

**THE PSYCHOSOCIAL CHALLENGES OF
ORPHANED AND VULNERABLE ADOLESCENTS:
IN SOME SELECTED CENTERS IN ADDIS ABABA**

**BY
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**A THESIS SUBMITTED TO THE SCHOOL OF
GRADUATE STUDIES IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE OF
MASTERS OF ART IN COUNSELING PSYCHOLOGY**



JULY 2007


ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES

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Acknowledgments

My deepest gratitude is to my advisor Dr. Bidyadhar Sa for his invaluable advices through out my research work. His great tolerance and advice enabled me to complete the study successfully.

I am indebted to those organizations namely, Save the Children/USA, Mekedem Ethiopia, Hanna Orphans Home, Abebeche Gobena Children and Development Organization, Dorcas AID International and Kechene Children's Village for their unconditional help to get primary and secondary data on OVA.

I am especially grateful to my beloved friend Efferata Assefa for her kind assistance, wholehearted support and encouragement in all things throughout this project.

Las but not the least, I would like to extend my thanks to my brother Dagne Ketema, Aferweork Tariku , and to my sisters Turiye Ketema and Etabezu Ketema for their encouragement and unreserved support for my higher education pursuit..

(Semu Ketema)

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Acronyms

AIDS -Acquire Immune Deficiency Syndrome

CBO-Community Based Organizations

FBO-Faith Based Organization

FDRE- Federal Democratic Republic of Ethiopia

HACI-Hope for African Children Initiatives

HAPCO-HIV/AIDS Prevention and Control Office

HIV-Human Immune Virus

IC -Italian Cooperation

IOM- International Organization for Migration

MOLSA-Ministry of Labor and Social Affairs

OVA -Orphans, Vulnerable -Adolescents

UN- United Nations

UNAIDS- United Nations Program on HIV/AIDS

UNICEF- United Nation International Children's Emergency Fund

USAID- United State Agency for International Development

Abstract

The major objective of the study was to explore the major psychosocial challenges experienced by Orphan and Vulnerable Adolescents (OVA). For the present study, 286 OVA and 47 OVA care takers were selected through purposive sampling from four OVA centers in Addis Ababa namely, Dorcas Aid International, Hanna Orphans Home, Abebech Gobena Children and Development Organization and from Kechene Children's Village. Questionnaires were distributed to all selected sample to collect the desired data. The collected data were treated with statistical techniques namely cross tabulation of percentage, product moment correlation and t-test. The service needs and support fulfillment is analyzed to see the psychosocial intervention gap. The analysis revealed that, there is high(57.6%) mean average psychosocial support gap in counseling (74.3%), love (73.7%), visiting and recreation(62.7%), play (54.1%), motivation (35.5%). There is 5.9% mean average social support in fulfillment or gap in the area of peer education (73%), life skills (57.5%) and 6% in housing. The psychological support gap exceeds social gap. The inter correlation among the psychosocial variables shows that there is significant relationship between the social and psychological variables among the OVA. The t-test analysis shows that there is no significant social and self-esteem challenges differences between early and late adolescents, where as there is significant psychological and self-efficacy challenge differences between early and late adolescents. There is also no significant difference in social and self-efficacy challenges between male and female adolescents where as there is significant psychological and self-esteem difference between male and female adolescents. Therefore, the findings of the study underline the importance of improving the accessibility of psychosocial support and bridging the service gap intervene to mitigate the challenges associated with age and sex differences to enhance the psychosocial well-being of OVA.

CHAPTER-I

INTRODUCTION

1.1 Background of the study

In Ethiopia, there are about 4.5 million orphans, and 200,000 children living on the streets of Addis Ababa, the capital of Ethiopia (FDRE, UN and IOM, 2006). Children may be made vulnerable by a number of factors. The HIV/AIDS pandemic is a major factor in the growing crisis of OVA in Ethiopia. Nevertheless, maternal mortality, malnutrition, lack of education, poverty, economic exploitation, and armed conflict also make children vulnerable. This problem is getting worse due to lack of access to the psychosocial support such as counseling, care and support, shelter..., etc. It is prominent among sub Saharan African countries due to the various factors including, HIV/AIDS, poverty, conflict and poor governance. An increase in the number of orphan and vulnerable adolescents is one of the most serious socio economic and development challenges that affecting developing countries. The number of orphan has increased from 28.4 million in 1990 to 43.4 million in 2003 in sub Saharan African alone. By the year 2010, this figure will be

expected to reach 50 million (UNAIDS, 2004). The number of orphans in Ethiopia has increased by 39% with in the past 14 years. The number of orphans increased from 2.8 million in 1990 to 3.9 million in 2003. By 2010, this statistics is expected to climb to 4.7 million and the magnitude of crisis will be doubled in 20 years time unless a mechanism is put in place to combat the multifaceted problems and trend (Children on the Brink, 2004). The cumulative effects of challenges on OVA affects and jeopardize the future well being of vulnerable adolescents and orphans and children (HACI,2006).The socio-economic and psychological challenge of vulnerable adolescents and orphans is increasing at alarming rate due to parents death by HIV/AIDS and by many other factors. For instance the lose of parents has significant psychosocial and economic effects on a children and adolescents. The death of mother in particular has dramatic psychosocial consequences. The lose of father means the lose of income and result in financial challenge to the family (HAPCO, 2003).

The number of OVA is also increasing due to family death by AIDS, conflict and by other causes. The psychosocial crisis is also increasing due to pressing needs of OVA for basic survival and because of the absence of intervention for the challenge. Therefore,

it is important to discuss about the importance of the psychosocial support in relation with associated challenges to build the significant social and psychological wellbeing to the OVA. An appropriate and need based psychosocial interventions are also very important, to enhance psychosocial welfare for. However, in Ethiopia the psychosocial support is the most neglected service to vulnerable adolescents and orphans (UNICEF, 2003).

This study is hoped to create understanding about the psychosocial challenge of OVA and attempt to recognize and meet the challenges and intervention needed to secure the future well being of OVA

1.2 Statement of the problem

Psychosocial programs are designed to promote recovery and resiliency. In order to achieve these aspirations, however, it is important to identify and understand what factors pretense OVA to a risk. Challenges of OVA are varies according to the nature of the emergency, as a function of age and sex difference of the OVA.

To enhance the psychosocial support to OVA so many agendas have been developed; however, the designed programs are not developed based on the merit and needs of beneficiaries. Due to this reason mostly ineffective implementation and failed in succession of the

proposed agendas on psychosocial support. Mostly OVA are supported with immediate available material support without prior need identification. The psychological support aspect is almost neglected support dimension. Studies revealed that psychosocial support is not well understood and it is very difficult to assess its challenge. Unless the challenge is not assessed it is difficult to address the associated challenges. The extent of other social challenges to vulnerable adolescents and orphans in Ethiopia challenges like life skills, peer education housing, health, food and interpersonal relation and stigma discrimination are also not clearly assessed and identified to intervene with right and appropriate intervention approach.

Challenges associated with OVA are not take place as a matter one is being OVA. However; while child lose his or her family or exposed for vulnerability ; by then he or she miss love, affection, treatment and care. These factors create strong challenges and the challenge may be aggravated by unfulfillment of psychosocial support. The access and the opportunity of getting psychosocial support is different before and after the death of parents. Because of these reasons and others OVA may experience psychosocial disorders such as poor interpersonal relation, depression, anxiety, Stress,

low self-esteem and low self-efficacy due to lose of family care, unfulfillment of psychosocial needs and lack of services placement Therefore, this study looks into the answers for the following research question.

1. What are the major psychosocial challenges of orphan and vulnerable adolescents?
2. Is there any inter-correlation among the psychosocial variables?
3. Is there any significant difference between psychosocial challenges of early and late OVA?
4. Is there any significant difference between psychosocial challenges of male and female OVA?
5. Is there any psychosocial support gap that exists between psychosocial needs and respective support?

1.3 Objectives of the Study

1. To assess the major psychosocial challenges faced by OVA.
2. To find out the inter-correlation among the psychosocial variables.
3. To find out significance difference between psychosocial challenges of early and late OVA.

4. To find out significant difference between psychosocial challenges of male and female OVA.
5. To explore the psychosocial gap that exists between existing psychosocial needs and support filled.

1.4 Operational Definitions

Orphans and Vulnerable Adolescent (OVA)-It refers to orphans and Vulnerable groups of adolescents aged between 12-18 who are more exposed to risks than their peers.

Psychological Challenge -It refers to an internal problem of adolescents that influence or weaken psychological well being of OVA challenges such as depression, anxiety, stress, self-esteem and self-efficacy.

Social Challenge - It refers the behavioral difficulties of OVA in which he or she, feel in some social situation such as interpersonal relation, stigma and discrimination.

1.5 Significance of the Study

The finding of this study could support OVA expertise, Faith based organizations, and community based organizations, government and non-government organizations working on OVA to develop

alternative intervention programs for the psychosocial challenges of OVA. Adolescent counselors, school counselors, psychosocial officers, also could be benefited from the result of this study while they are trying to bring the desired behavioral change among the OVA. The findings of the study also helps these organizations working on OVA to provide basic psychosocial support needed by OVA and enables to intervene with the psychosocial challenges of OVA. It is finally hoped that this study enables and encourages others to study further on the psychosocial problems OVA and other children.

1.6 Delimitations of the Study

The study is limited to four OVA centers located in four Sub cities of Addis Ababa city administration. More generalized and conclusive statement would be made if additional OVA centers were included under this study. The populations considered for this study were limited to those OVA aged between 12-18 years old only. The study is also delimited to OVA found at household and institution level only.

CHAPTER-II

REVIEW OF RELATED LITERATURES

2.1 Concept of Orphaned and Vulnerable Adolescent

The term "Orphans and Vulnerable Adolescents (OVA)" refers all adolescents aged between 12-18, who have already lost either one or both parents or vulnerable to other problems and may be affected by poverty, conflict and HIV/AIDS (MOLSA, IC & UNICEF, 2002).

Initial work of UNAIDS on AIDS defined orphan as a child whose mother, father or both parents had died. However, this definition was strongly criticized for underestimating the total number of orphans and the impact of paternal death. Consequently, one of the most recent publications UNAIDS, UNICEF, USID (2002) define an orphan as any child under 18 who has lost one or both parents. They also recognize orphans as a paternal orphan whose father has died, a maternal orphan whose mother has died and a double orphan whose both parents have died.

According UNAIDS & UNICEF (2004) orphans and vulnerable adolescents could be classified as follows:

- Maternal orphans (a child whose mother has died)
- Paternal orphans (a child whose father has died)
- Double orphans (a child whose both parents have died) and
- Vulnerable (a child whose susceptible to risk but may not be Orphan)

The concept of OVA usually refers to vulnerable adolescents and orphans exposed to more risks than their peers. Mostly challenges come against physiological & psychological needs of human being. Incapability of meeting these needs can create unconditional and stressful social and psychological problem but accessing and providing psychosocial support, enables to withstand challenges and the psychosocial wellbeing could be enhanced (McCubbin, Thompson, & McCubbin, 1996).

Compared to adults, adolescents are vulnerable by nature, but some adolescents are more critically vulnerable than others. Hence, access for the psychosocial support to adolescents should be prioritized incomparison with adult. Vulnerability to adolescent is a downward spiral where each shock leads to a new level of susceptibility. Each new level opens up for a host of new risks. In other words, the probability of experiencing a negative outcome

rises with each shock. Interventions aimed to rescue and rehabilitate shock are too expensive and have low rates of success. Therefore adolescents should be preferably assisted before they have reached the most critical stages of vulnerability (<http://www.savethechildren.org/publications/Psychosocialcontents>).

Adolescents who lose either of a parent or both or vulnerable to a risk have likely opportunity to practice angry, guilty, anxiety, stress, loneliness, shame, depression and stigma. They worry, about being dependent, expressing their sexuality, relationship with the people they live.

Isolation, anxiety and depression, social stress, lack of family support , poor long-term survival, fear of disclosure, uncertainty about the future life, relationship with peers, lose of self confidence are some of the psychosocial challenges associated with OVA. The on set of OVA related psychological challenges mentioned above can trigger feelings of discourage and despair .While adolescents understand once he /she is OVA then their level of competency, self-esteem and self management declines and finally reach to inability to take decision .

2.2 Psychosocial Challenge of Orphaned and Vulnerable Adolescents

The Psychosocial problems of OVA have not given due attention as other physical difficulties. Psychosocial is viewed as the social and psychological condition of oneself such as socialization, aspect of one self, interrelationship, subjective experience, nervous arousal, distress reaction ,despair and feeling of self worth (Sieber, 1993). The loss of a parent can deprive adolescents from a family environment, which is crucial environment in the development of a positive self-identity and self-esteem. The burden of care and responsibility is likely to fall on to the adolescents while parents become ill or die. These adolescents who have lost one or both parent may experience grief and loss. This opportunity urges the OVA to lose access and chance to play, to take rest, and leads to other stoical opportunities hinder him or her to participate in community, religion and cultural activities.

Abebe (2004) in his studies on the aspect of psychosocial and educational problem of HIV/AIDS orphans discussed the major psychosocial problems associated with AIDS orphans are,

depression, stigma and discrimination. The study revealed as AIDS orphans were suffering from stigma, discrimination and multiple problems.

Befikadu (2005) in his study reveals that lower level of emotional adjustment among AIDS orphans reflects unhappiness, wornness, impatience, depression and feeling of hopelessness. The study also reveals as AIDS orphans manifest some kind of negative behaviors such as avoiding people, shyness, difficult to talk with strangers and disturbing other people.

Daniel (2006) in his research on the psychological behavior of AIDS orphans discussed social and psychological behavior. The study revealed that there is relationship between psychosocial need and psychosocial fulfillment of AIDS orphan.

a) Interpersonal relation, Stigma and Discrimination

Interrelationship is one's ability to maintain good relations with other people in different aspect of their daily life. It is one's ability to coexist harmoniously with others and build sensible, acceptable and healthy association with other people. In order to have effective, understandable and acceptable interrelationship OVA needs to build basic interpersonal skills, like ability to make

contact, ability to overcome unequal relationship, willingness to be committed to friendship (Sayce, ,1998).

Effective communication is a matter of developing proximate and free relationship with others. Interpersonal relation and communication among individuals may be affected by one's own pre determined self-esteem and self-awareness level. Members of stronger and better families spend much their time to develop good communication skills. However, OVA have less access and opportunity to exercise basic skills and lack of experience in talking with elders (Save the Children, 2005).

Interpersonal relation and communication skills are key to create attachment with others ,to express and understand the ideas of others. Interpersonal relation, communication, friendship may be effective or in effective based on the behavioral background of an individual (Save the children, 2005).

b) Depression

Depression is a mental illness in which a person experiences deep, unshakable sadness and diminished interest in nearly all activities (Gelder, Mayou and Geddes, 1999). A serious psychological

condition affects thoughts, feelings, and the ability to function in everyday life. People use the term depression to describe the temporary sadness, loneliness that everyone feels from time to time. Unlike normal sadness, depression can impair a person's ability to function in social situations and at work. People with major depression often have feelings of despair, hopelessness, and worthlessness, as well as thoughts of committing suicide (Gilder, Mayou and Geddes, 1999).

Depression causes serious changes in a person's feelings and outlooks. Person with severe depression may appear confused, restless and agitated frightened. Depression usually alters a person's appetite, sometimes increasing it, but usually reducing it. The sleep habits often changes as well. People with depression may oversleep but mostly sleeps for fewer hours (Gilder, Mayou and Geddes, 1999).

People with depression often experience feelings of worthlessness, helplessness, guilt, and self-blame. They may interpret a minor failing on their part as a sign of incompetence. Even a competent and decent person may feel deficient, cruel, stupid, or guilty. Some

depressed people may be, engaging in fidgety movements and pacing. Depressed people may also have thinking difficulty, poor concentration, and problems with memory (Champion and Power, 2000).

c) Anxiety

Anxiety is feeling of mix fear and uneasiness tension about the future in reaction to stressful reaction. Anxiety is an emotional state in which people feel uneasy, apprehensive, or fearful. People usually experience anxiety about events they cannot control or predict about events that seem threatening or dangerous.

A moderate amount of anxiety motivates people and adds enthusiasm to one's life. When anxiety is intense, prolonged, or uncontrolled, people begin to experience physical, psychological and defensive reactions.

On psychological functioning, anxiety can hinder interpersonal relations, unexciting personality, reduce work effectiveness, and thinking ability. In extreme case, anxiety halts an individual functionality (Collins, 1988).

d) Stress

Stress is an emotional condition, experienced or felt when an individual has to cope with unsettled, frustrating or harmful situations. It is a response to physical and psychological events perceived by an individual as potentially causing harm or emotional distress. Some define stress as events or situations that cause feeling of tension, pressure, or negative emotions like anxiety and anger. Others view stress as the response to these situations and a response as to events that threatens or challenges a person. It is a disturbing sense of helplessness, which is uncomfortable and creates uncertainty and self-doubt.

Stress can be caused by different factors. Some stress can be caused by some the primary stress factor such as housing, poverty, stigma and discrimination loneliness lack of love, care motivation and separation from immediate family. Some other stress may be caused by secondary stress factor such as lack of confidence, absence of peer education and peer attachment, low self-esteem, and result of low self-efficacy and weak assertiveness.

Unless the stress and stressors are not managed appropriately, stress can lead to serious problems. Exposure to chronic stress can

contribute to both physical illnesses, , and mental illnesses, such as anxiety disorders.

e) **Self esteem**

Self-esteem refers to a favorable or unfavorable attitude toward the self (Rosenberg, 1965).It is widely associated with socio economic condition and by various aspect of health related behaviors and self-efficacy.

Challenges associated with poor care and support, poor interpersonal relation and communication have the tendency to decline the global sense of self worth, self-confidence of one self. However, some studies concerned with understanding tone of self-esteem building and others have focused on adaptive and self-protective function of self-esteem (Bascovich& Tomaka, 1999).

Interventions have to go beyond health issue and respond to the broad range of needs of adolescents (USAID 2002). Healthy sense of self is important to determine on how adolescents will approach life and interact with another. Self-esteem has also tendency to boost through individual's relationship with others. High self-esteem tends to encourage healthy behavior and low self-esteem tends to develop unhealthy behavior. There is a strong relationship between

behavior and self-esteem among early and late adolescents. Self-esteem can be changed based on the healthy or unhealthy situation of an individual behavior. It is quite important to view self esteem from psychological well being perspectives such as depression, social anxiety, loneliness attention perspective (Blascovich & Tomaka 1991).

f) Self-efficacy

Self-efficacy refers to an individual sense of competence or ability in general or in particular domains (Bandura, 1994). The self-efficacy of an individual and belief can affect the person's choice of activities (Bandura, 1977 and Pajares, 2002). Self efficacy belief have an association with an individual effectiveness for achievement, handling troubles and to meet the exerted challenges. Self-efficacy in the case of OVA is seen related to resilience, tolerance and effort to achieve over the problem (Pajares, 2002).

Self efficacy belief can affect ones perception, motivation and performance variously. Individuals may not even try to do things when they assume, as they are ineffective (Zimbardo, 1992).

CHAPTER – III

METHODOLOGY

3.1 Research Method

To realize the objectives of the present study descriptive survey research method was used.

3.2 Study Site

The study was conducted in four organizations namely, Dorcas Aid International, Hanna Orphans Home, Abebech Gobena Children and Development Organization, Kechene Children's Village located in Bole, Kirikose, Arada and Gulele sub cities respectively in Addis Ababa.

3.3 Population and Sampling

For the present study, a total number of 286 OVA were selected through purposive sampling. Of the sample taken 31.1% of the respondents were taken from Abebech Gobena Children and Development organization, 25.1% from Kechene Children's Village, 23.8% from Hanna Orphans Home and the remaining 20% of the respondent were taken from the Dorcas Aid International.

The detail of the population and sampling is presented in the following table.

Table 1- Population and Sampling

S/ N	Organization	Populati on	Sample	Sample percenta ge	Location of the organizatio ns	Remark on the population
1.	Abebech Gobena Children and Development Organization	9500	89	31.1%	Arada Sub city	Orphan & Vulnerable
2.	Kechene Children's Village	2500	72	25.1%	Gulele Sub city	only
3.	Hanna Orphans home	1512	68	23.8%	Kirikose Sub city	Orphan only
4.	Dorcas Aid International	1329	57	20%	Bole sub Sub	Orphan & Vulnerable
Total		14841	286	100%		

Besides 47 OVA caretakers from the selected organizations was taken as sample. These include teachers, child counselors caretakers, psychosocial officers...etc.

3.4 Instrument of Data Collection

Questionnaires were used to collect data's from the OVA and OVA caretakers. The questionnaire for the OVA has five parts. They are 10 demographic questions, 11 general questions, 69 psychosocial questions on a four-point scale(19 of 69 question are on social issues) and 50 on psychological issue with 10 question each on depression, anxiety, stress self-esteem and self efficacy. Again 12 questions with two point scale of which 6 each on social needs and psychological needs.

The other questionnaire developed to collect data's from OVA caretakers have four parts. Which comprise 4 demographic questions, 64 general question on four point scale,15 questions on social and 49 on psychological issues (depression, anxiety, stress self-esteem and self efficacy), 12 psychosocial needs questions with two point scale of which 6 each on social needs and remaining 6 on psychological needs.

3.5 Pilot Testing

Pilot Test was conducted for OVA and the OVA caretakers. The pilot test was administered for 16 OVA and 8 OVA caretakers or OVA service providers. The number of male and female subjects taken

for the piloting was equal eight each male and female from OVA and four each male and female from the service providers. The reliability of the OVA s` questioner is measured using the Cronbach Alpha .The score has proved that the question include to social ,psychological and the fulfillment of psychosocial needs and support fulfillment are reliable at alpha=0.74 and .64 for OVA and care takers respectively.

3.6 Data Gathering

For the data collection purpose contact was made with responsible bodies of each of selected organizations in which the OVA are served. Permission was secured from each organization to contact OVA and OVA caretakers and to proceed with data gathering process. Two assistant researchers have taken the necessary orientation on how to administer and collect the questionnaire from the respondents. They were also introduced with the research topic and the questions involved in the questionnaire were discussed effectively with the researcher. After assistants become familiar with research topic, they were given the responsibility to distribute and collect the questionnaires from each organization

3.7 Procedure of Data Analysis

The collected data were entered and computed with SPSS 12.00 windows. To analyze the collected data percentage by cross tabulation , t-test and product moment correlation(r) were used.

CHAPTER -IV
ANALYSIS AND INTERPRETATION

4.1 Background Characteristic of the Respondents

Table 2- Cross tabulation by Sex and Age

Age		Sex		Total
		Male	Female	
Early Adolescents	Count	90	86	176
	% within Age	51.1%	48.9%	100.0%
	% within Sex	70.3%	54.4%	61.5%
	% of Total	31.5%	30.1%	61.5%
Late Adolescents	Count	38	72	110
	% within Age	34.5%	65.5%	100.0%
	% within Sex	29.7%	45.6%	38.5%
	% of Total	13.3%	25.2%	38.5%
Total	Count	128	158	286
	% within Age	44.8%	55.2%	100.0%
	% within Sex	100.0%	100.0%	100.0%
	% of Total	44.8%	55.2%	100.0%

Age of the respondents ranges from 12 -18. The total number of the responding OVA are 286 of which majority (55.2%) are female while the remaining 44.8% are male. With in the age group most (61.5%)

of the respondents are found at early adolescent age and the remaining 38.5% are found in late adolescent age. The number of male respondent is higher (70.3%) in the early adolescents group and lower (29.7%) in late adolescents. The number of female respondent is also higher (54.4%) in early adolescents and lower (45.6 %) in late adolescents. The number of male and female respondents is higher in early adolescents than in late adolescents

Table 3 - Cross tabulation by Age and orphan status

Age		Orphan Status				Total
		Maternal Orphans	Paternal Orphans	Double Orphans	Vulnerable	
Early Adolescents	Count	Maternal Orphans	Paternal Orphans	Double Orphans	Vulnerable	
	% within Age	14	12	100	50	176
	%within Orphan Status	8.0%	6.8%	56.8%	28.4%	100.0%
	% of Total	43.8%	46.2%	60.2%	80.6%	61.5%
Late Adolescents	Count	4.9%	4.2%	35.0%	17.5%	61.5%
	% within Age	18	14	66	12	110
	%within Orphan Status	16.4%	12.7%	60.0%	10.9%	100.0%
	% of Total	56.3%	53.8%	39.8%	19.4%	38.5%
Total	Count	6.3%	4.9%	23.1%	4.2%	38.5%
	% within Age	32	26	166	62	286
	%within Orphan Status	11.2%	9.1%	58.0%	21.7%	100.0%

It can be observed from Table 2 that the number of respondents is higher in early adolescents and lower in late adolescents. The data

shows the majority (58.0%) of the respondents are double orphans, followed by 21.7% Vulnerable, 20.3% single (11.2% are Maternal and 9.1% are paternal) orphans. The number of vulnerable adolescents is higher in early adolescents than in late adolescent.

Table 4- Cross tabulation by death cause and orphan status

Death cause of Parents	Orphan Status				Total	
	Maternal Orphans	Paternal Orphans	Double Orphans	Vulnerable Children		
HIVAIDS	Count	0	4	34	0	38
	%within Death case of parents	.0%	10.5%	89.5%	.0%	100.0%
	%within Orphan Status	.0%	15.4%	20.5%	.0%	13.3%
Known cause /Car Accident /War/ Illness or by other known cause	Count	6	8	34	2	50
	%within Death case of family	12.0%	16.0%	68.0%	4.0%	100.0%
	%within Orphan Status	18.8%	30.8%	20.5%	3.2%	17.5%
I don't know	Count	20	14	98	8	140
	% within Death case of family	14.3%	10.0%	70.0%	5.7%	100.0%
	% within Orphan Status	62.5%	53.8%	59.0%	12.9%	49.0%
Total	Count	32	26	166	62	228
	% within Death case of family	11.2%	9.1%	58.0%	21.7%	100.0%
	% within Orphan Status	100.0%	100.0%	100.0%	100.0%	79.7%

The OVA family death cause is taken as just to check if the OVA knows the death cause of his or her family or not. Based on this understanding the response for the family death cause may be by HIV/AIDS, with known reason, unknown reason. Based on observation on table 4 majority (49.0%) of the OVA do not know about the death cause of their parents. Only 17.5% knows as their parents have died by other various known causes. Again 13.3% of the OVA knows as their family have already died by HIV/AIDS. Based on aforementioned observation analysis majority of the respondents under the study are not HIV/AIDS orphan and don't know the death cause of their family.

Table 5 - Cross tabulation by orphan status and Religion

Religion		Orphan Status				Total
		Maternal Orphans	Paternal Orphans	Double Orphans	Vulnerable Adolescents	
Orthodox	Count	20	18	82	38	158
	%within Religion	12.7%	11.4%	51.9%	24.1%	100.0%
	%within Orphan Status	62.5%	69.2%	49.4%	61.3%	55.2%
	% of Total	7.0%	6.3%	28.7%	13.3%	55.2%
Protestant	Count	2	4	76	6	88
	%within Religion	2.3%	4.5%	86.4%	6.8%	100.0%
	%within Orphan Status	6.3%	15.4%	45.8%	9.7%	30.8%
	% of Total	.7%	1.4%	26.6%	2.1%	30.8%
Muslim	Count	8	4	8	18	38
	%within Religion	21.1%	10.5%	21.1%	47.4%	100.0%
	%within Orphan Status	25.0%	15.4%	4.8%	29.0%	13.3%
	% of Total	2.8%	1.4%	2.8%	6.3%	13.3%
Catholic	Count	2	0	0	0	2
	%within Religion	100.0%	.0%	.0%	.0%	100.0%
	%within Orphan Status	6.3%	.0%	.0%	.0%	.7%
	% of Total	.7%	.0%	.0%	.0%	.7%
Total	Count	32	26	166	62	286
	%within Religion	11.2%	9.1%	58.0%	21.7%	100%
	% of Total	11.2%	9.1%	58.0%	21.7%	100%

The table 5 shows that OVA belong total most all religion that practiced in the country, Orthodox, Protestant, Catholic and Muslim religion. Majority (55.2%) of the respondent are Orthodox, (30.8%) Protestants, (13.3%) Muslim and remaining (0.7%) are Catholic. With in the religion the percentage of double orphan is highest in each religion but the number in orthodox exceeds the other. Vulnerability is also higher (13.3%) in orthodox than vulnerability in others such as 0% catholic, 2.1% protestant, and 6.3% Muslim.

Table -6 Cross tabulation by age and living condition

OVA Current living condition		Early Adolesce nt	Late Adolescen ts	Total
Living with Father and Mother	Count	48	6	54
	% within Living with whom	88.9%	11.1%	100.0%
	% within Age	27.3%	5.5%	18.9%
	% of Total	16.8%	2.1%	18.9%
With one of My Family Father or Mother but not both	Count	14	20	34
	% within Living with whom	41.2%	58.8%	100.0%
	% within Age	8.0%	18.2%	11.9%
	% of Total	4.9%	7.0%	11.9%
With my Guardians	Count	38	18	56
	% within Living with whom	67.9%	32.1%	100.0%
	% within Age	21.6%	16.4%	19.6%
	% of Total	13.3%	6.3%	19.6%
With Father or Mother & other step Father or Mother	Count	4	0	4
	% within Living with whom	100.0%	.0%	100.0%
	% within Age	2.3%	.0%	1.4%
	% of Total	1.4%	.0%	1.4%
At Orphan Center	Count	70	64	134
	% within Living with whom	52.2%	47.8%	100.0%
	% within Age	39.8%	58.2%	46.9%
	% of Total	24.5%	22.4%	46.9%
Alone	Count	2	2	4
	% within Living with whom	50.0%	50.0%	100.0%
	% within Age	1.1%	1.8%	1.4%
	% of Total	.7%	.7%	1.4%
Total	Count	176	110	286
	% within Living with whom	61.5%	38.5%	100.0%
	% within Age	100.0%	100.0%	100.0%
	% of Total	61.5%	38.5%	100.0%

The table 6 shows that the sample taken 46% of OVA are living at OVA center under the support of organizations , 19.6% with one of their family,(either with father or mother) 18.9% live with their father and mother (vulnerable) and 4% live alone.

4.2 Prevalence of Psychosocial Challenges among OVA
Table 7 -Response of the Subjects for Social Items

	Never	Some Times	Often	Always
1. I have some one whom I can talk to about my day to day problem	50 17.5%	20 7.0%	138 48.3%	78 27.3%
2. I can mix easily with people	82 28.7%	56 19.6%	128 44.8%	20 7.0%
3. I don't find it difficult to ask information from others	62 21.7%	108 37.8%	64 22.4%	52 18.2%
4. When in group, I have trouble to talk about the right things	118 41.3%	104 36.4%	34 11.9%	30 10.5%
5. I experienced sense of loneliness	182 63.6%	56 19.6%	22 7.7%	26 9.1%
6. I feel socially isolated	224 78.3%	42 14.7%	10 3.5%	10 3.5%
7. I feel comfortable while I am playing with my peer groups	140 49.0%	42 14.7%	60 21.0%	44 15.4%
8. I feel inhabited in social circumstances	98 34.3%	90 31.5%	42 14.7%	56 19.6%
9. I am confident about my social dealings	92 32.2%	56 19.6%	88 30.8%	50 17.5%
10 I miss to have a really and proximate friends	136 47.6%	62 21.7%	48 16.8%	40 14.0%
11 I afraid to talk with opposite sex	112 39.2%	84 29.4%	32 11.2%	58 20.3%
12 I have a problem to have smooth conversation with stranger	94 32.9%	98 34.3%	46 16.1%	48 16.8%
13 I feel rejected	212 74.1%	40 14.0%	24 8.4%	10 3.5%
14 I have friends around me while I am in need	114 39.9%	56 19.6%	56 19.6%	60 21.0%
15 It is difficult to communicate a guest with the first contact	88 30.8%	86 30.1%	46 16.1%	66 23.1%
16 I hate to pass my leisure time with other people	162 56.6%	58 20.3%	36 12.6%	30 10.5%
17 I hesitate to share my experience with others	122 42.7%	70 24.5%	54 18.9%	40 14.0%
18 I like to attained social gathering	56 19.6%	90 31.5%	42 14.7%	98 34.3%
19 I like to live a solitary life	40 14.0%	22 7.7%	72 25.2%	152 53.1%

The developed questionnaire is designed to measure interpersonal relationship, communication, loneliness, and stigma and discrimination challenges of OVA.

The table 7 shows, 27.3% of the OVA respond as they do not get assistance always and 17.5% of them respond, as they never get assistance at all.

Again 27.3% of them respond, as they do not have someone whom they can talk about their day-to-day problem always and 48.3% often and only 17.5% respond, as they have no one whom they can talk about their daily problem. About 27.3% of the OVA respond that they do not get help in their daily problems and 53.1% of them respond, as they like to live a solitary life always.

From the social challenge, analysis of the table 7 poor interpersonal relations and communication and denial of living with others are the major social challenges associated with OVA. Further from the table, it can be inferred that stigma and discrimination is almost minimized.

From the subject's response analyzed on table 7 it indicates as majority (78.3%) the OVA responds as they have never suffered from stigma and discrimination only 17.1% have suffered always and 3.5% often and 14.7% suffered from stigma and

discrimination some times. As observed in the table 7 majority of the respondents do not experience sense of loneliness. However they are happy to live independent life that is free from others interference.

Table 8 -Response of the subjects to Depression

Depression Items		Never	Some Times	Often	Always
1. I find myself getting upset by quite trivial things	Count	170	68	30	18
	Percentage	59.4%	23.8%	10.5%	6.3%
2. I couldn't experienced any positive feeling	Count	130	78	44	34
	Percentage	45.5%	27.3%	15.4%	11.9%
3. I tend to over-react to difficult situations	Count	124	98	32	32
	Percentage	43.4%	34.3%	11.2%	11.2%
4. I find it difficult to relax	Count	186	40	26	34
	Percentage	65.0%	14.0%	9.1%	11.9%
5. I feel that I have nothing to look forward to	Count	114	106	38	28
	Percentage	39.9%	37.1%	13.3%	9.8%
6. I find myself getting upset rather easily	Count	118	110	32	26
	Percentage	41.3%	38.5%	11.2%	9.1%
7. I feel that I am using a lot of nervous energy	Count	138	62	48	38
	Percentage	48.3%	21.7%	16.8%	13.3%
8. I feel saddens and depressed	Count	140	88	26	32
	Percentage	49.0%	30.8%	9.1%	11.2%
9. I have a feeling of faintness	Count	146	72	36	32
	Percentage	51.0%	25.2%	12.6%	11.2%
10. I feel that I have lost interest in about everything	Count	124	94	42	26
	Percentage	43.4%	32.9%	14.7%	9.1%

It is evident from the table 7 that 11.9% are experiencing negative feeling 11.9% hopelessness, 13.3 % saddens and depression, and

the remaining 13.3% lose of interest always. The depression measure analysis show as the OVA are suffering from pessimistic feeling about the future , lose of relaxation lack of initiative ,and from lose of hope and dissatisfaction.

Table-9 Response of Subjects for Anxiety

Anxiety Items		Never	Some Times	Often	Always
1. I feel I am not worth much as a person	Count	120	104	34	28
	Percentage	42.0%	36.4%	11.9%	9.8%
2. I feel that I am rather touchy	Count	114	84	52	36
	Percentage	39.9%	29.4%	18.2%	12.6%
3. I feel scare without any good reason	Count	84	86	44	72
	Percentage	29.4%	30.1%	15.4%	25.2%
4. I feel that life isn't worthwhile	Count	110	96	38	42
	Percentage	38.5%	33.6%	13.3%	14.7%
5. I find it hard to wind down	Count	214	34	24	14
	Percentage	74.8%	11.9%	8.4%	4.9%
6. I have difficulty in swallowing	Count	194	40	28	24
	Percentage	67.8%	14.0%	9.8%	8.4%
7. I couldn't seem to get any enjoyment out of the things I do	Count	180	50	34	22
	Percentage	62.9%	17.5%	11.9%	7.7%
8. I find that I am very irritable	Count	152	82	26	26
	Percentage	53.1%	28.7%	9.1%	9.1%
9. I feel as I am close to panic	Count	90	104	42	50
	Percentage	31.5%	36.4%	14.7%	17.5%
10. I find it hard to calm down after something upset me	Count	142	100	30	14
	Percentage	49.7%	35.0%	10.5%	4.9%

It can be observed from anxiety frequency measure analysis on the table 9, 25% of OVA are always suffering from scare, 17.5% from panic, 14.7% from worthlessness life feeling and 9.8% personal

worthlessness feeling always. In addition, 18.2%, 15.4% 14.7% and 13.3% of them responds as they feel often touchiness, scare, and panic worthlessness respectively.

Table 10 - Responses of Subjects for Stress

Stress		Never	Some Times	Often	Always	
1.	I fear that I would be "thrown" by some trivial but unfamiliar task	Count	120	104	34	28
		Percentage	42.0%	36.4%	11.9%	9.8%
2.	I am unable to become enthusiastic about anything	Count	114	84	52	36
		Percentage	39.9%	29.4%	18.2%	12.6%
3.	I find it difficult to tolerate interruptions to what I am doing	Count	84	86	44	72
		Percentage	29.4%	30.1%	15.4%	25.2%
4.	I am in a state of nervous tension	Count	110	96	38	42
		Percentage	38.5%	33.6%	13.3%	14.7%
5.	I feel as I am pretty worthless	Count	214	34	24	14
		Percentage	74.8%	11.9%	8.4%	4.9%
6.	I could see nothing in the future to be hopeful about	Count	194	40	28	24
		Percentage	67.8%	14.0%	9.8%	8.4%
7.	I feel that life is meaningless	Count	180	50	34	22
		Percentage	62.9%	17.5%	11.9%	7.7%
8.	I find myself getting agitated	Count	152	82	26	26
		Percentage	53.1%	28.7%	9.1%	9.1%
9.	I am worrying about situations in which I may panic and make a fool of myself	Count	90	104	42	50
		Percentage	31.5%	36.4%	14.7%	17.5%
10.	I find it difficult to work up the initiative to do things	Count	142	100	30	14
		Percentage	49.7%	35.0%	10.5%	4.9%

It can be viewed from the table 10, 25.2%, 17.5% and 12.6 % of the OVA responds as they are always suffering from intolerance,

wornness, and lose of interest respectively. In addition, 18.2%, 15.4% 13.3% and 11.9% of the respondents are often suffering from lose of interest, impatient tension and wornness respectively.

Table 11- Responses of Subjects for Self-esteem

Self esteem		Never	Some Times	Often	Always
1. I feel that I am a person of worth, at least on an equal plane with others.	Count	60	32	54	140
	Percentage	21.0%	11.2%	18.9%	49.0%
2. I feel that I have a number of good qualities.	Count	50	52	58	126
	Percentage	17.5%	18.2%	20.3%	44.1%
3. All in all, I am inclined to feel that I am a failure	Count	30	32	114	110
	Percentage	10.5%	11.2%	39.9%	38.5%
4. I am able to do things as well as most others.	Count	58	74	62	92
	Percentage	20.3%	25.9%	21.7%	32.2%
5. I feel I do not have much to feel that I am a failure	Count	48	38	82	118
	Percentage	16.8%	13.3%	28.7%	41.3%
6. I take a positive attitude toward myself	Count	32	36	72	146
	Percentage	11.2%	12.6%	25.2%	51.0%
7. Overall, I am satisfied with myself.	Count	32	70	50	134
	Percentage	11.2%	24.5%	17.5%	46.9%
8. I wish I could have more respect for myself	Count	40	40	68	138
	Percentage	14.0%	14.0%	23.8%	48.3%
9. I certainly feel useless at times	Count	18	12	62	194
	Percentage	6.3%	4.2%	21.7%	67.8%
10. At times I think I am no good at all	Count	34	44	36	172
	Percentage	11.9%	15.4%	12.6%	60.1%

From self-esteem frequency analysis on table 11 21.1%, 20.3%, 16.8% and 14.0% of respondents respond as they never; feel personal self worth, competency, worth fullness, confidence and positive self-esteem respectively. Again 25.9% 24.5%, 18.2%,

respond as they feel some times competent, satisfied, positive self-image, respectively.

Table 12-Responses of Subjects for Self-Efficacy

Self Efficacy			Never	Some Times	Often	Always
1.	I can always manage to solve difficult problems if I try hard enough.	Count	50	104	60	72
		Percentage	17.5%	36.4%	21.0%	25.2%
2.	If someone opposes me, I can find the means and ways to get what I want.	Count	26	104	70	86
		Percentage	9.1%	36.4%	24.5%	30.1%
3.	It is easy for me to stick to my aims and accomplish my goals.	Count	42	84	72	88
		Percentage	14.7%	29.4%	25.2%	30.8%
4.	I am confident that I could deal efficiently with unexpected events.	Count	34	120	48	84
		Percentage	11.9%	42.0%	16.8%	29.4%
5.	Thanks to my resourcefulness, I know how to handle unforeseen situations.	Count	62	110	56	58
		Percentage	21.7%	38.5%	19.6%	20.3%
6.	I can solve most problems if I invest the necessary effort.	Count	24	116	66	80
		Percentage	8.4%	40.6%	23.1%	28.0%
7.	I can remain calm when facing difficulties because I can rely on my coping abilities.	Count	62	98	64	62
		Percentage	21.7%	34.3%	22.4%	21.7%
8.	When I am confronted with a problem, I can usually find several solutions.	Count	28	62	96	100
		Percentage	9.8%	21.7%	33.6%	35.0%
9.	If I am in trouble, I can usually think of a solution.	Count	48	98	80	60
		Percentage	16.8%	34.3%	28.0%	21.0%
10.	I can usually handle whatever comes my way	Count	54	104	60	68
		Percentage	18.9%	36.4%	21.0%	23.8%

From table 12 it is understood that 21.7%, 18.9%, 17.5%, 16.8% and 14.7% them respond as they never cope difficulties and handle unforeseen situations, handle any problem, manage to solve problems, think solutions to problems respectively. Again 38.5% respond as they handle unforeseen situations some times, 36.4%, of them respond as they manage difficult problems and find means for the problems some times, and 14.7% of them never accomplish their goal 29.4% of them respond as they accomplish their goals sometimes.

Generally, it is observed as the OVA are suffering from inability to handle, coping problems and search solution for unforeseen difficulties and from inability to accomplish ones own goals.

4.3 Inter-correlations among the psychosocial variables

Table 13- Intero-relations among the psychosocial variables

	Social Challenge	Psychological Challenge	Interpersonal relation	Self-Esteem	Self Efficacy	Stigma & Discrimination
Social Challenge	1					
Psychological Challenge	.634**	1				
Interpersonal relation	.862**	.522**	1			
self-Esteem	-.267**	-.272**	-.150*	1		
Self Efficacy	-.030	.171**	.042	.324*	1	
Stigma and Discrimination	.497**	.562**	.295**	-.323**	-.024	1

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

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

Table 13 shows that positive relationship between social and psychological variables ($r=.634$) is a statistically significant at 0.01 level. Similarly significant positive correlation are observed between the association of social challenge and interpersonal relation ($r=.862$), psychological challenge and interpersonal relations ($r=.522$), social challenge and stigma & discrimination ($r=.497$),

psychological challenge and stigma and discrimination ($r=.562$) at .01 level.

It is also observed that there is significant ($p<.01$) negative correlation for the association between social challenge and self-esteem ($r=-.267$), psychological challenge and self-esteem ($r= -.272$). On the other hand positive or negative correlation between the self-efficacy and interpersonal relation ($r=.150$), self-efficacy and discrimination($r= -.024$) implies moderately weak correlation.

4.4 Significance difference between psychosocial challenges of early and late adolescent

Table 14 - Significance difference between psychosocial challenges of early and late adolescents

	Age group	Mean	Std. Deviation	df	t	level of significance
Social Challenge	Early Adolescents	53.6	6.30	233.2	.120	Not Significant
	Late Adolescents	53.5	5.98			
Psychological Challenge	Early Adolescents	172.6	22.52	226.	2.259	Significant at 0.05 level
	Late Adolescents	166.4	22.28			
Self Esteem	Early Adolescents	20.4	5.12	188.9	.244	Not Significant
	Late Adolescents	20.2	6.34			
Self Efficacy	Early Adolescents	23.2	5.34	233.2	2.021	Significant at 0.05 level
	Late Adolescents	21.9	5.08			

It can be observed from table 14 that there exists that no significant differences between early adolescents and late adolescents with regard to social challenge ($t=.120$) and self-esteem ($t=.224$) they experience and possess. However the calculated t-value for psychological challenge ($t=.2.26$) and self-efficacy challenge ($t=2.02$) between early adolescent group and late adolescent group found to be significant at .05 level of significance. This implies that both the group experience significantly different level of psychological and

self-efficacy challenges. It can be inferred from the mean value that early adolescents OVAs experience, possess more psychological, and self-efficacy challenge than the late adolescents.

4.5 Significance difference between psychosocial challenges of male and female

Table 15- Significance difference between psychosocial challenges of male and female

	Sex	Mean	Std. Deviation	df	t	level of significance
Social Challenge	Male	53.60	6.889	240.5	0.228	Not Significant
	Female		5.510			
Psychological Challenge	Male	174.23 167.05	22.901	265.8	2.693	Significant at 0.05 level
	Female		21.782			
Self Esteem	Male	20.70	5.762	265.3	1.143	Not Significant
	Female		5.459			
Self Efficacy	Male	23.32	5.685	249.4	1.617	Significant at 0.05 level
	Female					

From table 15 it can be viewed that male and female orphaned and vulnerable adolescents have no significant with regard to social (t=0.228) and self-esteem (t=1.143) challenges they practice and possess. Whereas the calculated t-value for psychological

challenge ($t=2.693$) and self-efficacy challenge ($t=1.617$) between male and female orphaned and vulnerable adolescent group are found to be significant at .05 level of significance. This indicates that both male and female group experience significantly different level of psychological and self-efficacy challenges. It can be seen that male experience more psychological and self-efficacy challenges than female.

4.6 Gap between existing psychosocial challenges and psychosocial needs of OVA

A) Social Needs and Social Service Gap Analysis

Life skills training, community based Service, educational material support, clothing, livelihood, health and nutrition and housing are placed as the social needs. The gap associated between the needs of the OVA and fulfillment of the support by respective OVA service provider is presented on the table below as follows:

Table 16- Social needs and support Fulfillment

Needs		OVA Needs		Support Fulfillment		Total		Support Gap
		Yes	No	Yes	No	Yes	No	
1.1	Peer education	86.4%	13.6%	21.8%	70.2%	86.8%	13.7%	73.0%
1.2	Life skills trainings	78.7%	21.3%	38.3%	61.7%	79.0%	21.5%	57.5%
1.3	Educational	23.1%	76.9%	53.2%	46.8%	23.3%	77.2%	-53.8%
1.4	Health	38.8%	61.2%	68.1%	31.9%	39.0%	61.5%	-22.6%
1.5	Clothing	62.2%	37.8%	68.1%	31.9%	38.0%	62.5%	-24.6%
1.6	Housing	46.9%	53.1%	72.3%	27.7%	53.247	.3% ⁰	6.0%
Percentage Mean		47%	53%	54%	45%	53.2%	47.3%	5.9%

It is observed as there is a mean average 5.9% intervention gap between the OVA social needs and OVA social support in fulfillment by the respective service providers. From the analysis, result reveals that there is 73 % intervention gap on the peer education, 57.5% on life skills and 6% in housing.

B) Psychological Needs and Psychological Service Gap Analysis

Table 17- Psychological needs and support Fulfillment

Psychological needs		Percentage	OVA Needs		Support Fulfillment		Total		Support gap
			Yes	No	Yes	No	Yes	No	
1.1	Counseling	Percentage	13.0%	87.0%	21.3%	78.7%	13.1%	87.4%	74.3%
1.2	Love	Percentage	13.3%	86.7%	21.3%	78.7%	13.4%	87.1%	73.7%
1.3	Visiting & Recreation	Percentage	18.8%	81.2%	21.3%	78.7%	18.9%	81.6%	62.7%
1.4	Play	Percentage	23.1%	76.9%	29.8%	70.2%	23.2%	77.3%	54.1%
1.5	Motivation	Percentage	27.4%	72.6%	44.7%	55.3%	27.6%	72.9%	45.3%
1.6	Care	Percentage	32.2%	67.8%	59.6%	40.4%	32.5%	68.0%	35.5%
Percentage Mean			21.3%	78.7%	33%	67%	21%	79%	57.6%

As it is seen on the table 17 there is support gap between OVA needs and support fulfillment. There is an average of 57.6% psychological support gap between the psychological needs and psychological support in fulfillment. The major psychological intervention gaps are counseling (74.3%), love (73.7%), visiting and recreation, (62.7%), play (54.11%), motivation (35.5%).

Support such as guidance and counseling, love, visiting and recreation, peer education, playing, motivations are vital psychosocial supports to OVA. Concerning services delivery the response of the OVA and the service providers have some differences in needs and fulfillment gap. Majority of the respondents from the OVA said that they don't get Guidance and counseling service. Similarly majority of the service providers also respond as they were not provide the guidance and counseling service to their OVA. Only few (13.9%) late OVA get guidance and counseling service from their respective OVA centers.

Any professionals and OVA service providers do not give the guidance and counseling service or respective OVA centers don't have any guidelines for providing psychosocial services. While coming to the fulfillment of love and care support to OVA, majority (72.2%) of the respondents said, as they do not get love and care support. 72.3% the OVA center care takers respond as they do not extend care and support to their respective OVA. Again, 27.8%, OVA respond as they don't get love and care and 27.7% OVA caretakers at the OVA center respond as they provide love and care support for the OVA at their respective OVA center.

Majority (81.2%) OVA`s psychological needs are not fulfilled and (78.7%) respective OVA service providers are not in a position to fill respective support to the OVA .Only few 18.8% of the OVA respond as they get the visiting and recreation service. Similarly (21.3%) of the OVA service providers or OVA centers respond as they supply visiting and recreation service. 76.90% OVA respond play need is not fulfilled while the remaining 23.1% have respond as they get playing support. Again 72.6% the OVA respond, as they do not get motivation support.

CHAPTER-V

DISCUSSION

The chapter deals with the discussion of the result in line of the existing literature. It can be discussed as follows:

5.1 Prevalence of psychosocial challenges of among OVA

The main purpose of the study was to examine the psychosocial challenge of OVA. The observation of finding reveals that OVA are suffering from social challenges such as, poor inter relationship, talking with others and strangers, absence of assistance in need and challenged in living with other guardians and others. Orphan and vulnerable adolescents are also challenged with some psychological problems such as depression, lose of relaxation, lose initiative, lose of hope and dissatisfaction, scare, panic, worthlessness feeling of life, wornness, and from lose of interest and extreme tension. The finding of this study go in line with studies of Abebe(2004)and Befekadu(2005)and Danile (2006).

OVA are also suffering from lose of self-esteem and self efficacy challenges such as, self worthlessness, lose of confidence, lose of positive self-image, inability to handle, cope and tackling

unforeseen problems and inability to accomplish goals are also other challenges associated with OVA. The result of this study also in agreement with study of Blascovich & Tomaka (1991) the study which reveals that there is well-established relationship between the self-esteem self efficacy and psychological well-being such as depression, social anxiety, loneliness, alienation among adolescents and adults.

5.2 Interco-relations among the psychosocial variables

The analysis of the study indicates that there is significant relationship among the dependent variables between social and psychological challenges, self-esteem and self-efficacy challenges, psychological and self-efficacy challenges.

Negative significant relationship among the dependent variables has been also observed between self-esteem and social challenge, self-esteem and psychological challenge, self-efficacy and social challenge, self-esteem, stigma and discrimination. Inconformity with the above findings it was found in this study there is significant correlation between social and psychological variables. However, the result of this study shows that there is no adequate

psychological support is being provided to OVA. The result of this finding is also in agreement with the study of (Danile, 2006).

5.3 Difference between Psychological Challenges of Early& Late Adolescents and Male and Female OVA.

The t-test analysis shows there is no significant difference in social and self-esteem challenges between early and late adolescents, where as there is significant psychological and self-efficacy difference between early and late adolescents.

This result shows that early adolescents experience more psychological and self-esteem challenges than late adolescents. This may be due to the developmental immaturity. During the early adolescents, they may not have attended maturity to cope up with the psychological challenges. The result of this study go in agreement with the study of Rosenberg(1965) which reveals that age was a critical factor towards the self esteem differences between early and late adolescents.

There is also no significant difference in social and self-efficacy challenges between male and female adolescents were as there is

significant psychological and self-esteem difference between male and female adolescents.

The result shows that male OVA experience more psychological and self-esteem challenges than females. This may be due to the fact that male are more concerned about their future life and independent life which may be compel them to be psychologically challenged.

In order to intervene and mitigate these age and sex based significance challenge differences an alternative psychosocial intervention should be planed and have to be implemented.

5.4 Gap between psychosocial challenges and psychosocial needs of OVA

From the result, analysis of the study the fulfillment of social and psychological needs of OVA by most organization is focusing to fulfill the social needs while comparing it with the psychological needs. These gaps can be attributed to absence or scarcity of personnel who can extend psychological support in a professional manner.

Hence, the psychosocial support gap is observed on both social and psychological aspect of support fulfillment there should be an

attempt to bridge the service gap and access the needed supports to the OVA. Still it is not possible to say that these OVA have good social skills which shows that they can share and cooperate with their peers and with others due to lack of other social skills in peer education and life skills

The result of this study is in agreement with various studies. Williamson ... etal (2004) postulate that social and psychological development and spiritual needs are very important to children and adolescents.

CHAPTER -VI

SUMMARY, CONCLUSION AND RECOMMENDATION

6.1 Summary and Conclusion

The study was executed to explore psychosocial challenges associated with orphan and vulnerable adolescents: the following research objectives stated as follows

1. To assess the major psychosocial challenges faced by OVA.
2. To find out the inter-correlation among the psychosocial variables.
3. To find out significance difference between psychosocial challenges of early and late OVA.
4. To find out significant difference between psychosocial challenges of male and female OVA.
5. To assesses the psychosocial gap that exists between existing psychosocial needs and respective support.

To meet the objective of the present study descriptive survey research method was used and, a total number of 286 OVA and 47 OVA caretakers were selected through purposive sampling. The result of descriptive statistics percentage distribution, person product moment coefficient and t-test) revealed that OVA are suffering from social challenges such as poor inter relationship such living with others or guardians discomfort with public

gathering, talking with strangers or others and also suffering from absence of assistance. It has been observed as the challenge of stigma and discrimination associate with orphans and vulnerable adolescent is at very minima level.

OVA are suffering from psychological challenges such as depression like lose of relaxation, lacking in initiative and lose of hope. Further, it revealed that OVA are suffering from intolerance, wornness, and lose of interest and tension, feelings like poor personal, self worth, in competency, worthlessness, lose of confidence, dissatisfaction and lose positive self-image are challenges associated with OVA.

Again, OVA are also suffering from the following self-efficacy challenges such as inability to handle problems, coping problems, tackling unforeseen difficulties and from inability to accomplish ones own goals.

Existence of significant correlation among social, psychological, self-esteem and self-efficacy challenges were explored. The t-test statistics shows that significant psychological and self-efficacy difference between early and late adolescents and significant psychological and self-esteem difference between male and female adolescents. This aforementioned detail reveals that psychological

and self-efficacy challenge of OVA is different for both early and late adolescents group and psychosocial and self-esteem is different for both sexes male and female.

It is observed that there is 5.9% and 57.6% social and psychosocial service gap respectively. The social service gap observed as in both in fulfillment and over fulfillment .The social intervention gap are, peer education (73 %), life skills (57.5%) and support gap on housing (6%). There is also 57.8% educational material, 22.6 % health and 24.6 % clothing over support.

While seeing psychological service there is an average of 57.6% intervention gaps mainly on counseling (74.3), love (73.7%), visiting and recreation (62.7%), play (54.11), motivation (35.5%).

6.2 Recommendations

The following recommendations are made based on the on the finding

1. Appropriate intervention programs that are agreed with and addresses the social, psychosocial, self-esteem and self-efficacy challenges of OVA should be made.

2. Government, Non Government organizations working on OVA and other donor organizations have to work jointly to create psychosocial support strategies.
3. OVA centers, government and non government organizations should be prepared and get standardized with more OVA research and testing so as to assess and access the through, psychosocial officers ,adolescent counselors, psychosocial specialist, Psychosocial service providers and other OVA centers should be encouraged and capacitated to access holistic psychosocial support and to bridge the OVA service gap
4. More research should be done on the specific psychosocial aspect of OVA related to improvement of psychosocial support.
5. More studies should be made that compares the psychosocial challenges marked with age and sex differences and to discover the strength and association of the psychosocial challenges with age and sex difference.
6. Strategies should be made to bringing adolescents in crisis-oriented circumstances together to express themselves through

References

- Abebe Lealem (2004). *The Psychological and Educational problems of HIV/AIDS Orphans: the case of Some Selected AIDS Orphans in Addis Ababa and Awassa*. Unpublished MA Thesis. Addis Ababa University.
- Bandura, A (1977). Self-Efficacy, toward a unifying Theory of Behavioral Change. *Psychological review* 84,191-215.
- Bandura,A.(1994).Self-efficacy. In V.S Ramachandran (Ed). *Human Encyclopedia of Behavior*, 4, 68-81. New York. Academic Press.
- Befikadu Ejeta (2005). *A comparative study of the psychological and Social Adjustment of Non-Institutionalized and Institutionalized HIV Orphans in Addis Ababa*. Unpublished MA Thesis. Addis Ababa University.
- Blascovich, J., & Tomaka, J. (1991). *Measures of Self-esteem*. San Diego, CA: Academic Press.
- Champion, L and Power (2002).*Adult Psychological Problems: An Introduction*. Hove: Psychological Press.
- Collins, R. (1988). *The Meaning of Anxiety*. New York: Norton.

Danile Melsse (2006). *The psychosocial Behavior of AIDs Orphans: The case of AIDS orphans in Five Organizations in Awassa*. Unpublished MA thesis. Addis Ababa University.

Desalgn Garuma (2006). *Adjust Challenges to Health Psychological Development of Orphaned Children of Adama Town*. Unpublished MA Thesis. Addis Ababa University.

Efrem Melkiase (1999). *Difference in the self-esteem among high school students as a function of Home environment and School performance*. Unpublished MA Thesis. Addis Ababa University.

FDRE, UN and IOM (2006). *Ethiopia's Campaign for Vulnerable Children*. Unpublished campaign report. Addis Ababa.

Gelder ,M. ,Mayou ,R. and Geddes, J.(1999). *Psychiatry*. (2nd edition). Oxford: Black Well.

HAPCO (2003). *HIV/AIDS Orphans in Ethiopia*. Unpublished. Addis Ababa.

Hop for African Children Initiative (2006). *Orphan and Vulnerable Children's Service And Institutional Assessment In Addis Ababa And Its Surroundings*. Addis Ababa:Central Printing Press.

- Kassahun Amare(2005). *Psychological and Social Adjustment of Adolescent Among different families of Types*. Unpublished MA Thesis .Addis Ababa University.
- Kifle G/Kiristose (2004).*Self-efficacy Academic achievement, Motivation& Student Habits related to general secondary school students Academic performance. The case of General secondary school students in Tigray*. Unpublished MA Thesis Addis Ababa University.
- Lazarus,R & Folkman ,S.(1999). *Stress and Copping Anthology*. (5th edition.). New York: Springer.
- McCubbin, H.Thompson,A. & McCubbin, M. (1996).*Family Assessment: resiliency, coping and adaptation*. Madison, Wisconsin: University of Wisconsin Publishers.
- MOLSA, (2004). *Orphan and Vulnerable Children, Rapid Country Response Analysis*. Unpublished OVC Situation Analysis. Unpublished. Addis Ababa.
- MOLSA, IC & UNICEF (2002).*The National Survey on the Prevalence and Characteristics of AIDS Orphans in Ethiopia*. Unpublished Survey Report. Addis Ababa.

Mulunesh Abebae (2006). *Psychosocial characteristics of Adolescent and Its implication for Risky Behavior*. Unpublished MA Thesis. Addis Ababa University.

Pajares, F (2002). *Self-efficacy*. Available <http://w.emony.edu/efftdk.htm>.

Reobert, S.Federation (1997). *Understanding Psychology*. New Delhi: TATA Mc Graw - Hill Publishing Company.

Robert, A. Barohn & Doon, Byrne, (1998). *Social Psychology*. New Delhi: Reha printers Private limited.

Rosenberg, M.(1965). *Society and the adolescent Self-image*. Princeton, NJ: Princeton University Press.

Save the children, (2005). *Positive change: Children Communities Care program*. Unpublished. Life skills training Manual. Addis Ababa.

Save the Children, (2006). *Psychosocial Support for Caregivers and Orphans and Vulnerable Children Infected and Affected y HI//AIDS*. Unpublished psychosocial training Manual. Addis Ababa.

Sayce, L. (1998). Stigma, discrimination and social exclusion: what's in a word?" *Journal of Mental Health*(4):331-343.
available:<http://www.pubmed.org> .

Schunk, D. H., & Lirly, M. W. (1984). Sex Difference in self-efficacy & Attribution. Influence of performance Feed Back, *Journal of early Adolescent*, 4, 200-213.

Sieber, L. (1993). *Psychological Research*. London: Sage.

Smart, Ros (2003). *Policies for Orphans and Vulnerable Children: A framework for moving ahead*. Washington, D.C. Policy Project.

UNAIDS & UNICEF (2004). *The Framework for the protection, Care and Support of Orphan and Vulnerable Children living in the world with HIV and AIDS*. New York. United Nations.

UNAIDS (2004). The global framework for Protection, Care and support of Orphan and Vulnerable Children. *Annual report July 2004 Addis Ababa :UNAIDS*

UNAIDS, UNICEF & USAID (2002). Children on the Brink. *A joint report on orphan estimates and program Strategies*. Washington: The Synergy Project. USAID.

UNAIDS, UNICEF and USAID (2002). US Bureau of the Census. Children on the Brink, *a Joint Report on Orphan Estimates and Program Strategies*. Washington DC: United Nations.

UNAIDS, UNICEF and USAID (2004). *Children on the Brink. A joint report of new orphan estimates and a framework for action.* Washington DC. United Nations.

UNICEF (2003). *Mapping of Care and Support Intervention in Dilla, Jimma, Gonder and Dire Dawa.* Unpublished .Final OVC Survey report. October 2003. Addis Ababa.

USAID (2002). *Project Profiles Children affected by AIDS* (2nd edition). Washington. USAID.

USAID (2002). *A conceptual Framework and Basis for Action. HIV/AIDS Stigma and Discrimination.* New York. United Nations.

USAID, UNICEF & UNAIDS (2003). *Rapid Country Assessment, Analysis, and Action Planning (RAAAP) Initiative.* Unpublished. Addis Ababa.

Williamson, J. Cox, A. and Johnston, B. (2004). *Conducting a Situation Analysis of Orphans and Vulnerable Children Affected by HIV/AIDS: A framework and Resource Guide.* New York. USAID Bureau of for Africa

Zimardo ,P.G(1992). *Psychology and life.* Harper: Collins Publishers.

_____ (2006). Orphan and Vulnerable children

[http://www.savethechildren.org/publications/PSYCHOSOCIAL CONTENTS.pdf](http://www.savethechildren.org/publications/PSYCHOSOCIAL_CONTENTS.pdf) (Accessed January 17 , 2007)

Addis Ababa University
School of Graduate Studies
Department of Psychology

First of all, I would like to thank you for your willingness to respond to this Questioner. The purpose of this questioner is to gather information for a steady leads to my research on the psychosocial challenges of Orphan and Vulnerable Children. The information you provide would be very important for the success of the research. There fore you are kindly requested to be honest towards all the items provided in this questioner.

The information you supply will be kept Confidential.

Thank you for your kind cooperation in Advance

Part I: Back ground information of the respondent

Read the following Items and encircle the appropriate number that contains an item that represents you.

1. Age **1.** 12-15 **2.** 16-18
2. Sex **1.** Male **2.** Female
3. Place of Birth **1.** Rural **2.** Urban
4. Religion **1.** Orthodox **2.** Protestant **3.** Muslim 4. Catholic
- 5.** Write here if any other
5. Are you attending your education by now? **1.** Yes **2.** No
6. What Grade Level you are if you are attending by now?
 1. 1-3 **2.** 4-6 **3.** 7-9 **4.** 10-12 **5.** Collage student

7. Why don't you attend a class?

1. Drop out **since** unable **to** attend 2. Not join a school yet

8. Whom do you lost from Your family by Death

1. My Father 2. My Mother 3. Both 4. Not lost any one but

vulnerable

9. What is the cause for the Death of your family?

1. By HIV/AIDs 2. With known Case/Car Accident/ war/....other

3. Not known 4. Vulnerable

10. With whom you area living now?

1. Father and Mother 2. With one of my family Father or Mother but not both

3. With my Guardians 4. With one my Father or Mother & with step Father or

Mother 5. At Orphan Center 6. Alone

Part II : General Questions

1. What social challenges you face so far?

- A. Health care .B .Clothing C. Housing D. Social attachment E. Educational support

2. What psychological challenges you face So Far Lose

- A. Depression B. Incompetence with my peer C. lose of love D .Lose of Positive self image E. If other please write_____

3. What Psychological service you get from your supportive organization in need.

- A. Counseling B. Love D. Play E. Recreation and visiting F. Peer Education

G. If other please write_____

4. What social service you get from your supportive organization in need?

- A. Health care .B .Clothing C. Housing D. Care and support E. Educational support

Part III. Encircle number the number that represents the item agrees with you or not.

Encircle number 1 or yes if fulfilled and number 2 or No if not fulfilled.

	Items	Yes	NO
1.	Have you ever face stigma and discrimination related to your OVC case?	1	2
2.	Could you get counseling service from your supportive organization?	1	2
3.	Can you get motivation and enragement from your guardians or teachers mostly?	1	2
4.	Could you get life skill practices and experiences from supportive organization?	1	2
5.	Do you have positive attitude towards your self?	1	2
6.	Did you get counseling service from while in need?	1	2
7.	Do you have a sense of competent among your peers?	1	2

Part IV . Below various general statements and expression have given that is related to psychosocial Challenge of that OVC Face. Read and encircle the number, which represents the item express your situation.

Numbers representation as follows **1= Never 2= Some times 3= Often 4= Always**

S/ N	Item	Never	Some Times	Often	Always
1.	I have some one whom I can talk to about my daily problem	1	2	3	4
2.	I can mix easily with people	1	2	3	4
3.	I don't find it difficult to ask information from others	1	2	3	4
4.	When in group, I have trouble to talk about the right things	1	2	3	4
5.	I experienced sense of loneliness	1	2	3	4
6.	I feel socially isolated	1	2	3	4
7.	I feel comfortable while I am playing with my peer groups	1	2	3	4
8.	I feel inhabited in social circumstances	1	2	3	4
9.	I am confident about my social dealings	1	2	3	4
10.	I miss to have a really and proximate friends	1	2	3	4
11.	I afraid to talk with opposite sex	1	2	3	4
12.	I have a problem to have smooth conversation with stranger	1	2	3	4
13.	I feel rejected	1	2	3	4
14.	I have friends around me while I am in need	1	2	3	4
15.	It is difficult to communicate a guest with the first contact	1	2	3	4
16.	I hate to pass my leisure time with other people	1	2	3	4
17.	I hesitate to share my experience with others	1	2	3	4
18.	I like to attained social gathering	1	2	3	4
19.	I like to live a solitary life	1	2	3	4

20.	I find myself getting upset by quite trivial things	1	2	3	4
21.	I couldn't experienced any positive feeling	1	2	3	4
22.	I tend to over-react to difficult situations	1	2	3	4
23.	I find it difficult to relax	1	2	3	4
24.	I feel that I have nothing to look forward to	1	2	3	4
25.	I find myself getting upset rather easily	1	2	3	4
26.	I feel that I am using a lot of nervous energy	1	2	3	4
27.	I feel saddens and depressed	1	2	3	4
28.	I have a feeling of faintness	1	2	3	4
29.	I feel that I have lost interest in about everything	1	2	3	4
30.	I feel I am not worth much as a person	1	2	3	4
31.	I feel that I am rather touchy	1	2	3	4
32.	I feel scare without any good reason	1	2	3	4
33.	I feel that life isn't worthwhile	1	2	3	4
34.	I find it hard to wind down	1	2	3	4
35.	I have difficulty in swallowing	1	2	3	4
36.	I couldn't seem to get any enjoyment out of the things I do	1	2	3	4
37.	I find that I am very irritable	1	2	3	4
38.	I feel as I am close to panic	1	2	3	4

39.	I find it hard to calm down after something upset me	1	2	3	4
40.	I fear that I would be "thrown" by some trivial but unfamiliar task	1	2	3	4
41.	I am unable to become enthusiastic about anything	1	2	3	4
42.	I find it difficult to tolerate interruptions to what I am doing	1	2	3	4
43.	I am in a state of nervous tension	1	2	3	4
44.	I feel as I am pretty worthless	1	2	3	4
45.	I could see nothing in the future to be hopeful about	1	2	3	4
46.	I feel that life is meaningless	1	2	3	4
47.	I find myself getting agitated	1	2	3	4
48.	I am worrying about situations in which I may panic and make a fool of myself	1	2	3	4
49.	I find it difficult to work up the initiative to do things	1	2	3	4
50.	I feel that I'm a person of worth, at least on an equal plane with others.	1	2	3	4
51.	I feel that I have a number of good qualities.	1	2	3	4
52.	All in all, I am inclined to feel that I am a failure	1	2	3	4
53.	I am able to do things as well as other people	1	2	3	4
54.	I feel I do not have much to be proud of	1	2	3	4

55.	I take a positive attitude toward myself	1	2	3	4
56.	On the whole, I am satisfied with myself.	1	2	3	4
57.	I wish I could have more respect for myself	1	2	3	4
58.	I certainly feel useless at times.	1	2	3	4
59.	At times I think I am no good at all.	1	2	3	4
60.	I can always manage to solve difficult problems if I try hard enough.	1	2	3	4
61.	If someone opposes me, I can find the means and ways to get what I want.	1	2	3	4
62.	It is easy for me to stick to my aims and accomplish my goals.	1	2	3	4
63.	I am confident that I could deal efficiently with unexpected events.	1	2	3	4
64.	Thanks to my resourcefulness, I know how to handle unforeseen situations.	1	2	3	4
65.	I can solve most problems if I invest the necessary effort.	1	2	3	4
66.	I can remain calm when facing difficulties because I can rely on my coping abilities.	1	2	3	4
67.	When I am confronted with a problem, I can usually find several solutions.	1	2	3	4
68.	If I am in trouble, I can usually think of a solution.	1	2	3	4
69.	I can usually handle whatever comes my way.	1	2	3	4

Part V. Which of the following psychosocial needs are fulfilled to you? Encircle number, 1. if fulfilled or Yes or encircle number 2 if not fulfilled or No

S/N	Needs		Yes	No
1.	Peer education	Social Needs	1	2
2.	Life skills		1	2
3.	Educational support		1	2
4.	Health and Nutrition		1	2
5.	Clothing		1	2
6.	Housing		1	2
7.	Counseling	Psychological Needs	1	2
8.	Love		1	2
9.	Visiting and Recreation		1	2
10.	Playing		1	2
11.	Motivating		1	2
12.	Care		1	2

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First of all, I would like to thank you for your willingness to respond to this Questioner. The purpose of this questioner is to gather information for my research study on the psychosocial challenges of Orphan and Vulnerable Children. The information you provide would be very important for the success of the research. There fore you are kindly requested to be honest towards all the items provided in this questioner.

The information you supply will be kept Confidential.

Instructions

1. Guardian or caretaker for who should give care service for the OVC aged between 12 and 18 years only fill this Questioner
2. All, response will kept confidential
3. It is possible to giver more than one response

Thank you for your kind cooperation in Advance

Part-I. Back Ground information of the respondents

1. Age A. 19-25 B 26-32 C. 33-39 D. 40-46 E. Above 46
2. Sex 1. Male 2. Female
3. Educational level A. Certificate B. Training skill in child counseling/Care C. Diploma D. Degree E. traditional Experience only
4. Religion A. Orthodox B. Protestant C. Muslim D. Catholic If other please write here _____

Part II- General Question

1. What psychosocial service you are providing to OVC?

- A. Psychosocial training B. succession planning C. Counseling D. Care & support
F. Health and Nutrition G. Life skills H. If other please write here _____

2. What problem did child face mostly?

- A. discrimination by peers B. Family lose C. Counseling D. Feel of incompetence F. Lose of positive self image G loneliness H. clothing J. Food and Nutrition K. If other please write here _____

3. What do you do to meet his /her problem?

- A. Peer Education B. Guidance and counseling C. Motivation D. Refer to for counseling or other behavioral modification F. Lose of positive self image G loneliness H. clothing J. Food and Nutrition K. If other please write here _____

4. Is OVC face any Psychosocial problem? 1 Yes. 2. No

5. Could OVCs try to mange their difficulties? 1 Yes. 2. No

6. Are you offering counseling to OVC? 1 Yes. 2. No

7. Do You Have Counseling Or Psychosocial Guide Line? 1 .Yes. 2. No

8. Did an OVC try to compete others in school? 1 Yes. 2. No

Part III. Below are given various general statements and expression to social, psychological, and interpersonal relation items.

Encircle the number that represents how frequent a child exhibit the given item

- 1. Never 2. Some times 3. Often 4. Always**

S/ N	Items	Never	Some Times	Often	Always
1.	Child get not assistance in need	1	2	3	4
2.	Child Fear to talk to stranger	1	2	3	4
3.	Child Fear scare	1	2	3	4
4.	Child not interactive	1	2	3	4
5.	Child Feel incompetent	1	2	3	4
6.	Child un relaxed	1	2	3	4
7.	Child Inpatient	1	2	3	4
8.	Child Feel worthless	1	2	3	4
9.	Child feel saddens and depression	1	2	3	4
10.	Child Feel nervous tension	1	2	3	4
11.	Child not aim oriented	1	2	3	4
12.	Child not try to solve problem	1	2	3	4
13.	Child feel no good quality	1	2	3	4
14.	Child feel discrimination	1	2	3	4
15.	Need of motivation	1	2	3	4
16.	The child find him or her self getting upset by quite trivial things	1	2	3	4
17.	The child couldn't experienced any positive feeling	1	2	3	4
18.	The child tend to over-react to difficult situations	1	2	3	4
19.	It difficult for the child to relax	1	2	3	4

20.	The child feel that he or she have nothing to look forward to	1	2	3	4
21.	The child find him or her self getting upset rather easily	1	2	3	4
22.	The child feel that as he or she uses his or her nervous energy a lot	1	2	3	4
23.	The child feel saddens and depressed	1	2	3	4
24.	The child have a feeling of faintness	1	2	3	4
25.	The child feel that as he or she have lost interest in about everything	1	2	3	4
26.	The child feel as he or she is worthless	1	2	3	4
27.	The child feel that as he or she is rather touchy	1	2	3	4
28.	The child feel scare without any good reason	1	2	3	4
29.	The child feel that life isn't worthwhile	1	2	3	4
30.	it hard to wind down for a child	1	2	3	4
31.	The child have difficulty in swallowing	1	2	3	4
32.	The child couldn't seem to get any enjoyment out of the things he or she do	1	2	3	4
33.	The child find him or her self irritable	1	2	3	4
34.	The child feel as he or she is close to panic	1	2	3	4
35.	For the child it hard to calm down after something upset him or her	1	2	3	4
36.	The child fear that as he or she would be "thrown" by some trivial but unfamiliar task	1	2	3	4
37.	The child feel as he or she could not to become enthusiastic about anything	1	2	3	4
38.	it is difficult for the child to tolerate interruptions to what he or she is doing	1	2	3	4
39.	The child is in a state of nervous tension	1	2	3	4
40.	The child feel as he or she is pretty worthless	1	2	3	4
41.	The child could see nothing in the future to be hopeful about	1	2	3	4

42.	The child feel that life is meaningless	1	2	3	4
43.	The child getting agitated	1	2	3	4
44.	The child worrying about situations in which he or she may panic and make a fool	1	2	3	4
45.	It is difficult for child to work up the initiative to do things	1	2	3	4
46.	The child feels that as he or she is a person of worth, at least on an equal plane with others.	1	2	3	4
47.	The child feel that as he or she have a number of good qualities.	1	2	3	4
48.	All in all, the child inclined to feel that he or she is a failure	1	2	3	4
49.	The child able to do things as well as other people.	1	2	3	4
50.	The child feel as he or she have not much to be proud of	1	2	3	4
51.	The child take a positive attitude toward him or her self	1	2	3	4
52.	The child feel as he or she is satisfied On the whole	1	2	3	4
53.	Certainly, the child feels useless at times.	1	2	3	4
54.	At times, the child think as he or she is not no good at all.	1	2	3	4
55.	The child can manage to solve difficult problems if he or she try hard enough.	1	2	3	4
56.	If someone opposes the child, he or she can find the means and ways to get settle.	1	2	3	4
57.	It is easy for the child to stick to his or her aims to accomplish his or her goals.	1	2	3	4
58.	I am confident that I could deal efficiently with unexpected events.	1	2	3	4
59.	The child is resourceful to handle unforeseen situations.	1	2	3	4
60.	The child can solve most problems if he or she invests the necessary effort.	1	2	3	4
61.	The child remains calm when facing difficulties since he or she rely on his or her coping abilities.	1	2	3	4
62.	When the child confronted with a problem, he or she can find several solutions.	1	2	3	4
63.	If the child is in trouble, he or she can think of a solution.	1	2	3	4
64.	The child can handle whatever comes his/her way	1	2	3	4

Part IV- Which of the following psychosocial needs are fulfilled to the child? Encircle number, 1 if fulfilled or Yes or encircle number, 2 if not fulfilled or No

S/N	Needs		Yes	No
1.	Peer education	Social Needs	1	2
2.	Life skills		1	2
3.	Educational support		1	2
4.	Health and Nutrition		1	2
5.	Clothing		1	2
6.	Housing		1	2
7.	Counseling	Psychological Needs	1	2
8.	Love		1	2
9.	Visiting and Recreation		1	2
10.	Playing		1	2
11.	Motivating		1	2
12.	Care		1	2

Declaration

I, the undersigned, declare that this thesis is my original work, has not been presented for a degree in any other University and that all sources of materials used in this thesis have been duly acknowledged.

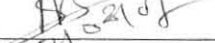
Name : **Semu Ketema**

Signature: 

Date: August 21, 2007

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

Name Dr. **Bidyadhar Sa**

Signature : 

Date of Approval: _____