The Relationship between Childcare Institutions and Adolescents' Self-esteem: the case of Kechene and Kolfe Childcare Institutions

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May 2015

Addis Ababa

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A Thesis Submitted to the School of Social Work, in Partial Fulfillment of the Requirements for the Degree of Master of Social Work

May 2015

Addis Ababa

ADDIS ABABA UNIVERSITY

SCHOOL OF GRADUATE STUDIES

MSW EXAMINING COMMITTEE

This is to certify that the thesis prepared by Kainan Sebri Reshid entitled: assessment of the relationship between childcare institution and adolescents self-esteem which is submitted to the partial fulfillment of the requirements for the Degree of Master of Arts (School of Social Work) complies with regulation of the University and meets the accepted standards with respect to the originality and quality.

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Contents

1. INTRODUCTION: CHAPTER ONE

1.1. Background of the study

Institutional childcare services are holistic types of care and supports designed to fulfill the physiological and psychosocial needs of children in the childcare institutions which are offered by professionally qualified workers (or experienced personnel who is supervised by such qualified workers), until the children are transferred to a more permanent alternative care program (Ministry of Women's Affairs [MOWA], 2009). Also according to Browne (2009) an institution/residential care home for children is defined as a group living arrangement for more than ten children, without parents or surrogate parents, in which care is provided by a much smaller number of paid adult care givers. Often the staff are inadequately trained and poorly supervised, making basic mistakes such as feeding a child (who should be able feed himself) on his back in a sleeping position.

Drought, famine, and HIV/AIDS have claimed a heavy peal on human life in Ethiopia during the past three decades. As a consequence, thousands of children have been left unaccompanied and in need of care. The severe drought of 1984-85 is recognized as the catalyst for the proliferation of institutional care in Ethiopia. Many child care institutions were established by both governmental and non-governmental organizations in response to the drought. Prior to this period, very few institutions were initiated and these were mostly faith-based. In an effort to find an immediate solution to the growing numbers of unaccompanied children, institutional care was seen as a quick alternative to family-based care, particularly for those children who were left unaccompanied as a result of the death of their parents from

famine and those who were put into temporary shelters. Immediately after the 1984 famine, approximately 21,000 children in 106 institutions were cared for in institutional settings, a record number. And study revealed that, as of December 2008, there were 6,503 children in 87 institutions. It is important to note that these institutions only provided long-term child care. In 2001, in collaboration with international donors, the MOWA developed the first set of National Guidelines for the Alternative Care of Children (NGAC). Italian Development Cooperation, in collaboration with the MOWA, revisited the national guidelines in an effort to bring them up to date with international standards, such as the Draft UN Guidelines for the Appropriate Use and Conditions of Alternative Care, the CRC, and Ethiopian child protection laws. However, the revision of the NGAC was a priority to the MOWA, and in September 2009, the ministry officially released the new NGAC guidelines (Family Health International [FHI], 2010).

The population in Ethiopia is generally characterized by a very young structure, with children below age 18 years accounting to 52% of the national population. Children below age 15 represent 44% of the national population. The number of children living in difficult circumstances is noted to be significant due to social, economic, political as well as cultural factors (MOWA, 2009).

Recent estimates place the number of children in institutional care from anywhere between 6,500-10,000 children. A 2010 study assessed a total of 107 childcare institutions, including both childcare institutions and transition homes in six regions of the country (Amhara, Oromia, SNNPR, Addis Ababa, Dire Dawa City Administration and Harar); the results raised several concerns related to institutional care. Several international legal frameworks are pertinent to the issue of children without parental care in Ethiopia (Kauffman & Bunkers, 2012).

Ethiopia ratified the United Nations Convention on the Rights of the Child [CRC] in 1991 besides the (Federal Democratic Republic of Ethiopia [FDRE], 1995) Constitution reflects the contents of the CRC and the importance of human rights, including those for children. According to Article 9 (4) and 13 (2) of the Constitution of the Federal Democratic Republic of Ethiopia, all instruments ratified by the country are an integral part of the law of the land. Also in this FDRE constitution of Article 36, it makes the specific reference to children's rights and mentions the best interest of the child principle, thus reflecting the content and nature of the CRC. Article 36 Sub Article 1 section (c) of the FDRE Constitution, every child has the right to know and be cared for by his or her parents or legal guardians. Moreover in situations that a child is unable to get the necessary care and protection of his/her family (e.g., is an orphan) the Constitution states in Article 36(5), that State shall accord special protection to orphans and shall encourage the establishment of institutions which ensure and promote their adoption and advance their welfare, and education. As in the CRC, it is the role of the State to ensure that these alternatives exist for children.

Moreover Kauffman & Bunkers (2012), explained the African Charter on the Rights and Welfare of the Child (ACRWC) was developed as a tool to enhance the implementation of the CRC by creating a complementary normative framework that reflected the values, traditions, belief systems and cultures of the African continent. The goal of the National Guidelines is to provide minimum conditions for the provision of alternative care services by both formal actors such as government and non-governmental organizations as well as faith-based and community based organizations which may be both formally recognized, as well as informal systems. They offer a solid foundation that could be used to develop minimum standards, although this has not been completed yet. What still needs to happen is the development of minimum standards for

each of the care options and a stronger monitoring system for ensuring that those standards are being met in order to improve the quality of services for children. (Kauffman & Bunkers, 2012).

African child policy forum (2008), institutional childcare can have profound and lasting negative effects on the physical, emotional and intellectual development of children. Most countries have used institutional childcare for children at some point in time. Institutional childcare facilities are often established with good intentions, in the belief that this is the best way to look after children in need. Yet childcare facilities around the world, often referred to as orphanages, are not caring for actual orphans; anywhere from 40-98% of children in care has a living parent or relative.

Children without parental care are more likely to suffer discrimination and abuse, have inadequate care and a host of unmet development needs. Countries in sub-Saharan Africa, such as Ethiopia, are ill equipped to meet the needs of orphans and vulnerable children (OVC) and their caregivers (FHI, 2010). Moreover according to (Tadele, Ayode, & Kifle, 2013) the problem in Ethiopia is exacerbated by inadequate information regarding OVCs, which undermines the application of the continuum of care for those children without parental care. Institutional care, which is supposed to be the last resort, is being offered to children without adequately exploring other options. This has given rise to a growing global interest in community and family based alternative child-care options.

1.2 statement of the problem

Different researchers worldwide have investigated the effects of childcare institutions on children including low elf-esteem. In this section of the study, the researcher discussed different

research results from local and international findings about institutional setting and its effect on the children who are institutionalized.

Countries with a history of institutional care have seen developmental problems emerge as these children grow into young adults and experience difficulty reintegrating into society. Research in Russia has shown that one in three children who leave residential care become homeless, one in five ends up with a criminal record and up to one in 10 commits suicide (Tobis & David, 2000). That is the result of the study shows; being institutionalized is the cause of different child problems including suicide that may directly relate to low self-esteem.

A meta-analysis of 75 studies (more than 3,800 children in 19 countries) found that children reared in orphanages had, on average, an IQ 20 points lower than their peers in foster care (van Ijzendoom, H. Marinus, Maartje Luijk and Femmie Juffer, 2008). Besides this result explain that children who are growing in the childcare institution, their IQ is lower than their peers due to they are being institutionalized.

Others research claim that, institutional care is more expensive per child than other forms of alternative care. Residential care facilities require staffing and upkeep: salaries must be paid, buildings maintained, food prepared and services provided. Actual costs vary among countries and programs, but comparisons consistently demonstrate that many more children can be supported in family care for the cost of keeping one child in an institution. Robust cost-comparisons are found in Central and Eastern Europe. In Romania, the World Bank calculated that professional foster care would cost USD$91 per month, per child (based on 1998 offiial exchange rates) compared to between USD$201 and USD$280 per month/per child for the cost of institutional care. High-quality, community-based residential care was estimated at between USD$98 and USD$132 per month, per child, with adoption and family reintegration costing an

average of USD$19 per child (Tobis & David, 2000). Similar 18 findings are observed in other regions. The annual cost for one child in residential care in the Kagera region of Tanzania was more than USD$1,000, about six times the cost of supporting a child in foster care. (World Bank, 1997). Even though it costs a lot, it does not prohibit the negative effect on the children.

FHI, 2010 reveals the result of its local research results about the overall quality service delivery and adverse effects of childcare institution. In its qualitative findings as participants mentioned a correlation between institutionalization and negative effects on children's behavior and development. Several reported that they had witnessed the diverse physical and psychosocial consequences (negative) that result from institutionalization. And one of its conclusion is children residing in institutions are subject to discrimination from community members, experience psychosocial problems, and are frequently subjected to exploitation and to physical, sexual, and psychological abuse while in institutional care.

From several recommendation of this study, one is childcare institutions should be encouraged to improve their level of care, based on internationally and nationally recognized standards. Such changes could include incorporating small rooms or homes suitable for groups; promoting linkages and participation in local communities; ensuring that a child protection policy and accompanying mechanisms are in place; providing appropriate psychosocial support, education, and developmentally appropriate care; and providing support and skills training to facilitate successful transition for children exiting care. (FHI, 2010)

Even though there are adequate, local and global researches that conducted about institutional childcare institutions and its adverse effects, those most of them focus on emphasized identifying those problems rather than investigating. So third research is conducted

to open the gateway on assessing the relationship of the childcare institution services and its impact on the children especially on the self-esteem of adolescents.

1.3 Significance of the study

According to Heart's Cry Children's Ministry goal of permanency presentation, institutionalization has a deep impact on the life of a child. A child should grow up in a family. Permanent parental care is the ideal situation for every child. Every child has a right to be permanently placed in a family. However, this is not always possible. The professionals further agree that institutionalization is only to be used as an absolute last resort. The reason it is an absolute last resort is because of the extreme negative effects that institutionalization has on children.

Dr. Dana Johnson, MD, PhD, a physician specializing in institutionalized children: describes the following:

> An orphanage is a terrible place to raise an infant or young child. Lack of stimulation and consistent caregivers, suboptimal nutrition and physical/sexual abuse all conspire to delay and sometimes preclude normal development. All institutionalized children fall behind in large and fine motor development, speech acquisition and attainment of necessary social skills. Many never find a specific individual with whom to complete a cycle of attachment. Physical growth is impaired. Children lose one month of linear growth for every three months in the orphanage. Weight gain and head growth are also depressed. Finally, congregate living conditions foster the spread of multiple infectious agents. Intestinal parasites, tuberculosis,

> hepatitis B, measles, chickenpox, middle ear infections, etc., are all found more commonly in institutional care settings… Many children, especially those who spent considerable time within institutional care settings, continue to show delays in language and social skills, behavioral problems, and abnormalities in attachment behavior even after several years in their adoptive home. In most situations, areas of delay respond to appropriate treatment, but resolution of the problem may take time and expert guidance. In some situations, therapy will improve but cannot correct the fundamental problem; e.g., fetal alcohol exposure. In these situations, the challenges will be life-long.

In general researches evidence demonstrating that childcare in institutions has negative effects on the health and psychological problem. A better understanding of the negative effects of institutions upon children by policy makers and the cost to the state and/or local authorities a growing appreciation of what could be done to prevent the need for substitute care greater insights into how foster families could be encouraged to provide a better alternative care placement (EU commission Daphne program, 2007).

Self-esteem is considered to be one of the most important pillars of healthy personality development for children. Feeling accepted or included by others leads to high self-esteem, whereas feeling rejected or excluded by others leads to low self -esteem. Self-esteem, then, serves as a monitor of inclusionary status. Feeling good about one self (self-esteem) is an indicator that the social environment accepts an individual. (Harter, 1999)

Research has shown that it is adaptive for people to have appositive sense of themselves and that low self-esteem is associated with dysfunctional outcomes, such as depression (Harter, 1999) and externalizing behavior problems.

Besides as different literatures witnessed there are ways of developing self-esteem for children (Zolten & Long, 2006) there are many things parents can do to help their children learn that they are lovable, capable, and competent, beginning when their children are at a very young age. Unfortunately, it is also at a very young age that children can begin to develop low self-esteem. Parents must be very careful not to plant the seeds of low self-esteem in their children unknowingly. Children learn their first lessons about self-esteem from their parents. Children begin forming beliefs about themselves early in life. Children look to parents and other important adults for evidence that they're lovable, smart, capable, etc. If they don't get this evidence, low self-esteem develops. Self-esteem affects school success. Children who feel good about themselves and their abilities are much more likely to do well in school than children who often think they cannot do things right. Children with low self-esteem tend to have more battles with their parents than do children with healthy self-esteem.

Thus the study is focus on identifying the relationship between adolescents' self-esteem and childcare institutions' services, it means either it contributes for the development of adolescents' low self-esteem or not, that include assessing their self-esteem based on personal factor and institutional factors variables. The researcher believe that the results of the study may forward as a recommendation which will help concerned bodies and other policy makers to assess & even to formulate policy which will improve the services of the care institution and reduce the negative consequence of institutionalization by implementing other alternative care services than ever before.

1.4 Conceptual Framework and Operational Definition of Variables

1.4.1 Conceptual Framework of the Research Variables

As it is explained in many researches institutionalization has long lasting and multifaceted effects on the adolescents who are living in. In order to protect children from the negative consequences of the institution it is should be the last resort to children.

Adolescents who are included in this study are children who are 12-20 (early, middle and late adolescents are included). The independent variable of this research is institutional services which are a major factor to produce either high or low self-esteem to adolescents; another institutional factor is length of stay in the childcare institution. The minimum length of stay of adolescents which included in this study is one year; this is done by asking some professionals especially who work for a very long time in the childcare institution. According to their professional advice children who enter in the childcare institution will become socialize and assimilated with the new atmosphere in between six month to a year. Therefore, I took a criterion of one year and above for adolescents to be part of the study. From personal factor gender, age of adolescents, age group, grade level, religious participation, availability of support is also another independent variable, subsequently the research found out the relationship between those independent variable and dependent variable.

In order to conduct the study; for adolescents who are living in the childcare institutions, is administered questionnaire which was adopted from alternative childcare guideline minimum standard service for childcare institutions (MOWA, 2009) and for the dependent variable self-esteem also self-administered questionnaire adapted from RSE scale (Rosenberg, 1965) which was answered by adolescents about their self-esteem and their attitude towards the childcare institutions services. For adolescents' attitude about the services of the institutions "strongly

agree" 5 point, "agree" 4 "neutral" 3, "disagree" 2 and "strongly disagree" 1. For self-esteem "Strongly Disagree" 0 point, "Disagree" 1 points, "Agree" 2 points, and "Strongly Agree" 3 points. Sum scores for all ten items. Keep scores on a continuous scale. Higher scores indicate higher self-esteem, besides there will be reverse score.

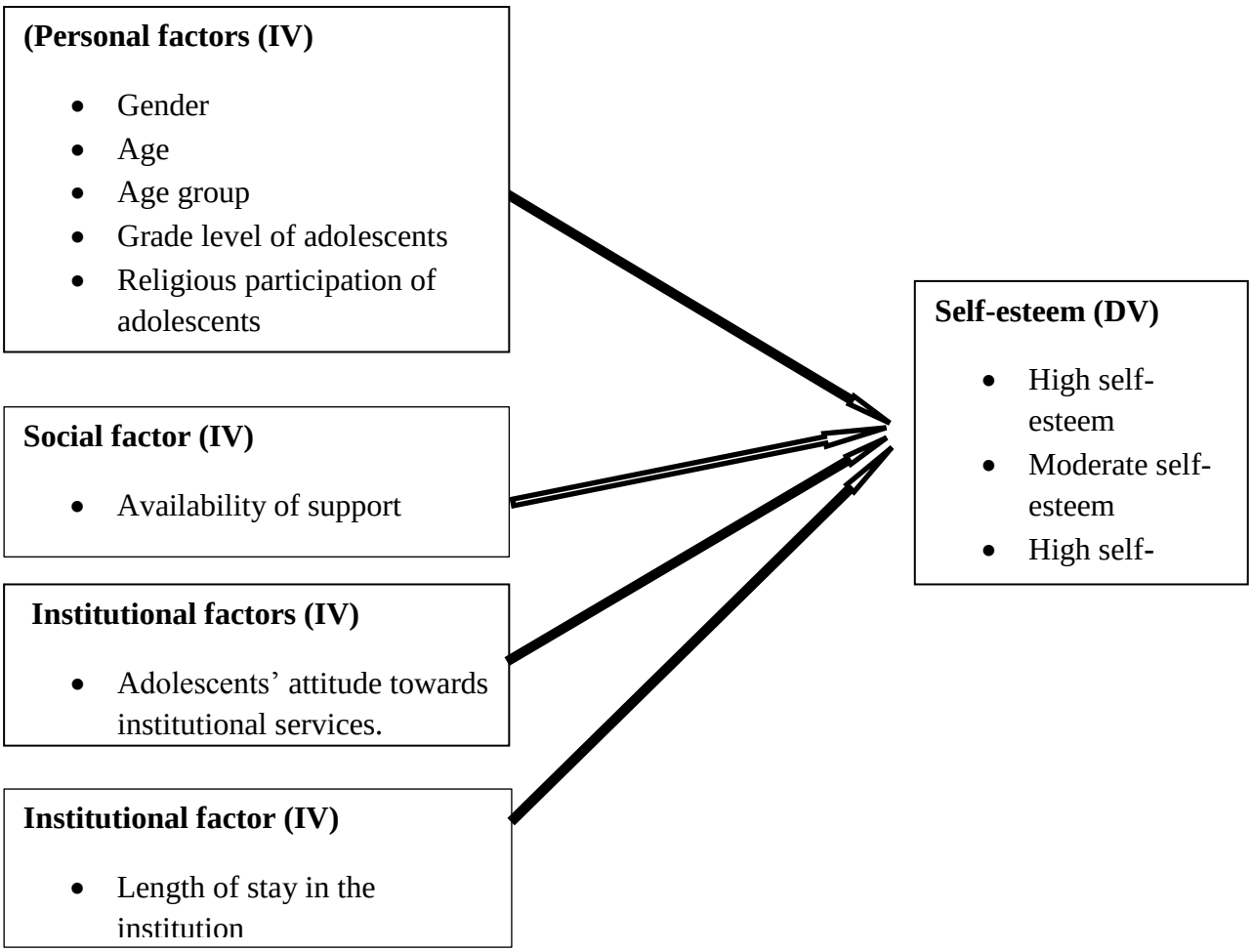

Figure- relationship between childcare institution setting & of self-esteem

1.4.2 Operational Definition of the Research Variables

Self-esteem: it is one's overall sense of worthiness as a person (Rosenberg, 1979).

Institutional care*:* it is a care home for children is defined as a group living arrangement for more than ten children, without parents or surrogate parents, in which care is provided by a much smaller number of paid adult care givers (Browne, 2009). It is a continuous variable form which goes from1 "strongly disagree" to 5 "strongly agree".

Length of stay: This indicates a year of stay of adolescents in the childcare institutions. According to counselors and social workers of the childcare institutions, children in the institution start to assimilate with the care institution from 6 month to 1 year. Then adolescents who are stay 1 year and above were the study participants.

Adolescent: according to Piaget's stages of Cognitive Development, children who are 12 and above were categorized under adolescents/Adolescents can also be classified in to; Young Adolescents, ages 12 to 14, Middle adolescents, 15 to 17 years old, and late adolescents, ages 18 to 20 years (Piaget, 1952). Categorical variable, 12-14= 1, 15-17= 2 and 18-20= 3.

Grade level: For this study, it was defined as the grade level of adolescents', which starts from 1^{st} grade and end 12^{th}. It is a continuous variable.

Age: It is the years of adolescents that stay in life from the birth also it is a continuous variable.

Gender: Biological differences identify person as a male or female. It include adolescents' gender as a nominal variable (1=Female, 2=Male),

Religious participation**:** It indicates the level of participation of adolescents in religious activity. It is categorical variable (1= every day 2= every week 3=every other week 4= none)

Availability of support outside the care institution: for this study, it is anyone who support adolescents at any case and anytime. It may be family member, relative or friends**.** It is a nominal variable categorized as 1= yes 2= no

1.5 Objectives of the study

General objective: The research aim is to assess the relationship between institutional childcare and adolescents' self-esteem.

Specific objectives

1. To identify self-esteem of adolescents' differ by personal factors (adolescents' gender, age groups and religious participation)
2. To assess self-esteem of adolescents differ by social factor (adolescents' availability of support outside the childcare institution).
3. To describe the relationships between adolescents' attitude towards childcare institutions services and self-esteem.
4. To examine adolescents' self-esteem based on the length stay in the childcare institution.
5. To assess that self-esteem associated with age and grade level.

1.6 Research questions and Hypothesis

The following are the research questions and hypothesis, which the study will investigate:
Is there a relationship between childcare institutions & adolescent self-esteem?

Specific questions

1. Does adolescents' self-esteem differ by personal factor? (adolescents' gender, age groups, and religious participation)

Hypothesis 1

There is self-esteem difference between male and female adolescents' who are living in the childcare institutions.

2. Does adolescents' self-esteem differ by availability of support outside the childcare institution? (Social factor)

   Hypothesis 2

   Adolescents' self-esteem differs by availability of support outside the childcare institution**.**

3. Is there a significant relationship between adolescents' attitude towards the childcare institution services & their self-esteem? (institutional factors)

   Hypothesis 3

   There is a significant relationship between adolescents' attitude towards the childcare institution services and their self-esteem.

4. Does adolescents' lengthy stay in the childcare institutions associate with their self-esteem? (institutional factor)

   Hypothesis 4

   Adolescents' length of stay in the institution has a relationship with their self-esteem.

5. Does adolescents' self-esteem associate with their age and grade level? (personal factors)

   Hypothesis 5

   Adolescents' self-esteem associates with the age and grade level of adolescents.

1.7 Organization of the Paper

This thesis has six chapters. The content of each chapter is briefly presented below. Chapter one gives the background of the study, research problem, rational and significance of the

study, conceptual framework and definitions of main research variables, research objectives the, and research questions and hypothesis, and scope of the study and.

Chapter two looks at relevant literatures on childcare institution, adolescents' self-esteem and presents previous research done in the field of adverse effects of childcare institution and the dependent variable self-esteem. Finally, it gives the theoretical framework that guides this study.

Chapter three describes the research methods. It starts by presenting the research design, sampling and passes to measurements and data collection instruments; including validity and reliability of instruments measuring the three major research variables and the demographic questioner. The process of data collection is described in detail. Data cleaning and management techniques are highlighted as well. The chapter also contains data analysis techniques utilized.

Chapter four discusses findings of the study. It starts with descriptive univariate analysis, followed by bivariate analysis and finally comes multivariate analysis. This chapter gives general answer to all the research questions stated in the previous chapter. Chapter five contains a discussion of major findings of the study. Chapter six presents conclusions, social work implication and limitations of the study.

1.8 Scope of the study

The study will conduct in Addis Ababa city of two governmental childcare institutions: Kechene & Kolfe childcare institution, which has been giving a shelter for 7-18 years girls & boys respectively. Explicitly adolescents' self-esteem (12-20 years, adolescents in three sub groups which is early, middle & late adolescents) with relating to a service provided by the institution and it will also focus on gender variation of adolescents self-esteem will be the total concern of the study.

2 CHAPTER TWO: RELEVANT LITERATURE REVIEW

When planning a research project, it is essential to know what the current state of knowledge is in your chosen subject as it is obviously a waste of time to spend months producing knowledge that is already freely available (Walliman, 2011).This study examined the relationships between childcare institution and adolescents' self-esteem. Literature related to these variables and their relationships are discussed in the present chapter. The chapter's first section reviews basic information about the independent variables (institutional factors). Moreover, the second section presents relevant literature and empirical data about self-esteem (dependent variable).

2.1 General Overview of childcare institution

A childcare institution is an establishment founded by a governmental, a non-governmental organization or individuals. It shall give an all rounded care and support for a/more group/s of disadvantaged children in a center. The childcare institution will have the following main distinct features as compared to other childcare set ups, children get accommodation/boarding service in the compound of the institution; An institution accommodates a number of children larger than the family care; It is meant only for children to be admitted based on the eligibility criteria stated in these Guidelines. (MOWA, 2009)

It is estimated that more than 2 million children are currently in institutional care around the world, Under International law; children are rights holders that should be treated with dignity. States Parties to the Convention on the Rights of the Child are obliged to "ensure to the maximum extent possible the survival and development of the child." In alternative care settings, children face violence by staff, in the guise of treatment, by neglect, or through violence by others. The Convention on the Rights of the Child (CRC) recognizes that children have the best

chance of developing their full potential in a family environment. According to Albanian social science center of study, the primary responsibility for children care rests upon their parents and legal guardians, who are entitled to support from the government in raising their children. When parents are not able or willing to fulfill this responsibility, kinship and community resources may be relied upon to provide care for the children. However, the ultimate responsibility falls on the government to ensure that children are placed in appropriate alternative care. Life in them is not organized along family lines; children live in groups, and a salaried staff looks after them. These facilities may be community-based, accommodating children deprived of parental care from the neighborhood community; or they may be residential institutions, which provide care to children coming from more than one municipality or commune.

There are different causes of institutionalization; sometimes-institutional care may be the only alternative, as not all children are able to remain with their own families. In some instances, the safety of a child or his family may be put at risk if he is allowed to remain in the family home. For some children, their needs and challenges are just too great. For most children, however, the results of the research are conclusive: institutional care is linked to a wide variety of emotional, physiological and intellectual disadvantages, and therefore is not the preferred form of care for children. We know that poverty, unemployment, lack of education, exposure to drugs, domestic violence, parental illness and death, and lack of access to needed services are all key factors in children being removed or separated from the care of their parents. (CCAI, 2011)

In Africa and other regions, studies have consistently found that the large majority of children living in orphanages have one or more living parents or other close relatives (Williamson & Greenberg, 2010). More than a lack of family members, who can provide care, pushes most of these children into orphanages. As a result, uncounted children, out of sight and

out of mind, remain separated from the care of their families, and are increasingly likely to never be reunited with them. Finally, the well-intentioned attempt to use orphanages to meet the needs of these children has been shown to be detrimental to the health and well-being of both the children and their families. It is known that many desperately poor families in Africa are willing to separate from their children and place them in an orphanage if there is a promise that the child's basic needs will be attended to. These families do not love their children less than other families do; rather, it is an act of love that moves them to place their children in institutions where they will be fed, clothed, educated and given shelter (Congressional Coalition on Adaption Institute [CCAI], 2011).While it is heart-wrenching to imagine the pain a parent must feel putting her child in an institution rather than preserving the family unit, it is not hard to imagine the circumstances that bring parents to this decision.

Sometimes children end up in orphanages because they have been separated from their families and there is no an adequate child welfare infrastructure to diligently search for, evaluate for suitability, and reunify the children with extended family members, nor provide the immediate support families need in order to achieve reunification (CCAI 2011).

2.1.1 Quality Services of Childcare Institutions

According to EU commission Daphne program; institutional care is expensive and, particularly in poorer countries, it can be difficult for governments to invest sufficient resources in them. This can result in neglect: insufficient food, clothing, shoes and other materials, leading to poor nutrition, poor hygiene, and the spread of disease and ultimately, significant harm to children.

According to (CCAI, 2011) in 1999, Human Rights Watch estimated that there could be as many as 8,000,000 children living in institutions worldwide. Although there is considerable variability in quality within and across institutions, the general scientific consensus is that child development is compromised among children living in institutions compared to those living in families. For example, in light of the generally unfavorable ratio of caregivers to children, the likelihood that caregivers are not trained in child development, the risk for inadequate nutrition, and the sensory, cognitive, social-emotional and linguistic deprivation that frequently occurs in institutional settings, it is not surprising that children coming out of institutional settings

Most of orphanages were initiated as a quick response to solve the problem of unaccompanied and orphaned minors. Because of this situation, many problems were faced by the home. An assessment made by the former Children and Youth Affairs Organization shows the major problems, in adequate funding to support programs designed for the children, shortage of trained personnel, inadequate skills training that resulted in long care in orphanages, lack of psychosocial services, lack of long-term strategic planning, there is also limited participation of children in the centers even in decisions that determine their future; and children not being provided with minor responsibilities to handle while they are in the center (Chernet, 2001). At the first international conference in Africa on family based care for children, it was declared that families are better than institutions at meeting a child's needs beyond physical care African families, like all families around the world, want to remain together. When they struggle to remain together, or after they have become separated, they too want the services, supports and resources necessary to preserve the integrity of their families, and reunite as quickly as possible. In other parts of the world, however, there has been a proliferation of orphanages.

In general, all the above literature explains that the services, which are provided by childcare institutions, are under interrogation and this lack of quality services for children is a root cause of every single problem that arose in the childcare institutions.

2.1.2 Length of stay in the childcare institutions

However, it is also recognized, all possible efforts need to be made to ensure that the care is in an emergency foster family or a small family-type home, of a high standard and with stable and experienced staff providing a highly specialized service for the assessment of each child and their parents. Ideally, this should take place together with a parent and in any case should not last longer than 3 months, after which the child is moved to a more permanent placement in family-based care. Therefore, any residential care should be restricted to cases where the child needs short term therapeutic input. Madge (1994) explained that residential care should resemble the family environment and be located in the local community. The maximum involvement of 15 family, relatives and friends in the child's care plan including temporary residential care should be encouraged. It should be noted that in some exceptional cases children with particular special needs might require specialized residential care for longer periods, but this should be the exception rather than the rule. (Madge, 1994).

Based on the conventions and other social work literatures, the alternative childcare guideline acknowledges the adverse effects of institutionalization especially on the length of stay of children in the childcare institutions. It states that,

> Institutional care should be taken as a last measure. Both international and local experiences have shown that long periods in an institution make it harder for a child to assimilate back into the community and deny them access to the

> life-long attachments and community support systems that family relationships and communities can provide. Hence, early intervention is of paramount importance for placing children in other alternative childcare programs, so that they would experience proper personality development. When all options are exhausted, upbringing children in institutions requires acceptable standards that should be adhered for the best interests of the child. (MOWA, 2009)

While abuse and neglect is documented in many settings, including families, research has shown that children are more likely to be abused in orphanages. Negative effects associated with orphanages are more severe the longer that a child remains in large-scale residential care. Orphanages are too frequently promoted as offering more, in a material sense, than some families are able to provide, without recognizing the vital role that emotional and social relationships play in a child's development. The latter is found within a family setting. (Faith to action, 2014).

Their placement in institutions during early critical developmental periods, and for lengthy periods of time, is often associated with developmental delays due to environmental deprivation, poor staff to child ratios, and/or lack of early childhood stimulation. (Heart's Cry Children's Ministry). There are many physical and medical problems linked to the length of institutionalization prior to placement in a permanent family. As mentioned above, the effects of institutionalization are measurable and many scientific studies have been performed on this subject. (Hearts cry). It is widely accepted that childcare within an institutional setting should be used as a short-term alternative care strategy and only as a last resort when all other types of childcare options have been exhausted. (MOWA, 2009)

Those literatures describe and recommend that institutional home should be for short period rather than a home living for long period. In addition, other literature calls that it should be a transition home for other alternative childcare services rather than a home because being stay long has lots of adverse effects on the child physical, emotional, social and cognitive development.

2.1.3 Drawbacks of institutional childcare

Institutions do not facilitate children becoming attached to a significant adult. The consequences of poor attachment in institutionalized children include: non-organic failure to thrive and grow, poor self-confidence, lack of empathy and understanding of others, indiscriminate affection toward adults, lack of understanding of appropriate boundaries, aggression towards others, cruelty to animals; negative and anti-social behaviors, autistic tendencies, stereotypical behaviors, self-stimulation and self-harming, poor cognitive development, academic underachievement, poor moral development (difficulty in understanding right and wrong) problems with relationships in childhood and adulthood, delinquent behavior in adolescence and young adulthood, higher probability of an autistic social personality. (EU commission Daphne program, 2007)

(United Nations Children's Fund [UNICEF] Romania, 2002) explains the effects of being institutionalized. Abusive punishments of this nature related by children in some institutions include: Slapping, hitting with objects, pulling hair, burning with cigarettes, sleep deprivation, food deprivation, prolonged periods of exhausting and painful exercise, involving children in extremely heavy work, humiliating children in front of others, It is well known that child abusers try to find ways to gain access to children. Because of this, some child abusers attempt to gain employment in institutions, since they know this will give them an opportunity to access

vulnerable children. Thus, at times there is a risk of sexual abuse from the employees in institutions; abuses of this kind have again been attested to by children themselves.

Children residing in institutions are subject to discrimination from community members, experience psychosocial problems, and are frequently subjected to exploitation and to physical, sexual, and psychological abuse while in institutional care. Current procedures within institutions inhibit interaction between children and their families and therefore increase the likelihood of extended institutionalization and limit possible reunification. Children who have left institutional care frequently feel they do not possess the necessary skills to cope with life outside the institution. (FHI, 2010)

(Browne, 2009), states that the effects of early institutional care on social/emotional behavior also seem to be as persistent as delays in intellectual development. It can include "poor physical health, severe developmental delays, disability and potentially irreversible psychological damage." (UNICEF, 2011). In addition, the Albanian center for social studies indicates that Childcare institution denies a child the right to grow up in a family environment. Further, the institutional organization by age group entails at least three moves by children while growing up, and the separation of siblings. Children often suffer from being institutionalized, as evidenced by the developmental problems they face, their low level of self-esteem, and their limited opportunities for independence after adolescence. The research team found child residents to be listless, pale and stunted, and institution staff reports that the children tend to have relatively poor academic performance. Social care practices within the institutions have changed very little, and continue to have a negative impact on the child's psychosocial development. Residential institutions do too little to reintegrate children back into their biological families.

(EU commission Daphne program, 2007) also identify key reasons why institutions present a high risk of violence towards children. First, institutions are often hidden and isolated from the community. As a result, there is a lack of knowledge in general about what goes on inside. Often, poor practice within institutions can go unnoticed for years, since children do not have access to trusted adults outside the institution in whom they might confide about what is happening to them. Secondly, the groups of children living in institutions are usually subject to discrimination from the wider community. Often institutions house children who are poor, from minority ethnic groups, have a disability, and are born outside wedlock, are from asylum seeking/immigrant communities or are in conflict with the law. These children are usually considered 'less important' by society and therefore there is less inclination on the part of the general public to 'get involved' and to ensure that the children are being cared for adequately. In most cases, the family is the natural protective environment for the child. The family ensures that the child has enough to eat, receives medical treatment when sick and attends school. Families do this because they have a strong, special bond with their children; they are emotionally programmed to protect their children. Such a bond is rarely present on the part of staff in an institution and so the children rarely have a person who is willing to strive to meet their individual needs. In a family, each child is an individual. In an institution, the individual gets lost within the collective and is often reduced to the status of a number.

There is also limited participation of children in the centers even in decisions that determine their future; and children not being provided with minor responsibilities to handle while they are in the center. As a result of these and other problems, the children in the orphanages often elicit unwanted behavior; the following of which are the main ones: Feelings of loneliness and hopelessness, Dependency on the adult population for all their needs, (Some

children have never counted money or gone out of the orphanage for shopping) and Low self-esteem and feeling of inferiority, (Chernet, 2001).

Therefore because of the negative consequences of institutionalization and the violence that almost always ensues, the best way to end violence against children deprived of liberty is to use institutionalization only as a last resort and for the shortest amount of time possible, as dictated by international law. (Browne, 2009)

2.1.4 De-institutionalization

As de-institutionalization is a recent phenomenon to improve, the difficulties, which faced by the children about the childcare institutions different scholars, wrote different views about it. For example in (EU commission Daphne program, 2007) de-institutionalization is at the heart of developing modern and effective care services for children and families. Managed well it can be both the catalyst and the funding source for improved and more sensitive childcare services. If undertaken carefully, it will eventually lead to the resolution of the majority of children-and-family problems within the community, with only a small number of children needing substitute care, and very few requiring care in a residential setting. This should be the goal for all countries that rely on institutional care as a main form of substitute child-care and 'out of home' placement. Where young children are of concern, residential care should always be offered to both the parent(s) and the child. De-institutionalizing and transforming children's services is essentially the process of moving away from a child care system based on large institutions towards a range of integrated family-based and community-based services.

Experience of de-institutionalization in a number of countries suggests that this process is beneficial to children, families, communities and governments. (Ministry of Justice [MoJ],

Ministry of Women, Children and Youth Affairs [MoWCYA] and Central Statistics Agency [CSA] institutional childcare study conference, 2010).

In spite of lack of psychological and physiological wellbeing of children in the childcare institutions, and Whilst it is demonstrable that institutionalization is a poor form of care from a qualitative point of view, at the same time it is highly costly when compared with community-based prevention and family support systems and substitute families. The a range of integrated social services, providing a variety of services for children and families, is likely to be considerably more cost-effective than an institutional care system. These insights, and others, have convinced most people working with children that residential care should only be used where this offers something positive which cannot be delivered through preventive intervention or a family-based form of substitute care. (EU commission Daphne program, 2007).

One of the reasons for de-institutionalization is the effects of institutionalization on child health, development and wellbeing. Even good institutions harm children and leave them ill-prepared for the outside world. Children in institutions are more likely to fail educationally and as teenagers have poor work prospects, substantially affecting their ability to become independent and to contribute to society as adults. Placements in institutions, often some distance from the child's place of origin, tend to discourage contact with parents, family and other network members. This results in children having few links to support them, as they grow older. Most large institutions are essentially unmanageable and liable to lead to the systematic abuse of children and sometimes of staff. (EU commission Daphne program, 2007)

2.2 Adolescents and self-esteem

Indeed, adolescent may be defined as the period within the life span when most of a person's biological, cognitive, psychological and social characteristics are changing from what is typically considered child like to what is considered adult-like (Nwankwo, Balogun, Chukwudi, & Ibeme, 2012). For adolescents, this period is a dramatic challenge, one requiring adjustment to changes in the self, in the family, and in the peer group. Adolescence is a time of excitement and of anxiety. Happiness and of troubles, of discovery and of bewilderment, and of breaks with the past and yet of links with the future (Nwankwo, *et al*., 2012) reviews, that the onset of adolescence the period of transition between childhood and adulthood is usually accompanied by dramatic and often difficult changes in the life of a young person. Biological, cognitive, social and environmental factors all contribute to influence an adolescent's personal development and self-esteem. Studies have shown that adolescent girls tend to have lower self-esteem and more negative assessment of their physical characteristics and intellectual abilities than boys have. (Nwankwo, *et al.*, 2012).

Piaget's Stages of Cognitive Development (1952) of stage four: Formal Operational stage of development; Cognitive changes take place as adolescents begin to think beyond the present to the future; their conceptual world is now full of ideas about how things ought to be and the discrepancy between the ideal and the real. Societal and family values may be questioned. By middle adolescence, they have thus made the progression from the world of objects through the world of social relations to the world of ideas. Besides children who are 12 and above categorized under adolescents and in this stage adolescents can reasons in more abstract, idealistic and logical ways; which is adolescents are enough matured than the other stage of

children before. Besides adolescents can be classified in to; Young or early Adolescents, 12 to 14, Middle adolescents, 15 to 17 years old, and late adolescents, ages 18 to 20 years

In light of the above information, some definitions of a child which provided by, African charter (2008), Child means every human being below the age of 18 years., CRC (2010), a child means every human being below the age of eighteen years, and (Ministry of Women's Affairs, 2009), a child means every human being below the age of 18 years. All definitions of child indicate that adolescent's period will be included in the age of children except late adolescent who are 19 & 20.

Cognitive changes take place as adolescents begin to think beyond the present to the future; their conceptual world is now full of ideas about how things ought to be and the discrepancy between the ideal and the real. Societal and family values may be questioned. By middle adolescence, they have thus made the progression from the world of objects through the world of social relations to the world of ideas. Erikson explains the risks attached to the adolescent period in these words: "*The growing and developing youths, faced with this physiological revolution within them, and with tangible adult tasks ahead of them are now primarily concerned with what they appear to be in the eyes of others as compared with what they feel they are. Moreover, with the question of how to connect the roles and skills cultivated earlier with the occupational prototypes of the day. In their search for a new sense of continuity and sameness, adolescents have to refight many of the battles of earlier years*." (Van Wormer, 2007)

Furthermore, Maslow's contribution to development theory is represented in his well-known construction of human needs, each one of which has to be fulfilled successively before the next higher level of need can be achieved. As Maslow's hierarchy of needs, the basic physical needs

of human survival must be met first, before higher-level needs safety, belongingness, love, self-esteem, and self-actualization can be realized.

High self-esteem is not likely to occur in the absence of love, and self-actualization is not apt to be realized without a certain degree of financial security. Physiological Needs Safety, Belongingness and Love Self-esteem, Self-actualization Transcendence.

Self-esteem can be defined as how people feel about themselves. Children's levels of self-esteem are evident in their behavior and attitudes. If children feel good about themselves, these good feelings will be reflected in how they relate to friends, teachers, siblings, parents, and others. Self-esteem is something that affects individuals throughout life; therefore, it is very important for parents to help their children develop healthy levels of self-esteem. Children who feel good about themselves tend to have positive relationships with other people. On the other hand, children who do not like themselves often have trouble relating to other people. Self-esteem affects creativity. Children with low self-esteem are less likely to take the risks involved. (Zolten & Long, 2006).

Research shows that children with high self-esteem tend to have parents who show their children lots of love and acceptance. Children with low self-esteem tend to have parents who are judgmental and critical. Parents should keep in mind that self-esteem is something that begins to develop while children are very young, so parents' efforts must begin early. (Zolten & Long, 2006). Those literatures underlined that high self-esteem/ low self-esteem of children will depend on the greater emphasis of parents that they provide for children, and high/low self-esteem of children will begin to grow in the early childhood parent's secured attachment to children.

Cooper smith defined self-esteem as 'the extent to which a person believes himself to be capable, significant, successful and worthy'. This definition therefore stresses evaluation a set of judgments about the self against criteria of excellence. Again it also define that self-esteem is an attitude about the self and is related to personal beliefs about skills, abilities, social relationships, and future outcomes. (Heatherton & Carrie, 2013).

2.2.1 Gender difference in self-esteem

During adolescence, a genetic orientation predicted heightened self-esteem for males but not for females, whereas a communal orientation predicted heightened self-esteem for females but not for males. Men and women show this same pattern. (Josephs, Markus, & Tafarodi, 1992) Consistent with predictions, men high in self-esteem enhanced their estimates at being able to engage successfully in future performance behaviors, whereas women high in self-esteem enhanced their estimates at being able to engage successfully in future social behaviors. Overall, then, it appears that males gain self-esteem from getting ahead whereas females gain self-esteem from getting along. (Heatherton & Carrie, 2013).

(Kling, 1999) identified 216 studies of gender differences in self-esteem in which sufficient information was available to estimate the size of the difference. Males score higher on measures of global self-esteem. The difference is highly consistent, but it is also small. One factor influencing the size of the difference is age. The largest differences are apparent in late. (Emler, 2001)

One problem this leaves for the explanations of gender differences considered above is that collectively they would appear to over-explain the difference. It is considerably less than one would anticipate if all these explanations were appropriate. The alternative is that only some of these explanations apply and/or that the consequences they anticipate are partly countered in

other ways. Moreover, there may be circumstances specific to the experience of males that disproportionately damage their self-esteem. For example, if athletic prowess or muscularity is attributes more valued in males than in females, and then boys but not girls who lack them might suffer loss of self-esteem. (Emler, 2001)

A number of studies suggest that boys and girls diverge in their primary source of self-esteem, with girls being more influenced by relationships and boys being more influenced by objective success. (Stein, Newcomb, and Bentler, 1992)

These social promotions are based on the belief that positive self-esteem is of cardinal importance, and that many societal ills such as teenage pregnancy and drug use, violence, academic failure, and crime are caused by low self-esteem. Accordingly, California enacted legislation that encouraged schools to develop self-esteem enhancement programs, the general idea being that high self-esteem would act something like a "social vaccine" that would prevent many of the serious behavioral problems facing the state (Mecca, Smelser, & Vasconcellos, 1989).

Research on gender differences in childhood self-esteem has yielded inconsistent results. Some studies have indicated that boys have a higher self-esteem than girls (Kling, Hyde, Showers, & Buswell, 1999), whereas other studies found no gender differences.

Most of studies have demonstrated that self-esteem decrease more sharply in adolescent girls than in adolescent boys. (Robins, Trzesniewski, Tracy, Gosling, & Potter, 2002). Overall, males and females follow essentially the same trajectory: For both genders, self-esteem is relatively high in childhood, drops during adolescence, rises gradually throughout adulthood, and then declines in old age. Nonetheless, there are some interesting gender divergences. Although boys

and girls report similar levels of self-esteem during childhood, a gender gap emerges by adolescence, such that adolescent boys have higher self-esteem than adolescent girls (Kling, Hyde, Showers, & Buswell, 1999; Robins et al., 2002). This gender gap persists throughout adulthood, and then narrows and perhaps even disappears in old age (Kling et al., 19 99; Robins et al., 2002).

2.2.2 Age and self-esteem

Whereas the level of global self-esteem is generally relatively high during childhood, it drops dramatically when children enter adolescent. (Robins, tresniewski, Tracy, Gosling, & Potter, 2002) the enormous decreasing global self-esteem during adolescence can be attributed to significant changes that take place during the transition from childhood to adolescence. Clearly, adolescence is a stressful developmental stage with marked biological, cognitive, social, psychological, and academic change. (Finkenauer, Engels, Meeus, & Oosterwegel, 2002; Robinsetal., 2002) . First, girls and boys become reproductively mature in early adolescence. Second, they acquire the capacity of formative thinking. Third, adolescents spend less time with their families, and friendships and romantic or sexual relationship become increasingly important. Therefore, adolescents become vulnerable to feeling of social in adequacy. Finally, they experience the transition from primary to secondary school.

Self-esteem is vital for psychological health is evident in the popular media and in educational policy. Indeed, some educators have changed course curricula in their attempts to instill children with high self-esteem, even to the point that in some states students are promoted to a higher grade even when they have failed to master the material from the previous grade.

2.2.3 Religious participation and adolescents

Religious faith, whatever form it may take, helps provide structure for children and closeness to relatives and people of all ages through participation in rituals, develops an aesthetic appreciation through art and music used in the rituals, and provides for stress reduction and support (as through prayer) in times of trouble. Religious faith helps provide a sense of purpose in life. Children often develop confidence through the roles they play in the religious life of the community and, ideally, learn moral values and altruism through the teachings of their religious community. Two aspects of religious upbringing that breed disturbance in late adolescence are the hypocrisy seen in the discrepancy between what adults preach and their actual behavior and a sense of loss of the simplicity and anthropomorphism of early childhood faith as the young person's horizons are broadened and powers of critical thinking enhanced. The questioning teen may experiment with other religions and finally come up with the mature realization that you can do as they say in Alcoholics Anonymous: "Take what you need and leave the rest." . (Van Wormer, 2007). It means that for adolescents being an active participant in religious activity has appositive result on their self-esteem. Whereas some researchers find out that it hasn't contribution for self-esteem.

2.2.4 Most important causes of self-esteem

Children and adolescents appear to accrue benefit to their self-esteem/worth if they are in a family where the relationship with their parent(s) is positive. Conversely, parental monitoring/control appears to be linked with lower self-esteem/worth which may be associated with an adolescents' loss of autonomy of aspects of their own lives. Children and adolescents supported more broadly by higher quality/quantity of social support networks also benefit in terms of their self-esteem/worth (McPherson, 2013)

There are many theories about the source of self-esteem. For instance many argued that self-esteem developed from the accumulation of experiences in which people's outcomes exceeded their goals on some important dimension, under the general rule that self-esteem = success/pretensions. From this perspective, assessment has to examine possible discrepancies between current appraisals and personal goals and motives. Moreover, self-perceived skills that allow people to reach goals are also important to assess. Thus, measures ought to include some reference to personal beliefs about competency and ability. (Heatherton & Carrie, 2013). This idea supported by Emler, he claimed that real successes should raise self-esteem. Real failures should lower self-esteem. A history of continual success should secure permanently high self-esteem. Experience of continual failure should result in chronic low self-esteem. These assumptions are embedded not just in popular suppositions about self-esteem but in much of the scientific thinking about the phenomenon (Emler, 2001).

From the different reasons for low self-esteem, Rosenberg (1979) anticipated that parental influence on self-esteem would decline across adolescence, to be replaced in importance by the approval and acceptance of peer**s**. Other research only partly supports this prediction. Self-esteem does become more aligned with peer approval but parents' opinions remain significant well into the adolescent and even adult years (Welsh and Stewart, 1995).
(Cooley, 1902) anticipated that the self-concept would be shaped by the appraisals of significant others. More precisely, Cooley thought that the appraisals anticipated would matter, and Mead similarly discussed seeing ourselves as we imagine others see us.

Smith (1967) was one of the first to emphasize the key role of parents in the development of self-esteem. He concluded that four qualities of parents' behavior towards their children would be crucial. These were: the amount of acceptance, approval and affection shown, the

degree to which clear standards of behavior were promoted and expected, the degree to which discipline and control were based on explanation rather than force or coercion, the extent to which they invited their children to express views about family decisions, in effect valuing the child as a contributor. And (Emler, 2001) states in his book that quality of communication between parents or care givers and their children also regularly emerges as linked to levels of self-esteem. Moreover (Emler, 2001) explained in his book that quality of communication between parents and their children also regularly emerges as linked to levels of self-esteem. This may be, however, because the effort by parents to communicate well signals the degree to which they value the child. Given the manifest importance of the quality of parental involvement, it will come as no surprise that parental abuse should have a devastating effect on self-esteem. Study after study shows that experiencing physical abuse in childhood at the hands of one's parents or guardians cause significant and lasting damage to self-esteem. The effects of sexual abuse are if anything even more damaging. (Emler, 2001)

Another source of low self-esteem is family breakdown. The damage could be done by the conflict between parents leading to the breakdown. Alternatively, the damage could be done by the apparent lack of parental concern for the child signaled by the breakdown, or by the loss of social support that results from the breakdown. Similarly, the documented association between homelessness and low self-esteem is difficult to untangle from those of conditions that resulted in homelessness. But the state of homelessness can have its own, magnifying effects, for example through social isolation, lack of social support or the daily experience of rejection. (Emler, 2001)

other kinds of victimization like being bullied at school or work, harassed or verbally abused in public because, for example, one is homeless, being assaulted or abused by a partner or

spouse, being raped – damage self-esteem. All these kinds of victimization are associated with lower self-esteem. For example, a recent meta-analysis confirmed this very clearly for victimization by peers (Hawker and Boulton, 2000)

In another recent longitudinal study (Horowitz, 1999), low self-esteem predicted risk of subsequently being a victim of domestic violence. (Emler, 2001) found that adolescents who had stable friendships also had higher self-esteem, though this stability was no more likely than its absence to lead to any subsequent increase in self-esteem. Stanley and Arora's (1998, as cited in Emler, 2001) study of 101 teenage girls indicated that those who were frequently excluded from friendship groups had lower self-esteem.

Finally, self-esteem can be damaged by repeated, unambiguous and public failures and rejections such as, for example, may be involved in being diagnosed an alcoholic, convicted for child abuse, or being unable to find employment. But it is not at all clear that there are correspondingly beneficial effects of public successes. (Emler, 2001)

2.3 Rosenberg self-esteem scale

Global self-esteem is typically defined as one's overall sense of worthiness as a person (Rosenberg, 1979). Rosenberg's (1965) scale, which was one of the first and is still one of the most widely used measures of self-esteem, emphasizes feelings. One attraction of his scale is its simplicity. The basic scale consists of just ten statements of opinion about oneself and one is simply asked whether one agrees with the sentiment expressed or not. A score is the sum of positive views expressed out of ten.1 precision of psychological measures and, just as important, for quantifying the degree of precision one has achieved. But, because high degrees of precision in measurement are costly, there will always be a tradeoff between the conflicting goals of

reducing error and keeping measurement costs down. His measure was originally devised to study adolescents and is regularly used with adults as well. Moreover, younger children require a different approach. (Emler, 2001) the low cost and relatively low error of the Rosenberg Self-esteem Scale have therefore made it very attractive for researchers.

According to the review of (Blaskovich and Tomaka, 1991), at least 200 different measures of self-esteem have been developed; there can be few other concepts in the social sciences, apart perhaps from intelligence, of which this is true. This is potentially a serious problem; merely because different tests or scales are claimed to measure the same thing, it does not mean that they do. He claimed that just four scales have accounted for the majority of published studies, the RSE (1965), Smith (1967) Self Esteem Inventory, the Tennessee Self Concept Scale (Fitts, 1965) and the Piers-Harris Children's Self Concept Scale (Piers, 1969). Thus, for most purposes, we need only know whether these four measure the same quality. (Emler, 2001).

Moreover Byrne (1996) sates that among the many devices for assessing global self-esteem, the self-report version of the Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965) remains the most widely used measure

2.4 local and international studies on institutional childcare services

A robust body of evidence over the last 30 years demonstrates that families provide the best environment for a child's development. Children's cognitive, social, and emotional development are supported when they are loved and protected, have a sense of belonging, and learn the life skills that are integral to growing up within a family Children living in orphanages are at greater risk for long-term negative impact on their social, emotional, and cognitive

development. This is especially true for children under three years of age and for children living in large institutions for long periods. While higher quality residential care (small numbers of children living "family-style" with consistent, well-trained caregivers can help, minimize these impacts, research shows that children growing up within families fare better in the long term than children raised in orphanages. (Faith to action, 2014)

(MoJ, MoWCYA and CSA, 2010) describes that there is no uniform system utilized for licensing of childcare institutions nor is there a standardized procedure for monitoring and oversight of those institutions by the government. The study found that 45% of the childcare centers had no operating license or their license had expired. Most of the institutions are in poor condition with inappropriate facilities for children. Examples included limited education and health services and poor hygiene. The majority of institutions have very minimal, if any, reporting systems including a noticeable lack of individualized case files.

The results of FHI 360 research indicated that there is financial constraint in Bureau of Women's Affairs [BOWA] and Bureau of Labor and Social Affairs [BOLSA] to undertake regular monitoring and they are confined to the reporting being submitted by institutions. Also a study conducted by the FHI concluded that the quality of care is being compromised in many institutions due to financial reasons, lack of supervision from the relevant government body, and low level of awareness about child development, it also found out that children in institutional care are facing discrimination (from community members), psychosocial problems, physical, psychological and sexual abuse and exploitation while living in the institutions. Besides, despite the provisions in the guideline, the practice in the institutions does limit the interaction of children with families and/or relatives that this has resulted in extended institutionalization of children (FHI, 2010).

Over the last 50 years numerous studies have documented the fact that children growing up in institutions often demonstrate delays in physical, emotional, social and cognitive development. The effect of child institutionalization has clearly demonstrated that institutions are a wholly inadequate method of caring for children who are separated from their families. Most children who grow up in institutional care suffer severe effects as a result, which reduces their life chances - and at times, life expectancy - often resulting in great difficulty in integrating into society as adults (Bowlby, 1951).

Also (EU commission Daphne program, 2007) sates that most institutions are established to protect children but the UN Global Study on violence against children has already found broad and disturbing evidence of violence against children in residential care institutions.. In addition, due to the developmental delays children experience, children in institutions are at a high risk from violence, for a number of reasons. Besides poor staff-to-child, ratios in institutions often result in neglect and sometimes in abuse. As a result, children who are more difficult to feed, such as babies or children with disabilities may not receive all the food they need simply because there is not enough staff available to feed all the children properly in the time available. Babies are often left in soiled nappies for long periods, causing discomfort and sometimes-painful nappy rash. Where older children are concern poor staffing ratios may result in the use of physical force and/or humiliating and degrading punishments.

Tobis, in 2011his book reveals that through the years, using a variety of methodologies, research has shown that: Impersonal and regimented, large residential institutions sometimes create physically, sexually and emotionally abusive environments that are linked with long-term negative outcomes for children, including homelessness, unemployment, crime and suicide .

Institutional care has also been linked with a child's diminished ability to form emotional attachments with adults, can cost up to three times as much as professional foster care, and is over 14 times as costly as adoption or family reintegration (Williamson & Greenberg, 2010)

Further Several reviews, specifically from developing countries, indicate that psychological and social factors, including relationships between caregivers and children, have received insufficient attention in efforts to improve the survival and healthy development of young children (World Health Organizations [WHO], 2004). Writing based on his experience in argues that recurrent infections, poor growth and increased mortality amongst young children cluster in families where the child is not wanted and where the child experiences neglect and even abuse.

2.5 Theoretical framework

Ecological approach welfare suggests that those placement systems closets to the natural system promises the least disruption from child and family and should be explored first. This maximum has been accepted as to preferred foster care over institutional placement, in order to approximate the natural family relationship. This obviously has implications to the child and every effort should be made to utilize the extended family as a placement resource first (Germain & Gitterman, 1996). This theory gives attention on the extent to which people are dependent up and immersed in their social, physical, cultural and emotional environments (Laird, 1979). Ecologically oriented child welfare practice attends to nurture and support the biological family. The concepts of the ecological theory give regards to assessment; person and environment fit, adaptation, life stressors, coping measures, relatedness, competence, self-esteem, self-direction, habitant niche, individual time and historical time (Germain & Gitterman, 1996). The significance of over viewing institutional child care through the concepts of ecological theory is

to analyze how far the children are in good fit to the placement and what impacts they pre-assume for being in the center. Moreover, it helps to justify the relationship and impact of the environments on the self-esteem of adolescents and vice versa. It means the adolescents' well treatment in the institution via standardized or not services it has its own either positive or negative images in their throughout life.

2.6 Conclusion

To conclude childcare institution is an institution which organized either by the government or non-government organization with the aim to provide care for the children who lost their parents or guardians. There are different causes for being institutionalized, these include family breakdown, poverty, HIV/AIDS etc. further childcare institution has adverse effects on the children physical, emotional and psychological wellbeing. Especially children who lived in the childcare institution for a long period are victim of those problems.

Even though the classification of adolescents varies for different Authors, the study participants for this research are in between the age of 12-20. Literatures explained that one of the problems of childcare institutions is decreasing the level of self-esteem, that means the consequences of different problems leads for a child to lose his/he self-esteem. Self-esteem is the way how people give value for themselves. Those different literatures and researches on the self-esteem of children who are institutionalized revealed that, comparing to children who are benefitted from other alternative childcare programs these children has low-self-esteem. Moreover researches states that the major causes of low self-esteem, especially for adolescents are family breakdown, poor relationship with family or guardians, being abused or corporal punishment are included. So the study focuses to assess the relationship between adolescents' self-esteem and childcare institution.

3 CHAPTER THREE: RESEARCH METHODS

Research Methods are the tools and techniques for doing research, and research methods are a range of tools that are used for different types of enquiry (Walliman, 2011). This chapter presents the methods that the researcher used for overall research questions to generate empirical data that is; it discussed the research design, the sample selection procedures, instrumentation, and procedures of data collection. In addition, this chapter presents about the data cleaning and management, collapsing and data analysis steps used to extract the findings of the study. Reliability and validity tests for the instruments are also discussed. Finally, the chapter presents the procedures used to protect human subjects.

3.1 Research design

A quantitative approach is the one in which the investigator primarily uses post positivist claims for developing knowledge. (That is cause and effect thinking, reduction to specific variables and hypotheses and questions, use of measurement and observation, and the test of theories), employs strategies of inquiry such as experiments and surveys, and collects data on predetermined instruments that yield statistical data (Creswell, 2003).

This study used quantitative cross sectional research design, which is descriptive, exploratory since the objective of the study is finding relationship between the independent variable and dependent variable i.e. is institutional factor, and personal factor with self-esteem it is correlational. Due to it is examining on self-esteem of adolescents with childcare institution services it is exploratory. Since they are mature enough to feel what self-esteem mean the participants in this study are adolescent boys and girls in two governmental childcare institutions both female and male children respectively (Kolfe and Kechene childcare institutions).

The inclusion criterion of children in this study was adolescents (12-20 years old) who are living in the both Kechene and Kolfe childcare institution. besides the other criterion is adolescents who are living in both childcare institution for at least 1 year and above.

3.2 Sampling Strategy and Sample Size

Byway of the researcher is using its prior knowledge or experience; purposive sampling was used to choose the two childcare institutions. (I chose two governmental childcare institution which included boys and girls respectively), and then I was used stratified sampling to stratify children who are living in both childcare institution based on their gender, age, and length of stay of adolescents in the institution. From each stratum adolescents was taken through simple random sampling technique, this time the researcher was more careful on assigning the samples proportionally.

Even though the number of the children in the institutions vary from time to time due to tenderfoot, reunification and reintegration programs: currently (until I started to collect data on March 16/2015) the total population of the two childcare institutions was around 480 in Kechene childcare institutions there are 290 children/females and 190 children/boys in Kolfe. From these children, in Kechene childcare institution, around 170 are 12 years and above and in Kolfe childcare institutions around 120 & above are 12 years & above (adolescents). The total population was 270 children in both institutions, from these adolescents around 80 from kolfe and 110 from Kechene children and youth rehabilitation center has been lived one year and above.

After I got the total population, I draw the sample size. To calculate my sample size I used the following sample selection formula. For any sample, given the estimated population

proportion of 0.05 and 95% confidence level (Yamane, 1973) the sample size is given by:

n = N / [1+N (e) ^2] Where,

N = Total population size

e = Precision level (sampling error) with 95% confidence interval

n = Total sample size Therefore, n= 190/ [1+190(0.05) ^{2}] **=128**

The unit of analysis in this study will be individuals/adolescents who are in the age of 12-20 and who are living in the childcare institutions (girls and boys in Kolfe and Kechene childcare institutions) and the organization that adolescents living.

3.3 Measurement and Data Collection Instrument

Given the importance attached to self-esteem by many people and the fact that it also has defied consensual definition, it is not surprising the existence of many measures of self-esteem. Unfortunately, the majority of these measures have not performed adequately, and it is likely that many of them measure very different constructs because the correlations between these scales range from zero to .8, with an average of .4 (Wylie, 1974).

3.3.1 Self- esteem

To describe, explore and predict the relationship between institutional factors and personal factor with the dependent variable self-esteem, the researcher used RSE self-esteem scale.

Some self-esteem measures are better than others are. (Crandall, 1973) reviewed 33 self-esteem measures in detail and judged four to be superior: Rosenberg's Self-Esteem scale

(Rosenberg, 1965), the Janis Field Feelings of inadequacy scale (Janis & Field, 1959), the Cooper smith Self-Esteem Inventory (1967); and the Tennessee Self-Concept scale (Fitts, 1964). The Rosenberg Self-Esteem scale (RSE; Rosenberg, 1965) is the most widely used measure of global self-esteem (Demo, 1985). It was used in 25% of the published studies reviewed in the previously mentioned review by (Blascovich and Tomaka 1991). The RSE is a 10-item scale with high internal reliability α .92. (Rosenberg, 1979) reported that the scale is correlated modestly with mood (frame of mind measures). When I test the scale, its internal consistency for the total score was .80, it is slight decrease from the standard. Measurement scale ranges from 0-30, that is scores between 15 and 25 are within normal range; which is moderate, scores below 15 suggest low self-esteem. Therefore, an anonymous self-administer questionnaire adapted from Rosenberg's Self-Esteem Scale.

3.3.2 Childcare institution services

The survey that is used to measure adolescents' attitude about the services that is providing by the childcare institutions is adopted from Ethiopian Alternative Childcare Guideline minimum standards of services (MOWA, 2009). The national guideline divides the services that are provided by the childcare institutions in to three, (Basic services, Psychosocial services and Alternative childcare services). Those services are divided in to eleven (11) subscales which are House, Food, Cloth, Health and Hygiene (each of them contain four questions), Education (six), Vocation (four questions), Disability (three questions), Psychosocial(six questions), Guidance and Counseling (five questions) Life-skill (three questions), Alternative care program (three questions) and the total number of questions are 48.

The internal consistency reliability was higher if the Cronbach's α (alpha) is closer to1 (Sekaran, 2003). The internal consistency of those questions determined by means of the

Cronbach's alpha coefficient is 0.9 for all total sub-scales of services and, result for each sub-scale internal consistency is α.61- α.91

3.3.3 Demographics Questionnaire

The demographic questionnaire of the study was developing from various literatures findings, which identify main predictors of self-esteem. These personal factor variables include, age, grade level, religious participation, and availability of support outside the childcare institution are included in the study.

3.4 Data collection

3.4.1 Back translation instruments

The purpose of translation is to achieve equivalence between the instrument in the SL and the instrument in the TL. The instrument in the source (original) at least two independent translators forward translate language to the TL (target language), preferably certified, whose mother language is the desired TL of the instrument. The translators must be bilingual (i.e. fluent in the source and desired TL of the instrument) and preferably bicultural (Sperber, 2004).

Due to that I am the native speaker of Amharic, the questions from the original version English language/source language (SL) to the target language (TL), first translated by me, next an English teacher who works in Bethlehem government high school (that is on March 5, 2015) translate the Amharic version (TL1) in to the source language (SL1). Again, after that, a person who is a guidance and counselor in this high school translated the Amharic (TL2) to English (SL2) without telling him the existence of the original/source document. Then I did a comparison both (TL1 and TL2). Finally I made a correction on the Amharic version with the help of

Amharic teacher at Bethlehem primary and secondary school, based on similarities between SLT1 and SLT2, I made conclusion to use the Amharic version as the tool for my study.

Besides to check the accuracy of the measurement like the logical relationships between the variables and the proposed measure which is face validity & if the measuring devise covers the full range of meaning forms that are included in the variable to measures content validity, it was checked by the target study area, childcare institutions' social worker and counselors. For example, the last subscale, which deals about alternative childcare program of the care institution, revised again (March 6, 2015).

The final work on these data collection instrument were to put in to revision for professional, especially if those Rosenberg global self-esteem scale is applicable with in our context or not. Therefore, I do check it to one of social work department well known assistance professor Wasssie kebede (PhD) on March 10 to 12/2015.

During data collection period I was keen in providing the necessary orientation to adolescents like introducing the objective of the study, clarify questions, and lecturing how they perform the survey. Then I made a group, which contains ten adolescents to fill the questionnaire at once, and then turn by turn all groups of adolescents fill the survey through guidance of me. Being there and guiding them with the necessary information helped me from biased response especially for the RSE scale.

A pilot-test is an indispensable part of the research process when carrying out a research (Hair, 2008). Therefore, it was conducted to evaluate the questionnaire developed in previous steps to find potential inconsistencies or errors, questions that need clarifications, and get feedback to improve the research instrument, as suggested by (Dillman, 2007). The pretest

administered for 30 children/adolescents, 15 female and 15 male who are living in Kechene and Kolfe respectively who are not the actual research participants. Thus, it helped me to correct errors in the instrument.

In order to test the reliability measurement (the measurement ability to yield consistent result each time while it is applied) of the instrument, the researcher used the most applicable assessment of reliability, which is test-retest. So the test-retest reliability was analyzed by the statistical measure of association Pearson product moment correlation between the scores obtained by the subjects at two different time evaluations in one-week interval.

3.4.2 Data collection procedures

Before a week of the data collection, I made a contact with the heads of both childcare institution including the social workers and counselors. Together we made arrangements on the ways in which I can get unbiased response from the respondents (Kechene and Kolfe childcare institutions). Finally after I made the necessary procedure the actual data collection begin on March 12/2015 by taking the authorized permission letter from the social work department to collect first round data from March 16 until 23/2015 and the test retest will be performed after a week. Before spreading the survey, In order to avoid confusion and to get the true feeling/heartbeat of adolescents' as it was mention before I planned to take only 10 children at a time with a brief explanation of the survey of service of the institutions and the self-esteem questionnaire.

After obtaining informed consent from childcare institutions and adolescents, the structured questionnaires administered to the sample male and female adolescents in kolfe and kechene childcare institutions respectively. To get the attention of adolescents, with the help of

the childcare institutions social workers and counselors even the manager, I personally did some motivation factors i.e. preparing cookies and "kollo" during the data collection, which considers economic position of the researcher. Further, in order to make them active during orientation, i managed two adolescents to prepare and tell them a joke for them before and after orientation.

3.5 Data cleaning and management

Data is entered using Statistical Package for Social Science (SPSS) Version 20 computer application program. Data cleaning deals with data problems once they have occurred. Data handling, although having an equal potential to affect the quality of study results, has received proportionally less attention. Broeck, Cunnigham, Eackels, and Herbst (2005). Based on Gackels & Herbst (2005) data cleaning procedure, this study is used the three data cleaning procedure which recommended by Broeck, Cunningham, et al (2005)

Screening Phase

When screening data, it is convenient to distinguish four basic types of oddities: lack or excess of data; outliers, including inconsistencies; strange patterns in (joint) distributions; and unexpected analysis results and other types of inferences and abstractions. (Gackels & Herbst, 2005). Therefore, I did check questionnaires using browsing of data tables, frequency distributions and cross tabulations, summary statistics and statistical outliers' direction, double data entry

Diagnostic Phase

In this phase, the purpose is to clarify the true nature of the worrisome data points, patterns, and statistics. Possible diagnoses for each data point are as follows: erroneous, true

extreme, true normal (Broeck et al., 2005). There were missing data diagnosed at this level. Four respondents did not answer three questions.

Treatment Phase

After identification of errors, missing values, and true (extreme or normal) values, the researcher must decide what to do with problematic observations. The options are limited to correcting, deleting, or leaving unchanged. (Broeck et al., 2005). Due to the missing are three and limited I deleted it and used on the whole analysis as missing.

3.6 Data analysis methods

3.6.1 Univariate Analysis

At this level, descriptive statistical analysis was conducted. Descriptive frequency tables were used to observe the patterns of study respondents' response to each of the study variables. This descriptive statistics helped to know the frequency, character of the distribution of the data, and how extensively the responses are distributed around the central value. Nominal and categorical level variables such as gender, age group, religious participation, availability of support outside the childcare institution were analyzed in percentages and frequency distribution. . For ratio level variables such as grade level, age, length of stay in the institution, self-esteem and adolescents attitude towards the service responses results were analyzed and reported in minimum, maximum, mean and standard deviation.

3.6.2 Bivariate Analysis

Bivariate analysis is one of the simplest forms of the quantitative analysis. It involves the analysis of two variables (often denoted as *X*, *Y*), for determining the empirical relationship between them. Pearson correlation was used to see the relationship between institutional factor

variables and their self-esteem and personal factor variables with the dependent variable self-esteem, i.e. whether the independent variables and dependent variables correlate each other and even to measure the degree and direction of relationship between variables. The independent-samples t-test compares to determine whether there is a significant mean difference between male and female adolescents' self-esteem and available support by others outside the childcare institutions with self-esteem.

Analysis of variance or multiple comparisons (ANOVA) compares more than two categorical variables. The average values of a characteristic measured on a continuous scale between two subgroups of a categorical variables with the dependent variable, age group and religious participation will be analyzed with self-esteem.

3.6.3 Multivariate analysis

Being interested in the effect of two or more variables on other variable, the appropriate analysis that I choose to conduct is hierarchical multivariate analysis. Hierarchical multiple regression were used to measure the relative level of prediction of the independent variables (institutional factor and personal factor) to the dependent variable self-esteem, as well as to measure the contribution of the independent variables in explaining the variation in the dependent variable will be analyzed through it (selecting significant results from bivariate analysis).

3.7 Human Subject Projection

Ethical considerations in a research study are a major component of the social work. Professional and research ethical values of this research were fully recognized and assured. It respects research ethics issues which include giving adequate information and explanation about

the study for the participants. That is, the purpose, objective and methodology; the actual and potential benefits to various bodies including the research participants and their related populations, inform all research participants that they can quit from the research at any stage; secure the informed consent of all respondents who participate in the research; protect research participants' anonymity and confidentiality. So the consent form was prepared for participants willing to be part of the study (see appendix A).

4 CHAPTER FOUR: FINDINGS

The result of the study is presented in line with the research questions that presented in different parts. The first part is a Univariate analysis for nominal and categorical variables, which is frequency, & percentage, which focused on the personal factor of the respondents (demographic variables). Besides, for continuous personal factor variables like grade level, age, and also for institutional factors, length of stay in the childcare institutions and adolescents attitude towards the childcare institutions services sub-scales questions and the dependent variable self-esteem of adolescents' analyzed through , mean, and standard deviation descriptive statistics.

The second part of this chapter is bivariate analysis, the dependent variable self-esteem with different independent variables analyzed through independent t-test (for categorical variables which contain two groups to compare) to assess a mean difference, with self-esteem. In addition, adolescents' self-esteem difference (for categorical variables which consists more than two groups) ANOVA, multiple comparisons did perform. Further, under bivariate analysis for continuous independent variables with the dependent variable self-esteem correlation matrixes are done.

Finally the third and the last part of analysis is Multi-variate analysis, which is analyzing all the of continuous independent variable factors which has significant results in the correlation matrixes with the dependent variable self-esteem through hierarchical multiple regressions.

4.1 Descriptive Univariate analysis

In this first section of the chapter, the personal factors of adolescent participants, social factor and institutional factors variables including with dependent variable were analyzed descriptively. These include the nominal and categorical variables like, gender, age group, religious participation, and availability of support frequency and percent table analysis is done.

For continuous variables like grade level, age, length of stay in the childcare institutions, and adolescents' attitudes towards childcare services descriptive statistics perform.

4.1.1 Individual factors

The total numbers of adolescents who are participant in this study from the two childcare institutions were 128. Out of 128 total population 64 (50%) of them are male adolescents and 64 (50%) of them are female adolescents. Early adolescents age groups are 27 (42.2%) males and 28 (48.3%) are females. Middle age group adolescents who are in between 15-17are 27 (42.2%) of them are male and 27 (42.2%) of them are female. Late adolescents age groups are 10 (15.6%) are males and 9 (14.0%) of them are females.

Religious participation of adolescents 10 (15.6%) of male and 11 (17.2%) of females participate every day. 13 (20.3%) of male adolescents and 5 (7.8%) female participate every week. However, 16 (25%) of male adolescents and 25 (39.1%) of female adolescents participate every other week. In addition, 25 (39.1%) of male adolescents and 23 (35.9%) of female adolescents do not participate at all. According to the table below, most of adolescents are not participant in religious activities. (See table 1)

4.1.2. Social factor

As also seen below, availability of support from social factor due to it is categorical variable it analyzed with personal factors. Looking at the participants support outside the institution, out of the total population 57 (89.0%) of male adolescents and 58 (97.6%) do not have any one who support them except the childcare institution. 7 (11.0%) of male adolescents and 6 (9.4%) female adolescents do have someone who is near to support them. This means

Majority of adolescents do not have any relative who is support them except the childcare institution. (See table 1)

Table -1 Personal factor (characteristics) of study subjects (N=128

Variables		Male		Female		Total	
		N	%	N	%	N	%
Age group	Early 12-1 4	27	42.2	28	43.8	55	43.0
	Middle 15-17	27	42.2	27	42.2	54	42.2
	late 18-20	10	15.6	9	14.0	19	14.8
	Total	64	100.0	64	100.0	128	100
Religious participation	Every day	10	15.6	11	17.2	21	16.4
	Every week	13	20.3	5	7.8	18	14.1
	Every other week	16	25.0	25	39.1	41	32.0
	None	25	39.1	23	35.9	48	37.5
	Total	64	100	64	100	128	100
Anyone who support you	Yes	7	11.0	6	9.4	13	10.2
	No	57	89.0	58	90.6	115	89.8
	Total	64	100	64	100	128	100

As shown below, the descriptive statistics of continuous variables grade level of adolescents is (*Min*= 1, *Max*= 12, *M*= 6 *SD*= 2.740). The minimum grade levels of adolescents in this study were (*Min*=1st and the *Max*12th, *M*= 6$^{th)}$. The age of the respondents of adolescents are (Min= 12 years old and *Max*= 18 years old), (*M*= 15 years old *SD*= 2.027). That is grade level of adolescents study participants has begun from grade 1 and the highest is grade 12 (see table 2).

In this research, length of stay of adolescents in the childcare institutions is an institutional factor of independent variable. This measure provides a descriptive picture of length of stay of adolescents, which helps later to see the relationship with the dependent variable (self-esteem). As it is reported below table the number of years of stay of adolescents respondents in

the two childcare institutions, minimum is 1 year, maximum of length stay of adolescent respondents is 9 years and mean is 4 year and 6 month. (*Min*= 1, *Max*= 9, *Min*= 4.59 & *SD*= 2. 006). Therefore, later the analysis on the length of stay and the dependent variable self-esteem was done in between the mean of one year and nine years length of stay of adolescents.

Table -2 personal factor univariate descriptive characteristics of study subject (N=128)

Variables	N	Minimum	Maximum	Mean	Std. D
Grade level of the respondents	128	1	12	6.00	2.740
Age of the respondents	128	12	18	15.00	2.027
length of stay in the institution	128	1	9	4.59	2.006

4.1.3 Institutional factor

In this section of the study, the institutional factor variables of the study, which is adolescents' attitudes towards the childcare services, is analyzed through descriptive statistics. As shown below in the table 3, adolescents' responses of 48 questions, which included all questions in 11 sub-scales are analyze descriptively. The measurement is likert-type scale that ranges from 1"strongly disagree" to 5 "strongly agree". Beginning from the institutional services of housing in the childcare institutions (*M*=2.5488, *SD*= .90876). Food response result is (*M*=2.5527, *SD*=.84860). Adolescents evaluation on the health and hygiene services which is provided by the childcare institutions is (*M*=2.5469, *SD*= .89299). On the education services the responses are (*M*=2.7344, *SD*=.70600). Regarding vocational training facilities of the care institutions, the responses of adolescents is (*M*= 2.5449, *SD*= .85541) which is the mean is below the average. Psychosocial support of the childcare institution was expressed by adolescents (*M*= 2.5352, *SD*= .74525). Guidance and counseling services evaluated as (*M*=2.4469, *SD*=.87897).

Life skill training for adolescents evaluation is (*M*= 2.6875, *SD*= .95823).The different alternative services like reunification and reintegration programs which is providing by the childcare institution (*M*= 2.1589, *SD*= .68602). The services which are provided for the disabled children in the childcare institutions (*M*= 2.3542, *SD*= .94350). The services Clothing (*M*= 2.6113, *SD*= .72485).

Therefore the total scores of adolescents evaluation of the services which are provided in the childcare institutions is (*M*=121.8, *SD*= 29.45903). The least mean score of the services is 2.15 for alternative childcare services and the highest score mean 2.73 for educational services. In general one can see and judge the results and concluded the mean score for services which are providing by the childcare institution is in between strongly disagree and neutral, this shows that the majority of adolescents don't have satisfaction for the services which they are engaged to care institutions.

Table -3 Descriptive Statistics of sub-scales of adolescents' attitude score about the childcare institutions services. (N=48)

Subscale questions	**N**	**Minimum**	**Maximum**	**Mean**	**Std. Deviation**
House	128	1.25	4.75	2.55	.909
Food	128	1.25	4.50	2.55	.849
Health	128	1.17	4.67	2.55	.893
Education	128	1.33	4.17	2.73	.706
Vocational	128	1.00	4.25	2.54	.855
Psychosocial	128	1.17	4.33	2.54	.745
Guidance	128	1.20	5.00	2.45	.879
Life-skill	128	1.00	5.00	2.69	.958
Alternative	128	1.00	4.00	2.16	.686
Disability	128	1.00	4.67	2.35	.944
Cloth	128	1.25	4.50	2.61	.725
Total	128	73.00	184.00	121.77	29.459

4.1.4 Self-esteem

Table 4 below shows the self-esteem of adolescents who are living in the two childcare institutions their feeling towards themselves. Comparing with other responses the mean for seeing oneself as equal to others is very low that is (*M*= .98, *SD*= .918). For the question about their satisfaction with themselves also (*M*= 1.05, *SD*= 1.107) this indicates that it is below the average result. For A question if they take positive attitude towards themselves (*M*= 1.16, *SD*= .946). (*M*= 1.27, *SD*= 1.061) the mean indicates that majority of adolescents do not proud by themselves. Like other responses, the response for having more respect to themselves mean is below the range (*M*= 1.28, *SD*= .939). For the question about that if they feel they are a failure (*M*= 1.31, *SD*= .970). Almost all adolescents feel useless comparing themselves with others people (*M*=1.35, *SD*= .977). Most of adolescents do not think that they are good at all (*M*=1.36, *SD*=.894). Most of adolescents do not think they are able to do things like most other people (*M*= 1.40, *SD*= 1.075). . For the questions if they think that they have a number of good qualities also the mean is below high self-esteem, this all most all respondent do not think that they have good qualities but it is the highest result from others(*M*=1.51, *SD*= 1.050).

The total self-esteem of adolescents is (*M*= 12.7 and *SD*= 4.07). Therefore, the table shows that the total adolescents' self-esteem is below the standard, which is low. Because according to Rosenberg self-esteem scale (1965) emphasized from the range 15- 25 is moderate self-esteem, and below 15 is low self-esteem below table the minimum self-esteem is 3 and the maximum is 23 and (*M*=12.7, *SD*= 4.06) which is below 15.

Table – 4 Descriptive statistics of adolescents' self-esteem (N=10)

	Rosenberg items of self-esteem	N	Min	Maxi	Mean	Std. Dev.
1.	I feel that I'm a person of worth, at least on an equal plane with others	128	0	3	0.98	.918
2.	On the whole, I am satisfied with myself	128	0	3	1.05	1.107
3.	I take a positive attitude toward myself	128	0	3	1.16	.946
4.	I feel I do not have much to be proud.	128	0	3	1.27	1.061
5.	I wish I could have more respect for myself	128	0	3	1.28	.939
6.	All in all, I am inclined to feel that I am a failure	128	0	3	1.31	.970
7.	I certainly feel useless at times.	128	0	3	1.35	.977
8.	At times I think I am no good at all.	128	0	3	1.36	.894
9.	I am able to do things as well as most other people	128	0	3	1.40	1.075
10.	I feel that I have a number of good qualities.	128	0	3	1.51	1.050
	Total self-esteem	**128**	**3.00**	**23.00**	**12.6641**	**4.06692**

Tests of hypothesis

4.2 Bivariate analysis

Before proceeding testing hypothesis, which is the independent variables with self-esteem dependent variable. First, I had to look at the possible relationships between the dependent variable with the major independent variable institutional factor, which is institutional services sub-scale, and the subscale each other with the dependent variable self-esteem. As it is shown below all 11 subscales of institutional services part of independent variables has a significant relationship ($P<.05$ & $P<.01$) with each other and the dependent variable self-esteem except one of the sub-scale disability with life skill and the dependent variable self-esteem. ($R= 0.14$, $P>.05$). (See table 5)

Table -5 Correlation matrixes of subscales adolescents' attitude towards the childcare institutions and their self-esteem.

Item sub-scales	self-esteem	H	F	C	H	E	V	P	G	L	A	D
self-esteem	1											
House	.407**	1										
Food	.430**	.668**	1									
Cloth	.308**	.672**	.498**	1								.
Health	.511**	.704**	.680**	.644**	1							
Education	.497**	.677**	.730**	.611**	.727**	1						
Vocational	.374**	.592**	.614**	.528**	.623**	.608**	1					
Psychosocial	.357**	.514**	.476**	.386**	.539**	.516**	.623**	1				
Guidance	.410**	.599**	.521**	.492**	.608**	.565**	.632**	.560**	1			
Life-skill	.295**	.299**	.275**	.221*	.333**	.374**	.228**	.436**	.470**	1		
Alternative	.380**	.417**	.291**	.327**	.370**	.395**	.316**	.305**	.371**	.211*	1	
Disability	.142	.462**	.444**	.388**	.391**	.402**	.446**	.392**	.403**	.123	.288**	1

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

In this bivariate analysis section of the study, for personal factor variables of the study, which are adolescents' gender, age group and the level of religious participation of adolescents' and the social factor that is availability of support, mean difference analysis is done. From these independent variables due to gender and availability of support are categorical variables that are contained two groups for each of them, it is analyzed through independent t-test. Likewise, for adolescents' age groups and religious participation of adolescents', which are more than two groups in a single variable, I conduct multiple comparison ANOVA analysis with the dependent variable self-esteem.

Moreover, the other personal factors those are continuous variables grade level of adolescents and age of adolescents association with self-esteem and institutional factor variables

attitude of adolescents' towards the service in the care institution and length of stay of adolescents in the childcare institution with self-esteem analyzed through correlation matrixes.

4.2.1 Position of gender with self-esteem

Before testing the research hypothesis, I conduct cross tab in order to assess the level of self-esteem of adolescents by gender. As it is shown below out of total adolescents 87 (68%) of them have low self-esteem, from them 47 (54%) of are male adolescents and 40(46%) are female adolescents. Out of the total population, 41 (32%) adolescents have moderately high self-esteem. From them 17 (41.5%) of them are male and 24(58.5%) are female adolescents. Therefore, the table shows that the number of female adolescents' self-esteem is higher than the number of male adolescents'. (M=12.6641) according to Rosenberg global self-esteem measure the moderate self-esteem is 15-25 and above are high self-esteem indicator. However, this table finding shows the general self-esteem of male and female adolescents are below the standard. Moreover, most of the adolescent's self-esteem is low.

Table -6 Summary result of the status of self-esteem with gender

Cross tab. (N= 128)

Variable	**Male**		**Female**		**Total**	
	N	**%**	**N**	**%**	**N**	**%**
Low self-esteem	47	54.0	40	46.0	87	100%
Moderate self-esteem	17	41.5	24	58.5	41	100%
Total	64	50.0	64	50.0	128	100%

Rosenberg (1965), low self-esteem is below 15 and 15-25 is moderate self-esteem and above 25 is high self-esteem.

4.2.2 Self-esteem differs by personal factors

A. Adolescents gender with self-esteem.

Hypothesis 1a: There is self-esteem difference between female and male adolescents who are living in the childcare institutions.

H_o: $\mu_1=\mu_2$

H_1: Not all means are equal.

To test this hypothesis, I conducted an independent sample t-test. The finding below indicates that positive mean difference between male (M=11.98, SD= 3.986) and female (*M*= 13.34, *SD*= 4.064) is not statistically significant T (126) =-1.910, P>0.05. Therefore, we fail to reject the null hypothesis. However, the male adolescents' self-esteem is statistically lowers than female adolescents' who are living in the childcare institutions (See table)

***Table -7 Self-esteem mean differences between female and male adolescents* (N= 128)**

Independent Samples t-Test for equality of means

Variable	**Value**	**N**	**Mean**	**Std. D**	***T***	***Df***	**Sig.**
Gender of	Male	64	11.98	3.986	-1.910	126	0.058
adolescents	Female	64	13.34	4.064			

B. Adolescents' age group with self-esteem

Hypothesis 1b

Adolescents' self-esteem differs by age group (early adolescent, middle and late adolescent).

H_o: $\mu_1=\mu_2=\mu_3$ (All three means are equal) it is against the alternative hypothesis.

H_1: Not all three means are equal

One of the purposes of this research is to assess the self-esteem variation between adolescents' age groups i.e. between early, middle and late adolescent age groups of adolescents. Therefore, the result below indicated that there is a statistically significant mean difference between adolescents' age groups.

(F= 42.959 and P<0.05).

Table- 8 One way ANOVA for adolescents' age group and their self-esteem

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	855.668	2	427.83	42.959	.000
Within Groups	1244.887	125	9.96		
Total	2100.555	127			

To identify where exactly the mean difference lay among the three age groups of adolescents, I run a post-hoc analysis by Tukeys' comparison. According to below the table early adolescents' self-esteem is statistically and significantly higher than both from middle and late adolescents age groups and middle adolescents' self-esteem is significantly lower than early adolescent groups and statically higher than late adolescents' group self-esteem. Late adolescents' self-esteem is significantly lower than early adolescent groups and statistically lower than middle adolescents' self-esteem. Therefore, all comparison below shows that early adolescents' age groups have significantly high self-esteem. (See table 9 below)

Table -9 ANOVA multiple comparisons for adolescents' age groups and their self-esteem (N= 128).

(I) Age Group	(J) Age Group	M=Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Early Adolescent	Middle Adolescent	4.619*	.605	.000	3.195	6.053
	Late Adolescent	6.406*	.840	.000	4.414	8.398
Middle Adolescent	Early Adolescent	-4.619*	.605	.000	-6.053	-3.185
	Late Adolescent	1.787	.842	.089	-.210	3.783
Late Adolescent	Early Adolescent	-6.406*	.840	.000	-8.398	-4.414
	Middle Adolescent	-1.787	.842	.089	-3.783	.210

*P<.05 The mean difference is significant at the 0.05 level.

C. Adolescents' religious participation with self-esteem

Hypothesis 1c: Adolescents' self-esteem differs by their level of religious participation.

H_o: $\mu_1=\mu_2=\mu_3$ (All four means are equal) it is against the alternative hypothesis.

H_1: Not all four means are equal

The next analysis part of this section is religious participation of adolescents'. That is adolescents who are living in the childcare institutions may or may not participate in religious activity in every day, every week; every other week or they may not participate at all. This analysis of personal factor does help to see if religious participation of adolescents (demographic variable) has a contribution for their self-esteem (dependent variable).

There is statistically insignificant difference between adolescents religious participation (F=1.080, P>.05). To see the mean difference between each group of religious participation I conducted Tukey post hoc comparison.

Table 10 multiple comparison of adolescents' religious participation

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	53.499	3	17.833	1.080	.360
Within Groups	2047.056	124	16.509		
Total	2100.555	127			

As it is shown below, there is statistical self-esteem mean difference between adolescents' who are every day participant in religious activity, every week, every other week and non-participant but not significant. For example as it is shown below adolescents who are every day participant in religious activities has greater mean than the rest (*M* = 1.64626) And who are not totally participant in religious activity have lower mean difference than other groups (*M* -1.64626). (See table)

Table -11 ANOVA of demographic variable (religious participation) of adolescents and their self-esteem (N=128)

(I) how often the respondents go to religious institutions	(J) how often the respondents go to religious institutions	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
every day	every week	.635	1.305	.962	-2.764	4.034
	every other week	.449	1.095	.977	-2.403	3.300
	None	1.646	1.060	.409	-1.114	4.406
every week	every day	-.635	1.305	.962	-4.034	2.764
	every other week	-.186	1.153	.998	-3.189	2.817
	None	1.011	1.120	.803	-1.905	3.928
every other week	every day	-.449	1.095	.977	-3.300	2.403
	every week	.186	1.153	.998	-2.817	3.189
	None	1.197	.866	.512	-1.057	3.452
None	every day	-1.646	1.060	.409	-4.406	1.114
	every week	-1.011	1.120	.803	-3.928	1.905
	every other week	-1.197	.866	.512	-3.452	1.057

p>0.05

4.2.3 Adolescents' self-esteem differs by social factor

Hypothesis 2: Adolescents' self-esteem differs by availability of support (social factors).

H_o: $\mu_1=\mu_2$

H_1: Not all means are equal.

Moreover the finding indicates that positive mean difference between adolescents who have a support outside the care institution (*M*= 14.07 *SD*= 5.196) and for who don't have a support outside the care institutions (*M*=12.49, *SD*= 3.900) is not statistically significant mean difference *T* (1.377) = *P* >0.05.

This indicates that adolescents either they have someone near to them to support or do not have at all there is no change (there is no self-esteem variation). Almost all are the same in their self-esteem. (See table 8).

Table -12 Independent t-tests for adolescents' self-esteem difference with social factors

Variable	Value	N	Mean	Std. D	*T*	*Df*	Sig.
Availability of support	Yes	14	14.07	5.196	1.377	126	.171
	No	114	12.49	3.900			

4.2.4 Adolescents' self-esteem associates with institutional factors

A. Adolescents' self-esteem with institutional childcare services

Hypothesis 3: There is significant relationship between childcare institutions services and adolescents' self-esteem.

There is a relationship between adolescents' perception of the childcare institution services and adolescents' self-esteem. The correlation between adolescents' attitude (perspective) on childcare institutions services (institutional factor independent variable) and their self-esteem

(dependent variable), there is significant moderate positive relationship (r= .522, P< 0.01).When the institutional services perspective (evaluation of the services which is provided by the institution) of adolescents increases their self-esteem also increases. The mean of self-esteem of male adolescents is (M=11.98, SD= 4.06 SD error M= 0.5) and the female adolescents is (M=13.34, SD= 3.99 & SD error M= 0.5). Besides the service evaluation of adolescents, the total means score of male adolescents is (M=123.9, SD= 30 SD error M= 3.8) and the score for female adolescents is (M=120, SD=29 SD error M= 3.7) this means male groups service satisfaction is a little higher than females adolescent groups. Therefore, the hypothesis is supported.

B. Adolescents' self-esteem with length of stay

Hypothesis 4: there is association between length of stay in the childcare institution and adolescents' self-esteem.

To test hypothesis four of the study I conducted bivariate correlation between length of stay adolescents in the childcare institution and their self-esteem. As it is shown, there is significant moderate relationship between independent variable length of stay in the childcare institution and the dependent variable self-esteem. (R=554, P<0.01, M=12.6641 for self-esteem and M=4.59 for length of stay in the childcare institution, SD=4.06692 for self-esteem, SD= 2.006 for the length of stay in the childcare institution) for self-esteem and for length of stay. That is the more adolescents stay in the childcare institution the less their self-esteem increased or when adolescents' lengths of stay in the institution increases their self-esteem will decrease. Therefore, this hypothesis of the study is already supported. (See table)

4.2.5. Correlation of personal factors with self-esteem (age and grade level)

Hypothesis 5a: Adolescents' age and grade level has an association with their self-esteem.(continuous personal factor variables)

In here the null hypothesis is rejected, because below the table shows the relationship between personal factor grade level of adolescents (independent variable) and self-esteem (dependent variable). There is strong inverse relationship between the dependent variable (self-esteem) and personal factor independent variables (R= -.602, P<.01). This indicates that grade level of adolescents has an effect on adolescents' self-esteem, i.e. when the grade level of adolescents' increases negatively their self-esteem will decrease. Therefore, this hypothesis is also supported.

C. personal factor (adolescents' age) with their self-esteem

Hypothesis 5b: Adolescents age has a significant association with their self-esteem. I again conduct a bivariate correlation to test the last hypothesis of the study. The age of adolescents who are living in the childcare institution and their self-esteem. Therefore, that is negatively/inversely, strongly and significantly correlates each other. (R= -.613, P<0.01, age M=15 & self-esteem M= 12.6641 and SD=2.027 & SD=12.6641 respectively. When their age increases their self-esteem inversely, decreases. The hypothesis is supported. (See table 13)

In conclusion, below correlation matrixes of continuous variables with the dependent variable self-esteem shows, the relationship between the dependent variable adolescents' self-esteem and independent variable adolescents' perspectives about the institutions services (adolescents' service satisfaction), there is significant moderate positive relationship. (r= .522**, P< 0.01)When the services perspective of adolescents increases their self-esteem also increases. And also there is strong inverse relationship between age of the adolescent respondents and their

self-esteem (r= -.613** and P<0.01) the M= 15, and SD=2.027. This is when age increases self-esteem of adolescents' will decrease. Grade level of adolescents and self-esteem has also strong inverse/ negative relationship. (r=-.602** and P<0.01) M= 6.36 and SD= 2.740. Likewise, when grade level of adolescents' increase their self-esteem will decrease. The third is length of stay in the institution and adolescents' self-esteem, (r=-.554** and P<0.01) M= 4.59 SD= 2.006 there is moderate negative relationship, that is where adolescents stay in the institution their self-esteem decrease. Adolescents who stay short in the care institution have moderate self-esteem relatively comparing with adolescents who stay long. In general, all the continuous variables of the study in relation of self-esteem are significant negative or inverse correlation. (See below table 17).

Table13. Correlation matrixes on continuous personal factor and institutional factor variables with self-esteem

Variables	self-esteem	age	grade level	length of stay	Institution services
self-esteem	1				
age	-.613**	1			
grade level	-.602**	.720**	1		
length of stay	-.554**	.478**	.610**	1	
Institution services	.522**	-.919**	-.682**	-.429**	1

**. Correlation is significant at the 0.01 level (2-tailed).

4.3 Multi Variate analysis

Here section of analysis focused on the multiple regressions on how independent variables which has significant result in the correlation matrix predict the dependent variable self-esteem.(from personal factor age, grade level of adolescents and from institutional factors length of stay in the childcare institution and adolescents' attitude (perspective) towards the childcare institutions services).

4.3.1 Hierarchical multiple regression

Due to some of independent variables did not have significant relationship (gender, religious participation, anyone who supports them) with dependent variable (self-esteem) I excluded those variables and conducted a hierarchical multiple regression. Age, grade level, length of stay and institutional service perspective which had significant relationship with the dependent variable included in this hierarchical multiple regression. With X (institutional services), (age), (grade level), (length of stay), predicting Y (self-esteem), Y= $a+b_1x_1+b_2x_2+b_3x_3+b_4x_4+e$.

First by controlling other institutional factor variables, I tested demographic variables (age & grade level) if both predict adolescents' self-esteem. Both demographic variables significantly predict adolescents' self-esteem (β= -.749, β= -.494, P<.001) respectively. That means for every year of adolescents' age increases and for every year their grade level increases their self-esteem will decreases by -749and -.494 point respectively. Together these variables explain the dependent variable 42.9%.

Second by keeping the controlling variable age and grade level in the model, I test the prediction of the variable length of stay in the childcare institution to the dependent variable self-esteem: (β= -.558, P<.001) the result is for every year of adolescents staying in the childcare institution they will lose -.558 point in their self-esteem. So the length of stay in the childcare institution significantly predict adolescents self-esteem (see model two).

Besides when the variable length of stay in the institution added in the model as an additional variable the effect or prediction of age to the dependent variable (self-esteem) is continue its significant predictor by increase (β= -.704, P<.001) points. However, the effect of the variable grade level totally lost its significant effect as a predictor for adolescents' self-

esteem (β= -.269, P>.05). Together all variables in the model two explain the dependent variable self-esteem 47.7%.

Thirdly also by keeping controlling age, grade level and length of stay, I saw the prediction of adolescents' institutional services perspective with their self-esteem. As it is shown it predicts adolescents' self-esteem significantly i.e. (β=-.037,P<.05) in this model three, due to the prevalence (interaction) of other additional variable, the age prediction of adolescents' self-esteem increases than model one and model two that is, it very strongly predicts self-esteem by (β= -1.189, P<.001) points. But demographic variable Grade level likewise model two it does not significantly predict adolescents' self-esteem.

Together all variables in the model three explain the dependent variable 48.8%. When the independent variable increases in each model its effect to the dependent variable self-esteem is increase. (R^2=.429, .477, & .488, P<.001 F=46.999, 37.631, 29.297) respectively.

Table 14 Results of hierarchical regression analysis for demographic factors, length of stay and institutional service predicting adolescents' self-esteem (N= 128)

Variables		Model one	Model two	Model three
Demographic variables	Age	-.749***	-.704***	-1.189***
	Grade level	-.494***	-.269	-.294
Other variables	Length of stay		-.558***	-.539***
	Institutional service			-.037*
R^2		.429	.477	.488
F		46.999***	37.631***	29.297***

***P<.001
*. P< 0.05

5 CHAPTER FIVE: DISCUSSION

This section of the study aims at discussing the major findings of the current study in line with previous research findings and reviewed literature. Nevertheless, it should be noted that there is limited researches and literature related to find, especially which focus on a direct relationship of self-esteem and institutional childcare services exclusively in our country. Ecological theory in relation to the major findings of this study is also used to guide this discussion.

5.1 Institutional factors with self-esteem

5.1.1 Childcare institution services and self-esteem

In presenting the study, the data which is collected from adolescents who are living in the childcare institution reveals that there is moderate significant relationship between institutional services and adolescents' self-esteem ($p<.05$, $r=.522$) that is when adolescents' attitude or satisfactions towards the service increases their self-esteem increase and vice versa. This is supported by different literatures and researches which is done before. For first illustration (MOWA, 2009) in its alternative childcare guideline states, the establishment of institutional childcare institution has taken, the major objectives which is to contribute towards the improvement of the physical, social, psychological well-being. Moreover, to ensure self-reliance among children in the childcare institutions, by creating access to the fulfillment of their rights for basic and psychosocial services and seeking every other possible alternative placement for

permanent upbringing of children. Seeing critically the objective of MOWA, self-esteem is one of the attributes of self-reliance, which is not achieved by the care institutions. According to the researcher's view that is based on the finding of the study, MOWA could not meet its objective due to absence of making comfortable the care institution services to the children. On the other hand, the results of different literatures like FHI, 2010, the services dimensions of childcare institution are still compromising unlike that of its aim. As well the guideline states that the services include in the guideline are the minimum standards for each service that should be fulfill by every childcare institutions in Ethiopia. Nonetheless the finding of the study shows that the minimum standard services which are providing to the adolescents are not satisfactory and not included in the care institutions or the respondents result shows that the services are poor or not adequate.

In addition y FHI, 2010, on the stud which is conducted concluded that the quality of childcare institution is being cooperated in many institutions due to low level of awareness about child development, it also found out that children in institutional care are facing discrimination (from community members), psychosocial problems, physical, and psychological problems.

In adding to this, the present study is consistent with the findings of other studies on the children who are living in the childcare institution and its consequences. For example, study which was conducted by (MoJ, MoWCYA and CSA, 2010) found that 45% of the childcare centers which exist in Ethiopia had no operating license or their license had expired. Most of the institutions are in poor condition with inappropriate facilities for children. That is the same finding with this study.

Also (Chernet, 2001) describes that the children in the orphanages often elicit unwanted behavior; like feelings of loneliness and hopelessness, dependency on the adult population for all

their needs, low self-esteem and feeling of inferiority. Looking at these findings, childcare institutions' services has a long lasting effects to the children, from these problems one is relates in the image of the children towards themselves which is poor or low self-esteem. Nevertheless People with high self-esteem are more satisfied with life. The same as the study presents that adolescents' self-esteem was low in average.

Due to the care institutions inadequate sources of service to the children, from international research findings, the Albanian centre of social studies revealed that Children often suffer from being institutionalized, as evidenced by the developmental problems they face, their low level of self-esteem, and their limited opportunities for independence after adolescence. This also displays that most of adolescents who are institutionalized face difficulties of low self-esteem when they pursue their independence out of the care institution.

As (Emler, 2001) point out, other sources of low self-esteem is family breakdown, the state of homelessness due to the parental problem can have its own, magnifying effects, for example through social isolation, lack of social support or the daily experience of rejection all associated with low self-esteem is difficult. Cooley (1902), states that self-esteem arises from the appraisals of others. Several researchers have established that acceptance by others is important for self-esteem. In light of this study findings to discuss with the present finding of the study, one of the services of childcare institution for adolescents is psychosocial support which include the relationship between adolescents' and caregivers with the necessary support and acceptance . The findings of the present study for psychosocial support is (M=2.54, SD=.745) i.e. the mean score of adolescents' is in between 'strongly disagree' and 'neutral', this shows that there is poor interaction with caregivers which can expose adolescents to low self-esteem.

In other study review of the childcare institution and self-esteem, between adolescents who are adopted and non-adopted by Juffer & Van IJzendoorn (2007) i.e. after examining 300 subjects from three studies, the researchers found that adoptees children showed higher levels of self-esteem than non-adopted, institutionalized children did. Even the risk of low self-esteem is increased for who are institutionalized comparing with other alternative childcare service like adoption.

In general all literatures and studies in their finding support the prevalence of effect of childcare institutions services for adolescents' poor self-esteem functioning.

5.1.2 Length of stay in the childcare institutions and Self-esteem

The lengthy stay of adolescents is one of the main institutional factor variables, the hypothesis of the research was emphasized to find out if there is relationship between adolescents' self-esteem with their length of stay in the childcare institution. In this study adolescent participants' minimum length of stay in the childcare institution was one year and the long stay is nine years. So the result of the study is, there is negative and moderate significant relationship (r=-554, P<0.01, M=12.664). Therefore, it indicates that the longer adolescents stayed in the childcare institution their self-esteem decrease dramatically or the self-esteem of adolescents who stay long was statistically and significantly lower than who stay a short period in the childcare institutions.

According to the researcher's view, the lengthy stay of adolescents' in the childcare institutions make them to suffer for long periods from insufficient services of the institution, so that this can be a cause for low level of their self-esteem. This relates with the first finding discussion of the correlation matrixes of the study result between services satisfaction and self-

esteem is positive moderate relationship, which is (r=.522, P< .05). It means when their service satisfaction increases their self-esteem increases too. In addition the highest mean of the services satisfaction of adolescents' is (M=2.73) for education service and the least mean of the services is (M= 2.16) for alternative childcare services, this clearly shows that all responses of adolescents for each services of the childcare institution is in between strongly disagree to neutral. Means majority of adolescents do not have satisfaction from the services which provided by the institution (See table 3), so that being stay for lengthy period in the care institution with this kind of poor services may decreases the self-esteem of adolescents rather than who stay for short period of time.

Moreover the result of the study is similar with different relevant related literature, which emphasized on the impacts of being assigned in the childcare institutions for long period. To illustrate (Heart's Cry Children's Ministry), the placement children in institutions during early critical developmental periods, and for lengthy periods of time, is often associated with developmental delays due to environmental deprivation, poor staff to child ratios, and/or lack of early childhood stimulation. This also strength the above results, which means being stayed in the childcare institutions has diverse developmental delays because of poor service, caregivers contact and environmental discrimination.

From local experiences (MOWA, 2009) have shown that long periods stay in childcare institution make it harder for a child to assimilate back into the community and deny them access to the life-long attachments and community support systems that family relationships and communities can provide. Even though (MOWA, 2009) accepts the impact and condemned length of stay children in the institution, still there is a big issue that should be address which

currently different local and international literatures are discussing childcare institutions shortcomings, and it is a question how it is reacting to resolve and eliminate these problems.

A recent study by (Faith to action, 2014) explains the length of stay of children in the childcare institution has long-term negative impact on their social, emotional, and cognitive development. Research shows that children growing up within families far better in the long term than children rose in orphanages. In addition, to see the above clearly, Rosenberg, 1979, when he explain self-esteem 'it is the source of social, emotional and psychological wellbeing of individuals' i.e. self-esteem is the source for an individual to be healthy in emotional, social and psychological aspects of one's self. Without positive self-esteem of adolescents' those healthy functioning cannot be achieved or lack of giving sufficient value towards one's self leads to different societal illness.

(Madge, 1994) in his book states, the effect of institutional care, i.e. ideally the children in the childcare institutions any case should not last longer than 3 months, after which the child is moved to a more permanent placement in family-based care. Therefore, it shows that to make free children from the cause of length stay in the childcare institution, any residential care should be restricted to cases where the child needs short term therapeutic input.

In a 2011 study of 60 Pakistan children, as Um-e-kalsoom and Waheed found negative mental health effects and low self-esteem were linked to living in institutional care. Three groups were included: those living in institutional care with both parents deceased, those with one deceased parent who were living in institutional care, and those living at home with their parents. Using the Child Depression Inventory, the authors found that children in institutional care had significantly higher levels of depression than those living with their parents. Those who had lost

both parents had the highest levels of depression. Also by using the Rosenberg Self-esteem Scale, the authors found a strong correlation between low self-esteem and children living in institutional care. In addition to the above relevant discussion this finding shows that being institutionalized in the childcare institution for long period is a witness for low self-esteem, than other alternative childcare programs which leads children to mental problem.

5.2 Adolescents' self-esteem differ personal factors

5.2.1 Gender and self-esteem

General self-esteem difference between male and female adolescents is a controversial result for different researches especially as I found from different international researches. Some researches reveals that there is significant difference between male and female adolescents and others findings did show that there is no significant difference between them.

The result of this study regarding self-esteem difference between male and female adolescents who are living in the childcare institutions is, there is no significant self-esteem difference i.e. ($p>.05$). Even though there is no significant difference between male and female adolescents but still there is slight mean difference between male and female adolescents, that is (M= 11.99, M=13.34 for) for male & female respectively. This shows, the self-esteem of female adolescents is slightly higher than male adolescents'. In addition to this According to Rosenberg, 1965 self-esteem scale the score below 15 is low self-esteem, 15 -25 is moderate self-esteem and above 25 is high self-esteem. However, the mean of both male and female is also below the normal score or moderate score.

Some of the findings of researches and literatures on gender and self-esteem explained that under normal condition there is statistically significant difference between female and male

adolescent self-esteem, i.e. female adolescents' self-esteem is lower than male adolescents' self-esteem. For example, (Kling and colleagues, 1999) identified 216 studies of gender differences in self-esteem in which sufficient information was available to estimate the size of the difference. Males score higher on measures of global self-esteem. The difference is highly consistent, but it is also small. However unlike that of other most research findings, the result of the present study, revealed that male and female adolescents' self-esteem who are living in the childcare instiution do not have statistically significant mean difference is similar with some of the research findings.

5.2.2 Age and age group

The other result of this research is strong negative relationship between age of adolescents and self-esteem i.e. (r= -.613, P<0.01). According to the finding, when the age of adolescents' increases their self-esteem is negatively decreases. However, researches which are done on adolescents who are living with their parents indicate that even though adolescents' are living in their parents their self-esteem will decrease when their age increases and reach to at the age of adolescent.

According to (Robins, et al 2002), the level of global self-esteem is generally relatively high during childhood; it drops dramatically when children enter adolescence. The enormous decreasing global self-esteem during adolescence can be attributed to significant changes that take place during the transition from childhood to adolescence. And (Cooper smith, 1967) states that during the age of adolescence, when adolescents parents has a behavior of acceptance, approval and affection, managing discipline is based on explanation rather than force or coercion, and if adolescents invited to express their views about family decisions, all will minimize then negative effects self-esteem during adolescence period. This indicates that, not only being boarding in the childcare institution is the foundation of low self-esteem but also the

stage of reaching adolescent period has contribution to the level of their self-esteem. Therefore; adolescents who are living in the childcare institution are the victim from both causes of low self-esteem i.e. (being board and adolescent stage). The conditions of adolescents in the childcare institution are also similar of adolescents' who are from parents, most results of the study shows that they are not satisfied with the services of the institution which means one of its attribute is not treated by the institution as desired and based on the alternative childcare guideline. For example the response of 128 adolescents for the question if care givers in the childcare institution has frequent interaction with them like playing with them, discussing issues and help the children to share their feelings, strongly disagree 26.3% ,disagree 16.8% and abstain 21.2%, agree 21.9% and strongly agree 7.3%. The response mostly falls to that there is absence of positive interaction with their caregivers. Also according to Cooper the above confirmation loose of positive interaction with caregivers is as the cause of low self-esteem. so both service of the institution and the age of stage of adolescent is the cause for low self-esteem.

However, Rosenberg (1979) argues that parental influence on self-esteem would decline across adolescence, and it replaced by the approval and acceptance of peer**s**. (Welsh and Stewart, 1995) oppose Rosenberg that self-esteem does become more aligned with peer approval but parents' opinions remain significant well into the adolescent and even adult years.

He (Robins, Trzesniewski, , Gosling, & Potter,. 2002).),also explained that during adolescence period they spend less time with their families, and friendships and romantic or sexual relationship become increasingly important. Therefore, adolescents become vulnerable to feeling of social in adequacy. That means adolescents who spend time a lot alone or far from parents during the age of adolescent is a factor for loosing self-esteem than childhood period ever.

To conclude in light of different researches and literatures adolescents who lost the positive or secured attachment from their caregivers and due to the periodical effect or change of the stage (transition period) adolescents may lose their positive self-esteem.

The other research hypothesis or assumption of the researcher was that there is self-esteem variation between adolescents' age groups. That is early adolescent age groups, from middle and late adolescents' age group. Therefore, as it is shown (in table) I conducted ANOVA or multiple comparisons of means of each adolescent age group. The result shows that there is significant difference on adolescents' self-esteem that is adolescents who are categorized under early, i.e. age12-14 has significantly higher self-esteem than middle age groups, and late adolescents who are 18-20. Middle age; 15-17 adolescents has significantly lower than early adolescents and statistically higher self-esteem from late adolescents and at the same time late adolescents' age group has significantly lower self-esteem from early adolescents and statistically lower that middle age groups. This result of the study made strength for the above hypothesis result that is when the age of adolescents increases their self-esteem will decrease. (F= 42.959 and P<0.05). The probability of decreasing their self-esteem is depending on their transferred from one age group to the other.

The result of my research is mostly similar with different researches and literatures. (Kling., et al., 1999), explains the cycle of self-esteem, self-esteem is relatively high in childhood, drops during adolescence, rises gradually throughout adulthood, and then declines in old age.

5.2.3 Grade levels and self-esteem

The next hypothesis of the study was if there is a relationship between self-esteem with adolescents' grade level.

From the study, finding of adolescents' self-esteem and their grade level has strong and negative significant relationship. That is likewise, age and age group, when the level of adolescents grade level increases their self-esteem negatively decline (r= -.602, P<.01).

(Harter, 1999) explained that self-esteem is vital for both psychological health educational policy. Indeed, some educators have changed course curricula in their attempts to instill children with high self-esteem. Even to the point that in some states students are promoted to a higher grade even when they have failed to master the material from the previous grade. However the researcher believe that according to this study results one of the reason for self-esteem difference on the level of grade is that, based on the above findings when the age of adolescents increases their self-esteem was decreasing that means at the same time when grade level increases their self-esteem negatively decreases due as a factor of age increases. Besides likewise other literatures adolescents psychological and emotional change during the period of transferred from to childhood to adolescents and the change and experience from grade level which is from primary grade level to higher class is a factor for adolescents to decrease in their self-esteem.

Also (Harter, 2003) in his book found out two factors which play an important role in the development and maintenance of self-esteem in children and adolescents from those the second is experience of social support. That means for adolescents higher self-esteem, also has an influence, approval and support of parents and peers. He also sates the higher self-esteem in adolescents the higher their success in their academic achievement. That is, good academic competence and behavioral conduct elicit approval and support of parents, for children who are institutionalized this will not be the same because first we already found out that adolescents and care givers don't have satisfactory relation and support. For example in (table 3)the descriptive statistics one of subscales of institutional service measurement of adolescents' attitude evaluation

is Education , (M=2.55 SD=.909) that is their response falls in between strongly disagree to neutral. That shows that they are not satisfied at all in the service of education and that promote low-self-esteem because being good in academic achievement needs the support of caregivers and being good in the academic performance will help adolescents to escalate their self-esteem.

5.2.4 Religion and self-esteem

(Taylor, 2007) states that there is a strong belief in the importance of religion would equate with increased participation in religious activities, which is often a protective factor for youth and a positive proximal processes across the individual's micro, meso, and macro system. He explained that specifically, religious orientation results from transactions between the individual, his or her family, peers, church members, and religious institutions in the macro system.

Due to different literatures made a connection between the levels of religious participation and self-esteem, this study take in to consideration the religious participation of adolescents as one of demographic variable. Nevertheless, the findings of ANOVA multiple comparisons between the levels of religious participation (every day, every week, every other week and none) show that there is no significant difference between the level of their participation and self-esteem (P>.05).

Although some research has shown that participation in religious practices is a protective factor for depression and self-esteem, overall findings have been mixed. (Taylor, 2007). One study found that participation in religious activities was associated with decreased depression and increased self-esteem among Caucasian and African American youth (Taylor, 2007). However, another study suggested the protective nature of religious participation was related to

gender, and found that increased religiosity decreased the risk for depression only in females. (Rasic, Kisely, & Langille, 2011)

Similarly, research examining the relationship between religion and self-esteem has produced mixed results. Whereas some researchers have found that increased participation in religious activities was associated with increased self-esteem, other studies failed to find an association between religion and self-esteem.

5.4 Ecological theory and childcare institutions

Ecology is the science that is concerned with the adaptive fit of organisms and their environment, ecological ideas denote the transactional processes that exist in nature and thus serve as a metaphor adaptation (Coady & Lehmann, 2008, p.96).

One benefit of Ecological Systems Theory is that this theory espouses the importance of environmental factors environment may influence levels of adolescent depressive symptomology. That is why the study is interested ecological theory.it means the problem of adolescents' come from the continuous interaction with the childcare institution. The interaction creates to the adolescent different problems. As it is clear that the theory emphasized on how the person and the environment are unceasingly, intricately, thoroughly (and more or less successfully) reciprocally sustaining and shaping one another. These results of the study are similar with other studies and literatures that conducted about inadequate services of the childcare institution.

The researcher was interested on doing sub scale correlation analysis of the main institutional services variables (environmental factor which adolescents that they interact) subscales with sub scales services, all of sub scales except disability has significant relationship

with each other. This indicates that the level of interaction of adolescents with the service and the effect that caused them low self-esteem.

The other important issue of this theory for the study is how adolescents (adaptive fit of the person) fit in the environment they are living i.e. with childcare institution, the society, peers outside the childcare institutions, school and other institution that they are interact frequently. Because of self-esteem might be the way in which they interact with the environment they are living and how they face the interaction.

Moreover, according to the result of the study adolescents' self-esteem and the childcare institution has moderate and positive significant relationship. It means the adaptive fit of adolescents to the childcare institution services is low or interacts negatively. On the other hand, the institutional setting affects adolescents' self-esteem. Moreover, in hierarchical regressions model of the study shows that (see table 18) the childcare institution services predict the self-esteem of adolescents. (p<.05, β-.037). This shows that how adolescents lack adaptive fit with the care institution and how institution is affecting them. Beside their length of stay in the institution exacerbate the difficulties. Supportive relationships may be associated with decreased levels of depressive symptoms and increased levels of self-esteem. Positive social interactions across microsystems are associated with healthy social functioning. Ecological Theory emphasizes the necessity of viewing human development across multiple environments. This highlights the importance of investigating how positive and supportive microsystem relationships

Despite the fact that this theory focuses on the micro, mezzo, and macro-systems, proximal processes (i.e., social interactions) in the various microsystems are particularly important in the study of adolescent self-esteem development. An adolescent's microsystems (e.g., school,

childcare institution, peer group etc.) and the proximal processes that occur in these microsystems interaction directly influence adolescents self-esteem functioning.

6 CHAPTER SIX: SUMMARY & CONCLUSION

6.1 Summary and Conclusions

The study was conducted with the objective of assessing the relationship between institutional childcare services and adolescents' self-esteem. Mostly as it is indicated by different researches and literatures children in the childcare institution are faced different deficiencies than children who are living with other alternative childcare services. These problems include low self-esteem especially when children reach at the age of adolescents, the researcher thought that the effects of those problems are mainly relate with the services delivery of the childcare institutions.

To assess the basic questions of the study, the researcher used standardized instruments for the dependent variable that is RSE and for the services of the institutions; the instrument adopted from the alternative childcare guideline, which revised in 2009 that every childcare

institutions ruled & perform it. The instrument of the study was validated by one of the professor of school of social work and the social workers of the two childcare institutions, which the study conducted. For the reliability of the instruments, the researcher conducted test retest before collection of the actual data.

The data was analyzed using a series of statistical tools, mainly independent t-test, ANOVA, correlation matrix and hierarchical regression. The major findings of the study are summarized below:

From demographic characteristics or personal factor variables adolescents' age, and grade level of adolescents' are strong and negative significant relationship with the dependent variable self-esteem (r= -.613, p<0.01) and for grade level (r=-.602, p<0.01) for age groups variables self-esteem variation, there were statically significant mean difference at p< .05 level between groups observed from multiple comparisons analysis. The self-esteem of adolescents groups significantly differ. In addition, for other demographic variable gender, there is no significant difference between male and female adolescents' self-esteem. Another independent t-test analysis for demographic variable which is anyone who support you besides the childcare institution (availability of support), then there is no significant mean difference between those who has some one and who don't have a support. The last demographic variable of the study was religious participation of adolescents and I did ANOVA multiple comparisons if the level of religious participation of adolescents' has an effect on their self-esteem but there is insignificant mean difference.

The main independent variable of the study was childcare services and the length of stay of adolescents in the institution. I made a correlation matrixes for the independent self-esteem

and dependent variable institutional factor, then the result was significant moderate relationship (r=.522, p<0.01). The other main independent variable or institutional factor was length of stay in the childcare institution, and it had significant positive moderate relationship (r=.554, p<0.01) with the dependent variable self-esteem. That is when the length of stay in the institution increases directly they began to lose their self-esteem.

Finally, I made hierarchical multiple regressions for variables that I found significant relationship with the dependent variable. The result was together the personal factors predict self-esteem 42.9% and when the length of stay added 47.7% predict and at last the institutions services added all together predict self-esteem 48.8%.

Based on the findings it is possible to conclude that childcare institutions services have an impact on the adolescents' self-esteem. In addition, the length of stay in the childcare institution had consequences on the self-esteem of adolescents. Finally, the demographic variables of adolescents had a lot contribution as a predictor of self-esteem than the institutional factor variables.

7 CHAPTER SEVEN: SOCIAL WORK IMPLICATION AND LIMITATION OF THE RESEARCH

7.1 Implication to Social Work

Findings of this research are important for the profession of social work to create tremendous and effective intervention in different aspects. The followings are the findings of this research relating with social work profession i.e. the researcher indicated implications of the study for social work education, research, and practice.

Social work profession intervenes in different levels with multiple systems to improve the wellbeing of vulnerable groups, those are micro (an intervention focus on individuals change) mezzo level (an intervention focus on small groups, organizations, teams etc.), macro (focus on state level issue, like changing policy) to promote social justice, and human dignity.

At micro level, results of this research will be a major input for practitioners to evaluate their current practice, re-design research informed interventions and improve their practice models when individually working with adolescents to promote their self-esteem.

At mezzo level, hence, this research identifies the relationship between childcare institutions services and adolescents' self-esteem, therefore, the results of the study give a chance first to the childcare institutions to evaluate and re amended their services delivery program to

make comfort as much as they can. Second, it will make the main concerned bodies alert to move forward on the issues which rose by the study, that is to see their services in a broader lens to view their gaps and fulfill it, to evaluate their service quality and inform appropriate modification. In addition to this, similar organizations could also benefit from the analysis of this study.

At macro level, lawmakers' and policy designers could refer to the results of this research for better insight and accurate decisions on the service of the childcare institution in relating to the actual implementation of the alternative childcare guideline. Anyone could use this research finding to work with different groups especially with government to lobby for better services to reduce the risk of childcare institutions.

In schools, in addition to guidance and counseling service there should be social workers, both social workers and counselors do in collaborate in order to alleviate the problem of adolescents' problem of low self-esteem. Because low self-esteem can be seen easily especially for the teachers, who have frequent interaction with adolescents. This level of intervention will improve at least the educational achievement of adolescents.

The issue of childcare institution service delivery and adverse effects on the board children is sensitive issue. Because for example, when adolescents who were giving a response about their service satisfaction is indirectly they were describing that they are not comfortable and the guideline is simply used as an appeasement rather than implemented. So due to this and others, for macro level intervention the school of social work should do more on its curriculum to increase students' capacity i.e. to create strong social workers who are capable to influence, change the situation and lobby the government, because without those kind of social workers the

problem with the childcare institution will not alleviated. It needs de-institutionalization, which need the vast efforts of government intervention or even policy reform. (At the heart of the national guidelines is a call for government to prevent unnecessary separation of children from their families by strengthening social services and social welfare and alternative care responses within the country).

One of the contributions of this study, for social work research is the adoption of childcare institution service evaluation. In addition, this is first research that examines the relationship between adolescents' self-esteem and childcare institution services, and hence it generates additional knowledge about adolescents' self-esteem to the research field. This is also could be used as a resource for future researchers for anyone interested in this area.

In overall finding of the study, it reveals that childcare institution services, the length of stay in the institution, age, and grade level are as the significant predictors of adolescents' self-esteem who are living in the childcare institutions. Nonetheless, variables religious participation of adolescents, gender difference and availability of support for children outside the childcare institution is not predictor of self-esteem. All these needs further researches.

7.2 Limitation of the Study

It is important to note that this study has some limitations. First, the population of the study focused on adolescents who are living in two governmental childcare institutions in Addis Ababa city. This implies that the finding of this study could only be generalized to the overall population of childcare institutions in the city of A.A, that is inability to assess large number of institutions due to time & financial constraints. Besides, it did not include the attitude of the children living in the institutions who are under 12 years old.

Likewise, since all the measures are self-report questionnaires, which are based on the perspective of the adolescents, self-bias might have influence the accuracy of the information given by the respondents.

When we see its methodological limitation, this study used only one-way data collection tool that is quantitatively, for each variables and objective validation of these measures through other data sources is not obtained due to time limitations. Hence, it is suggested that supplementary investigation be done using a mixed method approach, which include additional responses of other concerned bodies.

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Appendices

Appendix A: Consent Form

I am Kainan Sebri Reshid, a master degree student in Social Work at Addis Ababa University. Currently, I am working on a thesis paper to finalize my studies. The aim of this study is to assess the relationship between childcare institution and self-esteem. Besides your institutional service satisfaction questions this questioner also includes questions about basic demographic characteristics about adolescents who are living in the childcare institution.

Looking at all previous studies in Ethiopia, there was not found any research focusing on the aim of the childcare institution and adolescents' self-esteem specifically. This study will not guarantee any direct benefit for participants; however, the study will generate valuable empirically tested knowledge related to self-esteem and childcare institution. Results will assist in shaping service design and delivery strategies for professionals' involved in childcare institutions and to see concerned bodies the actual service delivery and implementation of the alternative childcare guideline. It will be a benchmark for future researchers interested in this area. Beyond this, it will be a very good input for, policy designers and administrators. On the other hand, while filing out the questioner, it might remind you about you attitude towards yourself and towards the childcare institution service. In such case, if you want to resign from participating in the study, you have full right to do so.

This study is ethically examined and cleared by the professor advising the research and the ethical committee at Addis Ababa University, School of Social Work. Hence, the research will not have any psychological harm on participants. There is no question that would identify you as an individual from the rest of the participants. You are not expected to write your name.

All information you gave on the questioner will be kept secret only to be used for the purpose of this research.

Since your participation is very useful for the success of this study, I would politely request you to give clear answer to all of the questions. If you face any vague question, you may contact the nearby data collectors for clarification (me). If you need any further information about this study, you can contact myself, the researcher, calling on +251-920-481157, or the research advisor Dr Abebe Assefa on +251-911- 236153 and Addis Ababa University School of Social Work on +251-111-225920. It takes about 30 minutes to fill in this questioner.

If you fully understand the above information about the study and if you are willing to participate in the study, please put your signature on the space provided below. Participant's signature _____

Researcher's signature _____

I thank you very much for your cooperation!

Appendix B: Questionnaire

Demographic Information

This section asks general questions about your background. Please write the responses on the space provided or circle from the given alternatives.

1. **Socio-demographic characteristics**
   A. Age _____

   B. Sex Male ☐ female ☐
2. **Educational**
3. **level_____**

4. **Lengths stay in the institution _____**

5. **Religious attendance;**

   a. Every day
   b. Once per week
   c. Every other week
   d. Once in a month
   e. None
6. **Who is the closest source of support to you? _____**

The following are statements which explain the three major services (Basic services, Psychosocial services and Alternative child care services) of two governmental childcare institutions service delivery for adolescent residents based on the minimum standards of the 2009 alternative childcare guideline of Ethiopia. Please indicate where you give the value of service delivery on the feet/eyes of yours by putting this sign circling the alternatives. Thank you

5 Strongly agree 4. Agree 3. Neutral 2. Disagree 1. Strongly disagree.

No	**A. <u>Basic services</u>**	**Measuring Scale**				
	1. Housing	**1**	**2**	**3**	**4**	**5**
1.1	You are living not more than 8 adolescents in one-bed room with your age and gender group.	**1**	**2**	**3**	**4**	**5**
1.2	Your room is not overcrowded and extreme congestion so that you can move around.	**1**	**2**	**3**	**4**	**5**
1.3	Your room accommodates your belongings in a closet, bags or any other appropriate compartments.	**1**	**2**	**3**	**4**	**5**
1.4	Your room is well ventilated and well lighted, & you have toilets, shower rooms and washing basins which kept clean/ready for use.	**1**	**2**	**3**	**4**	**5**
2. Food						
2.1	You are getting three meals a day.	**1**	**2**	**3**	**4**	**5**
2.2	The food addresses the culture of the locality, besides its' quality and quantity is equivalent to the average household in the community.	**1**	**2**	**3**	**4**	**5**
2.3	The type, quality and quantity of food checked regularly by the health personnel or nutritionist.	**1**	**2**	**3**	**4**	**5**
2.4	You/adolescents encouraged to participate in cooking your food and in the purchasing of food items (exercise shopping).	**1**	**2**	**3**	**4**	**5**
3. Clothing						
3.1	You are getting two sets of personal clothing, school uniform, two pair of shoes & one pair of sandal shoes, one set of bed wears and two sets of towels per a year which is appropriate to the weather condition that you are living in.	**1**	**2**	**3**	**4**	**5**
3.2	Similar cloths and bed wear are provided (in color and design) for all of you.	**1**	**2**	**3**	**4**	**5**
3.3	You are encouraged to give your opinion and participation in purchasing your cloths.	**1**	**2**	**3**	**4**	**5**
3.4	There is special wearing and appliances for children with disability.	**1**	**2**	**3**	**4**	**5**

4. Health (Hygiene)						
4.1	Under normal condition you have biannual medical checkups.	**1**	**2**	**3**	**4**	**5**
4.2	You are getting sexual and HIV/AIDS education.	**1**	**2**	**3**	**4**	**5**
4.3	You can get first aid service in the childcare institution health clinic.	**1**	**2**	**3**	**4**	**5**
4.4	There is residential care for adolescents who are AIDS patients.	**1**	**2**	**3**	**4**	**5**
4.5	The health clinics are full of essential facilities and drugs to give you a service.	**1**	**2**	**3**	**4**	**5**
4.6	The childcare institution provides you the necessary hygienic training to keep your rooms and yourselves clean: wash your clothes by yourselves besides it also it check your hygiene weekly.	**1**	**2**	**3**	**4**	**5**
5. Education **5.1 Academic education**						
5.1.1	The childcare institution provides you educational opportunities & support with tutorial services for academic difficulties.	**1**	**2**	**3**	**4**	**5**
5.1.2	It fulfills your educational materials like uniform, pen, pencil, exercise books, reference materials etc.	**1**	**2**	**3**	**4**	**5**
5.1.3	The childcare institution support adolescents who join higher institutions.	**1**	**2**	**3**	**4**	**5**
5.1.4	The counselors regularly follow your educational development.	**1**	**2**	**3**	**4**	**5**
5.1.5	You have a reading room/library, preferably with necessary reading materials/ books.	**1**	**2**	**3**	**4**	**5**
5.1.6	The childcare institution encourages and motivates you to perform better in your education.	**1**	**2**	**3**	**4**	**5**
5.2 Technical and Vocational Training						
5.2.1	You are eligible for a vocational training when you are fourteen years of age and above, have completed grade eight, when you openly expressed your interest to attend vocational training, when you failed to continue in your academic education.	**1**	**2**	**3**	**4**	**5**
5.2.2	A childcare institution cover your training fees and all the necessary material when you attend vocational training;	**1**	**2**	**3**	**4**	**5**
5.2.3	Counselors make monthly follow-ups of your vocational development.	**1**	**2**	**3**	**4**	**5**

5.2.4	A childcare institution provides the necessary support to children who are completed the technical and vocational training to facilitate their reintegration and self-employment.	**1**	**2**	**3**	**4**	**5**
6. Special care for unaccompanied children with disability						
6.1	It devoted on the provision of prosthetic/orthopedic appliances (including wheel chairs) and conducive environment for disable children in the institution.	**1**	**2**	**3**	**4**	**5**
6.2	It provides special services like brail training, sign language, special education and skills training.	**1**	**2**	**3**	**4**	**5**
6.3	Facilities which are available in the compound of the institution are easily accessible for children with disabilities. Like beds, roads in the institution, recreational places/playing fields etc.	**1**	**2**	**3**	**4**	**5**
	B. Psychosocial Services **1. psychosocial support**					
1.1	There are various indoor and outdoor play/recreational materials which are important for sport, music and drawings, for older children.	**1**	**2**	**3**	**4**	**5**
1.2	There is a television set, radio set and other indoor facilities which are common in the locality.	**1**	**2**	**3**	**4**	**5**
1.3	Drama, music drawing clubs are available in the childcare institution which you can participate.	**1**	**2**	**3**	**4**	**5**
1.4	Care takers provide proper physical and verbal response to children's inquiries which might be presented in a form of cry, speech, babblings, body/facial expressions etc.	**1**	**2**	**3**	**4**	**5**
1.5	The childcare institution is free from history of abusing children and there is not suspected abuser.	**1**	**2**	**3**	**4**	**5**
1.6	Staff in general and care givers in particular, make frequent interactions with the children (listen to the children, play with them, discuss and help the children share their feelings).	**1**	**2**	**3**	**4**	**5**
2.Guidance and counseling:						
2.1	There is educational guidance counseling service.	**1**	**2**	**3**	**4**	**5**
2.2	There is vocational guidance counseling service.	**1**	**2**	**3**	**4**	**5**
2.3	There is behavioral guidance and counseling service.	**1**	**2**	**3**	**4**	**5**
2.4	There is health counseling service.	**1**	**2**	**3**	**4**	**5**

2.5	Your counseling room is very quiet and free from any frightening or disturbing objects.	**1**	**2**	**3**	**4**	**5**
3.Life skills training						
3.1	The child care institution provides interpersonal communication and relationships positive thinking and creative skills training.	**1**	**2**	**3**	**4**	**5**
3.2	It also provides basic conflict handling and stress management technique training.	**1**	**2**	**3**	**4**	**5**
3.3	It gives you a training on money management/handlings, time management	**1**	**2**	**3**	**4**	**5**
C. Alternative Childcare Services **1. Reunification and Reintegration**						
1.1	The institution is providing family reunification program under the age of 14 with necessary and legal procedures like pre reunification assessment (family willingness to accept his/her child, child willingness, economic condition of the family, life skill training for the child), reunification (financial support for the child like transportation and cloths and for the family to avoid problems after the child has arrived home) and post reunification (regular checkups for the child on how he is doing) assessment procedures.	**1**	**2**	**3**	**4**	**5**
1.2	There is reintegration program in the institution for children above 14 with the formal procedure like pre reintegration assessment, reintegration and post integration assessment.	**1**	**2**	**3**	**4**	**5**
1.3	There is legal protection to keep you from human right violation like rape or physical violation.	**1**	**2**	**3**	**4**	**5**

Below is a list of statements dealing with your general feelings about yourself. Taking in to consideration your life at the institution, please indicate how strongly you agree, agree, disagree or strongly disagree with each statement by circling the number which is found in the space.

No.		**Measurement Scale**			
		3	2	1	0
1.	On the whole, I am satisfied with myself	3	2	1	0
2.	At times I think I am no good at all.	3	2	1	0
3.	I feel that I have a number of good qualities.	3	2	1	0
4.	I am able to do things as well as most other people.	3	2	1	0
5.	I feel I do not have much to be proud of.	3	2	1	0
6.	I certainly feel useless at times.	3	2	1	0
7.	I feel that I'm a person of worth, at least on an equal plane with others	3	2	1	0
8.	I wish I could have more respect for myself.	3	2	1	0
9.	All in all, I am inclined to feel that I am a failure.	3	2	1	0
10.	I take a positive attitude toward myself.	3	2	1	0

Appendix C: Amharic Version of the Consent Form

<u>ለጥናት ተሳትፎ ስምምነትና ፈቃድ መጠየቂያ ቅፅ</u>

እኔ ቃይናን ሰብሪ እባላለሁ፡፡ በአዲስ አበባ ዩኒቨርሲቲ የሶሻል ወርክ (Social Work) የትምህርት ዘርፍ የሁለተኛ ዲግሪ (Master's Degree) ተመራቂ ተማሪ ነኝ፡፡ በአሁኑ ጊዜ፣ ትምህርቴን ለመጨረስ የሚረዳኝን ጥናት በመስራት ላይ እገኛለሁ፡፡ የዚህ ጥናት ዓላማ በህፃናት ማሳደጊያ ውስጥ ለህፃናቱ የሚሰጡ አገልግሎቶችንና የህፃናቱን ለራሳቸው ያላቸውን ግምትና አመለካከት እንዲሁም ደግሞ በራስ የመተማመን ብቃት ያላቸውን ግንኙነት ለማየት የሚሰራ ጥናት ነው፡፡

በአሁኑ ሰዓት በአለም አቀፍ ደረጃ ስለ ህፃናት ማሳደጊያ ለህፃናት ምቹ አለመሆን የሚገልፁ ጥናቶች ቢኖሩም ነገር ግን በተለየ መልኩ በሀገራችን ኢትዮጵያ ውስጥ ህፃናት ከ 12-20 የሚደርሱ ከህፃናት ከሚሰጡ ገልግሎቶችንና በራሳቸው ስለሚኖራቸው አመለካከትና ግምት ላይ ያተኮሩና የተሰሩ ጥናቶች ላይ ያተኮረ የለም፡፡ በጥናቱ ለሚሳተፉ ልጆች ቀጥተኛ የሆነ ጥቅም ባያስገኝም፣ በህፃናት ማሳደጊያው የሚሰጡ አገልግሎቶች ጥራትና በመመሪያና ህግ ተመስርተው ለሚደጡ ሰገልግሎቶች ላለው የአገልግሎት ዘርፍ መዳበር የሚጠቅም ጥናታዊ እውቀትን ያመነጫል፡፡ ወደፊትም የተያያዘ ጥናት ለመስራት ፍላጎት ላላቸው ባለሙያዎች መሰረት የሚጥል ይሆናል፡፡ በተጨማሪም በዘርፉ የተሰማሩ ባለሙያዎች የሚሰጡትን አገልግሎት ለመቅረጽ መንገድን የሚያሳይ ይሆናል፡፡ ከዚህም ባለፈ፣ የተለያዩ የመንግስት ህግ አውጪ አካላትና በአስተዳደር ላይ ላሉ ሰዎች ጥሩ ግብአት ይሆናል፡፡ በአንጻሩ፣ በጥናቱ በመሳተፍዎ ስለ እራሳችሁ የምትሰጡትን ግምት እና ግንዛቤ ምንአልባት ትክክል አለመሆኑን ስትገነዘቡ ስሜታችሁ ሊረበሽ ይችላል፡፡ በዚህ አጋጣሚ ከተሳታፊነት ማቋረጥ ቢፈልጉ መብትዎ የተጠበቀ ነው፡፡ ካልሆነም፣ ተረጋግተው መቀጠል ይችላሉ፡፡

የእዚህ ጥናት የስነምግባር መመሪያ በአዲስ አበባ ዩኒቨርሲቲ የሶሻል ወርክ ትምህርት ቤት የጥናት አማካሪ ፕሮፌሰርና የስነምግባር ኮሚቴ ተገምግሞ ፀድቋል፡፡ በመሆኑም ጥናቱ በተሳታፊዎች ላይ ምንም አይነት የስነ-ልቦና ጉዳት አያደርስም፡፡ በመጠይቁ ውስጥ ማንነትዎን የሚገልጥ ጥያቄ የለም፡፡ ስምዎንም መጥቀስ አይጠበቅብዎትም፡፡

ከዚህ በላይ በተዘረዘሩት የጥናት መግለጫዎች ሁሉ አንብበዉ ስለመረዳትዎ እና ስለፈቃደኝነትዎ በፊርማዎ እንዲያረጋግጡ በትህትና እጠይቃለሁ፡፡

የተሳታፊ ፊርማ _____

የአጥኚዋ ፊርማ _____

ስለ ትብብርዎ ከልብ አመሰግናለሁ፡፡

Appendix D: Amharic Version of the Questionnaire

ሀ. ግለ መረጃ መጠይቅ

ይህንን መጠይቅ ስትሞሉ የምትኖሩበትን የህፃናት ማሳደጊያ ተቋም እያሰባችሁ መሆኑን አትዘንጉ፡፡

I. አጠቃላይ መረጃ

1. ዕድሜ_____
2. ፆታ ወንድ ☐ ሴት ☐
3. የትምህርት ድረጃ _____
4. በህፃናት ማሳደጊያው /በተቋሙ ውስጥ የቆይታ ጊዜ _____
5. በሐይማኖት/እምነት ያለህ/ሽ ተሳትፎ ምን ያህል ነው?

ሀ. በየቀኑ እሳተፋለሁ፡፡

ለ. በሳምንት አንድ ጊዜ እሳተፋለሁ፡፡

ሐ. በየአስራአምስት ቀን እሳተፋለሁ፡፡

መ. ምንም አይነት ተሳትፎ የለኝም፡፡

6. በቅርብ ሆኖ በማንኛውም መልኩ የሚረዳህ/ሽ ማነው? _____

ሀ. በየቀኑ እሳተፋለሁ፡፡

ለ. በሳምንት አንድ ጊዜ እሳተፋለሁ፡፡

ሐ. በየአስራአምስት ቀን እሳተፋለሁ፡፡

መ. ምንም አይነት ተሳትፎ የለኝም፡፡

7. በቅርብ ሆኖ በማንኛውም መልኩ የሚረዳህ/ሽ ማነው? _____

ለ. የህፃናት ማሳደጊያ ተቋም የሚሰጡ አገልግሎቶች መጠይቅ

የሚከተሉት ዐ.ነገሮች በህፃናት ማሳደጊያ ተቋም ውስጥ ለህፃናቱ የሚሰጡ ዋና ዋና አገልግሎቶችን የሚገልፁ ሲሆን ይኽውም ኢትዮጵያ እ.ኤ.አ በ2009 ያወጣቸው የህፃናት ማሳደጊያዎች ሊሰጡ የሚገባቸውን የአገልግሎት መስፈርቶችና በእናንተ ግቢ ውስጥ እየተሰጠ ያለውን አገልግሎት በማጣጣም የቀረበ ነው፡፡ እባክዎትን እርስዎ እየተሰጠዎ ያለው አገልግሎት የትኛው ጋር እንደሚስማማ በተሰጡት ቁጥሮች ላይ በማክበብ ግምገማዎትን ይግለፁ፡፡ በቅድሚያ ስለትብብርዎ አመሰግናለሁ፡፡

5. በጣም እስማማለሁ 4. እስማማለሁ 3. ተአቅቦ 2. አልስማማም 1. በጣም አልስማማም

ተ.ቁ	አገልግሎቶች	የመመዘኛ መስፈርቶች				
		5	4	3	2	1
	ሀ. መሰረታዊ አገልግሎቶች **1.መኖሪያ ቤት**					
1.1	በአንድ የመኝታ ክፍል ውስጥ ከስምንት ካልበለጡ ልጆች ጋር እና ከተመሳሳይ ጾታ እና የዕድሜ ክልል ያሉ ልጆች ጋር ትኖራለህ/ሽ፡፡	5	4	3	2	1
1.2	የመኝታ ክፍልህ/ሽ ያልተጨናነቀ እና በቀላሉ ለመንቀሳቀስ የሚያስችል ነው፡፡	5	4	3	2	1
1.3	የመኝታ ክፍልህ/ሽ የግል ንብረቶችህን/ሽን የምታስቀምጥበት/ጭበት በቂ የሆነ የልብስ ቁም ሳጥንን ያሟላ ነው፡፡	5	4	3	2	1
1.4	መኝታ ክፍልህ/ሽ በቂ ብርሃን እና አየር የሚስገባ እንዲሁም ደግሞ ንፁህ የመጸዳጃና የመታጠቢያ ቤትን ያካተተ ነው፡፡	5	4	3	2	1
	2. ምግብ					
2.1	በቀን ዉስጥ ሶስት ጊዜ ምግብ ታገኛለህ/ሽ፡፡	5	4	3	2	1
2.2	የምትመገበው/ቢው ምግብ የምትኖርበትን/ሪበትን አካባቢ የአመጋገብ ባህል ያገናዘበ	5	4	3	2	1

ተ.ቁ	አገልግሎቶች	የመመዘኛ መስፈርቶች				
		5	**4**	**3**	**2**	**1**
	እና በተጨማሪም የምግቡ ጥራትና መጠንም በአካባቢው መካከለኛ ገቢ ካላቸው ቤተሰብ ጋር ተመጣጣኝ/ተስተካካይ ነው፡፡					
2.3	የምትመገቡት ምግብ በጤና ባለሙያ በየጊዜው ጥራቱ እና መጠኑ ይረጋገጣል/ይቆጣጠራል፡፡	**5**	**4**	**3**	**2**	**1**
2.4	በግቢው ውስጥ ምግብ በማብሰል ሒደት እና የምግብ ቁሳቁሶችን በመግዛት እንድትሳትፍ/ፊ ትበረታታለህ/ሽ፡፡	**5**	**4**	**3**	**2**	**1**
3.ልብስ						
3.1	የምትኖሩበትን አካባቢ አየር ንብረት ያገናዘበ በዓመት ሁለት ሙሉ ልበሶችን፣ የትምህርት ቤት ዩኒፎርም፣ አንድ ጥንድ ጫማ፣ አንድ ሰንደል ጫማ፣አንድ የሌሊት ልብስና ሁለት ፎጣዎችን ታገኛለህ/ሽ፡፡	**5**	**4**	**3**	**2**	**1**
3.2	ለሁሉም የህፃናት ማሳደጊያ ልጆች የሚሰጡ የሌሊት እና የቀን/መደበኛ ልብሶች በቀለምና በቅርፅ ተመሳሳይ ናቸዉ፡፡	**5**	**4**	**3**	**2**	**1**
3.3	የሚሰጣችሁን ሙሉ ልብሶችና የአልጋ ልብሶች በሚገዙበት ወቅት ለመምረጥ ትችሉ ዘንድ ሃሳባችሁን እንድታቀርቡ ትበረታታላችሁ/ይፈቀድላችኋል፡፡	**5**	**4**	**3**	**2**	**1**
3.4	ለአካል ጉዳተኞች ልዩ እና ተስማሚ የሆኑ ልብሶችና መገልገያ ቁሳቁሶች/እንደ ተሽከርካሪ ወንበር ወ.ዘ.ተ/ ይዘጋጅላቸዋል፡፡	**5**	**4**	**3**	**2**	**1**
4.ጤና እና የግል ንፅህና						
4.1	ጤናማ በሆንክበት/ሽበት ጊዜ በአመት ዉስጥ ሁለት ጊዜ ሙሉ የህክምና ምርመራ ይደረግልሃል/ሻል፡፡	**5**	**4**	**3**	**2**	**1**
4.2	በግቢው ውስጥ ከተቃራኒ ፆታ ጋር ስለሚኖር የግብረስጋ ግኑኝነትና እና የኤች አይ ቪ ኤድስን በተመለከተ ትምህርት ይሰጥሃል/ሻል፡፡	**5**	**4**	**3**	**2**	**1**
4.3	የመጀመሪያ ህክምና እርዳታ በግቢዉ ዉስጥ ባለው የጤና ተቋም ታገኛለህ/ሽ፡፡	**5**	**4**	**3**	**2**	**1**
4.4	በህፃናት ማሳደጊያዉ ዉስጥ በ ኤች አይ ቪ የተያዙ ህፃናት የሚቆዩበት ስፍራ ተዘጋጅቶላቸዋል፡፡	**5**	**4**	**3**	**2**	**1**
4.5	በህፃናት ማሳደጊያዉ ዉስጥ የሚገኘዉ የጤና ተቋም አገልግሎት መስጠት የሚያስችል በቂ እና አስፈላጊ የሆኑ መድሃኒቶችን የያዘ ነው፡፡	**5**	**4**	**3**	**2**	**1**
4.6	ህፃናት ማሳደጊያዉ የራሳችሁንና የከፍላችሁን ንፅህና እንድትጠብቁ እና ልብሶቻችሁን ራሳችሁ እንድታጥቡ የሚያስችል የግል ንፅህና አጠባባቅ ሥልጠና ፤እንዲሁም ደግሞ በሳምንት አንድ ጊዜ የግል ንፅህናችሁን ይከታተላል፡፡	**5**	**4**	**3**	**2**	**1**
5.ትምህርት **5.1 የቀለም ትምህርት**						
5.1.1	ህፃናት ማሳደጊያው የቀለም ትምህርት የመማር ዕድልና ለሚከብዳችሁ የት/ት ዓይነት የማጠናከሪያ ትምህርት እንድታገኝ/ኚ ሁኔታዎችን ያመቻቻል፡፡	**5**	**4**	**3**	**2**	**1**
5.1.2	የህፃናት ማሳደጊያው ለቀለም ትምህርት የሚሆኑ አስፈላጊ ቁሳቁሶችን እንደ ዩኒፎርም፣ደብተር፣እስክርቢቶ፣መርጃ መፃህፍት ወዘተ. ያሟላልሃል/ሻል፡፡	**5**	**4**	**3**	**2**	**1**
5.1.3	የህፃናት ማሳደጊያዉ የከፍተኛ ትምህርት ለገቡ ተማሪዎች አስፈላጊዉን ድጋፍ ያደርጋል፡፡	**5**	**4**	**3**	**2**	**1**
5.1.4	በግቢዉ ዉስጥ የሚገኙ የጋይዳንስና ካዉንስሊንግ ባለሙያዎች የትምህርት ዕድገትህን/ሽን/ ለዉጥ ይከታተላሉ፡፡	**5**	**4**	**3**	**2**	**1**

ተ.ቁ	አገልግሎቶች	የመመዘኛ መስፈርቶች				
		5	4	3	2	1
5.1.5	በግቢዉ ዉስጥ የማንበቢያ ክፍል/ቤተ-መፀሀፍት፤ እና በውስጡም አስፈላጊ የንባብ መፀሀፎች ይገኛሉ፡፡	5	4	3	2	1
5.1.6	የህፃናት ማሳደጊያዉ በትምህርትህ/ሽ የተሻለ ውጤት እንድታመጣ/ጪ ያበረታታሃል/ሻል፡፡	5	4	3	2	1
5.2 የቴክኒክና የሙያ ትምህርት						
5.2.1	የህፃናት ማሳደጊያው 14 ዓመት ሲሞላችሁ፤ 8ኛ ክፍልን ስታጠናቅቁ፤ ለድርጅቱ ጥያቄ ስታቀርቡ እንዲሁም በትምህርታችሁ ዝቅተኛ ውጤት ስታስመዘግቡ የቴክኒክና ሙያ ትምህርት እንድትከታተሉ ይደረጋል፡፡	5	4	3	2	1
5.2.2	ድርጅቱ ለሙያ ስልጠናው የሚሆን ክፍያንና እንዲሁም በቂ ቁሳቁስ ጨምሮ ያሟላል፡፡	5	4	3	2	1
5.2.3	በድርጅቱ የሚሰሩ የስነልቦና ባለሙያዎች ወርሃዊ በሆነ መልኩ የቴክኒክና ሙያ ትምህርት እድገትን ይከታተላሉ፡፡	5	4	3	2	1
5.2.4	የሙያ ትምህርት የተከታተሉና የጨረሱ ልጆች ድርጅቱ ወደ ማህብረሰቡ እንዲቀላቀሉ እና በስራ ፈጠራ እንዲሰማሩ አስፈላጊውን ድጋፍ ያደርግላቸዋል፡፡	5	4	3	2	1
6. ልዩ ድጋፍና ክትትል ለሚያስፈልጋቸዉ የአካል ጉዳተኞች						
6.1	ተቋሙ ለአካል ጉዳተኞችና (ተሽከርካሪ ወንበር) የልብ ችግር ላለባቸዉ ህፃናት በቂ የሆነ ድጋፍ እና በግቢው ውስጥ ምቹ ሁኔታ ይፈጥራል፡፡	5	4	3	2	1
6.2	ተቋሙ ለአካል ጉዳተኞች የተለያዩ ስልጠናዎችን፤ለምሳሌ ለዓይነ ስውራን የብሬይል ስልጠና፤ መስማት ለተሳናቸው የምልክት ቋንቋ፤ እና ልዩ ልዩ የክህሎት ስልጠናዎችን ይሰጣል፡፡	5	4	3	2	1
6.3	በተቋሙ ዉስጥ የሚገኙ ማንኛዉም የመገልገያ ቁሳቁሶች አካል ጉዳተኞችን ያገናዘበ ነው፡፡ለምሳሌ የመኝታ ቤቶች አልጋዎች መንገዶች መጫዎቻወች ወ.ዘ.ተ	5	4	3	2	1
ለ. የስነ-ልቦና እና ማህበራዊ አገልግሎት						
1. የስነ-ልቦና እና ማህበራዊ ድጋፍ						
1.1	በግቢው ዉስጥ እና ከግቢዉ ዉጭ የምትዝናኑባቸውና የምትጫወቱባቸው ለምሳሌ እንደ ስፖርት፤ ሙዚቃ እና ስዕል እና የመሳሰሉት እንቅስቃሴዎች ይገኛሉ፡፡	5	4	3	2	1
1.2	በግቢው ውስጥ በአካባቢው የተለመዱ አገልግሎቶች እንደ ቴሌቪዥን፤ሬድዮ እንዲሁም የተለያዩ አገልግሎቶች ተካተው ይገኙበታል፡፡	5	4	3	2	1
1.3	በግቢው ውስጥ የሚያሳትፍህ/ሽ የሙዚቃ፤የድራማና የስዕል ክበቦች ይገኛሉ፡፡	5	4	3	2	1
1.4	በግቢው ውስጥ የሚገኙ አሳዳጊዎች/ሞግዚቶች በተለያየ መልኩ ላቀረባችሁት ጥያቄ ማለትም በማልቀስ ሊሆን ይችላል፤ በንግግር እንዲሁም በአካል እንቅስቃሴ ወ.ዘ.ተ አግባብ በሆነ መልኩ ያለ ቁጣና ንቀት መልስ ይሰጧችኋል፡፡	5	4	3	2	1
1.5	ግቢው ከህፃናት ብዝበዛ እና እንዲሁም ከመጥፎ የልጆች አያያዝ የፀዳ ታሪክ አለው፤በግቢው ውስጥም የሚጠረጠሩ ህፃናትን በአካላቸውና በአእምሮአቸው ላይ ጉዳት የሚያደርሱ ሰራተኞች የሉም፡፡	5	4	3	2	1
1.6	በግቢው ውስጥ የሚገኙ አባላት/ሰራተኞች እና ሞግዚቶች ከልጆች ጋር ተከታታይ/ቀጣይነት ያለው ግኑኝነት አላቸው፡፡(ለምሳሌ ስሜታቸውን ያዳምጧችኋል፤አብረው ይጫወታሉ፤ይወያያሉ፤ይረዱአችኋል፤ ስሜታችሁን ይጋራችኋል)፡፡	5	4	3	2	1
2. ጋይዳንስና ካውንስሊንግ						

ተ.ቁ	አገልግሎቶች	የመመዘኛ መስፈርቶች				
		5	4	3	2	1
2.1	በቀለም ትምህርት እንድትበረቱ የሚያግዙዋችሁ የስነልቦና ባለሙያዎች አሉ፡፡	5	4	3	2	1
2.2	የቴክኒክና ሙያ ትምህርታችሁን የሚያግዙ የስነ-ልቦና ባለሙያዎች አሉ፡፡	5	4	3	2	1
2.3	የባህሪ እና የምክር አገልግሎት የሚሰጡ ባለሙያዎች አሉ፡፡	5	4	3	2	1
2.4	የጤና ምክር የሚሰጡዋችሁ ባለሙያዎች አሉ፡፡	5	4	3	2	1
2.5	የምክር አገልግሎት የምታገኙበት ክፍል ምቹ ፤ ፀጥታ የነገሰበት፤እንዲሁም ከሚረብሹና የሚያስፈሩ ነገሮች የፀዳ ነው፡፡	5	4	3	2	1
	3. **የህይወት ክህሎት ስልጠናዎች**					
3.1	የህፃናት ማሳደጊያው/ድርጅቱ ከሰዎች ጋር በቀላሉ ለመግባባትና መልካም ግኑኝነት ሊፈጥሩላችሁ የሚያስችሏችሁን ክህሎቶች እንዲሁም የፈጠራ ችሎታዎችን እንድታዳብሩ የሚረዱ ስልጠናዎችን እንዲሰጡዋችሁያደርጋል፡፡	5	4	3	2	1
3.2	በተጨማሪም ግጭቶችን እና ጭንቀቶችቻችሁን እንዲሁም ችግሮቻችሁን እንዴት መፍታት እንደምትችሉ ልዩ ልዩ የክህሎት ሥልጠናዎች በግቢው ውስጥ ይሰጣሉ፡፡	5	4	3	2	1
3.3	ገንዘብን እና ጊዜን እንዴት በአግባቡ መጠቀም እንደምትችሉ ሥልጠና ይሰጣችኋል፡፡	5	4	3	2	1
	ሐ. ከህፃናት ማሳደጊያ ተቋም ውጭ ያሉ ሌሎች የህፃናት ማደጊያ አማራጮች					
	1. ከህፃናቱ ቤተሰብና የአካባቢው ማህበረሰብ ጋር የመልሶ ማቀላቀል ትግበራ					
1.1	ድርጅቱ ከ 14 ዓመት በታች ለሆኑ ህፃናት ተመልሰው ወደ ቤተሰቦቻቸው እንዲቀላቀሉ ያደርጋል፡፡ ይህም ሲሆን አስፈላጊ የሆኑ ህጋዊ ቅደም ተከተሎችን ተከትሎ ነው፡፡ ማለትም የቅድመ ዳሰሳ (የቤተሰቡን ፈቃደኝነት፤ኢኮኖሚ አቅም ማጣራት ሊሆን ይችላል፡፡ የልጁን ፈቃደኝነት ማረጋገጥ፤ የህይወት ክህሎት ሥልጠና መስጠት ወዘተ)፤ ዳሰሳ (ይህም ለሕፃኑ ልብሶችን፤ትራንስፖርት ወጪ፤ወላጆችን በገንዘብ ማገዝ)፤ በመጨረሻም ደግሞ ልጆች ከተቀላቀሉ በኋላ ምን ሁኔታ ላይ እንደሚገኙ ክትትልና ድጋፍ ማድረግ ይገኙበታል፡፡	5	4	3	2	1
1.2	ህፃናት ትምህርታቸውን ሲጨርሱና 18 ዓመት ሲሞላቸው ከግቢው በመውጣት ከማህበረሰቡ ጋር ተቀላቅለው እንዲኖሩ ድርጅቱ አስፈላጊውን የቅድመ ዳሰሳ(የህይወት ክህሎት ሥልጠና መስጠት)፤ ዳሰሳ እንዲሁም ደግሞ ልጆቹ ከተቀላቀሉ በኋላ በምን ሁኔታ ላይ እንዳሉ ክትትልና ድጋፍ ይደረገላቸዋል፡፡	5	4	3	2	1
1.3	ሰብዓዊ መብቶቻችሁ እንዳይጣሱ/ይጠበቁ ዘንድ የህግ ከለላ ይደረግላችኋል ፡፡ለምሳሌ እንደ ተገድዶ መደፈር፣ በአካል ላይ ጉዳት ሲደርስ የሚከላከልላችሁ አካል አለ፡፡	5	4	3	2	1

ሐ. ስለእራስ የሚኖር አመለካከት/መለኪያ ግላዊ ምዘና መለኪያዎች

ከዚህ በታች የተዘረዘሩት የአንተን/ችን አጠቃላይ ስሜት የሚገልፁ ዐ.ነገሮች ሲሆን በህፃናት ማሳደጊያው ውስጥ ያለህን/ሽን ህይወት ወይም ኑሮ ከግምት ውስጥ በማስገባት የትኛው ውስጥ ልትካተት/ች እንደምትችል/ችይ ማለትም በጣም እስማማለሁ፣ 3 እስማማለሁ፣ 2 አልስማማም፣ 1 እንዲሁም ደግሞ በጣም አልስማማም 0 በማለት በማከበብ አስቀምጥ/ጭ።።

ተ.ቁ	አጠቃላይ ስለእራስ የሚኖር አመለካከት/መለኪያ ዐ.ነገሮች	የመመዘኛ መስፈርቶች			
		3	2	1	0
1.	በአጠቃላይ በእራሴ ባለኝ ነገር እኮራለሁ/እረክቻለሁ።።	3	2	1	0
2.	በተለያዩ ሁኔታዎች ጥሩ እንዳልሆንኩ ይሰማኛል።።	3	2	1	0
3.	ብዙ ጥሩ ነገሮች/ብቃቶች እንዳሉኝ ይሰማኛል።።	3	2	1	0
4.	እንደ ሌሎች አብዛሀኛው ሰዎች ማንኛውንም ነገር ለመስራት እችላለሁኝ።።	3	2	1	0
5.	ምንም ዓይነት በራሴ የምኮራበት/የምተማመንበት ነገር እንደሌለኝ ይሰማኛል።።	3	2	1	0
6.	በእርግጠኝነት ምንም የማልጠቅም ሰውእንደሆንኩ አይነት ስሜት ይሰማኛል።።	3	2	1	0
7.	ከማንኛውም ሰው እኩል በጣም ጠቃሚና እና የተሻለ ሥራን መስራት የምችል ሰው አይነት እንደሆንኩ አይነት ስሜት ይሰማኛል።።	3	2	1	0
8.	ለእራሴ የምሰጠው ክብርና ግምት አሁን ከምሰጠው የበለጠ/የተሻለ ቢሆን እመኛለሁ።።	3	2	1	0
9.	በአጠቃላይ በማከናውናቸው/በምሰራቸው ስራዎች ሁሉ የማይሳካልኝ ሰው እንደሆንኩ እደመድማልሁ።።	3	2	1	0
10.	እኔ እራሴ ለእራሴ ያለኝ አመለካከት/ግምት ጥሩ እና የተሻለ ነው።።	3	2	1	0