቃል፡፡በድምፅየተያዙመረጃበማንምሰውመከፈትበማይችልበኮድየተቆለፈኮምፒዩተርይጠበቃል/ማዕከልውስጥእየተገለጻናማህበ/ማካካሻ/በዚህጥናትበመሳተፍዎምንምዓይነትማካካሻአይሰጥዎትምነገርግንበጥናቱበመሳተፍዎምስጋናችንከፍተኛነው፡፡
Declaration

I, the undersigned declare that this thesis is my original work in partial fulfillment of the requirement for the degree of Master of social work. I also declare that it has never been presented in this or any other university and that all resources and materials used in the thesis have been duly acknowledged.

Student Name: Abadir Seid

Signature: __________________

Place of submission: Addis Ababa

University School of social work
Date of submission ------------------------

This thesis has been submitted with my approval as a university advisor.

Advisor Name: Dr. Tenagne Alemu

Signature: _____________________

Date of submission: May -------------------