

ADDIS ABABA UNIVERSITY

COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES

SCHOOL OF PSYCHOLOGY

**PSYCHOLOGICAL WELLBEING BETWEEN INSTITUTIONAL AND
NON INSTITUTIONAL ORPHAN CHILDREN IN GULELE SUB CITY,**

ADDIS ABABA

BY: WORKYE TSIGE

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**Psychological Wellbeing between Institutional and Non
Institutional Orphan Children in Gulele sub city, Addis Ababa**

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Table of Contents

Acknowledgement	i
Table of Contents	ii
List of Tables	v
Acronyms	vi
Abstract	vii

CHAPTER ONE

1. Introduction	1
1.1. Background	1
1.2. Statement of Problem	5
1.3 Objective of the Study	7
1.3.1. General Objective	7
1.4 Research Question	7
1.5 Significance of the Study	7
1.6 Delimitation of the Study.....	8
1.7 Definition of Terms.....	8

CHAPTER TWO

Review of related literature.....	10
2.1. Conceptual and Theoretical Review	10
2.1.1. Origin of the Concept of Psychological Wellbeing	10

2.1.2	Meaning of Psychological Wellbeing	13
2.1.3	Component of Psychological Wellbeing	14
2.1.4	Institutionalized Orphans and Their Problems	16
2.1.5	Demographic Characteristics and Psychological Wellbeing	19
2.1.6	International and National Policies of Children	22
2.2.	General Empirical Studies	24

CHAPTER THREE

Methods.....	29
3.1. Study Design.....	29
3.2. Study Site.....	29
3.3. Sampling Frame	31
3.4. Sample Size & Sampling Techniques.....	31
3.5. Data collection Instrument.....	32
3.5.1. Types and contents of instrument	32
3.5.2. Construct	33
3.5.3. Pretesting.....	33
3.6. Procedure	34
3.6.1. Administration	34
3.6.2. Scoring	34
3.6.3. Data Analysis	35
3.7. Ethical Considerations	36

CHAPTER FOUR

Results and Discussion	37
4.1 Results	37
4.1.1 Background Information of the Study Participant	37
4.1.2 Psychological Wellbeing of Institutional and Non-Institutional Orphan Children	41
4.1.3 Level of psychological wellbeing of institutional and non-institutional orphan children	42
4.1.4 Current place of living difference in psychological wellbeing	44
4.1.5 Gender difference in psychological wellbeing	45
4.1.6 Educational level difference in psychological wellbeing	46
4.1.7 Relationship between psychological wellbeing and age	47
4.2 Discussion	48
4.2.1 Place of Living and Psychological Wellbeing	48
4.2.2 Gender and Psychological Wellbeing	50
4.2.3 Education and Psychological Wellbeing	50
4.2.4 Relationship Between Orphan Children Age and Psychological Wellbeing	51

CHAPTER FIVE

Conclusion and Recommendation	53
5.1 Conclusion	53
5.2 Recommendation	54
References	55
Appendices	

List of Tables

Table1: Socio Demographic Characteristics of the Study Participant (N=289).....	38
Table 2: Parental status of the Study Participant (N=289)	39
Table 3: Current place of living of the study participant (N=289)	40
Table 4: Descriptive statistics of psychological wellbeing scores of institutional (n= 140) and non-institutional (n= 149) orphan children	41
Table 5: Status of psychological wellbeing of institutional (n= 140) and non institutional (n= 149) orphan Children.....	42
Table 6: Current place of living difference in psychological wellbeing (N=289).....	44
Table 7: Gender difference in psychological wellbeing (N=289)	45
Table 8: Descriptive Statistics of psychological wellbeing scores in terms of educational level	46
Table 9: Educational level difference in psychological wellbeing (N=289)	46

Acronyms

AIDS:	Acquired Immunodeficiency Syndromes
CIF:	Children Investment Fund
CRC:	Child right convention
DHS:	Ethiopian Demographic Health Survey
FDRE:	Federal Democratic Republic of Ethiopian
FHI:	Family Health International
HIV:	Human Immunodeficiency Virus
OAU:	Organization of African Unity
PWB:	Psychological Wellbeing
UN:	United Nations
UNAIDS:	The Joint United Nations Programme on HIV/AIDS
UNICEF:	United Nations Children's Fund
WHO:	World Health Organization

Abstract

The purpose of this study was to compare the psychological wellbeing among institutional and non-institutional orphan children in Gulele Sub City of Addis Ababa. This study was conducted on randomly selected Gulele sub-city, particularly in Hope for children organization, Angles children's home and kechene orphanage. Hope for children organization is used to identify orphan children who are living in the community. The data were collected from 140 institutional and 149 non institutional orphan children whose ages range between 10 and 18 years old .The data were gathered through questionnaire and psychological wellbeing scale. Quantitative methods of data analysis were employed using percentages, t-test, Analysis of Variance (ANOVA) and Pearson correlation. The results of the study revealed that using mid value of the psychological wellbeing scale, institutional orphan children are relatively not psychologically well compared to the non-institutional children. On the other hand, ANOVA showed that there is statistically significant difference among children of different educational levels in terms of psychological wellbeing. Furthermore, the result of post Hoc comparison revealed a significant mean difference only between Primary and Tertiary level. Similarly, the finding from Pearson moment correlation revealed statistically significant negative correlation between age and children's psychological wellbeing. However, the independent samples t test revealed that orphans do not differ in their psychological wellbeing as a result of their current place of living and gender. The researcher, therefore, concluded that rather than current place of living and gender, orphan children's educational background and age have impact on their psychological wellbeing.

CHAPTER ONE

INTRODUCTION

1.1. Background

An orphan is a child less than 18 years of age and at least one or both of their biological parents have died through causes such as HIV/AIDS, other chronic illnesses, violence and suicide (UNICEF, 2006). Statistical figures show that 52% (more than 46.8 million people) of the population in Ethiopia (90,076,012) are children (CSA, 2014). Even if the majority of these children are living with their biological parents there are others who are living with relatives such as grandparents, uncles, aunts and so on. However, it is universally agreed that family is the best place for the proper upbringing of children.

According to the Ethiopian Demographic Health Survey, 72% of children under age 18 live in a natural family with both parents. However, it has been indicated that 14% Ethiopian children are living with their mothers but not their fathers whereas only 3% of the total Ethiopian Children live with their fathers. This clearly indicated that in case of divorce or separation carrying for children is mainly the responsibility of women. Among Ethiopian children 11% of them are living outside of the family setting with neither of their biological parents. Some of these children are orphan who have lost their parents due to death (Ethiopian Demographic Health Survey, 2011).

After the death of parents, orphans end up in different destinations including extended families, guardians' homes, orphanages and parental homes. However, there are others who have failed to get accommodation in the aforementioned residential destinations and end up living on the streets (Gabriel, Cheboswony, Kodero and Benard, 2009). Traditionally the vast majority of

orphans in sub-Saharan Africa are cared by the extended families, often by grandparents (UNICEF, 2006).

Literatures (Colburn, 2010; Williamson and Greenberg, 2010) points out that even the poorest extended families usually taking care of children whose parents have died, but this is becoming increasingly difficult. Their resources are inadequate to provide the basics for all children. As a result, family members and communities are often forced to abandon their children to institutions or orphanages because they see the orphanages as a solution for difficult circumstances and as a quicker fix.

According to the report of Family Health International (FHI), Children's Investment Fund and UNICEF as cited in Faith to Action Initiative (2014) a study of institutional care in Ethiopia found that the common reasons for children being placed in institution were parental HIV / AIDS status, other chronic illness and poverty. Furthermore, Williamson and Greenberg (2010) indicated that most often the reason for children's placement in institutional care is poverty. It is not primarily due to lack of caregivers, rather it is due to the poverty that most families are forced to give away their children.

An institutional or residential care has been defined as "a group living arrangement for children in which care is provided by remunerated adults who would not be regarded as traditional caregivers within the wider society "(Tolfree , 1995, p.12). Institutional care includes orphanages and recovery centers. In this short or long-term living arrangement, paid adults provide care to children on a full-time basis for appropriate lengthy of time.

According to the National Alternative Childcare Guidelines (2009) there is a need to implement integrated childcare programs with a variety of alternative care components. This

guideline has identified five types of alternative childcare options: Community-Based Childcare (CBC), Reunification and Reintegration Program, Foster Care, Adoption and Institutional Care. It has also explained that child care within an institution should be used as a short-term alternative care strategy and only as a last resort when all other types of options have been exhausted. Even though, many research studies have consistently described the harmful effects that living outside family care can have on children still the number of children in orphanage is increasing (Csáky, 2009).

According to Csáky (2009) millions of children, who live in orphanages and other forms of residential care, are among the most vulnerable in the world. They are at increased risk of abuse and neglect due to the poor standard of care found in many institutions. As the Faith to Action Initiative (2014) reported most often institutional settings are not capable of meeting the developmental and continual needs of children in spite of the fact that children need not only the physical care rather the affection, attention, security and social connections that their families and communities can provide. It is also indicated that institutional care are not capable of replacing the loving care children got from their family and too often fail to meet the social, emotional, cognitive, and developmental needs of children.

UNICEF (2006) report documented that due to the hardships children faced after the loss of one or both of their parents, their psychological and emotional well-being are threatened. A survey of 123 AIDS orphans children aged 11–15 and 110 non orphaned children conducted in rural Uganda, revealed that AIDS orphaned children had greater risk for higher levels of emotional stress like anxiety, depression, aggression, and showed significantly higher feelings of hopelessness and thoughts of suicide than non-orphaned children (Atwine, Cantor-Graae, and

Bajunirwe , 2005). Furthermore, high levels of psychological distress found in AIDS orphans suggest that material support alone is not sufficient for these children.

A study which compared the psychological distress and its predictors in AIDS orphaned adolescents in Addis Ababa indicated that living with non-relatives as a risk factor for developing psychological distress in both AIDS and non AIDS orphaned adolescents (Hiwot, Fentie, Lakew, and Wondosen, 2011). Similarly, a study conducted in Romania on the care giving context of institutional and family reared children, had showed that those children who raised in institutions demonstrated marked delays in cognitive development, poorer physical growth, and marked deficits in competence as compared to those children raised with family (Smyke, koga, Johnson, Fox, Marshall, Nelson et al., 2007).

Researches on orphan to date were focused on psychological well-being of children orphaned by AIDS (Cluver & Gardner, 2006), Psychological well-being and socio-economic hardship among AIDS orphans and other vulnerable children (Delva , Vercoutere, Loua , Lamah, Vansteelandt , Koker et al., 2009), Psychological distress among AIDS orphans (Atwine et al.,2005), psychological wellbeing of institutionalized orphans and vulnerable children (Laurg, 2008), self- concept and academic performance institutionalized and non-institutionalized HIV/AIDS orphaned children (Gabriel et al.,2009), depression among AIDS-orphaned children (Kumar, Dandona, Kumar, Ramgopal and Dandona,2013). In Ethiopia, Socio-economic situation of orphans and vulnerable children (Hamza, 2011), psychological distress and its predictors in AIDS orphan adolescents (Hiwot et al., 2011), psychological wellbeing of orphans and non orphans (Afework, 2013), and psychosocial wellbeing of orphan and vulnerable children at orphanages (Sebsibe, Fekadu & Molalign , 2013), the psychosocial and educational problems

of HIV/AIDS orphans (Abebe, 2004). However, the status of the psychological well-being of Ethiopian institutional and non institutional orphan is not explored.

1.2. Statement of Problem

Studies which compares psychological wellbeing between institutional and non-institutional orphan children in Ethiopia are nonexistent to the knowledge of the researcher, However, various studies have shown that psychological wellbeing of orphan in comparison with non orphan students(Afework ,2013) , psychological distress and its predictors of AIDS orphan in comparison with non AIDS orphan children who lived in the institution (Hiwot et al.,2011) , and Psychosocial wellbeing of Orphans and vulnerable children (OVC) at orphanages in Gonder town (Sesibe, Fekadu & Molalign , 2013) are quite widespread.

It is universally accepted that a child should grow in its natural family setting where both parents and siblings live together. However, families can face different man-made and natural disasters that contribute to the disruption of families. However, many families in Ethiopia today are affected by poverty and are in a situation not to serve basic functions such as rearing of children. Although the issue of parental death and its consequences regarding orphaning of children is obvious in developing countries, civil war, poverty, chronic illness and HIV /AIDS have worsened the situation. Therefore the children will loss one (will become maternal or paternal orphan) or both of their parents (will become double orphan).

Orphan children are among the most exposed to difficult life conditions in any given society. This is particularly obvious in sub Saharan countries where few social support systems exist outside of the families and where the limited social services available are inadequate

(UNICEF & UNAIDS, 1999). Even though traditionally most orphans are destined to be cared by their extended families after their parents death, it remains effective as long as the caregivers are able to give the care in terms of fulfilling the children's basic needs. In most developing countries, where poverty has the lion share, it is difficult to even care to their own biological children.

Since caregivers consider institutional care as a quick fix most studies have witnessed that the inabilities of the traditional care by extended families are a clear indication for the establishment of the institution as an alternative care (Williamson & Greenberg, 2010). In addition to this, according to the reports of FHI, Children's Investment Fund and UNICEF as cited in faith to action initiative (2014) it is indicated that the rationale behind placing children in institution were their parents HIV/AIDS status, other chronic illness and poverty.

The care and support for orphans provided, by both institutions and extended families or communities, has primarily focused on addressing their economic needs especially on their basics like nutrition, education and health care. Although being orphan has a profound and lifelong impact on the psychological wellbeing of children, their psychological needs have continued to be one of the most neglected areas of support (Awtine et al., 2005). Particularly, in most studies little attention has been given to the psychological wellbeing of institutional and non-institutional orphans in Ethiopia. Hence, this study examines the psychological wellbeing of orphan children in Gulele Sub City of Addis Ababa by comparing institutional and non-institutional orphans.

1.3. Objective of the Study

General Objective

This study assesses the psychological wellbeing among institutional orphans in comparison with non-institutional orphans of Gulele Sub City of Addis Ababa

1.4. Research Question

1. What is the level of psychological wellbeing of institutional and non-institutional orphans in Gulele Sub City of Addis Ababa?
2. Is there difference between institutional and non-institutional orphan children with respect to their psychological wellbeing in Gulele Sub City of Addis Ababa ?
3. Is there a Gender difference in psychological wellbeing among orphan children in Gulele sub city of Addis Ababa?
4. Is there educational level difference in psychological wellbeing among orphans children in Gulele sub city of Addis Ababa?
5. Is there a relationship between psychological wellbeing and age among orphan children in Gulele sub city of Addis Ababa?

1.5. Significance of the Study

Children are the future of any given country. Proper child wellbeing mechanisms are very important in order to facilitate healthy growth of children. So research that explores the psychological wellbeing among orphans will help in order to create better understanding of the situation. To influence policy makers and to improve the policy planning and implementation process such research has paramount importance.

Women, Children, and Youth Affairs Office and Gulele Sub City Administration can benefit from the study since the study forward recommendations that may help to improve the situation of orphan children. The findings of this study will also serve as stepping stone for other researchers who are interested in conducting further research on orphan children.

1.6. Delimitation of the Study

Even though orphan children in most case, are subject to quite a great deal of complex problems due to loss of their parents, this study will not attempt to address all matters concerning children orphaned in the country, rather it delimits itself to only the psychological aspect of orphan children who lost at least one parent due to different reasons. In addition to this, though there are 10 sub-cities in Addis Ababa, this study was delimited to one sub-city called Gulele sub city particularly in the three randomly selected organizations. The study was also delimited itself on investigating orphan children of age 10 to 18.

1.7. Definition of Terms

Psychological wellbeing: - is the combination of feeling good and functioning effectively. It refers to the extent to which one feels one has autonomy, environmental mastery, personal growth, positive relations with other ,purpose in life & self-acceptance as measured by Ryff's (1989) scale.

Orphans:-Children who have lost at least one parent to death.

Single orphan: - children who have lost only their mother or father to death.

Double orphan: -Children who have lost both their parents to death.

Institutional care for orphans: - is an institution that provides temporary or permanent residential care for orphans in any non-family-based group setting. This includes

orphanages, small group homes used primarily for care purposes and as an alternative to a children's home.

Non institutional orphans: - are those orphan children who are living under the guardianship of the extended family structure and others.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1. Conceptual and Theoretical Review

2.1.1. Origin of the concept of psychological well being

When we look the history of human health concept, it has been focused on illness rather than wellness (Ryff & Singer, 1998; Boruchovitch & Mednick, 2002). Hence it used to focus on the disease rather than being well. Consequently the word wellness has indicated the absence of illness. Some authors describe such scenario as the medical technology that expands the separation of mind and spirit from the body in basic construction of health. However, WHO (1948) defined health “as a state of complete physical, mental and social wellbeing, not merely the absence of disease”.

For Boruchovitch and Mednick (2002) health is a combination of physiological functioning, mental and moral soundness. It is not only restricted with physiological functioning. Such comprehensive definition instigated different researcher to be interested on the concept of well being. Human capacities had been ignored from the traditional definition. These days wellbeing is defined in its integrated definition than narrower one.

An attempt to define wellbeing had been made since Aristotle’s era. However, to date there are different challenges in the definitions of wellbeing (Dodge, Daly, Huyton, & Sandersl , 2012). Thomas (2009) as cited in Dodge et al. (2012) argued that “wellbeing is, intangible, difficult to define and even harder to different researchers as a broad definition of wellbeing.

Different scholars have forwarded their definitions and explanations regarding wellbeing. Socrates, Plato and Aristotle among the ancient Greece philosophers have define the essential elements of positive human experience which are pleasure and happiness. According to them it ultimately lead to two perspectives that guide current models for wellbeing: hedonism and eudaimonism (Vazquez, Hervas, Rahona & Gomez, 2009).

Wellbeing is defined as a means of maximizing pleasurable moment and minimizing pain in hedonic approach. Hence, this approach is emphasis on pleasure and happiness than pain and miseries. Hedonic philosophers emphasized that pleasure and pains are very important indicators of being good and bad. If someone wants to maximize good in life he/she has to maximize the pleasure (Ryan & Deci , 2001; Henderson & Knight,2012). Hedonic perspective supports the idea that happiness is related to subjective experience of pleasure and satisfaction (Ryan & Deci , 2001; Straume & Vitters , 2012). When we look the eudaimonic approach, individuals' momentous engagement in life and their self-consciousness is emphasized and it is forwarded to define well-being in terms of functioning well.

Today many people are supporting the hedonic perspective to define wellbeing. This approach is subjective and encompasses happiness, satisfaction, morale and positive affects. Three components are identified in subjective well being. These components are cognitive component (life satisfaction), positive and negative affect which often summarized as happiness (Diener, 1984).

Regarding to eudaimonic perspective subjective happiness cannot be equated with well-being. However the unique feature of eudaimonic perspective is the term eudaimonia is refers to wellbeing which is distinct from happiness (Ryne & Deci, 2001). Following the explanation

forwarded by Aristotle various researchers describe well-being as enacting a number of specific qualities reflecting how one 'ought' to live rather than describing simply as the level of subjective pleasure experienced (Waterman, Schwartz , Zamboanga , Ravert , Williams, Agocha et al.,2010).

Among the prominent authors Ryff proposed the term psychological well-being within the eudemonic approach to distinguish the concept from that of subjective well-being. This is important due to the fact that traditional measurement for well being lacks theoretical basis and have forgotten important issues of positive functioning (Vazquez et al., 2009; Boniwell & Henry, 2007; Ryff, 1989).

Subjective well-being (SWB) is an evaluation of life in terms of satisfaction and balance between positive and negative affect as it is explained by Keyes and her colleagues. Whereas psychological well-being (PWB) entails perception of engagement with existential challenges of life (Keyes, Shmotkin, & Ryff, 2002). Furthermore, wellbeing model proposed by this researcher focus on the optimal psychological functioning and experience which describe what makes people healthier and successfully adjust, psychologically, to changes in the environment.

In order to understand psychological health different researches have been conducted and basing the concept of positive mental health on developmental psychology theories. Among these theories the prominent ones are Erikson's psycho-social stages, Maslow's conception of self-actualization, Allport's formulation of maturity, Roger's depiction of the fully functioning person and Jung's account individuation (Ryff, 1989).

2.1.2. Meaning of Psychological Wellbeing

Psychologists and mental health professionals extensively used psychological well-being as compared to individuals in other professions and disciplines (Deci & Ryan, 2008 as cited in Afework, 2013). It was generated more than two decades ago to address neglected aspects of positive functioning such as purposeful engagement in life, realization of personal talents and capacities, and enlightened self-knowledge (Ryff, 2014). However, regarding the operational definition of psychological wellbeing there is still no consensus.

Waterman et al. (2010) considered psychological well-being as an objective approach to understanding well-being in terms of the presence of an array of psychological qualities indicative of mental health.

Keyes and his colleagues defined psychological well-being as a perception of engagement with existential challenges of life (Keyes, Shmotkin & Ryff, 2002).

Ryan and Deci (2001) also defined Psychological wellbeing as an individuals' meaningful engagement in life and their self-realization. Since Ryff's, one of the prominent authors, work on psychological wellbeing is well developed; she extensively explored the meaning of psychological wellbeing. Ryff proposed the term in order to distinguish the concept from subjective wellbeing and define wellbeing as the development of a person's real potential (Ryff, 1989). She added that psychological wellbeing is not the main motivation of the person rather it is the outcome of the well lived life (Ryff, 1989; Ryff & Keyes, 1995). She suggested that Psychological well-being is about lives going well. It is the combination of feeling good and functioning effectively. She believed that it is better to feel unhappy than not to have purpose in life. Ryff (1989) emphasizes psychological well-being - to be fully functioning psychologically

at one's true and highest potential – as a more inclusive understanding of positive psychological health.

2.1.3. Component of psychological well being

Ryff (1989) developed an integrated theoretical framework of well-being on the basis of an extensive literature review. She specifies three psychological literatures which theoretically guide an understanding of the meaning of psychological wellbeing. The most important literatures from where she base her work were: developmental psychology literatures on life span theories (e.g., Erikson's psychosocial stage model), from clinical psychology literatures on personality theories (e.g., Maslow's view of self actualization; Roger's concept of fully functioning person; Jung's formulation of individuation; Allport 's conception of maturity,) and finally, the mental health literatures has two major approaches to well-being. The first is predominated by the absence-of-illness definition of psychological well-being, while the other focuses on positive functioning (e.g. Jahoda's concept of positive mental health). These psychologists were interested in the full growth and development of the individual that offer a description of what it means to be psychologically healthy (Keyes, Shmotkin & Ryff, 2002).

Based on these theoretical foundation , Ryff (1989) offered a multidimensional model of well-being that consist of six core components which enable to define psychological well being both theoretically and operationally. It is a helpful model for thinking about optimal psychological functioning and development (Ryff, 1989; Rayn & Deci, 2001).

The six dimensions not only reflect positive psychological functioning at one's maximal potential; they also dictate the complexity of positive psychological well-being (Keyes, Shmotkin & Ryff, 2002).

Self-acceptance

Self acceptance is defined as the perception and acceptance of multiple aspects of the self including good or bad qualities and positive attitude and feeling toward the self and also about past life. It is also defined as a central feature of mental health as well as characteristic of self actualization, optimal functioning, and maturity. Life span theories also emphasize acceptance of one's self and one's past life. Therefore, holding positive attitudes toward oneself emerges as a central characteristic of positive psychological functioning (Ryff & Singer, 1996).

Positive relations with others

According to Ryff (1989) Positive relations with others is defined as having a warm, satisfying and trusting relationship with others and having concern about the welfare of others. The ability to love is viewed as a central component of mental health. The humanistic theories also emphasize as having strong feelings of empathy and affection for all human beings and as being capable of greater love, deeper friendship, and more complete identification with others.

Autonomy

Ryff (1989) expresses the feeling of self-determination, independence and capacity for self-control and the regulation of behavior from within. An autonomous person has an ability to resist social pressure. The fully functioning person is described as having an internal locus of evaluation, whereby one does not look to others for approval, but evaluates oneself by personal standards.

Environmental mastery

Environmental Mastery refers to the capacity to manage everyday life and create a surrounding context that fits with personal needs and values. It emphasizes one's ability to advance in the world and change it creatively through physical or mental activities. An active

participation in and mastery of the environment are key ingredients in an integrated framework of positive psychological functioning.

Purpose in life

Purpose in life is defined as having goals and meaning in life, and a sense of directedness; feeling that there is meaning to present and past life; holds beliefs that give life purpose. Thus, one who functions positively has aims and objectives for living and all of which contribute to the feeling that life is meaningful (Ryff & Singer, 1996).

Personal growth

Ryff (1989) describe that Optimal psychological functioning requires not only that one achieve the prior characteristics, but also that one continue to develop one's potential, to grow and expand as a person. In order to be a fully functioning person, openness to experience is one of a key characteristic. Thus, personal growth is defined as a sense of continuous development and openness to new life experiences necessary to maximize the individual's potential which involves seeing oneself as developing through time, and thereby, realizing personal potential.

2.1.4 Institutionalized Orphans and Their Problems

The number of children living in difficult circumstances is noted to be significant due to social, economic, political, as well as cultural factors. Given that poverty, HIV/AIDS pandemic, natural and manmade disaster left children without parental care. Even though the need of alternative childcare is significant, institutional care unit should be taken as a last measure based on national and international guidelines. It should not aim to become a permanent residence for orphans instead another alternative should be considered.

Worldwide, the challenges of orphans are significant and their number is very large (UNICEF, 2004). In many countries orphan children are mostly lack access to education, socialization and nutritional needs than their parented peers. Having all the challenges orphan children often find themselves in orphanage which is different from family environment. Governmental and nongovernmental organizations use orphanages to provide care and support to children in order to meet orphans need and to have a quick fix. However, in most cases orphanages do not provide the necessary services (Williamson & Greenberg, 2010).

There are different estimates regarding institutional children in different countries. Among these estimates Pinheiro (2006) forwarded that eight million children are living around the world in institutional care unit. According to USAID/UNAIDS/UNICEF (2004) the actual number is likely to be far higher and it is also likely to rise with the increasing impact of conflict, climate change and the HIV /AIDS pandemic in the poorest and most vulnerable families.

Many studies found that one of the most difficult challenges of the HIV/AIDS epidemic is the growing number of children who have lost parents due to AIDS (UNICEF, 2004; Williamson & Greenberg, 2010). It is clear that as the number of people dying of AIDS increases, the number of orphaned children also rises. It is also believed that HIV/AIDS is among the major factors that delay children's social, physical, and mental wellbeing and development.

Gabriel et al.(2012) points out after the death of parents, AIDS orphans end up in different destinations which include extended families, guardians' homes, orphanages and parental homes with those failing to get accommodation in these residential destinations turning to the streets as their "home" . Number of studies over many years in a wide range of cultures

has consistently demonstrated the positive impact family care has on children's growth and development. Furthermore, it has been indicated that in sub Saharan Africa, traditionally orphaned children have been cared for within the extended family, especially by elderly grandparents (Miller, 2007; Colburn, 2010; Williamson & Greenberg, 2010 & Nayak, 2014). However, this support system weakened as an orphan numbers and HIV prevalence increase (UNAIDS, UNICEF, USAID, 2004).

Demographic data has displayed that even the poorest extended families usually take in children whose parents have died, but this is becoming increasingly difficult. Their resources are inadequate to provide the basics for all children. As a result, family members and communities are often forced to abandon their children to institutions or orphanages because they see the orphanages as a solution for difficult circumstances and as a quicker fix.

As many researchers pointed out the rationale behind the escalating number of institutional care in sub Saharan Africa is the many HIV/AIDs orphans who cannot be cared for any more by members of the extended families (Dunn, Jareg & Webb, 2003; Van IJzendoorn, Juffer, Luijk , 2008; & Nayak, 2014).

According to the report of FHI, CIF, and UNICEF (2014) a study of institutional care in Ethiopia found that the common reasons for children being placed in institution were parental HIV and AIDS status or other chronic illness and poverty. Williamson and Greenberg (2010) indicated that most often the reason for children's placement in institutional care is poverty. It is not primarily due to lack of caregivers, rather it is due to the poverty that most families are forced to give away their children.

Hunshal and Gaonkar (2008) believed that children who live in institution are considered as highly deprived class of society who are left helpless, abandoned, neglected due to social, economic and personal reasons by the parents/ caregivers.

Federal Ministry of Women's Affairs Addis Ababa (2009) has described that childcare within an institution should be used as a Short-term alternative care strategy and only as a last resort when all other types of options have been exhausted. Even though, many research studies have consistently described the harmful effects that living outside family care can have on children (Csáky, 2009).

According to Csáky (2009) millions of children who live in orphanages and other forms of residential care are among the most vulnerable in the world. They are at increased risk of abuse and neglect due to the poor standard of care found in many institutions.

As the Faith to Action Initiative (2014) reported most often institutional settings are not capable of meeting the developmental and continual needs of children in spite of the fact that children need not only the physical care rather the affection, attention, security and social connections that their families and communities can provide .It is also indicated that institutional care cannot replace the loving care children got from their family and too often fail to meet the social, emotional, cognitive, and developmental needs of children .

2.1.5. Demographic characteristics and psychological wellbeing

Children who lost their parents and family systems due to HIV/AIDS during the earlier stages face many problems. Parents play an important role in promoting the psychological growth of their children. They also ensure the safety of children and protect them from

environmental dangers but, how the events occur surrounding HIV/AIDS affect the social as well as the psychological development of these children (Maqoko, 2007).

Even though all orphans are at greater risk of facing problems, girls encounter additional problems. Traditionally, women are burdened with household chores and care giving, for girl orphans caring for the sick, as well as other family member falls on their shoulder that will worsen the burden (CHGA, 2004).

According to Majeed , Khan, and Sayeed (2014) females are significantly differ in dependency compared to males. Similarly, they are also significantly different in emotional instability than their counter part. Regarding the negative world view, males have more negative worldview than female.

Furthermore, the study of Nyamukapa, Gregsona, Wambeb, Mushoreb, Lopmana, Mupambireyi et al. (2010) revealed that girls reported more psychological distress than boys. Solomon (2008) has also reported statistically significant difference on emotional symptoms of male and female AIDS orphans. The study stated that male children registered lower emotional symptoms than their female counterparts.

Previous study by Abebe (2004) pointed out, children orphaned due to AIDS face problems on social aspects like isolation, discrimination, and neglect by adults and their peers. Abebe (2004) has also indicated that many of orphan children especially girls dropped out of school; those who managed to continue their schooling showed low performance. He also identified that their psychological adjustments were so poor. Frustration and heightened worries were also recorded.

On the contrary, the finding of (Hong ,Zhao, Li , Zhao, Fang , Zhao , 2011 ; Mostafaei Aminpoor and Mohiadin, 2012; Afework , 2013; Bhat ,2014 ; Oluwadamilola, 2014) showed that there is no significant gender difference in the psychological wellbeing of orphan . The explanation for these finding is being male or female does not have significant effect on the psychological wellbeing of children.

Age is also a determinant factor for the psychological wellbeing of children. Solomon (2008) examined the degree to which children orphaned by AIDS demonstrate resilience and stated that there was statistical significant relationship between children's ages and the emotional symptom categories. Younger children are more often registered scores in the normal range compared to their older counterparts who were found to record more symptoms that are abnormal. In other word, the behavioral reaction of an orphaned child is associated with their age. The finding further explained that when children move from the 11-13 age group to the 14-16 age group, their emotional symptoms increases.

Another study by Compas, Connor-Smith, Saltzman, Thomsen, and Wadsworth (2001) who compared children and adults, argued that although children and adults are exposed to many of the same stressors, their perceptions and appraisal of these stressors differ significantly, and differences exist among children of different ages. The explanation for this finding is that, orphans of different age from 10 up 18 all complained about the presence of different stressors differently.

Majeed et al. (2014) revealed that institutionalized orphans have more negative world view as compared to non institutionalized orphans. There study also showed that institutional orphans are more aggressive than both the non institutional orphans and non orphans.

Conversely, the three groups that is institutionalized, non- institutionalized and non orphan did not show significant differences on ANOVA in dependency, self esteem, self adequacy, emotional unresponsiveness and emotional instability.

In China, the study of Gong, Li, Fang, Zhao, Lv, Zhao et al. (2009) compared the psychological impact of sibling separation among AIDS orphans who lived in an orphanage, in group home and with their extended families .Their study revealed that AIDS orphans who are separated from their sibling suffered from higher psychological distress than their comparison group. Additionally, their study also showed that sibling separation has no significant effects among orphans in their current place of living. He and Ji (2007) revealed that there were no significant differences between orphans in orphanages or extended families in terms of their psychological wellbeing. That means, their current place of living has no effect on their psychological wellbeing. Similarly, Gabriel et al. (2009) showed that no statistical significant difference in self -concept of institutionalized and non-institutionalized orphan children.

On the contrary, the findings of Mostafaei et al. (2012) who compared orphanage and non-orphanage children in terms of negative and positive emotions, suggested that orphan children place of living has an effect on negative and positive emotions. The explanation for this finding is that, orphan children who lived in the institution had showed more negative and less positive emotions as compared to their counter parts.

2.1.6. International and National Policies of children

Ethiopia has endorsed the International Child right Convention (CRC). This international convection indicated that a child has to grow up in a family environment, in an atmosphere of happiness, love and understanding. Children who are in foster care and adoption have got special

attention. These children are considered as children who are in very difficult conditions. The CRC document clearly indicated that States has to take the responsibilities in implementing adoption of children. The article clarifies that inter-country adoption should be resorted after ensuring that foster placement and domestic adoption have not been possible in the country of origin (OAU, 1990).

The African Charter (CRC) is also endorsed by the Ethiopian government. This charter indicated that there is a need to give priority to the best interest of the child, states need to provide all the necessary protections to children during the dissolution of marriage, there is a need to ensure for children that they have the rights to get care and protection from their parents, and considering their economic capacity children need to get different supports. It also emphasized that there has to be the detail considerations regarding domestic and international adoption (UN, 1989).

There are laws and policies in Ethiopia which are developed by the Federal Democratic Republic of Ethiopian to provide guideline for children. In the constitution of the country it is clearly indicated that Ethiopia has adopted and continue to adopt international instruments to be standards for conforming appropriateness of rights protection of children. It is also indicated that children should be cared by parents or legal guardians. The importance of placing children into institutions if that is to the best interest of the child. In this connection it has been mentioned that children in public and private institutions be placed separately from adults so as to reduce the possible negative affect that this kind of arrangement would bring.

The FDRE government avail Alternative Childcare Guidelines (2009) which identified five alternative childcare mechanisms: Community Based Childcare, Reunification and Reintegration Program, Foster Care, Adoption and Institutional Care Service. These alternatives

are presented in terms of preference. The guideline acknowledges that the best place for childcare is the natural family. Hence, the guideline advocates for deinstitutionalized of children.

2.2. General Empirical Studies

There are a number of academic literatures on the area of orphan children. When we closely examined the existing literatures on the area, for instance, Smyke et al. (2007) conducted a study in Romania using videotaped observations of the child and favorite caregiver in their 'home' environment were coded for care giving quality, and this was related to child characteristics. Participants were 208 infants and toddlers ranging in age from 5–31 months ($M = 20.65$, $SD = 7.26$) at the time of baseline evaluation. Cognitive development was assessed from child responses to the Bayley Scales of Infant Development (BSID-II). The study result shows that those institutionalized raised children have demonstrated marked delays in cognitive development, poorer physical growth, and marked deficits in competence.

Zhao, Li, Kaljee, Fang, Stanton and Zhang (2009) conducted a study in two rural countries of central China based on qualitative data from children and workers in AIDS orphanages in order to examine the daily lives, needs, and feelings of orphans and explore the advantages and disadvantages of institutionalized care of AIDS orphans. An in-depth interview were administered for 23 double-orphaned children (ages 8 to 17 years) living in 4 orphanages and 5 orphanage workers. The study result shows that children living in orphanages mostly felt that the living conditions were better than the families they lived with after the death of their parents. However, the institutional care has some disadvantages, such as administrative

restraints, limited psychological guidance, stigma, lack of education on AIDS, and financial burdens of the operation.

In China, the study of Gong et al. (2009) compared the psychological impact of sibling separation among AIDS orphans who lived in an orphanage, in group home and with their extended families. Their study revealed that AIDS orphans who are separated from their sibling suffered from higher psychological distress than their comparison group. Additionally, their study also showed that sibling separation has no significant effects among orphans in their current place of living.

Similarly, Hi and Ji (2007) analyzed a survey in Hanan province of rural China focusing on living conditions, nutritional status, psychological wellbeing and quality of life of the orphans and non-orphans. The number of children participated were 186 children aged 8–15. The finding revealed that there is high prevalence of poor nutritional status of both orphans and non-orphans. In addition to this, it was found that psychological problems were more frequent among orphans and had become the most important contributor of lower life quality. However, there are no significant differences between paternal, maternal and double orphans, or orphans who are living in an orphanages or extended families.

Hong et al. (2010) in China conducted a cross-sectional survey to assess AIDS orphans' traumatic symptoms, physical health and schooling and to examine its relationship with care arrangement among AIDS orphans. The number of children participated in the study were 296 who lost both parents, of which 176 in orphanages, 90 in kinship care and 30 in community-based group homes. The finding revealed that orphans who lived in group homes followed with those in the orphanage reported the best outcomes in three domains of psychosocial well-being

than those children with kinship care. The finding of this study suggested that the care that children get from their kinship might not be sufficient to serve their needs.

In Iran, Mostafaei et al. (2012) compared happiness in orphanage and non-orphanage children in Uremia City. The numbers of children who were selected to participate in the study were 148 aged 13 to 20. The Memorial University of Newfoundland Scale of Happiness (MUNSH) was adopted. The finding revealed that there is a significant difference between orphanage and non-orphanage children in terms of their positive and negative emotions. The explanation for this finding is that, orphan children who lived in the institution had showed more negative and less positive emotions as compared to their counter parts. However, the result suggested that there is no significant correlation between age, education and happiness.

In China, Zhao et al. (2010) compared psychological symptoms among double HIV/AIDS orphans (that is, children who lost both of their parents to HIV/AIDS) who were in the care of different family-based caregivers (that is, surviving parent, grandparents, other relatives, and non-relatives) before they were replaced in orphanages. The participants included 176 double HIV/AIDS orphans from four HIV/AIDS orphanages in rural China. Prior to being replaced in AIDS orphanages, these children had received family-based care by different caregivers, which included surviving parent (38%), grandparents (22%), other relatives (19%) and non-relatives (22%). Both bivariate and multivariate analyses suggested that children who were previously cared for by non-relatives scored significantly higher in traumatic symptoms, depression and loneliness scales than children who were previously cared for by their surviving parent, grand-parents and other relatives. Children in the care of grandparents reported the best scores on all psychological measures among children in the care of non-parent relatives.

In rural Uganda, Atwine et al. (2005) analyzed a survey of 123 AIDS orphans children aged 11–15 and 110 non orphaned children of similar age and gender living in intact households in the same neighborhood in a randomly selected sub-county in Bushenyi District. Symptoms of psychological distress were assessed using the Beck Youth Inventories of Emotional and Social Impairment (BYI). The standardized interview was designed including questions concerning current and past living conditions. The finding showed that orphans had greater risk (vs. non-orphans) for higher levels of anxiety (OR = 6.4), depression (OR = 6.6) and anger (OR = 5.1). Furthermore, high levels of psychological distress found in AIDS orphans suggest that material support alone is not sufficient for these children.

In Maputo, Mozambique Claret (2008) interviewed 12 known child care professionals (six worked inside the orphanages, and six worked With OVC-related issues outside the orphanages) whose age ranges 24 to 67, majority were females and born and raised in Maputo and she also conducted a field observations in six orphanages to analyze through the hierarchy of needs model. A qualitative semi-structured interview was designed. She was found that institutionalized orphans are living under poor general care with few opportunities for lucid, educational, and social growth. Also among the finding were neglect and abuse, attachment difficulties and traumatic stress symptoms.

In Kenya, Gabriel et al. (2012) compared the self-concept and academic performance of institutionalized and non-institutionalized AIDS orphaned children in Kisumu municipality. They interviewed 138 AIDS orphans who lived in the institution and with extended families, guardian homes and in parental homes. The ex-post facto research design was adopted. The study was based on Rogers' (1951) theory on self-concept. Data was analyzed using the t-test and the correlation coefficient. The study found out that there was a difference in self -concept

and academic performance between AIDS orphaned children living in institutions and with extended families, guardian homes and in parental homes. However, the difference in self-concept was not significant but the institutionalized orphans performed better academically than those who are non-institutionalized.

Hiwot et al. (2010) in Addis Ababa, Ethiopia, conducted an institution-based comparative cross-sectional survey using both quantitative and qualitative methods. The total number of orphan adolescents selected for the study was 876 with 438 in each AIDS and non-AIDS orphan adolescents aged 11-18 years. In order to measure the orphans adolescents level of depression, anxiety, self-esteem and their perceived social support questionnaire and scales including HAD, Rosenberg's and MPSS scales were used . The study found out that both AIDS and non- AIDS orphan adolescents were having psychological problems. However, there was no significant difference in prevalence of depression and anxiety between the two groups.

Afework (2013) in Addis Ababa, Ethiopia conducted a comparative study to assess the psychological well-being of orphan and non-orphan children in Yeka subcity. The number of participants in the study were 240 of which 120 orphan children and 120 non-orphan children, and 3 representatives of charity clubs in the selected schools. Both quantitative and qualitative methods were employed. Percentages, t-test, and Pearson correlation analysis were used to measure the relationship. The finding revealed that orphan children showed lower psychological wellbeing compared to their counter parts. However, there is no significant difference regarding the demographic background such as gender and age but has significant difference regarding their educational level and parental status of the children. The study recommends that the schools should consider the possibility of recruiting a qualified school counselors or child psychologist in order to support orphans students.

CHAPTER THREE

METHODS

In this chapter the study design, the sources of the data collected, the sampling frame, the procedures and the instrument used to collect the data, and also the methods of data analysis used are presented.

3.1. Study Design

This is a cross-sectional descriptive comparative study designed to compare the psychological wellbeing of institutional and non-institutional orphans. It also investigates the relationship between psychological wellbeing and socio demographic characteristics of orphan children in Gulele Sub City of Addis Ababa. Quantitative research method has been utilized. This method allows describing the extent to which independent variables (such as demographic backgrounds and place of living) influence or explain the dependent variable (psychological wellbeing of orphan children).

3.2. Study Site

The current study was carried out in the capital city of Ethiopia, Addis Ababa. The city is divided into 10 sub-cities. Among the 10 sub-cities, this study was conducted on randomly selected Gulele sub-city, particularly in Hope for children organization, Angles children's home and Kechene orphanage. Hope for children organization is used to identify orphan children who are living in the community. The target population consists of institutional and non-institutional orphan children living in Gulele sub-city whose ages range between 10 and 18 years old. The researcher selected this age group with the assumption that orphans who are at least 10 years old

could describe what they think about themselves. The aim is to assess the psychological wellbeing of institutional orphans in comparison with the non institutional orphan children.

Hope for Children (HFC) is a local NGO that was founded by W/ro Yeweynishet Mersha in November 2000 in response to staggering AIDS pandemic and its related problems. It provides nutrition, health, education, clothing and recreational services for children of poor family and those who are orphaned. Among the many services HFC provides, group home is one of them. Even though, the intention of the organization is to support children to remain within their immediate families, but when children are left with no one they enter into a house with other children in similar situation. Each home has between six to eight children who lived in a group home having a mother who acts as a primary guardian for all the children.

Angel's Children's Home is a children's home in Addis Ababa founded by Monica Tonna-Barthet which is implemented under the umbrella of the Ethiopian Catholic Church in the parish of Kebena Kidane Mihret Catholic Church. The primary objective is to provide care and support for children by creating a nurturing environment in which the targeted children will live together as a united family. It is designed to address the basic survival needs of the targeted children which include food, shelter, clothing, and medical support together with psychological support and counseling with a view to make the children experience love, friendship discipline and sharing important life values. The project will mainly target six- to 16-year-olds.

Kechene Child Care and Rehabilitation Center is one of the government owned girls' orphanage established under city administration of Addis Ababa Women's Children and Youth Affairs Office .There are 300 and above orphan and vulnerable children in the institution. The Center was established to address the basic survival needs of the targeted children which include

food, shelter, education, medical support, clothing and psychological support. The institution mainly targets children aged 8 and above.

3.3. Sampling Frame

The list of orphans was obtained from Hope for Children Organization, Angles Children's Home and Kechene orphanage. These lists are organized to prepare a comprehensive and up-to-date sampling frame about institutional children. Orphan children who are living in the communities of Gulele Sub City were randomly selected from the list which is organized by Hope for Children, which had been used as sampling frame for non-institutional children. Having the sampling frame respondents were selected randomly.

3.4. Sample Size and Sampling Techniques

The participants in the study are institutional and non-institutional orphans. In three selected institutions (Hope for Children Organization, Angles Children's Home and Kechene Orphanage) there were about 215 orphan children between the ages 10 to 18. Out of these children 140 of them selected using simple random sampling method.

There were 52 children in the Hope for Children Organization, 13 in Angles Children's Home and 150 in Kechene. The population was stratified based on institution and study participants were selected from each institution taking into account the size of the population in each institution. Accordingly 98 children were selected from Kechene, 34 from Hope for Children and 8 children from Angles Children Home.

There were about 238 orphan children in the community who were the beneficiaries of Hope for Children Organization. Out of these children 149 children were randomly selected

using the list provided by the organization. The researcher used simple random sampling for sample selection with lottery method.

The Slovin's formula used for sample size determination:

$$n = \frac{N}{1 + Ne^2}$$

Where: n= sample N= population e = margin of error (5% & 0.05)

According to the aforementioned formula 140 orphan children from 215 children in the three institutions and 149 orphan children from 238 children in the community were selected.

3.5. Data Collection Instrument

Data collection instruments are the very important components of any research. When data collection instruments are developed or adapted the validity and reliability of the measurement tools are very important. The data collection instrument for this study is adopted in order to attain the aforementioned objectives.

3.5.1. Types and Contents of Instrument

In this study questionnaire which contains adopted psychological wellbeing scale was used to collect data from the participants of the study. The scale was tested for its validity and reliability by previous researchers (Afeework , 2013).This gives confidence to the researcher to use it in this particular research.

3.5.2. Construct

Questionnaire was developed to collect information about the socio demographic characteristics of the orphans. The Ryff psychological wellbeing standardized scale was used to assess the psychological wellbeing of institutional and non-institutional orphan children . Ryff conceptualizes psychological wellbeing in terms of six dimensions: Autonomy, Environmental Mastery, Personal Growth, Positive Relations with Others, purpose in Life and Self-acceptance. The test retest reliability of the original scale including the sub scales ranges from 0.81 to 0.85 and the internal consistency ranged from .87 to .90 (www.liberalarts.wabash.edu).

Item-total correlation of the Amharic version of the instrument was computed for each sub-scale of the Psychological Wellbeing Scale by the previous researcher (Afework, 2013). The researcher identified unacceptable eight items from three subscales. Three items from the personal growth sub-scale, three questions from the purpose in life sub-scale, and two from the self-acceptance sub-scale and excluded them from the final study instrument . Therefore, the final scale included 46 items and the subscale length varied between nine items (Autonomy, Positive relations with others, and Environmental mastery), Six items (Personal growth and purpose in life) and seven items (Self-acceptance). Each item score ranged from one to six (six-point scale ranging from *strongly agree* to *strongly disagree*).

Internal consistency reliability of the Amharic versions of the instrument was determined for the scale using Cronbach's alpha. The computed Cronbach alpha coefficients were 0.8 Autonomy; 0.67, Environmental mastery; 0.75, Positive relations with other; 0.69, Self-acceptance; 0.6, Personal growth; 0.67, Purpose in life and total psychological wellbeing scale were 0.89 (Afework, 2013).

3.5.3. Pretesting

Before the actual data collection from the target population the researcher conducted pretesting with 15 (eight male and seven female) orphan children who were not included in the main study. The aim was to test the appropriateness of the instrument especially in the context of children. It is also important to be certain about the clarity of the instrument and to make the necessary correction. Accordingly all children participated in the pretest understood all the questions in the questionnaire; hence there was no need to make amendment.

3.6. Procedure

3.6.1. Administration

After the pretesting, the final tool was produced. Once the tool had been finalized, the researcher together with two assistants met the participants and oriented them about the purpose of the research and the tool intended to be used. The children were asked to fill the questionnaire with the presence of the researcher and the two assistances. They were allowed to ask for help or clarification whenever they had problem in understanding any question.

Once data collection is completed the researcher identified complete and incomplete questionnaires. Accordingly since the questionnaires had been filled in the presence of the researcher and her two assistants there were no questionnaire which is considered as incomplete and excluded from the analysis.

3.6.2. Scoring

This scale contains 46 items to be rated on six point Likert - type scale from strongly disagree (1) to strongly agree (6).

Items 5,7,9,10,11,13,14,18,19,21,22,23,25,27,30,32,34,38,39,40 & 41 are scored reversely. However, the rest of the items are presented as positive statements.

In order to determine the status of Psychological wellbeing, the researcher assumes that psychological wellbeing is normally distributed, and she took the mid value of the scale which is 161 and then used above and below one standard deviation unit (32. 66) to the mean value of which 128 and 194 to identify not well, well, and very well psychologically. In other words, Scores above 194 on the scale were classified as very well psychologically (as high level), scores below 128 on the scale were classified as not well psychologically (as low level) and the scores between 128 and 194 on the scale were classified as well psychologically (as average level).

3.6.3. Data Analysis

After data collection, items were coded in a way that will be suitable for data analysis. SPSS (Statistical package for social science) Computer software version 20 was used to code and analyze the data collected using the questionnaire. Descriptive statistical measures (frequency, percentage, mean scores and standard deviation) were used to describe the general pattern of psychological wellbeing of the respondents in line with the socio demographic backgrounds. Information obtained from psychological wellbeing scale was analyzed using independent t-test and one way ANOVA to compare mean difference between males and females, educational level and current place of living with respect to their psychological wellbeing. In addition, Pearson Product Moment Correlation coefficient was used to obtain information whether age and psychological wellbeing correlates.

3.7. Ethical Considerations

At first an official letter from Addis Ababa University School of Psychology was given to Addis Ababa Women's Children and Youth Affairs office to obtain information about the number of both government and nongovernment orphanages found in Gulele sub city and to the concerned bodies of selected organizations. After securing permission from the concerned bodies of the organizations, the researcher followed procedures of doing research. Accordingly, the participants of the study were informed about the purpose of the study. They were also informed about the confidentiality of the information they will give. Then verbal consent was obtained in advance from the orphan children and their guardians and relevant official of the organization. The participants were also informed that they have full right to discontinue or refuse to participate in the study. A statement that addresses this issue is shown on the front page of each questionnaire after getting the verbal consent from each of the respondents.

CHAPTER FOUR

RESULTS AND DISCUSSION

In this chapter the result of the analysis and discussion of the findings are presented in an organized manner.

4.1 Results of the Study

4.1.1 Background information of the Study Participant

In this section, the characteristics and background information (age, sex, educational level, parental status and current place of living of orphan children) of the study participants is presented. As it is indicated in the previous chapter backgrounds of respondents are the independent variables that can impact the nature of the dependent variable, psychological wellbeing. Hence understanding the respondents' personal background is very important.

Table1**Socio Demographic Characteristics of the Study Participant (N=289)**

Variable		Current place of living					
		Institutional (n = 140)		Non –institutional (n = 140)		Total	Percentage
		N	%	N	%	N	%
Gender	Male	27	19.29	80	53.69	107	37.02
	Female	113	80.71	69	46.31	182	62.98
	Total	140	100	149	100	289	100
Education	Primary(1-8)	97	69.29	85	57.05	182	62.98
	Secondary 9-12)	35	25	48	32.21	83	28.72
	Tertiary (collage...)	8	5.71	16	10.74	24	8.3
	Total	140	100	149	100	289	100

As described in Table 1, among 140 participants, who were institutional orphan, 27 (19.29%) were male and 113 (80.71%) were female whereas among 149 participants who were non institutional orphan 80 (53.69%) were male and 69 (46.31%) were female. The number of sampled female orphan children is higher among the institutional orphan since one of the orphanage, Kechene orphan home, attends only to female as its program package. As compared to the other two orphanages the number of children in Kechene Children Rehabilitation Center is relatively high. In addition to this, the average age of children was 14.95 with standard deviation 1.97.

When we look at the educational level of children, 97 (69.29%) of institutional and 85 (57.05%) of non-institutional orphan children were primary school students, 35 (25%) of institutional and 48 (32.21%) of non-institutional orphan children were at secondary level and 8 (5.71%) of institutional and 16 (10.74%) of non-institutional orphan children were tertiary level. Almost all children both in the institution and outside of the institution are currently at school.

Table 2

Parental status of the Study Participant (N=289)

Status of orphan	Institutional		Non – Institutional	
	(n=140)	%	(n=149)	%
Single Orphan	18	12.86	67	44.97
Double Orphan	99	70.71	82	55.03
I don't know	23	16.43	0	0
Total	140	100	149	100

The majority of the children both in the institution (70.71%) and outside of the institution (55.03%) are double orphans. The number of double orphan in the institutions is higher since the institutions give preference to double orphan children. They are considered as the most vulnerable segments of orphan and vulnerable children. The number is also relatively higher among children who are not institutionalized.

Table 3

Current place of living of the study participant (N=289)

	Current place of living			
	Institutional (n=140)		Non - Institutional (n=149)	
		%		%
In orphanage	98	70	-	-
Small group home	42	30	-	-
Father	-	-	16	10.74
Mother	-	-	38	25.5
Grandparents	-	-	52	34.89
Relatives	-	-	22	14.77
Non relatives	-	-	14	9.39
Other	-	-	7	4.69
Total	140	100	149	100

As described in the above table , out of 140 institutional children, 98(70%) of them were lived with many children in one compound where as 42(30%) were lived in small group home. whereas out 149 the non -institutional children ,majority of children,52(34.89%) were living with their grandparents after the loss of their parents, out of the 67(44.67%)of single orphan children 38(25.5%) were lived with their mother and 16(10.74%) were lived with their father.

4.1.2 Psychological Wellbeing of Institutional and Non-Institutional Orphan Children

As depicted below, Table 4 presents the means, standard deviations, minimum and maximum values of the psychological wellbeing scores of the respondents. Accordingly, the psychological wellbeing of non-institutional orphan children has slightly higher mean score ($M=170.26$ $SD=29.86$) than institutional orphan children ($M=168.62$ $SD=35.48$). As the difference in the standard deviation regarding children's psychological wellbeing indicated high variability among institutional orphan as compared to non-institutional ones. This means that relatively speaking the level of psychological wellbeing is highly variable among institutional orphan children.

Table 4

Descriptive statistics of psychological wellbeing scores of institutional (n=140) and non-institutional orphan children (n=149)

Current place of living	Psychological wellbeing	Male	Female	Total
	Mean	167.00	169.01	168.62
Institutional orphan children	Standard deviation	34.12	35.94	35.48
	Minimum	99	67	67
	Maximum	235	263	263
	Mean	173.16	166.90	170.26
Non Institutional orphan children	Standard deviation	28.27	31.46	29.86
	Minimum	126	73	73
	Maximum	231	251	251

As shown in Table 4, the mean score of psychological wellbeing of male orphan children who lived in the institution (M=167, SD=34.12) appears to be slightly lower than that of female orphan children (M=169.01, SD=35.94). On the other hand, the mean score of psychological wellbeing of male orphan children who lived outside the institution (M=173.16, SD=28.27) appears to be slightly higher than that of female orphan children (M=166.90, SD=31.46).

4.1.3 Level of psychological wellbeing of institutional and non-institutional orphan children

In order to describe the prevalence of psychological wellbeing of institutional and non-institutional orphan children, percentage values are used.

Table 5

Status of psychological wellbeing of institutional (n=140) and non institutional (n=149) orphan Children

Current place of living	Level of Psychological wellbeing						Total
	Not well		Well		Very well		
	N	%	N	%	N	%	
Institutional orphan	13	68.42	93	46.27	34	49.28	140
non institutional orphan	6	31.58	108	53.73	35	50.72	149
Total	19	100	201	100	69	100	289

In order to determine the status of Psychological wellbeing, the researcher assumes that the dependent variable which is the psychological wellbeing is normally distributed, and she took

the mid value of the scale which is 161 and then used above and below one standard deviation unit (32.66) to the mean value of which 128 and 194 to identify not well, well, and very well psychologically. In other words, Scores above 194 on the scale were classified as very well psychologically (as high level), scores below 128 on the scale were classified as not well psychologically (as low level) and the scores between 128 and 194 on the scale were classified as well psychologically (as average level).

Based on this classification, 19 orphan children, 13 (68.42%) of institutional and 6(31.58%) of non-institutional orphan were psychologically not well, 201 orphan children 93 (46.27%) of institutional and 108 (53.73%) of non-institutional orphan were psychologically well and 69 orphan children 34 (49.28%) of institutional and 35(50.72%) of non-institutional orphan were psychologically very well. Even if the number of children who are not well in their psychological wellbeing is very low the majority of them (68.42%) are institutional orphans. However, in the case of being well and very well the proportion of children who are in and out of the institutional care are almost equal.

4.1.4. Current place of living difference in psychological wellbeing

Table 6

Current place of living difference in psychological wellbeing (N=289)

Variable	Institutional (n=140)		Non- institutional (n=149)		t	p
	Mean	SD	Mean	SD		
Autonomy	32.59	8.97	32.95	7.43	-0.38	> 0.05
Personal growth	22.86	5.29	24.44	4.78	-2.67	< 0.05
Purpose in life	23.69	5.81	23.7	5.51	-0.008	> 0.05
Self-Acceptance	25.56	7.73	25.56	6.36	0	> 0.05
Environment mastery	31.94	7.95	29.85	6.87	2.404	< 0.05
Positive relation with other	31.98	7.97	33.77	7.42	-1.973	> 0.05
Psychological wellbeing	168.62	35.48	170.26	29.86	-0.426	> 0.05

Degree of freedom 287

An independent sample test was computed to compare mean difference of institutional and non-institutional orphan children in terms of psychological wellbeing and its dimensions (Autonomy, personal growth, purpose in life, self-acceptance, environmental mastery and positive relations with others). As indicated in the above table, the mean difference of psychological wellbeing between institutional (M=168.62, SD=35.48) and non-institutional (M=170.26, SD=29.86) orphan children based on their current place of living is not statistically significant ($t = -0.426$, $df = 287$, $p > 0.05$). Hence it is possible to say their current living place (institutional and non- institutional) does not have significant impact on their psychological

wellbeing. However, there is statistically significant difference among institutional and non-institutional orphan children in some of the dimensions of psychological wellbeing such as personal growth ($t = -2.67, df = 287, p < 0.05$), and environmental mastery ($t = 2.40, df = 287, p < 0.05$).

The result revealed that the current place of living has an effect on orphan children personal growth and environmental mastery. This means that institutional orphans have relatively low in terms of their personal growth whereas high in terms of their environmental mastery. In other words, personal growth characterizes the non-institutional and environmental mastery characterizes the institutional orphan children. On the other hand, there is no statistically significant difference in autonomy, purpose in life, positive relations with others and self-acceptance.

4.1.5 Gender difference in psychological wellbeing

Table 7

Gender difference in psychological wellbeing (N=289)

Variable	Male		Female		t	p
	Mean	SD	Mean	SD		
PWB* score	171.61	29.81	168.21	34.24	0.854	0.394

Degree of freedom 287

* PWB: Psychological wellbeing

As indicated in table 7, an independent sample t test was employed to compare the mean difference in the psychological wellbeing of male ($M = 171.61, SD = 29.81$) and female ($M = 168.21, SD = 34.24$) orphan children. The analysis failed to reveal statistically significant

difference ($t = 0.854$, $df = 287$, $p > 0.05$). The result suggests that gender does not have any effect on orphan children's psychological wellbeing.

4.1.6 Educational level difference in psychological wellbeing

Education is considered as a determinant factor for many things including psychological wellbeing. Education is also considered as a pillar for future life and to develop self-control. Having this understanding in mind the researcher considered education as one of the possible factors that may influence children psychological wellbeing. In order to check this assumption one way analysis of variance was determined.

Table 8

Descriptive statistic of psychological wellbeing scores in terms of educational level

Variable	Primary level		Secondary level		Tertiary level	
	Mean	SD	Mean	SD	Mean	SD
PWB* score	173.42	32.21	164.48	31.42	156.75	35.88

As shown in table 8, the mean score of psychological wellbeing of primary level ($M=173.42$, $SD=32.21$) orphan children is higher than that of secondary level ($M=164.48$, $SD=31.42$) and tertiary level ($M=156.75$, $SD=35.88$).

Table 9

Educational level difference in psychological wellbeing (N=289)

Source of Variation	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	8784.451	2	4392.226	4.211	.016
Within Groups	298335.487	286	1043.131		
Total	307119.938	288			

As presented in table 9, the computed one way ANOVA indicated that there is statistically significant difference in psychological wellbeing ($F=4.211$, $df=288$, $p<0.05$) among orphan children who differ in their educational level. Hence, education can be considered as one of the determinant factors of orphan children level of psychological wellbeing.

However, the above ANOVA table does not show where the exact variation among the groups lies. Hence, in order to see the specific significant mean differences among the groups, Tukey HSD post Hoc comparison were performed. The result revealed that there is significant mean difference between orphan children who are in primary and Tertiary level, in which the mean difference is 16.67 and level of significant is 0.048 at $\alpha = .05$. But there is no significant difference among other groups.

4.1.7 Relationship between psychological wellbeing and age

In order to examine the relationship between age and psychological wellbeing, Pearson Product Moment Correlation coefficient was computed and the result revealed that age is significantly and negatively correlated to psychological wellbeing ($r = -0.322$, $p<0.01$). In other words as the age of the children increased the psychological wellbeing of these children decreased.

4.2 Discussion

The main purpose of this study was to compare the psychological wellbeing of institutional and non-institutional orphan children. In this section, the results of the study are discussed in relation to the findings of similar studies.

4.2.1 Place of Living and Psychological Wellbeing

The computed t test to see the difference between individual orphans current place of living and psychological wellbeing revealed that there was no statistically significant difference between institutional and non-institutional orphan children. Hence it is possible to say that their current living places (institution and outside of the institution) do not have significant effect on their psychological wellbeing. In other word, both residential arrangements have similar effect on children in terms of their psychological wellbeing.

According to the Ethiopian government guideline institutional childcare services are the last resort to orphan and vulnerable children. The rationale behind this argument is that children can get better care and support in community based childcare services. Hence, there are five alternative childcare services available in the Ethiopian government guideline where institutional childcare is the last one among community based childcare services, re-integration and re-unification, foster care, and adoption. However, according to this study there is no significant difference among children who are in the institutions (government last option) and non-institutional (government priority).

This finding is similar to the results of study reported by He and Ji (2007) which revealed that there was no significant difference between orphans in orphanages or extended families in

terms of their psychological wellbeing. That means, their current place of living has no effect on their psychological wellbeing.

On the other hand, this finding is contrary to the findings of Mostafaei et al. (2012) who compared orphanage and non-orphanage children in terms of negative and positive emotions and suggested that orphan children place of living has an effect on negative and positive emotions. The explanation for this finding is that, orphan children who lived in the institution had showed more negative and less positive emotions as compared to their counter parts.

Additionally, the finding in the present study is inconsistency with the results of several previous studies such as Zhao et al.(2007); Gabriel et al. (2012); Hong et al. (2011) which indicate that orphan living in the orphanage have low level of psychological distress or are well psychologically. On the other hand, the study of Smyke et al. (2007); Claret, (2008) ; Hiwot et al. (2010); and Zhao et al.(2009) showed that orphan living with their extended families out of the institutional setting are well psychologically or have low psychological distress than institutional orphan children .

It is believed that children who are living with at least one of their parents or with their extended families, are better relaxed and feel good than those living in the institution with people who have no blood relationship. The explanation for the present finding is that the level of familiarity developed among children living together in the institutional care created a comfortable environment to them. This could be learned from the existing extended nature of caring and communal way of life where people in many parts of Ethiopia usually lead. Hence, children may not distinguish the kinship care system with that of the institution. So being in this

condition the presence of only one parent or no parents may not create significant difference in their psychological wellbeing.

4.2.2 Gender and psychological wellbeing

There is no statistical significant difference between male and female orphans in their psychological wellbeing. When we look the existing academic literatures (e.g. Hong et al.2011; Mostafaei et al. 2012; Afework ,2013 ; Bhat , 2014 ; Oluwadamilola, 2014) this finding is in line with who clearly indicated being male or female does not have significant effect on the psychological wellbeing of children.

Whereas the finding of the present study is inconsistency with the study of Solomon (2008) who examined the degree to which children orphaned by AIDS demonstrate resilience, reported statistically significant difference on emotional symptoms of male and female AIDS orphans. The study stated that male children registered lower (normal) emotional symptoms than their female counterparts.

According to Majeed et al. (2014) females are significantly differ in dependency compared to males. Similarly, they also are significantly different in emotional instability than their counter part and regarding the negative world view, males have more negative worldview than female. Furthermore, the study of Nyamukapa et al. (2010) also revealed that girls reported more psychological distress than boys.

4.2.3 Education and psychological wellbeing

As presented in the result section, statistically significant difference was observed between orphan children of different educational levels with respect to their psychological

wellbeing. Particularly, those with Primary level of education were found to be psychologically well than those with Tertiary level.

The present finding is contrary with the study of Mostafaei et al. (2012) which found no statistically significant correlation between education and happiness and its subscales. In other words, education doesn't tell whether one person is happy or not. On the other hand, Afework (2013) supported that there is statistically significant difference in their psychological wellbeing among orphan children based on their level of education. Afework (2013) further explained that grade level has significant positive relationship with the total psychological wellbeing and with some of its sub scales (Autonomy, Purpose in life, and Personal growth).

4.2.4 Relationship between orphan children age and psychological wellbeing

As the result of the Pearson Moment Correlation coefficient indicated, there was statistically significant negative relationship between age and psychological wellbeing of orphan children. In other words, when the age of the orphan increased their psychological wellbeing decreased or vice versa. As children get older and older, their awareness about their situation and the societal attitude towards them increases. When children realized the fact that they lack one of the important needs for them, which is parental love, care and affection their psychological wellbeing may get deteriorated. This could be one of the possible justifications to have inverse relationship between age and children psychological wellbeing.

The other reason might probably be when children get older, they start to become anxious about their future. They often start to worry about how they will lead their life, especially those orphan children who lived in the institution fear the new responsibility they are expected to assume after the institution. They might also get anxious of becoming alone if the institution

reintegrates them to the society. Furthermore, the existing life skill training in the institution might probably help younger children to improve their psychological wellbeing.

The finding of this study somehow relates with the findings of Solomon (2008) who examined the degree to which children orphaned by AIDS demonstrate resilience stated that there was statistical significant relationship between the children's ages and the emotional symptom categories. Younger children are more often registered scores in the normal range compared to their older counterparts who were found to record more symptoms that are abnormal. In other word, the behavioral reaction of an orphaned child is associated with their age. The finding further explained that when children move from the 11-13 age group to the 14-16 age group, their emotional symptoms increases.

Another study by Compas et al. (2001) who compared children and adults, argued that although children and adults are exposed to many of the same stressors, their perceptions and appraisal of these stressors differ significantly, and differences exist among children of different ages. The explanation for this finding is that, orphans of different age from 10 to 18 all complained about the presence of different stressors differently.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATION

5.1. Conclusion

In the course of this research it has been learned that there are numbers of children who are living in institutions even though the government currently advocates for deinstitutionalization of orphan and vulnerable children. There are also several other children who are living in the community having different support from their relatives, grandparents, and neighbors. Often there is an assumption that children who are having care and support while living in the community are better off in different parameters. Out of these parameters psychological wellbeing is the main one. Both groups of children were compared in their psychological wellbeing. These two groups of children are having many similarities than differences. Whereas their current place of living is not the determinant factor of their psychological wellbeing. Hence, placing children in the community care or institution will not have significant difference in their psychological wellbeing. However, irrespective of children place of living and gender, educational background and age have statistically significant difference on children psychological wellbeing. Hence, rather than place of living children's educational background and age have impact on their psychological wellbeing.

5.2. Recommendations

The researcher recommends the following elements based on the findings of this research.

- Placing orphan children in institutions can be still considered as one alternative childcare option since the children are more or less similar with non-institutional children in their psychological wellbeing. Hence the government needs to revise the direction which focused on deinstitutionalization of children.
- The intervention modalities which are planned to bring change in the life of orphan children have to consider their level of education and age because their psychological wellbeing differ based on these backgrounds.
- When dealing with older orphan children increased the level of intervention or counseling has to be comprehensive and strengthened.
- The existing life skill training in the institution should be strengthening in order to maintain and improve children current psychological wellbeing.
- Qualitative research need to be conducted on psychological wellbeing of children so that their individual narrative could be presented to communicate their actual experience.

REFERENCES

- Abebe (2004). *The psychosocial and educational problems of HIV/AIDS orphans: The case of some selected AIDS orphans in Addis Ababa and Awassa*. Unpublished MA Thesis, Addis Ababa University.
- Afewerk Tsegaye (2013). *A comparative study of psychological wellbeing between orphan and non orphan children in Addis Ababa: The case of three selected schools in Yeka Sub-city*. Retrieved from <http://www.ovcwellbeing.org/wp-content/uploads/2013/07/Afewerk-Thesis.pdf>
- Atwine, B., Cantor, E., & Banjunirwe, F. (2005). Psychological distress among AIDS orphans in rural Uganda. *Social Science & Medicine*.61 (2), 555–564.
- Bhat,N.M.(2014).A study of Emotional Stability and Depression in orphan Secondary School Students .International Journal of Education and psychological Research(IJEPR). Retrieved from http://ijepr.org/doc/V3_Is2_June14/ij20.pdf
- Boniwell , L. & Henry, J. (2007). Developing conceptions of wellbeing: Advancing subjective, hedonic and eudemonic theories. *The British psychological society – social psychological review*, 9:1.
- Boruchovitch, E. & Mednick, B. R. (2002). The meaning of health and illness: Some considerations for health psychology. *Psico-USF*, 7(2): 175-183.
- CHGA (2004). *Impact of HIV/AIDS on gender, orphans and Vulnerable Children; Discussion outcomes of CHGA Interactive Cameroon*: Retrieved from <http://www.uneca.org/CHGA>, (8-31-2010)

- Cluver ,L., & Gardner, F.(2006) The psychological wellbeing of children orphaned by AIDS in Cape Town, South Africa. *Annual General Psychiatry*. 5, 8 -28. doi: 10.1186/1744-859X-5-8
- Colburn, J. (2010). *Orphanages of Accra: A Comparative Case Study on Orphan Care and Social Work Practices*. Independent Study Project (ISP) Collection Paper 850.
- Compas, B. E., Connor-Smith, J. K., Saltzman, H., Thomsen A. H., & Wadsworth, M. E. (2001). Coping with stress during childhood and adolescence: problems, progress, and potential in theory and research, *Psychological Bulletin*, 127(8), 87-127.
- Csáky, C. (2009). *Keeping children out of harmful institutions. Why we should be investing in family-based care*. Published by Save the Children, London.
- Delva, W., Vercoutere, A., Loua, C., Lamah, J., Vansteelandt, S., Koker, P. D., Claeys, P., Temmerman ,M., Annemans L. (2009). Psychological well-being and socio-economic hardship among AIDS orphans and other vulnerable children in Guinea. *AIDS Care*. 21(12):1490-1498. doi: 10.1080/09540120902887235
- Diener, E. (1984). Subjective well being. *Psychological Bulletin by American psychological Association*, 95(3): 542-575
- Dodge, R., Daly, A., Huyton, J., & Sanders, L. (2012). The challenge of defining wellbeing. *International Journal of Wellbeing*, 2(3): 222-235.
- Dunn, A., Jareg, E. & Webb, D. (2003). *A last resort: The growing concern about children in residential care*. Save the Children, UK: International Save the Children Alliance.
- Ethiopian Central statistical Agency, (2014). Ethiopian population projection.CSA, Addis Ababa. Ethiopia
- Ethiopian Demographic Health Survey (2011). Central Statistical Authority

- Federal Democratic Republic of Ethiopia. (2009). *Alternative childcare guidelines on community-based childcare: Reunification and reintegration program, foster care, adoption and institutional care service*. Addis Ababa: Ministry of Women's Affairs.
- Gabriel, K.C., Cheboswony, M., Kodero H. M., & Benard, L.M. (2009). The self-concept and academic performance of institutionalized and non-institutionalized HIV/AIDS orphaned children in Kisumu municipality Moi University, Kenya. *Educational Research and Review*. 4, 106-110.
- Gong, J., Li, X., Fang, Zhao, G. Lv, Y., Zhao, J., Lin, X. Zhang, L., Chen, X. & Stanton, B. (2009). Sibling separation and psychological problems of double AIDS orphans in rural China. *Child: care, health and development*. *Child Care Health Development*. 35(4):534-41. doi:10.1111/j.1365-2214.2009.00969
- Hamza, E.H. (2011). *The socio-economic situation of orphans and vulnerable children in Dessie town, Ethiopia*. Unpublished MA thesis, University of South Africa.
- He, Z., & Ji, C. (2007). Nutritional status, psychological well-being and the quality of life of AIDS orphans in rural Henan Province, China. *Tropical Medical International Health*, 12, 1180-1190.
- Henderson, L.W., & Knight, T. (2012). Integrating the hedonic and eudemonic perspectives to more comprehensively understand wellbeing and pathways to wellbeing. *International Journal of Wellbeing*, 2(3): 196-221.
- Hiwot Getachew, Fentie Ambaw, Lakew Abebe, Wondosen kassahun (2011). Psychological distress and its predictors in AIDS orphan adolescents in Addis Ababa city: A comparative survey. *Ethiopia Journal of Health Development*. 25, (2): 135-142.

- Hong, Y., Li, X., Fang, X., Zhao, G., Zhao, J., Zhao, Q., Lin, X., Zhang, L., & Stanton, B. (2011). Care arrangements of AIDS orphans and their relationship with children's psychosocial well-being in rural China. *Health Policy Planning*, 26 (2):115-123.
- Hunshal, C.S., & Gaonkar, V. (2008). A Study on Adjustment of Institutionalized Children. Dharwad, India. *Journal of Agriculture Science* 21: 548-552
- Keyes, C. L., Shmotkin, D., & Ryff, C. D., (2002). Optimizing well-being: The empirical encounter of two traditions. *Journal of Personality and Social Psychology by the American Psychological Association*, 82 (6): 1007–1022.
- Kumar,S.P., Dandona,R., Kumar,G.A., Ramgopal,S. & Dandona,L.(2014).Depression among AIDS-orphaned children higher than among other orphaned children in southern India. *International Journal of Mental Health Systems*, 8:13 doi: 10.1186/1752-4458-8-13
- Majeed,R. , Khan,M.A. and Sayeed, M.A.,(2014).A comparative study of personality differences between orphans and non orphans of Lahore. *Journal Pakistan Psychiatric Society*.11, 19-21
- Maqoko, Z. (2006). *HIV/AIDS orphans as heads of household: A challenge to pastoral care*: MA thesis: University of Pretoria. South Africa
- Miller,C.(2007).*Children affected by AIDS: Review of the literature on orphaned and vulnerable children Boston University School of public health*. Health and Development Discussion Paper: 10.
- Mostafaei, A., Aminpoor , H.,& Mohiadin,M.(2012).The comparison of happiness in Orphanage and non-orphanage children .*Annals of Biological Research*, 2012, 3 (8):4065-4069.
Retrieved from: <http://scholarsresearchlibrary.com/ABR.../ABR-2012-3-8-4065-4069.pdf>

- Nayak, B. K. (2014). Orphan problems and community concern in Ethiopia: Institute of Social Work and Social Sciences (VISWASS), Bhubaneswar, Odisha, India. *International Journal of Management and Social Sciences Research (IJMSSR)* .Vol. 3:1 ISSN: 2319-4421
- Nyamukapa, C.A., Gregson, S., Wambe, M., Mushore, P., Lopman, B., Mupambireyi, Z., Nhongo, K. & Jukes, M.C. (2010). Causes and consequences of psychological distress among orphans in Eastern Zimbabwe. Published online by AIDS Care, 22(8) :988-996. doi: 10.1080/09540121003615061
- OAU. (1990). African charter on the right and welfare of child. Addis Ababa: CAB/LEG.
- Oluwadamilola, E. A. (2014). *Psycho-social predictors of mental health among orphans in Southwest Nigeria: Efficacy of psycho-education intervention*. Doctorial dissertation. University of covenant, Nigeria.
- Pinheiro, P.S. (2006). World report on violence against children, UNICEF: New York.
- Ryan, R. M. & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic wellbeing. *Annual Review of Psychology*, 52:141–166
- Ryff, C. D. & Keyes, C. L. (1995) . The structure of psychological well-being revisited, University of Wisconsin, Madison. *Journal of Personality and Social Psychology*, 69(4), 719-727
- Ryff, C. D. & Singer, B. H. (1996). Psychological well-being: Meaning, measurement, and implications for psychotherapy research. *Psychotherapy Psychosomatics*, 65: 14-23
- _____ (1998). The contours of positive human health. *Psychological Inquiry*. 9, 1–28.
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well being, University of Wisconsin, Madison. *American Psychological Association Journal of Personality and Social Psychology*, 57 (6): 1069-108.

- _____. (2014). Psychological Well-Being Revisited: Advances in the Science and Practice of Eudaimonia. *Psychotherapy and Psychosomatic*. 83:10–28.
- Smyke, A. T., Koga, S. F., Johnson, D. E., Fox, N. A., Marshall, P. J., Nelson C. A., Zeanah, C. H., & the BEIP Core Group. (2007). The care giving context in institution-reared and family-reared infants and toddlers in Romania. *Journal of Child Psychology and Psychiatry*, 48(2): 210–218.
- Solomon Worku (2008). Resilience among children exposed to traumatic loss: A study of children orphaned by AIDS in Addis Ababa, Ethiopia. University of Oslo. MA thesis. Retrieved from https://www.duo.uio.no/bitstream/handle/10852/18460/solomon_agaje.pdf
- Straumea, L. V. & Vitters, J. (2012). Happiness, inspiration and the fully functioning person: Separating hedonic and eudaimonic well-being in the workplace. *The Journal of Positive Psychology*, University of Tromso, Norway, final version, 1-12.
- Sebsibe Tadesse , Fekadu Dereje & Molalign Belay. (2013). Psychosocial wellbeing of orphan and vulnerable children at orphanages in Gonder town, NorthWest, Ethiopia. *Journal of public health and Epidemiology*. 6 (10), 293-301.
- The Faith to Action Initiative. (2014). Children, orphanages, and families: A summary of research to help guide faith-based action. Retrieved from: http://faithtoaction.org/wp-content/uploads/2014/03/Faith2Action_ResearchGuide_V9_WEB.pdf
- Tolfree, D. (1995). *Roofs & Roots: The care of separated children in the developing world*. Published by Save the Children and Arena, London.
- UN. (1989). Convention on the rights of the child. Adopted and opened for signature ratification accession by General Assembly resolution .Washington DC: UN.

- UNAIDS & UNICEF, (1999). *Children orphaned by AIDS: Frontline responses from Eastern and South Africa*. New York: UNAIDS & UNICEF.
- UNAIDS & UNICEF. 1999. *Children orphaned by AIDS: Frontline responses from Eastern and South Africa*. New York: UNAIDS & UNICEF.
- UNICEF (2006). Africa's orphaned and vulnerable generation; children affected by AIDS. New York, USA: UNICEF.
- UNICEF. (2004). *A framework for the protection, care and support of orphaned and vulnerable children living in a world with HIV and AIDS*. Retrieved from: http://www.unicef.org/aids/files/Framework_English.pdf.
- USAID/UNAIDS/UNICEF. (2004). *Children on the Brink: A Joint Report on Orphan Estimates and a Framework for Action*. New York: USAID.
- Van IJzendoorn, M. H., Luijk, M. P. C. M., & Juffer, F. (2008). IQ of children growing up in children's homes: A meta-analysis on IQ delays in orphanages. *Merrill-Palmer Quarterly*, 54 (3), 341-366.
- Vazquez, C., Hervas, G., Rahona, J. J., & Gomez, D. (2009). Psychological wellbeing and health. Contributions of positive psychology. *Annuary of clinical and Health psychology*, 5: 15-27
- Waterman, A. S., Schwartz, S. J., Zamboanga, B. L., Ravert, R. D., Williams, M. K., Agocha, V. B., Kim, S. Y. & Donnellan, M. B. (2010). The questionnaire for Eudaimonic well-being: Psychometric properties, demographic comparisons, and evidence of validity Michigan State University, USA. *The Journal of Positive Psychology*, 5: 41-61.
- Williamson, J. & Greenberg, A. (2010). *Families, not orphanages*: (Better Care Network, working paper). Retrieved from <http://www.crin.org/docs/Families, not Orphanages.pdf>

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Zhao ,G., Zhao, Q., Li, X., Fang, X., Zhao, J.,& Zhang L.(2010).Family-based care and psychological problems of AIDS orphans: does it matter who was the care-giver? *Psychology, health &medicine* 15(3):326-35.

Zhao, G., Li, X., Fang, X., Zhao, J., Yang, H. & Stanton, B. (2007). Care arrangements, grief and psychological problems among children orphaned by AIDS in China. *AIDS Care*, 1075–1082.

Zhao, Q., Li, X., Kaljee, L. M., Fang, X., Stanton, B., & Zhang, L. (2009). AIDS orphanages in China: Reality and challenges. *Journal of AIDS Patient Care STDS*, 23: 297–303

Appendices

Appendix A

አዲስ አበባ ዩኒቨርሲቲ

የሳይኮሎጂ ትምህርት ክፍል

የዚህ መጠይቅ ዋና አላማ በድርጅት ውስጥ ያሉ ወላጅ አልባ ህፃናትን ስነልቦና ደህንነት መጠንን መለካት እና በድርጅት ውጪ ከሚኖሩ ወላጅ አልባ ህፃናት ጋር ያላቸውን የስነልቦና ደህንነት ለማወዳደር ይረዳ ዘንድ የተዘጋጀ መረጃ መሰብሰቢያ ነው። ይህ መጠይቅ ሁለት ዋና ዋና ክፍሎች አሉት። የመጀመሪያው ክፍል አጠቃላይ በጥናቱ ተሳታፊዎች የግል መረጃን የሚመለከቱ ጥያቄዎች ሲሆን ሁለተኛው ክፍል ደግሞ ስነልቦናዊ ደህንነትን በተመለከተ የቀረቡ ጥያቄዎች ናቸው። የሚሰጡት መረጃ የጥናቱን አቅጣጫ የሚመራና ጥናቱን ለማጠናቀቅ የሚረዳ ስለሆነ በጥናቱ ውስጥ ትልቅ ግብአት ያለው መሆኑን ተገንዝበው በጥንቃቄና በታማኝነት እንዲሞሉ በትህትና እጠይቃለሁ።

በምትሰጡት መልስ ይዘት የማትገመገሙ መሆኑን የማረጋግጥላችሁ ሲሆን የእርስዎን መረጃ ሚስጥራዊነት ለመጠበቅ ያስችል ዘንድ ስምዎን እና አድራሻዎን መጥቀስ አያስፈልግዎትም። መረጃው ለጥናቱ አላማ ብቻ የሚውል መሆኑን በተጨማሪም የምትሰጡት መረጃ ሚስጥራዊ እና ማን እንደሞላው ሊታወቅ የሚችልባቸው ሁኔታዎች አለመኖራቸውን ልገልፅ እወዳለሁ።

ይህን መጠይቅ በመሙላት ለምትሰጡኝ መረጃና ለምታደርጉልኝ ትብብር በቅድሚያ ከልብ አመሠግናለሁ!!

ክፍል ሁለት :

መመሪያ: የሚከተሉት አረፍተ ነገሮች እናንተ ስለራሳችሁ እና ስለ ህይወታችሁ የሚሰማችሁ ስሜት ላይ ሲያውጠነጥኑ ለየትኛውም ጥያቄ ትክክል ወይም ትክክል ያልሆነ መልስ አለመኖሩን ተገንዝባችሁ የሚከተሉትን ዐ/ነገሮች በምን ያህል መጠን መስማማታችሁን ወይም አለመስማማታችሁን ይህን ✓ምልክት በማስቀመጥ ይግለጹ::

በአ : በጣም አልስማማም በተአ : በተወሰነ አልስማማም እ : እስማማለሁ
 አ : አልስማማም በተአ : በተወሰነ እስማማለሁ በእ: በጣም እስማማለሁ

ዓረፍተነገር	በአ	አ	በተአ	በተእ	እ	በእ
1. ብዙ ሰዎች እኔን ሰው ወዳጅና አሳኝ አድርገው ያዩኛል.						
2. ምንም እንኳን የኔ ሃሳብ ከሌሎች ሰዎች ጋር ተቃራኒ ቢሆንም ሃሳቤን ለመግለፅ ፍራቻ የለብኝም						
3. በአጠቃላይ በህይወቴ ውስጥ ያሉ ሁኔታዎች/ነገሮች በእኔ ቁጥጥር ስር እንዳሉ ይሰማኛል						
4. የኋላ ታሪኬን በማይበት ጊዜ ባሳለፍኩዎቸው ነገሮች ሁሉ ደስተኛ ነኝ						
5. ከሰዎች ጋር ያለኝን ቅርብ ግንኙነትን ጠብቆ ማቆየት ለኔ ከባድና ፈታኝ ነው						
6. አብዛኛውን ጊዜ ሌሎች ሰዎች የሚያደርጉት ድርጊት በኔ ውሳኔ ላይ ተጽእኖ አይፈጥርም						
7. ኑሮ ብዙ ጊዜ ፈታኝ ሆኖ አገኘዋለሁ						
8. በአጠቃላይ በራስ መተማመን እና ስለራሴ አዎንታዊ አመለካከት እንዳለኝ ይሰማኛል						
9. ብዙ ጊዜ የብቸኝነት ስሜት ይሰማኛል ምክንያቱም ሃሳቤን የማጋራቸው የቅርብ ጓደኞቼ ቁጥር ውስን በመሆናቸው						
10. ሰዎች ስለኔ ምን ያስባሉ የሚለው ነገር ያስጨንቀኛል						
11. በዙሪያዬ ካሉ ሰዎችና ማህበረሰብ ጋር በጥሩ ሁኔታ የምግባባ አይመስለኝም						
12. ስለራሴም ሆነ ስለአለም ያለኝን አመለካከት በአዳዲስ ልምዶች መፈተን ተገቢ ነው ብዬ አስባለሁ						
13. የዕለት ተለት እንቅስቃሴዎቼ ፍሬ የለሽ እና እርባናቢስ መስለው ይሰሙኛል						
14. በአብዛኛው የማውቃቸው ሰዎች ከኔ በተሻለ ኑሮ የተሳካላቸው ይመስለኛል						
15. ከቤተሰቦቼ እና ከጓደኞቼ ጋር በግልና በጋራ ጉዳዮች ላይ ግልፅ ውይይት ማድረግ ያስደስተኛል						

ዓረፍተኛነገር	በአ	አ	በተአ	በተእ	እ	በእ
16. በሌሎች ሰዎች ተቀባይነት ከማግኘት ይልቅ በራሴ ደስተኛ ስለመሆኔ የተሻለ ቦታ እሰጠዋለሁ						
17. በእለት ህይወቴ ያሉብኝን ሃላፊነቶች በመወጣት ረገድ ጎበዝ ነኝ						
18. ቆም ብዬ ሳስበው ያለፈው የህይወት ዘመኔ የባክነ መስሎ ይሰማኛል						
19. በህይወቴ ማከናወን ስላለብኝ ነገር በቂ ግንዛቤ አለኝ ብዬ አላስብም						
20. አብዛኛውን ስብዕናዬን እወደዋለሁ						
21. መናገር በምፈልግበት ጊዜ ብዙ አድማጭ የለኝም						
22. ጠንካራ አመለካከት ያላቸው ሰዎች በቀላሉ ተፅዕኖ ያሳድሩብኛል						
23. ብዙ ጊዜ በሃላፊነቴ ላይ የመሰላቸት ስሜት ይሰማኛል						
24. እንደግለሰብ በጊዜ ሂደት ብዙ ለውጦች በራሴ ላይ የተከሰቱ ይመስለኛል						
25. ቀደም ሲል ማሳካት የምፈልጋቸውን ግቦች አስቀምጥ ነበር አሁን ግን ጊዜ ማባከን መስሎ ይሰማኛል						
26. በህይወቴ አንዳንድ ስህተቶችን ብፊጽምም ነገሮች ሁሉ በስተመጨረሻ መልካም እንደሆኑ ይሰማኛል						
27. ብዙ ሰዎች ከኔ በተሻለ ብዙ ኃይሮች እንዳላቸው ይሰማኛል						
28. ሰዎች የሚስማሙበት ባይሆንም በራሴ አቋም/አስተሳሰብ ሙሉ እምነት አለኝ						
29. የግል ጉዳዮቼን እና ገንዘቤን በማስተዳደር በኩል ጎበዝ ነኝ						
30. ቀደም ብዬ ድርጊቶችን መፈጸም የለመድኩበትን መንገድ የሚያስቀይረኝ አዲስ ሁኔታ ውስጥ መግባት አያስደስተኝም						
31. ማቀድና እቅዴን እውን ለማድረግ መጣር ያስደስተኛል						
32. በህይወቴ ያገኘሁዋቸው ውጤቶች በብዙ መልኩ ለኔ ከበቂ ቦታች ናቸው						
33. ሰዎች ጊዜዬን ለማካፈል ፈቃደኛ የሆንኩ ደግ ሰው አድርገው ይገልፁኛል						
34. አከራካሪ በሆኑ ጉዳዮች ላይ የራሴን ሃሳብ መግለጽ ይከብደኛል						
35. ማከናወን የሚገባኝን ድርጊቶች ለማከናወን ጊዜዬን በአግባቡ ከፋፍዬ መጠቀም በደንብ እችላለሁ						
36. ህይወት ለኔ ቀጣይነት ያለው የመማር፣ የመለወጥና የማደግ ሂደት ነው						
37. ለእራሴ ያወጣሁትን እቅድ ተግባራዊ በማድረግ በጣም የተዋጣልኝ ሰው ነኝ						

38. ከሌሎች ጋር ብዙም አስደሳችና እምነት የሚጣልበት አይነት ግንኙነት ኖሮኝ አያውቅም						
39. ጓደኞቼና ቤተሰቦቼ በኔ ሃሳብ ውሳኔ ካልተሰማሙ ብዙ ጊዜ ሃሳቤን ቶሎ እቀይራለሁ						
40. ህይወቴን በሚያረካኝ መልኩ ማስተካከል ከባድ ይሆንብኛል						
41. በህወቴ ውስጥ መሻሻልን ለማምጣት መሞከር ካቆምኩ ብዙ ቆይቻለሁ						
42. ብዙ ሰዎች ያለዓላማ የሚኖሩ ቢኖሩም እኔ ግን ከነሱ ውስጥ አልመደብም						
43. እኔ ጓደኞቼን ማመን እንዳለብኝ አውቃለሁ እንዲሁም ጓደኞቼም እኔን እንደሚያምኑኝ አውቃለሁ						
44. ራሴን የምገመገመው ለኔ በሚመስለኝ መለኪያ እንጂ ሌሎች ባስቀመጡልኝ መለኪያ አይደለም						
45. ለኔ የሚመችና የሚስማማ የኑሮ ዘይቤ መመስረት ችያለሁ						
46. እራሴን ከጓደኞቼና ከማውቃቸው ሰዎች ጋር ሳነፃፅር በማንነቴ ደስ ይለኛል						

Appendix B
ADDIS ABABA UNIVERSITY
SCHOOL OF PSYCHOLOGY

The purpose of this questionnaire is to gather information regarding to psychological wellbeing of orphan and non-orphan children. This questionnaire has two parts: the first part has demographic questions about the respondents; the second part has Ryff's Scale of Psychological Wellbeing Scale.

The information you provide has a very important input in the direction and completion of this study, so please try to be honest, and careful. There is no one to judge you because there is not right or wrong answer for the questions. The information will be kept confidential and be only applied for the study. Yours right information helps to reach the goals of the study. Thank you for investing your time and honesty completing this questionnaire.

Part one **Background Information Direction:** please indicate your answer by making (✓) in the box that corresponds to your answer or to write the correct answer on blank space

1. Age _____
2. Sex A. Male B. Female
3. Education level _____
4. Which one of your parent is missed?

A. Father B. Mother C. Both D.I don't know
6. Where do you currently live?

A. in the institution

B. outside institution

7. If your answer for question 6 “in the institution”,

A. in the orphanage

B. in group home with a group mother

8. If your answer for question 6 “outside institution”,

A. With father

B. With mother

C. with grandparents

D. With relatives

E. With non-relatives

G. Other _____

RYFF SCALES OF PSYCHOLOGICAL WELL-BEING

The following set of statements deals with how you might feel about yourself and your life.

Please remember that there are neither rights nor wrong answers. Put ✓ mark that best describes the degree to which you agree

Put ✓ mark that best describes the degree to which you agree or disagree with	Strongly Disagree	Disagree	Disagree Slightly	Agree Slightly	Agree	Strongly Agree
1. Most people see me as loving and affectionate.						
2. I am not afraid to voice my opinion, even when they are in opposition to the opinions of most people.						
3. In general, I feel I am in charge of the situation in which I live.						
4. When I look at the story of my life, I am pleased with how things have turned out.						
5. Maintaining close relationships has been difficult and frustrating for me.						
6. My decisions are not usually influenced by what everyone else is doing						
7. The demands of everyday life often get me down						
8. In general, I feel confident and positive about myself						
9. I often feel lonely because I have few close friends with whom to share my concerns						
10. I tend to worry about what other people think of me						
11. I do not fit very well with the people and the community around me						
12. I think it is important to have new experiences that challenge how you think about yourself and the world						

13. My daily activities often seem trivial and unimportant to me						
14. I feel like many of the people I know have gotten more out of life than I have.						
15. I enjoy personal and mutual conversations with family members or friends						
16. Being happy with myself is more important to me than having others approve of me.						
17. I am quite good at managing the many responsibilities of my daily life						
18. When I think about it, I haven't really improved much as a person over the years						
19. I don't have a good sense of what it is I'm trying to accomplish in my life						
20. I like most aspects of my personality						
21. I don't have many people who want to listen when I need to talk						
22. I tend to be influenced by people with strong opinions						
23. I often feel overwhelmed by my responsibilities						
24. I have a sense that I have developed a lot as a person over time.						
25. I used to set goals for myself, but that now seems a waste of time.						
26. I made some mistakes in the past, but I feel that all in all everything has worked out for the best						
27. It seems to me that most other people have more friends than I do.						
28. I have confidence in my opinions, even if they are contrary to the general consensus.						
29. I generally do a good job of taking care of my personal finances and affairs.						
30. I do not enjoy being in new situations that require me to change my old familiar ways of doing things.						
31. I enjoy making plans for the future and working to make them a reality.						

32. In many ways, I feel disappointed about my achievements in my life.						
33. People would describe me as a giving person, willing to share my time with others.						
34. It's difficult for me to voice my own opinions on controversial matters.						
35. I am good at juggling my time so that I can fit everything in that needs to be done.						
36. For me, life has been a continuous process of learning, changing, and growth.						
37. I am an active person in carrying out the plans I set for myself.						
38. I have not experienced many warm and trusting relationships with others.						
39. I often change my mind about decisions if my friends or family disagree.						
40. I have difficulty arranging my life in a way that is satisfying to me.						
41. I gave up trying to make big improvements or change in my life a long time ago.						
42. Some people wander aimlessly through life, but I am not one of them.						
43. I know that I can trust my friends, and they know they can trust me.						
44. I judge myself by what I think is important, not by the values of what others think is important.						
45. I have been able to build a home and a lifestyle for myself that is much to my liking.						
46. When I compare myself to friends and acquaintances, it makes me feel good about who I am.						