Institutional Support, Social Capital, and Emotional and Behavioral Adjustment of Vulnerable Children in Addis Ababa: The Mediating Effects of Family and Peer Social Capital

By

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A DISSERTATION

Submitted to the School of Psychology, College of Education and Behavioral Studies, Addis Ababa University, in partial fulfillment of the requirements for the Degree of Doctor of Philosophy in Social Psychology

Supervisor;

Tamirie Andualem (PhD)

July 2024

Declaration

I, Simachew Ayalew Assmare, hereby declare that this dissertation entitled, "***Institutional Support, Social Capital, and Emotional and Behavioral Adjustment of Vulnerable Children in Addis Ababa: The Mediating Effects of Family and Peer Social Capital"*** is my own original work and sources and materials used in this manuscript are fully and properly acknowledged.

Name of the Candidate	**Signature**	**Date**
Simachew Ayalew Assmare	_____	_____

Certificate

I, Tamirie Andualem (PhD), as a supervisor, hereby testify that this dissertation is the candidate's original work and it is submitted for final evaluation to the School of Psychology with my knowledge and approval.

Name of the Supervisor	**Signature**	**Date**
Tamirie Andualem (PhD)	_____	_____

College of Education and Behavioral Studies

School of Psychology

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List of Acronyms and Abbreviations

AMOS	Analysis Movement Structure
CFA	Confirmatory Factor Analysis
EFA	Exploratory Factor Analysis
FHI	Family Health International
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
ILO	International Labor Organization
MOLSA	Ministry of Labor and Social Affairs
NGO	Non-governmental Organization
OVC	Orphan and Vulnerable Children
SDQ	Strength and Difficulty Questionnaire
SEM	Structural Equation Modeling
SNNPR	Southern Nations Nationalities and Peoples Region
SPSS	Statistical Package for Social Sciences
UNAIDS	Joint United Nations Program on HIV/AIDS
UNICEF	United Nations Children's Fund
MOWA	Ministry of Women Affairs
EOC	Ethiopian Orthodox Church

Abstract

The study aims to investigate the effects of institutional support and social capital at multiple contexts (family, peer and neighborhood) on the emotional and behavioral adjustment of vulnerable children. Descriptive correlation design was used to explore the status and the relationship among the study variables. Institutional support, social capital and emotional and behavioral adjustment scales were adapted. The reliability and validity of the scales/instruments were ensured through pilot study. Proportional random sampling was used to select a total of 659 participants (female =329 and male =330) from a purposively chosen four child support institutions. The data were screened, processed, and analyzed using SPSS and AMOS soft wares. Independent sample t-test, one sample t- test, one-way ANOVA, correlation, and structural equation modeling (SEM) were employed as data analysis techniques. The findings indicated that there appears a considerable level of institutional support and social capital resources in the study areas. The result also discloses that the socio-demographic variables (sex, grade level of children, neighborhoods, current living condition, number of children, housing condition, work condition and income level of both parents) did not show significant association with the emotional and behavioral adjustment of vulnerable children, except family structure, where children from non-intact families tend to experience higher adjustment problems. Moreover, the result indicated the independent variables, such as institutional support, family social capital, peer social capital and neighborhood social capital, show significant negative associations with emotional and behavioral adjustment, suggesting institutional support and social capital resources improve the emotional and behavioral adjustment of vulnerable children through restraining problem behaviors. SEM-based path analysis result revealed institutional support has a significant effect on the emotional and behavioral adjustment of vulnerable children via family social capital and peer social capital. Similarly, neighborhood social capital has a significant influence on the emotional and behavioral adjustment of these children through family social capital and peer social capital. In other words, social capital resources available in peer and family contexts are mediators in the relationship of institutional support and neighborhood social capital with the emotional and behavioral adjustment of vulnerable children. Therefore, the findings suggested the importance of integrating and improving institutional support and social capital resources in the care and protection of such children and other vulnerable children in low income countries such as Ethiopia.

Key words: Institutional Support, Social Capital, Emotional and Behavioral Adjustment, Vulnerable **C**hildren

Chapter One

1.1 Background of the Study

Child vulnerability is a rising global issue, particularly in developing countries like Ethiopia. Factors such as poverty, HIV/AIDS, armed conflicts, and recurrent droughts and famines contribute to the problem's growth (Chernet, 2001). Specifically, parents' chronic illnesses, hunger, limited service access, inadequate clothing or shelter, overcrowding, poor caretaking, disability, and child abuse can worsen the problem (Berry & Guthrie, 2003; Skinner, et al., 2006). Consequently, the number of vulnerable children is increasing alarmingly from time to time.

Furthermore, the tendency to conceptualize 'orphan and vulnerable children' (OVC) primarily with HIV/AIDS and its effects, coupled with the adoption of institutional care as a universal solution for all vulnerable children from diverse backgrounds, has increased the vulnerability of children. This is particularly evident within the context of most African communities (Abebe, 2008; Foster, 2000; The Faith to Action Initiative, 2014; Tottenham, 2012). Through this process, children who are categorized as 'orphans and vulnerable' are inadvertently subjected to adverse social and psychological effects, while other children who are susceptible due to different reasons are overlooked. Significantly, the adoption of institutionalization as a primary care model for these children erodes the inherent social support and care structures traditionally utilized to enhance the wellbeing of vulnerable children and other marginalized groups within society. Given the numerous vulnerability factors coupled with the adverse consequences tied to the conceptualization of the term 'OVC' and the strategy utilized to mitigate the issue, seem to exacerbate the vulnerability of children identified as

service targets. This not only complicates their outcomes, but also escalates the vulnerability of other children in challenging situations whose needs remain unaddressed.

Consequently, these vulnerable children were found to experience many psychosocial problems such as social isolation and emotional hardships due to separation of siblings, discrimination, neglect, child sexual abuse, drug abuse, and child labor (Abashula et al., 2014; Christopher & Mosha, 2021; Hamza, 2011). These studies were also remarked that children were provided with inadequate services and lack of facilities in the institutions, including poor hygiene, lack of food, inadequate clothing and school materials, and limited coverage, while many children are still in difficult circumstances.

Furthermore, numerous studies conducted on the predominantly used care system for OVCs (institutionalization), have documented many serious devastating consequences on various domains of child development and functioning (social, emotional, psychological, cognitive, and even physical) (Cheung et al., 2011; Farooqi & Intezar, 2009; Hawk & McCall, 2010; Mota & Matos, 2013; The St. Petersburg— USA Orphanage Research Team, 2008; van IJzendoorn e al., 2008). Besides, this mode of child care has limited capacity and that provide care only for the few proportion of all vulnerable children, even from those particularly referred to as ‘orphans’. Still another painful truth is that out of these children, a great majority of them have at least one living parent or other extended families/guardian that are willing to support their children with appropriate intervention (UNICEF, 2012; Williamson & Greenberg, 2010). In addition, empirical findings, for instance Nsabimana (2016) confirmed that these children were found to experience more serious psychological problems than those children who are true orphans.

On the other hand, the majority of African communal societies possess a wealth of indigenous social support mechanisms which have been employed as significant resources for

fostering and enhancing the welfare of marginalized and vulnerable groups (Abebe & Aase, 2007; Save the Children, 2015). In societies of this nature, the responsibility to care for and support children, especially those facing challenging circumstances, is deeply rooted in social norms and cultural values. Individuals within these societies greatly appreciate the role and responsibility of offering care and support, as it is deemed accepted and respected method of nurturing children and assisting those in difficult situations (Drah, 2012). Furthermore, the significance of familial and communal environments is widely recognized as pivotal for interventions. These settings offer an optimal environment conducive to the wellbeing and robust functioning of children (Nsabimana, 2016; United Nations General Assembly, 2010). Such a nurturing social environment provides children with an enduring sense of love and belonging, fostering lifelong connections within their community, offers opportunities to absorb and partake in familial and cultural traditions, cultivating a shared historical understanding. Additionally, it imparts crucial social skills that facilitate their engagement and interaction as integral members of their family and broader community in their future lives (Groark & McCall, 2011). Hence, children raised in biological, foster, and adoptive families demonstrate better physical, intellectual, and developmental outcomes than other alternative care options (Smyke, et al., 2007; Van IJzendoorn et al., 2007).

Evidences have substantiated that the substantial majority of orphaned and at-risk children in Africa have been protected by established family safety networks and community support mechanisms (Beegle et al., 2010; Mutiso & Mutie, 2018; UNICEF, 2007). Numerous studies have presented varied results regarding the potential caregiving role of this traditional social safety net. Some findings suggest that such resources have been depleted and strained by the demands of vulnerable children over the past several years. Furthermore, the inherent socio-

cultural values, roles, and responsibilities associated with supporting these children have been altered, and their capacity weakened, due to contemporary socio-economic changes and other variables (e.g., Abebe, 2008; Ayieko, 2000; Foster, 2000; George et al., 2015; Save the Children. 2015; UNICEF, 2003). Consequently, it may no longer serve as a feasible resource for the substantial number of children in vulnerable situations. However, some other evidences recognize that, despite multifaceted challenges, it may still represent the most effective and compassionate system for providing care and support to the growing population of vulnerable children. This notion is contingent upon the implementation of interventions aimed at economic fortification and family preservation (Bray, 2003; Chirwa, 2002; Foster, 2000; Madhavan, 2004; Meintjes & Giese, 2006). While highlighting the significance of this traditional coping mechanism, empirical findings stress that it can act as a cornerstone for fostering responsible families and societies in the future. Moreover, it can facilitate positive developmental outcomes in children, thereby nurturing the growth of future generations (Richter et al., 2006; Smyke et al., 2007).

Cognizant of all these, international agencies working on children have pledged a shift on the contemporary child care practices for vulnerable children to family and community contexts by declining institutional care systems (United Nations General Assembly, 2010). In light of this, initiatives have been undertaken to facilitate the deinstitutionalization of children and investigate alternative care solutions that prioritize caring for children within their family and community environments. It is also indicated that health and wellbeing can be improved by enacting policies that reinforce social networks, and enhance exchange of social support in a society (Yip et al., 2007).

In this study, the traditional social safety net is represented as social capital. Social capital is defined by leading theorists as the resources embedded within social networks, interactions, and relationships across various social contexts, which include familial ties, friendships, and neighborhood connections (Bourdiew, 1986; Coleman, 1988; Putnam, 1993). Prior research conducted in this field has indicated a positive correlation between social capital and various child development outcomes. These include, but are not limited to, psychosocial well-being, adjustment, and psychological well-being, internalization and externalization of problems, as well as a range of health outcomes. For instance, Gong et al. (2021) have demonstrated that social capital has a significant positive impact on the well-being of immigrant children. Similarly, Li et al. (2020) found that children living in poverty who have high levels of family, peer, and school social capital tend to have improved mental health. Lastly, Zou et al. (2018) suggest that social capital significantly enhances life satisfaction by fostering positive emotions and mitigating negative ones.

Moreover, the positive role of social capital in many variables including, but not limited to health, psychological wellbeing, and socioeconomic conditions of disadvantaged communities in Ethiopia had been studied. In his research on social capital and trust in Addis Ababa's slums, Kassahun (2015) found that social trust and institutional confidence enhanced participation and reciprocal behaviors, suggesting the significance of social capital in these communities. Similarly, Kassahun (2005) corroborated that dimensions of social capital, such as the level of participation in local institutions and trust and confidence within the community, greatly augment community efficacy in economically disadvantaged areas. Another study indicated a significant correlation between social capital and the subjective well-being of participants from two regions of Ethiopia (Tigray and Oromia). Furthermore, Kassahun (2010) documented the

instrumental role of social capital in community development, demonstrating that increased participation in local associations, trust within the community, and confidence in local institutions were strongly linked with community development.

Research findings on social capital have important implications for the wellbeing and functioning of underprivileged communities. Nevertheless, prior research has predominantly concentrated on exploring the various facets of social capital in connection with distinct socioeconomic and psychological variables among groups that do not primarily include vulnerable children and their emotional and behavioral difficulties. As a result, there is a noticeable scarcity of studies examining the protective influence of social capital on the outcomes of vulnerable children, despite the escalating trend of child vulnerability in Ethiopia.

Furthermore, the prevailing research initiatives have predominantly centered on investigating the vulnerability of children to HIV/AIDS, as well as the consequential impacts on these children, and the effects of institutional care on orphaned children's outcomes. Therefore, children who become vulnerable due to a multitude of other factors and their associated issues have been largely neglected in much of the existing literature. Additionally, these studies have only explored the fulfillment of basic needs and the challenges faced by orphans in child care institutions, often disregarding their psychological needs and difficulties. This suggests a reasonable lack of attention in previous literature to the role of supporting children who are vulnerable due to poverty, within their familial and community contexts.

In addition to this, some of the current research on the subject tends to consider few variables when investigating the psychosocial outcomes of children. This approach overlooks the inclusion of multiple variables associated with the emotional and behavioral well-being of children in vulnerable situations. Integrating these variables within a single study would provide

a more comprehensive understanding of the problem under investigation. These are some of the potential gaps in the existing literature on children's issues.

The objective of this study is, therefore, to fill these gaps by providing empirical data on the statistical effects of institutional support and social capital within various social contexts (family, peer and neighborhood) on the emotional and behavioral adjustment of vulnerable children.

1.2 Problem Statement

The prevalence of vulnerable children has been significantly increasing in developing countries, particularly in Sub-Saharan Africa. This surge can be ascribed to a multitude of susceptibility factors including but not limited to socio-economic conditions, political turbulence, and natural catastrophes (Milligan et al., 2016; Save the Children, 2015). Nevertheless, both international and national humanitarian actors have disproportionately focused on HIV/AIDS as a significant risk factor and resources have been tailored towards addressing the needs of orphans and vulnerable children predominantly through institutional care systems.

Numerous evidences have unequivocally shown that this excessive singular focus on HIV/AIDS and its impacts on children, in combination with the hasty institutionalization of children, can lead to a multitude of adverse effects on children's' overall outcomes. For instance, many studies have highlighted the profound impact that institutional care can have on various domains of children's development and wellbeing, including emotional and behavioral outcomes of children who are the intended recipients of this service (Farooqi & Intezar, 2009; Mota & Matos, 2013; The St Petersburg-USA Orphanage Research Team, 2008). Other evidences also added that this approach has unintended negative consequences, such as stigmatizing the target children, undermining of the traditional support systems, and excluding other vulnerable

children due to other factors such as poverty (Abebe, 2008; The Faith to Action Initiative, 2014; Foster, 2000; Tottenham, 2012). These untoward consequences are more likely to further amplify the vulnerability of children, including orphans and other vulnerable children. In addition, research conducted in the area revealed that children placed in institutional care manifest significantly more externalizing behavior problems compared to their non-institutionalized counterparts. Besides, these children who are institutionalized while their parents are still alive have been observed to exhibit more externalizing behavior problems compared to orphans (Kaur et al., 2018; Nsabimana , 2016; Nsabimana et al, 2019). This suggests that children who have not experienced orphanhood may be more vulnerable to the detrimental effects of institutionalization compared to their orphaned counterparts. Moreover, additional research has offered significant substantiation indicating that orphans, when residing in a familial context, demonstrate the least amount of externalizing behavioral issues. To clarify, this suggests that a family environment provides more favorable conditions for the positive psychological wellbeing of orphans, as compared to an institutional setting (Ajduković & Franz, 2005; Zeanah et al., 2009; Strijbosch et al., 2015).

Furthermore, the greatest proportions of institutionalized children are not actually orphans and have at least one living parent and other extended families/guardians (Browne, 2009; UNICEF, 2012). In addition, evidences highlighted that an overwhelming number of orphan and vulnerable children in Africa have been under the traditional social support and care mechanisms, despite multiple challenges (Beegle et al., 2010, Browne, 2009; Mutiso & Mutie, 2018). This care and support mechanisms are reported to be crucial in promoting the wellbeing of marginalized and vulnerable children (Abebe & Aase, 2007; Save the Children, 2015).

Despite this, the traditional care and support mechanisms have been overlooked in the child care and protection practices as well as policies in most of the African countries including Ethiopia.

On the other hand, many studies unanimously reported that socioeconomic conditions, mainly poverty has contributed significantly to the vulnerability experienced by a large number of children, including orphans (Bray, 2003; Campbell et al., 2010; Gina & Nardos, 2012; Goldberg et al., 2021). Similarly, poverty, in its diverse forms, continues to be a fundamental reason for family disintegration in Latin America and the Caribbean. Furthermore, this review study underscores that strengthening families and preventing separation are deemed the utmost priorities for care reform in the region along with de-institutionalization and family reunification initiatives (Bouillon & Tejerina, 2007). As indicated above, such activities have overshadowed by the excessive focus on orphans and HIV/AIDS in the global childcare discourse, exacerbating child vulnerability. This escalates the number of vulnerable children, especially in Africa, with Ethiopia being no exception.

In light of the present-day circumstances, endeavors aimed at mitigating poverty and economic inequality can significantly reduce adverse conditions of children. They further encourage responsible caregiving practices, and enhance the resilience and overall wellbeing of children (United Nations Children's Fund [UNICEF], 2012). A study suggested that economic disadvantages of parents tend to be associated with the internalizing and externalizing problems of younger children. The study further suggests that the effects economic disadvantage on children's internalizing and externalizing problems is explained by mediating variables such as home environment, maternal depressive symptoms, and disrupted parenting (Rijlaarsdam et al., 2013). This is an important indicator for the need to improve the economic deprivations of

families in order to reduce problem behaviors and improve the well beings of vulnerable children.

Cognizant of all the above mentioned evidences, the international community has reconsidered shifting the child protection approach to family and community-based care and to capitalize on the potential resources of traditional care mechanisms to deal with the glaring problem of vulnerable children. Moreover, the need to address the root causes of vulnerability, especially poverty, through strengthening the capacity of families and communities via appropriate interventions was underscored in the shift (Nsabimana, 2016; United Nations General Assembly, 2010). Consequently, child affiliated Non-Governmental Organizations (NGO) have been providing support to vulnerable children through building the socioeconomic capacity of families and communities, yet the practice is still at its infant stage in Ethiopia. In this regard, evidence indicated that NGOs can play a crucial role in child protection efforts by improving the socioeconomic rights of orphan and vulnerable children (OVC) (Department of Gender, Youth and Community Services, 2003). Besides, some intervention programs on OVC in Tanzania and Kenya were found to be associated with fewer emotional problems and higher pro-social behaviors (Nyangara et al., 2009). Based on the general direction given by international agencies, Ethiopia has also started shifting from institutional to family and community settings to improve vulnerable children's wellbeing. Some NGOs in Ethiopia have started to employ different strategies including savings groups to lessen economic vulnerability and empower people to meet their basic needs. A study highlights faith-based NGOs in Addis Ababa positively impacting beneficiaries' psychological and economic empowerment. The NGOs' technical support, advice, seed money, and self-help groups are crucial in enhancing beneficiaries' well-being and resilience (Tsegaye, 2023).

Moreover, vulnerable teens associate their caregivers' participation in saving groups with meeting their needs, primarily via enhanced financial status and intermittent parenting education at meetings (Rutherford et al., 2020). Furthermore, a child's wellbeing is fundamentally connected to the economic health of their household. This implies that interventions aimed at bolstering the economic situation can significantly enhance their overall outcomes (Alderman, 2012; United States Government, 2012). Additionally, improving child welfare significantly reduces the likelihood of them encountering financial hardships in their adulthood (President's Emergency Plan for AIDS Relief [PEPFAR], 2012). However, the contribution of NGO's support, which represents institutional support in this study, to the emotional and behavioral wellbeing of vulnerable children who are being supported within their family and community contexts was not yet studied. Moreover, social capital, a resource deeply rooted in social relationships and networks, can potentially serve as a facilitator for the positive development of children (Bourdieu, 1986; Coleman, 1988; Putnam, 1993). This is especially true in traditional society, like Ethiopia, that has a rich stock of social networks (Carroll, 2001). Research suggests that social capital can act as a safeguard against a wide range of socioeconomic, psychological, and political challenges (Dorsey & Forehand, 2003; Zou et al., 2018). Furthermore, it has been meticulously scrutinized in relation to numerous social problems other than vulnerable children related issues within the Ethiopian context (Aynie, 2010; Endris et al., 2017). Most of these local studies show that social capital positively impacts conditions, particularly for marginalized communities in urban and rural areas of the country.

Consequently, this study explores the two key contexts - social capital resources and community-based NGO support (institutional support in this study), both believed to be viable strategies in addressing the escalating number of vulnerable children in a sustainable manner, yet

understudied. Often, these children fall under the broad category of "orphan and vulnerable children (OVC)," thereby overlooking those in family and community poverty. The study intends to fill this gap by focusing on these children, contributing to the emerging practices and policies addressing this issue sustainably. The severity of the issue calls for a comprehensive strategy leveraging socio-cultural resources to address the children's vulnerability and needs effectively. This goal requires empirical evidence on supportive programs and institutions, and understanding how social capital from different social contexts can improve children's wellbeing.

In poverty-stricken countries, including Ethiopia, the widespread incidence of poverty amplifies the susceptibility of children living in financially burdened families. Regardless of the delivery of humanitarian aid, the welfare of these vulnerable children, within their family and community environments, has not been adequately researched. Additionally, the majority of available resources are primarily directed towards children who are vulnerable as a result of HIV/AIDS, often neglecting those who are vulnerable due to a variety of other factors. These children are typically grouped into the "Other Vulnerable Children" category. This research is designed to accumulate empirical data to address these concerns, with a particular emphasis on this neglected group, with the ultimate goal of contributing towards enhancing child care practices and policies. More specifically, it seeks to determine whether social capital and institutional support have a significant influence on the emotional and behavioral adjustment of vulnerable children.

1.3 Research Questions

This study sought to address the following important research questions.

1. What are the levels of institutional support, family social capital, peer social capital, neighborhood social capital and emotional and behavioral adjustment among vulnerable children?
2 Are there any statistically significant associations between socio-demographic variables and emotional and behavioral adjustment of vulnerable children?
3 Do family and peer social capitals mediate the relationship between institutional support and vulnerable children's emotional and behavioral adjustment?
4 Do family and peer social capitals mediate the relationship between neighborhood social capital and the emotional and behavioral adjustment of vulnerable children?

1.4 Objectives of the Study

The general objective of this study was to assess the effects of institutional support and social capital on the emotional and behavioral adjustment of vulnerable children in Addis Ababa. Specifically, this study aimed to address the objectives stated hereunder. These are to;

1. Examine the status of institutional support, social capitals (family, peer and neighborhood) and emotional and behavioral adjustment of vulnerable children.
2. Identify whether there is a significant associations between socio-demographic variables and emotional and behavioral adjustment of vulnerable children.
3. See the mediating role of family and peer social capitals on the relationship between institutional support and vulnerable children's emotional and behavioral adjustment.
4. Examine mediating effect of family and peer social capitals on the relationship between neighborhood social capital and vulnerable children's emotional and behavioral adjustment.

1.5 Significance of the Study

This study was primarily explores the effects of institutional support and social capital within family, peer, and neighborhood contexts on the emotional and behavioral adjustment of vulnerable children. Furthermore, the research delves into the function of institutional aid provided by charity organizations, examining its relation to the emotional and behavioral adjustment of these children. The social capital resource has long served as a mitigating mechanism against various adversities and their detrimental repercussions, particularly for vulnerable groups, including children for several decades. Moreover, it is often viewed as a panacea, requiring minimal investment but offering significant native solutions to a multitude of indigenous issues, including those faced by vulnerable children in Ethiopia. Therefore, investigating this potential resource, which is rooted in societal norms and cultural values, in relation to the emotional and behavioral adjustment of vulnerable children who receive institutional support within their family and community, holds significant implications for stakeholders working on this and other children welfare issues.

This study investigates the influence of various social contexts, including families, friends, and neighborhoods, as well as institutions on the emotional and behavioral wellbeing of vulnerable children. The findings could provide valuable insights for relevant government and nongovernment bodies especially working on child protection, prompting the implementation of necessary measures such as policy direction to safeguard the wellbeing of these children and their families.

Furthermore, the results of this study could serve as a useful resource for institutions working on child protection to improve the wellbeing of vulnerable children and families. The findings could prompt these institutions to reassess their current strategies and efforts, enabling

them to develop more effective plans that yield long-term improvements in the wellbeing of these vulnerable groups. This can be achieved by leveraging the social resources available within the study area.

The current development and direction of the child social protection policy worldwide bounces back to family and community care systems since the last three decades especially in developing countries. Therefore, the result of this study provides an important insight and feedback for the current social protection system in general and the child protection policy in particular to take into account or reconsider the indigenous social resources available for the healthy and productive socialization of the increasing number of vulnerable children in Ethiopia.

The outcomes of this research hold significant value as a crucial resource for entities tasked with social protection responsibilities such as MOWA, MOLSA, and other national NGOs. These organizations, primarily focused on safeguarding children from various hardships, can utilize this study to bolster existing family and community social safety nets, incorporating the children's issue across diverse sectors of the country.

Moreover, the result of this research may provide foundational data for scholars keen on conducting in-depth studies in this field, aiming to enhance the quality of life for vulnerable families and their children in the study area and other parts of the country.

Finally, the conclusions drawn from this study could serve as a beneficial asset for institutions committed to child welfare, aiding in the enhancement of the welfare of susceptible children and families. The insights from the research could stimulate these institutions to reassess their current strategies and initiatives, empowering them to devise more effective strategies that result in a more sustainable improvement in the wellbeing of these vulnerable groups. This can

be realized by harnessing the social capital resources available and expanding the good child care practices of within the country.

1.6 Scope of the Study

The study is delimited in terms of variables, participants, and the area where the study undertaken. Variable wise, the focus of the study was on investigating social capital and institutional support variables in relation to the emotional and behavioral adjustment. Moreover, the study was limited to studying vulnerable children who are being supported within their family and community contexts by ChildFund Ethiopia partner institutions, currently functional in Addis Ababa. Finally, children who are in the age range between 12 and 18 years were target participants of the study.

1.7 Limitations of the Study

The study has encountered some limitations. First, although the researcher explored the association between social capital and institutional support with the emotional and behavioral adjustment of vulnerable children, this association hardly shows causation. Second, even though the study included some children and family related variables in order to better explain the emotional and behavioral adjustment of the target children, there may be other variables that might affect the emotional and behavioral adjustment of these children. This may limit the accuracy and completeness of the findings. Third, this study employed only children's perspectives as a data source and failed to include important others perspectives (parents / guardians, peers, neighbors and other stakeholders) which could make the result more complete, comprehensive and reliable. Fourth, methodology wise, this study employed only a quantitative research approach and method to investigate the issue under study. In other words, the issue under investigation will be explained better if mixed research approaches and methods be

employed in the study with advanced data analysis procedures (the SEM). Finally, this study was also confined to few institutions operating in Addis Ababa City Administration, and even small number of participants were include in the current study, that would limit the generalizability of the result to other vulnerable groups and other institutions, beyond describing these specific target participants and specific institutions' program (sponsorship program).

1.8 Operational Definition of Key Terms

Emotional and behavioral adjustment- refers to the perceived emotional and behavioral functioning of vulnerable children as measured by the likert type Strength and Difficulty Questionnaire (SDQ).

Family Social Capital - refers to a social capital resource available within a family context characterized by parent-child relationships, parental support, and parental monitoring, and measured by parent-adolescent relationship, parental support, and parental monitoring scales.

Peer Social Capital - refers to a social capital resource accessible within the friendship networks among peers of vulnerable children as measured by Friendship Quality Scale.

Neighborhood Social Capital - refers to the collective social assistance extended by community members residing in the same area as these families, with the objective of improving the vulnerability and wellbeing of poor children and their families. This assistance is quantified using functional social support and informal social control scales.

Institutional Support- pertains to the community-based assistance rendered by child-affiliated nongovernmental organizations to vulnerable children through capacitating their families, and their communities. This support is gauged through the multi-faceted Orphan and Vulnerable Children Wellbeing Tool (OWT).

1.9 Organization of the Dissertation

The thesis is structured into five comprehensive chapters. The initial chapter provides a detailed overview of the background, problem statement, research questions, objectives, and significance of the study. It also includes operational definitions of terms and outlines the organization of the dissertation. Chapter two compiles prior research on global vulnerable children, their support systems, and associated challenges. It emphasizes the importance of traditional social safety nets and their potential to aid these children. It also examines the Ethiopian social and child protection policy, social contexts, and their effects on the emotional and behavioral adjustment of vulnerable children. This chapter outlines the study's theoretical and conceptual framework. Chapter three of the dissertation delves into methodological considerations, encompassing research design, study site description, study population, sampling methods, data collection tools, data analysis methods, and the ethical standards adhered to in the study. These aspects are explained in detail across various subsections. Chapter four is dedicated to data preparation and screening, data presentation, analysis, and interpretation of the data. Chapter five provides an in-depth analysis and discussion of the primary findings, drawing comparisons and contrasts with existing empirical and theoretical evidence found in the literature. Chapter Six, the conclusive chapter, offers a comprehensive summary and conclusions drawn from the study's findings. Furthermore, it provides recommendations and outlines the implications of these results for the child care and protection practices and policies for vulnerable children.

Chapter Two

Review of Related Literature

This chapter reviews existing theoretical and empirical literature on the emotional and behavioral outcomes of vulnerable children, alongside societal and cultural social capital. The aim is to build a strong foundation for the research by exploring literature related to family and community resources, particularly social capital, and the psychological adjustment of these children. The chapter synthesizes recent literature on the definition of vulnerable and orphaned children, child vulnerability in developing countries, including Ethiopia, and child social protection systems. It also assesses the negative impact of institutional care on children's overall well-being and explores the correlation between forms of social capital and the emotional and behavioral adjustment of vulnerable children. Furthermore, the chapter examines the current preferred care method for vulnerable children, the situation of family/community settings in Ethiopia, social capital, and vulnerable children in Ethiopia.

2.1 The Meaning of Orphanhood and Its Associated Vulnerability Risks

The definitions of 'orphan' and 'vulnerable children' vary significantly across different contexts. International organizations associated with child welfare often define an 'orphan' in a manner that aligns with their objectives, frequently overlooking the diverse cultural interpretations of parental responsibility and child care. Furthermore, the classification of 'orphan' as a child under 18 who has lost one or both parents can be deemed disparaging in societies that possess robust traditional support systems. The term 'orphan' often encompasses a broad spectrum of children, not limited to those who have lost their parents. It may include children with ill, disabled, or single parents; children presiding over households; underprivileged children residing with grandparents; orphans under guardian supervision; children afflicted with

HIV/AIDS, and so forth. This perspective implies that the condition of being an orphan is not confined to victims of HIV/AIDS but extends to children suffering from other forms of disadvantage, primarily rooted in economic dependency (Ennew, 2005). Thus, this broader conceptualization of orphanhood underscores a donor-centric definition, reinforcing the notion that orphanhood is not merely a biological condition (Meintjes, 2006).

Moreover, in most collectivistic African cultures like Ethiopia the meaning of parenthood and the responsibility of caring for children are not limited to biological parents, but also shared by extended families and communities, close friends, and non-blood relationships. In his comprehensive research on orphans and working children in Ethiopia, Abebe (2008) revealed that the interpretation of the term 'orphan' fluctuates significantly, both within and between regions and cultures, and even more so in global scenarios. According to the same study, children in Gedeo who have been classified as 'orphans' by non-governmental organizations and local administration do not identify themselves as such. Despite the loss of their parents, these children do not see themselves as orphans, given the fact that their extended families have taken on the responsibility of caring for them.

The singular focus on addressing the challenges faced by orphaned children inadvertently led to the creation of a separate environment, which unfortunately further marginalized and perpetuated discrimination against these children (Simbayi et al 2006, cited in Hussien, 2011). This exclusive focus on orphan children tends to exclude several vulnerable children, whose needs mostly remain unattained or kept in the background. Emphasizing orphanhood and institutional care approach appears to undermine the longstanding moral values as well as family and community members' initiatives to care for and support vulnerable children. This degrading role further reinforces the family support system to be denied attention, and seemingly flourished

material resource availability in institutional care serves as a ‘pull factor’ to increase child-family separation.

In addition to this, the finding of a study conducted in African countries showed that the participants, including orphan children themselves, mentioned that in the context of African culture, ‘no one is considered as an orphan’ because every community member, regardless of any blood relationship is responsible for caring those children who have lost their families (Abebe, 2008). The study also added such children have provide equal, even better care than biological children and most orphaned children also proved that they are treated without segregation. In support of this, UNICEF (2015) argued that all orphans who have lost one or two of their parents did not necessarily need supports where the extended families had resources to care for them, and there was a need that government policies and support programs target the most vulnerable children and families. This evidence underscores two essential points: the potential roles of the extended family networks in supporting and caring for orphan and vulnerable children, and the second, surviving parents of orphan children could be reliable and sustainable sources of care and support for their children.

Broadly speaking, vulnerability is not solely a consequence of HIV/AIDS. Particularly in societies such as Ethiopia, the concept of parenthood extends beyond biological ties and embraces a more social dimension. Consequently, a substantial number of children who face adversity due to other causes often go unnoticed. In this study, the phrase 'vulnerable children' is utilized to denote those individuals residing within families afflicted by impoverishment and who are beneficiaries of aid from child-focused institutions. These institutions function on a paradigm of enabling families and fostering community empowerment so as to ensure the sustainability of the care and protection efforts.

2.2 The Magnitudes and Patterns of Child Vulnerability

The precise global estimate of vulnerable children, inclusive of orphans, remains undetermined due to a scarcity of consistent and updated data. The complexity of accurately quantifying the magnitude of orphaned and vulnerable children arises from several intricate factors. These include unregistered institutions, an inadequate reporting system, deficits in institutional management, insufficient documentation, neglect of children's issues, and the proliferation of covert child labor and exploitation, among others.

As a result, inconsistent figures have been reported by different sources emphasizing children affected by HIV/AIDS. For example, United States Agency for International Development and United Nations International Children's Emergency Fund (USAID & UNICEF, 2004) estimated about 153 million vulnerable children living in adversity worldwide, including children in institutions, on the street, in refugee camps, and informal kinship and community care and those who are trafficked for child labor or sexual exploitation, recruited as child combatants in armed conflicts, runaways, and those separated from their families by natural disasters. On the other hand, in other sources, the number of single and double orphans around the globe is estimated to be 153 million and 17.8 million respectively (Pinheiro, 2006; United States Government, 2010), including more than 12 million orphans accounted by Sub-Saharan Africa (Morantz & Heymann, 2010). These estimates underpin the tendency of inaptly putting all vulnerable children under one category and crudely refer them as orphans, regardless of its devastating consequences on their overall development.

Moreover, in another estimate, there are 13 million (11 to 18 million) children orphaned by HIV/AIDS all over the world, and more than 80% live in Sub-Saharan Africa. It is also indicated in this estimate that many more children were orphaned for other reasons (Bilson,

2010; Bilson & Carter, 2008; Bilson & Harwin, 2003; Bilson & Larkins, 2013). This estimate entails that the governments of this region, in collaboration with international organizations, need to work on meeting the survival needs of not only orphaned but also vulnerable children with an emphasis on supporting kinship networks and avoiding placing children in institutions.

Regarding children in orphanages, UNICEF indicated that at least 2.2 million children live in orphanages in the world. Similarly, Save the Children (2009) and USAID (2009) estimated that approximately 2–8 million, or about 5% by some estimates, reside in institutions, which constitutes only a relatively small percentage of the total vulnerable children. However, this number is considered by many to be a significant underestimate, given that many orphanages around the world are unregistered, and the children living within them are not officially counted (Pinheiro, 2006).

All children residing in institutional care are not solely orphans, nor are they always vulnerable. They are often classified as orphans because these institutions are designed to cater to orphaned children, and this classification serves as a criterion for eligibility to the services provided by international organizations and NGOs at both global and national levels. Furthermore, a significant proportion of institutionalized children across the globe, particularly in Africa, have either one or both parents alive, or they have extended family or guardians capable of providing care. For instance, a surviving parent is present for 80% of the 12 million children classified as orphans in Sub-Saharan Africa (Richter & Norman, 2010; USAID & UNICEF, 2004; Williamson & Greenberg, 2010).

In consequence of substandard living conditions in less developed countries, conventional family units have faced significant challenges in providing care for the numerous orphaned and vulnerable children. Various local and international agencies have provided

estimates, indicating that in Ethiopia alone, there are over five million orphans, including an estimated 1.5 million who have been orphaned due to AIDS. This data suggests that 30% of the orphan population is a direct result of HIV/AIDS, while the remaining 70% have been orphaned or rendered vulnerable due to other hardships, notably poverty (Abebe & Asase, 2007).

In conclusion, there is a notable deficiency in consistent and current data regarding the extent of orphaned and vulnerable children worldwide. Nevertheless, it is estimated that millions of such children exist globally, a result of various contributing factors. Furthermore, evidence suggests the presence of a significantly larger population of unreached vulnerable children, particularly in Africa. This is attributed to the continuous escalation of vulnerability factors, compounded by insufficient attention and resources.

2.3 Child Vulnerability in Ethiopia and Associated Risk Factors

Children represent our future and it is our duty to ensure their well-being, care, and protection from various harmful conditions and obstacles that could hinder their healthy wellbeing and functioning. They constitute nearly half of the population in many developing countries, particularly in Sub-Saharan Africa. For instance, a 2010 report by UNICEF estimated that a substantial 50% of the Ethiopian population is comprised of this young population.

Within this cohort, an estimated 5.5 million individuals are classified as orphans and vulnerable children (OVC), constituting nearly 6% of the overall population and 12% of the demographic under the age of 18, as reported in a comprehensive study conducted by Save the Children UK in 2009. Given the observable increase in factors contributing to child vulnerability and the significant underestimation of vulnerable children in the current estimates, it is anticipated that these statistics will significantly rise.

Existing evidence suggests that issues such as child labor, trafficking, early marriage, and sexual abuse are prevalent and alarming problems globally, with even more severe implications in regions like Africa, Asia, and Latin America (International Labor Organization [ILO], 2016). Indeed, it must be emphatically stated that there has been a severe infringement of children's human rights, where they are systematically deprived of participating in activities fundamental to their normal development, such as gaining an education and the freedom to play. Ethiopia, unfortunately, stands out in this aspect with numerous children subjected to a range of vulnerabilities that include child trafficking, child labor, and child sexual abuse, among others. For instance, compelling research from Eyasu (2018) reveals that every year, approximately 216,000 children are trafficked abroad via the Metema district, a primary trafficking route for the country, particularly the North Gondar Zone. The findings also underscore that children between the ages of 12 and 14 have been sexually abused, and a significant number are being forced into child labor. They work in agriculture for more than eight hours a day, earning meager wages. It is a situation that demands immediate attention and action.

All of these pieces of evidence underscore the necessity to foster and safeguard the growth and welfare of this substantial demographic, as they establish the groundwork for future generations. Social protection policies are enacted by the government to achieve this instrumental goal, especially in safeguarding vulnerable children in the country. The child social protection policy in particular and the social protection systems in general, of most developing countries are highly influenced by the principles and theories about children’s vulnerability and their respective intervention mechanisms forwarded by international agencies. The conceptualization of vulnerable children, the sources of vulnerability, and finally the way of dealing with this vulnerability has been used as a benchmark and sometimes strictly enforced in

different nations' social and child protection systems without any modification and contextual understanding of the issue.

In Ethiopia, the task of protecting children, especially vulnerable children, has been left out for international organizations, nongovernmental organizations, and other charity-based organizations, either national or international, with little or no supervision/support by the local government. Nevertheless, many actors prioritized HIV/AIDS affected children, overlooking the rising number of vulnerable children due to other factors, thereby exacerbating the situation in Ethiopia. Contrary to this, evidence recommended that social protection interventions need to target to address the multidimensional vulnerability of households and their children (Adato et al., 2016; ILO, 2013; Sanfilippo et al., 2012; Tafere & Woldehanna, 2012; UNICEF, 2012). It is also further purported that a single-issue approach hardly ensures child well-being and reduces risk factors, rather an integrated approach that involves important key actors and covers a wide range of factors for effective intervention. Similarly, Adato et al. (2016) argued that a child-sensitive social protection system needs to address the different risks and vulnerability factors for children and satisfy their material and nonmaterial needs (multiple material and psychosocial needs) simultaneously.

Furthermore, protecting the well-being of children entails capacitating the social welfare support services and programs of children and families and synergizing them with other dimensions of social protection to deal with the multifaceted children's vulnerabilities. This, in turn, entails coordination, and scaling up programs and ensuring adequate budget allocations (Camacho et al., 2014; ILO, 2013; Jones & Holmes, 2010; Sheahan, 2011; UNICEF, 2012). However, the Ethiopian child social protection system is not only fragmented and insensitive to the existing cultural social protection system for children but is also characterized by a lack of

coordination and collaboration among the different actors and sectors working on children. The Ministry of Labor and Social Affairs of Ethiopia (MOLSAE, 2012), in its social protection policy document, claims that though Ethiopia has designed different mechanisms and packages for supporting marginalized and vulnerable groups of its citizens, its social protection systems are not well organized to respond immediately when the need arises in a responsible and organized manner (Abebe & Aase, 2007).

In conclusion, these conditions, along with the disturbingly escalating vulnerability factors reinforce the increasing number of vulnerable children and augment their susceptibility to maladaptive behaviors and detrimental outcomes. This not only adversely impacts the succeeding generations but also has a profound negative influence on the overall development of the country.

2.4 Traditional Social Support Systems in Africa

Africa has a long-standing and culturally well-established traditional social security system used to protect vulnerable groups and improve the conditions of those who are subjected to different risk factors. In line with this, a study conducted to assess the views of study participants about ‘orphanhood’ in Africa and the result confirmed that ‘there was no such thing as an orphan in Africa ‘because extended families and other community members have full sense of duty and responsibility towards other members, including orphans (Foster, 2000). This indicates that the extended family and other community members feel responsible in caring and protecting such children against any kind of challenge.

Despite the best intentions of the institution, the care children receive in an orphanage cannot possibly mimic the care provided in a family environment. Even under the most favorable circumstances, institutional care falls short of optimal standards, primarily due to its inherent

structure where caregivers, who are staff members, replace the role of parents and work on a rotational shift basis, and, due to an alarmingly low caregiver-to-child ratio, face significant pressure to meet the physical needs of a considerable number of children (Tottenham, 2012). Moreover, studies revealed that most orphan and vulnerable children are supported by traditional social security net. For example, a study summarized by (Bunkers et al., 2014) illustrated that approximately 95% of orphaned children continue to live with their extended family. Similarly, Browne (2009) found that, in Africa, 10% to 41% children were placed into orphanages though they have one or both parents. The same study indicated that globally, at least four out of five, among up to 8 million children placed in what is known as orphanages, have one or both parents alive.

Statistics on "orphans" have caused some confusion because most international organizations have used the term to refer to children who have lost one or both parents, and many people understand the term to refer to children with no parents. The reality is that the vast majority of orphaned and vulnerable children worldwide are being cared for by their surviving parents and extended family members, not in orphanages. For example, UNICEF indicated that over 98% of children who have lost one or both parents live with families in Zimbabwe as it as characterized by the highest HIV prevalence rate in the world (Powell, 2004). In many sub-Saharan African countries, over 90% of orphans live with extended families, primarily under grandparent care (UNICEF, 2007). In Namibia, South Africa, and Zimbabwe, grandparent-headed households accommodate 60% of orphans and vulnerable children (Save the Children, 2007). Similarly, other studies from the Africa continent show that, even in the face of HIV and AIDS, in the vicinity, between 80% and 90% of children outside of parental care are still living in kinship arrangements (Lombe & Ochombo, 2008). Evidence also show that approximately

95% of children impacted by AIDS, with one or both parents alive or died, reside with extended family (Hosegood, 2008). In such conditions, grandmothers play an important caregiving role, with approximately 81% of double orphans in Zimbabwe living in this type of care arrangement (Beegle et al., 2010).

In support of the above evidence, Bakermans-Kranenburg et al. (2008) argued that placing children from institutional care into families can be seen as the most significant intervention for their healthy development as it can provide the most conducive conditions. Furthermore, an international instrument like the United Nations Guidelines for the Alternative Care of Children (United Nations General Assembly, 2010) recommend practices to stop the expansion of institutional care settings for children without parental care and rather promotes deinstitutionalization by improving family-based alternative care. Concerning the beneficial effect of deinstitutionalization, a study conducted by Nsabimana (2016) provide support that deinstitutionalization has not only benefitted the psychological adjustment of children but has also been used as a means of restoring family unity and social cohesion for societies with severe adversities like Rwandans.

Supporting children in their homes and communities are more cost-effective for the donors and governments than care in orphanages. While costs vary from country to country and among programs, comparisons often found that several children can be supported in family care by the cost to nurture a child in institutions. For instance, findings confirmed that orphanages are more costly than community-based care, that the former was found to cost up to six times more than providing care for children living in vulnerable families, and four times more expensive than foster care or statutory adoption in South Africa (Desmond & Gow, 2001); and 10 times more expensive in eastern Africa (Swales, 2006).

The implication of most evidence that emphasizes the importance of family and community-based care seems to support the principle of 'prevention is better than cure.' Supporting vulnerable families or households is not only a better means of accelerating the development of their children by inhibiting family-child separation but also an important strategy to sustain the lives of the family, the development of the society, and the country. It is also argued that this strategy is used to break the vicious cycle of vulnerability and facilitate the overall development of children, which serves as the foundation for their later years of life as adults. Saving children from any factor that might risk their growth is an essential investment in the families, societies, and future generations and determining the development of the country.

Presumably, this fact provides some basis for emphasizing systems to prevent family separation and encourage reintegration into biological families accompanied by appropriate financial and social support. Moreover, in addition to the inherently associated negative consequences of institutionalization on children's development, research findings on Rwandan children indicated that institutionalization has more impairments and psychopathological symptoms when children become institutionalized while they have living parents. This finding further explained that institutionalizing children with living parents considered it as an orphanaization process (Nsabinama, 2016). Accordingly, many international child welfare advocacy, practices, and policy aimed at efforts to move children from institutions into family care alternatives in low-resource countries. Indeed, large percentage of children in institutions have at least one living biological parent who potentially could rear the child, perhaps with some support services (Davis, 2006; Richter & Norman, 2010; Williamson & Greenberg, 2010).

In many traditional societies like Rwanda, parenthood is considered more as a social role than biology. When a biological parent dies or can't care for their child, relatives, close friends,

and neighbors play the role of providing care for such children (Nsabimana, 2016). However, a research in Ethiopia, Kenya, and Zanzibar found that kinship arrangements are influenced by factors like traditional socio-cultural and religious practices, family poverty, family breakdown, harmful traditions, poor health, parental death, disease outbreaks, limited access to education, health services or job opportunities, political instability, conflict, disasters, urbanization, and migration (Save the Children, 2015).

In summary, most of the evidences underscores that Africa has a traditional social support mechanisms for its people during adversities, especial for children. Despite many challenges, most vulnerable children in Africa have been cared by such social support systems. Supporting children in their family and community contexts is considered to be cost effective in terms of in cultivating positive outcomes and reducing negative ones as well as minimizing the high budget expenditures incurred in other child protection approaches.

2.5 Traditional Social Support Systems in Ethiopia; Opportunities and Challenges

In Ethiopia, the role of the state in providing care and support for orphans and other vulnerable children is minimal. Moreover, the child welfare organizations often operating based on different principles, have limited outreaching capacities, are partial, cost-ineffective, and do not reach the poorest of the poor. As a result, like in many societies in Africa, the extended family networks in Ethiopia continue to function as a social security system by helping relatives and others who are in need during times of illness, famine, and war, as well as in conditions of other natural hazards (Abebe & Aase, 2007). According to evidence, tribal communities play a vital role in Ethiopia, where extended family networks developed as instrumental and functional mechanisms to help relatives and friends during times of illness, famine, and war (Abebe & Aase, 2007). For this reason, the care of orphaned and other vulnerable children is innately seen

as the duty of the extended family system and ethnic groups of the country (Family Health International [FHI], 2010).

A robust body of evidence shows that nurturing family environments are associated with positive outcomes for children's development (Richter et al., 2006; Smyke et al., 2007). A family can provide a child with love, a sense of belonging, and a lifelong connection to a community of people. Within families, children learn and participate in family and cultural traditions, have a sense of shared history, and learn essential social skills that help them engage and interact as family and community members later in life (Groark & McCall, 2011). Research in the past several years has demonstrated that positive interaction between a child and parent or other primary caregiver significantly impacts brain development. Children seek interaction with adults, especially in the early years between birth and 3 years of age (National Scientific Council on the Developing Child, 2012), where the absence of this warm, responsive, and reciprocal relationship between a child and an adult can damage healthy development of children, including their brain development.

In seminal studies, children raised in biological, foster, and adoptive families demonstrate better physical, intellectual, and developmental outcomes when compared to children living in institutional care (Smyke, et al., 2007; Van IJzendoorn, et al., 2007). On the contrary, even in small-scale orphanages, there can still be negative consequences to children's development. For example, a series of longitudinal studies of children in orphanages in Britain experienced identifiable negative effects on their social development, despite high-quality provisions (such as food, shelter, and medical attention) to children in care (Hodges & Tizard, as cited in The Faith To Action Initiative, 2014). This evidence further declared that the quality of material

components of care is not nearly as important as consistent and responsive child-caregiver interaction, especially in the early years.

While minimal or inconsistent caregiver interaction is found in many orphanages, it is also essential to recognize that neglect may occur in homes. Therefore, programs that help "at-risk" families to better care for children and that address some of the underlying causes of parental or caregiver stress are critical. Investing in programs such as early childhood development centers; parenting support groups, livelihood support, and services that mitigate the negative impacts of poverty, have been shown to have long-lasting gains benefitting not only children and families but also communities and entire nations (Heckman & Carneiro, 2003).

Good practice dictates the importance of having a full range of care options available for children in need, with priority placed on care within families. Family strengthening and prevention of unnecessary separation matter greatly. Once a child has been separated from parental care, the spectrum of family care options includes reunification, relative (kinship) care, foster care, guardianship, and adoption.

In most countries, care with relatives, also called kinship care, is the most common form of care for orphans and children separated from parental care. The separation is frequently informal but is a long-standing and culturally acceptable mode of care for children (Abebe & Aase, 2007; Roby, 2011). Care by relatives offers the benefits of a family environment and supports the continuation of essential familial, communal, and cultural ties. The extended family plays a significant role in temporary and permanent orphan care but, unfortunately, receives little attention and support. Therefore, building upon existing cultural traditions of extended family care, including better monitoring and targeted support, is also a cost-effective way to ensure

family care for a large population of children no longer living with parents (Roby, 2011; Williamson & Greenberg, 2010).

However, several studies have shown that some children placed in kinship care may face bias, exclusion, or discrimination from caregivers and community members or may be at risk of neglect, abuse, or exploitation (Roby, 2011; Roby et al., 2013). The extent of abuse committed on such children varies with the closeness of the blood relationship with the biological parents. Hence, the closer the biological relationships of the caregiver with the child, the more secure and less discriminated the child feels, with care by grandparents or older siblings is the best (Case et al., 2004; Roby et al., 2013).

When children are reunified with parents who have placed them in an orphanage, or are placed in an alternative family-care setting such as kinship care, there will often be the need for continuing support from communities and local officials to ensure that children are protected and that caregivers have access to the appropriate material and social support (Hosegood, 2008).

2.5.1 The Current Status of the Traditional Social Support System

There have been contrasting arguments about the caring role of traditional extended family and community social security system or social capital for the well-being of marginalized groups, especially for orphan and vulnerable children in Africa, including Ethiopia. These contrasting views can be broadly categorized into two main positions regarding the importance of the traditional social safety net for these children.

Numerous international scholars, along with certain domestic researchers, have underscored the critical necessity of providing care for children in challenging situations within institutional setups. They assert that the customary familial social safety net has been stretched beyond its operational capacity (Ayieko, 2000; Foster, 2000; George et al., 2003; UNICEF,

2003). Moreover, socioeconomic and political changes, chronic poverty, HIV/AIDS, armed conflict, political instability, natural disasters, financial crisis, and family breakdown experienced in the last several decades have changed and weakened the important roles many families and communities in Sub-Saharan African countries (Guest, 2003; Kaleeba, 2004; Save the Children, 2015).

On the other hand, the traditional social support systems remain the primary and most reliable safety net for vulnerable and orphaned children, despite various challenges. These systems enable these children to develop and interact within their familial and community environments. However, it's acknowledged that socio-economic reinforcement and family preservation measures are critical in bolstering the capacity of these support mechanism (Bray, 2003; Chirwa, 2002; Madhavan, 2004; Meintjes & Giese, 2006). Similarly, other studies highlight the remarkable resilience of indigenous coping mechanisms in building livelihoods and caring for those impacted by HIV/AIDS (Kalipeni et al., 2004). These methods also address the 'orphan crisis' as they have with other crises in the past (Hunter, 1990). This perspective underscores the importance of maintaining traditional family responsibilities and encouraging culturally fitting orphan-care interventions.

Over all, many empirical researches and evidences indicate that traditional support systems are an important support mechanism for children under difficult circumstances. For instance, according to Hlatywayo et al. (2015) families struggle to fulfill the psychosocial and basic needs of OVCs, despite providing a favorable environment and skills for their future. Moreover, the critical role played by family and kinship networks in supporting orphans through the trauma of parental loss have well-documented (Nyambedha et al., 2002; Nyamukapa & Gregson, 2005). It is also indicated that kinship support is significant as a culturally fitting

family structure in Africa (Ariyo, et al., 2019; Verhoef, 2005). Children gain socially and psychologically from the presence of extended family, especially during economic hardships and even with major social changes, such as rapid urbanization and economic restructuring, the traditional African childcare support system remains resilient (Therborn, 2004).

2.5.2 Strengthening Traditional Support Systems to Promote Children's Welfare

International agencies recognize the importance of a family environment and the government's role in providing support that enables families to care for and protect children and fulfill their rights (United Nations General Assembly, 2009). They recommend committing resources to family-strengthening efforts to prevent family separation (Cantwell et al., 2014). In most instances, children are placed in orphanages by family members that feel desperate and in need of support. And thus, most parents would prefer to keep their children at home when presented with support from the community, government, and social services (Ministry of Social Affairs, Veterans and Youth Rehabilitation, 2011).

Studies conducted in multiple contexts have also demonstrated the cost-effectiveness of preventing separation and supporting family-based alternatives over orphanages (Desmond & Gow, 2001; Williamson & Greenberg, 2010). Moreover, research has proven the long-term benefits of investing in children when compared to investments made later in life (Heckman, 2011). Thus, an investment effort to support families and children, such as early childhood education programs, reduces stress on parents and helps increase the likelihood that children will develop into healthy and productive members of society later in life (Engle et al., 2007).

Moreover, internationally endorsed guidance suggests that a range of alternative care options primarily family-based must exist to respond to children's individual needs and circumstances (Cantwell et al., 2014; United Nations General Assembly, 2009). This continuum

of care, including prevention and response services, is at the core of any child welfare system. The process of decreasing reliance on orphanages, ensuring quality of care, and providing a range of care options with an emphasis on family care, requires significant investment of human and financial resources and public support (Dobrova-Krol et al., 2008; Fluke et al., 2012). This process requires time and also conviction, where churches, faith-based organizations, and people of faith play an essential role in supporting the needs of the orphaned and the vulnerable across the continuum of care.

2.6 The Concept and Meanings of Social Capital

Social capital is the most contested but powerful concept used to explain most social variables and problems in many disciplines and hence, has no specific and consensual meanings. It has been defined in many ways by different scholars from different backgrounds, emphasizing some aspects of it over others. However, most scholars agree that the term social capital is a crucial resource embedded in social relationships, social networks, and ties exploited for the adaptive functioning of people. For example, Coleman (1988) forwarded a landmark conceptualization that social capital makes resources accessible for the welfare of people by interpersonal trust and reciprocity. Moreover, social capital, as a resource of social interaction, is a key characteristic of all communities, especially in communal ones, and has been variously defined as a product of durable networks of individuals (Bourdieu & Passeron, 1977); resources available to strong family and community social organization (Coleman, 1988); and more recently as a crucial characteristic of civic society as well as the network of social connections characterized by social norms and trust (Putnam, 2000).

The concept of social capital locates resources in the relationships among social actors and facilitates a range of social outcomes (Coleman, 1990). It refers to relationships

characterized by the presence of objective ties between actors and subjective relationships contingent upon trust, reciprocity, or other positive emotions (Paxton, 1999). Coleman also added that social capital manifests information, obligations, and norms that are transmitted through social ties and resources that help children learn about and internalize appropriate social behavior (Coleman, 1988). Social capital can be used in the production of individual-level goods, for accessing job opportunities (Kirschenmann & Neckerman, 1992), and group-level goods, when it promotes the well-being of socially disadvantaged groups, like migrants (Portes,1998).

Social capital is distinguished from other theories examining connections between actors in that it implies purposeful investment on the part of the actors. In his classic narrative of social capital, Coleman (1988) describes how parents must choose to invest time, training, and interaction in their children to pass on their human capital, where family and schools are the main sources of social capital for children.

In general, incorporating the conceptual definitions of prominent scholars and organizations, social capital can be defined as "a multidimensional concept that embraces a stock of social norms, values, beliefs, trust, obligation, relationships, networks, friendships, memberships, civic engagements, information flows, and institutions that foster cooperation and collective actions for mutual benefits and contributes to economic and social development" (Bhandari & Yasunobu, 2009).

2.7 Social Capital and Emotional and Behavioral Adjustment of Vulnerable Children

Social networks have adaptive functions in the day-to-day life of a society, especially in times of adversity conditions. Thus, connections with family, friends, and organizations enhance a person's well-being and facilitate access to needed resources, such as money, advice, housing, information, and links to other resources, like jobs and organizational support (Young, 2006).

Research on social capital demonstrates that individuals with more social connections are more likely to be hired, housed, healthy, and happy (Woolcock, 2001). Social networks may thus enhance individual well-being in both material and non-material ways, for instance, friendships and relationships can support mental health (Umberson, 2010) and are thought to be as essential to an individual's health as diet and exercise (Yang, 2016).

Corroborating the aforementioned results, a comprehensive meta-analytical review, spanning 148 studies and encompassing 308,849 participants with an average age of 7.5 years, was conducted to examine the correlation between social relationships and mortality risks. The review found that individuals who maintain sufficient social relationships have a 50% increased probability of survival relative to those who suffer from poor or inadequate social relationships. This effect is as significant as quitting smoking, surpassing many mortality risk factors such as obesity and physical inactivity (Holt-Lunstad et al., 2010). Similarly, social capital was negatively associated with mental health outcomes, such as PTSD, anxiety, and depression, in a disaster-stricken town in Northern England. Cognitive and structural social capital partly influenced mental health through individual appraisal processes (like property loss, primary and secondary appraisal), social support, and coping behavior. The findings suggest a negative correlation between cognitive social capital and mental health issues, and a positive association between structural social capital and anxiety, but not PTSD or depression. This implies that stress reduction and psychosocial interventions that boost cognitive social capital can be beneficial (Wind et al., 2011).

A study on 2,393 adolescents from economically challenged neighborhoods in five cities (Baltimore, New Delhi, Ibadan, Johannesburg, and Shanghai) in Africa and Southeast Asia found that these adolescents living in vulnerable environments were prone to depression, traumatic

stress, and suicide. The results also indicated that growing up outside a two-parent family negatively impacted their mental health at risk of depression, traumatic stress, and suicide. The result also indicated that growing up outside a two-parent family negatively impacted their mental health, while self-reported health was positively linked with social capital, particularly within their neighborhood (Olumid, 2014).

Moreover, strong perceptions of family social capital and neighborhood social capital were positively associated with the level of hope among adolescents in different sites but negatively with depression and post-traumatic stress symptoms with some variation across sites and gender (Cheng et al., 2014). Finally, this study highlighted improving the socioeconomic conditions of parents and neighbors may help alleviate the psychological distress and emotions of adolescents of disadvantaged families. Another study that investigated the relationship between social capital and psychosocial adjustment revealed that higher levels of social capital were associated with lower levels of child psychosocial adjustment problems. The result confirmed that social capital and positive parenting are positively related, that, in turn, is indirectly associated with fewer psychosocial adjustment problems. The result also shows that a higher level of social capital was associated with lower levels of neighborhood dangerousness, leading to fewer child psychosocial adjustment difficulties. Finally, mothers with high levels of social capital are more likely to use positive parenting, which results in lower psychosocial adjustment problems (Dorsey & Forehand, 2003).

2.8 Effects of Social Capital on the Emotional and Behavioral Outcomes of Children

Social capital, as a protective factor, has been explored for several years in many areas and with a wide range of outcomes. Studies in the area tried to show how the different levels of social capital are associated with several variables in the areas of child development, education,

economic development, health, politics, and mental and psychological health in different community groups.

Robert Putnam's pioneering, followed by the World Bank and The Organization for Economic Cooperation and Development (OECD) provides appreciation that a high level of social capital has a positive impact on multiple dimensions such as well-being, economic growth, health, educational performance, government efficiency, security, and so on. Moreover, they extended their favorable position explaining that social capital is a promising capital that benefits all and incurs no cost despite, it can have contradictory effects depending on the level of analysis and its measurements (Ponthieux, 2004).

A comparative study was conducted to examine the effects of social capital, self-efficacy, and resilience on youth prosocial involvement of senior middle-school students from families with economically disadvantaged, poor groups, and those advantaged and non-poor-poor groups. As a result, most paths are similar for the poor and the non-poor groups; however, family social capital shows a stronger effect on the poor group, and school social capital has a stronger effect on the non-poor group (Liu & Ngai, 2019).

Moreover, studies, such as (Dorsey & Forehand, 2003; Morrow, 1999), have confirmed that social capital has an essential contribution to children and adolescent development, including the psychosocial adjustment domain. Others examined the adjustment of immigrant children and adolescents (Coleman, 1988, 1990; Zhou & Bankston, 1994).

2.8.1 Effect of Family Social Capital on Emotional and Behavioral Adjustment

The term 'family social capital' is used to denote the relationships established between parents and their children. This is manifested in the quantity and quality of time parents invest in engaging with their children and overseeing their activities (Coleman, 1990). According to him,

the concept of family social capital pertains to the substantial contributions made by parents towards the development and the social structures of their offspring. This term encapsulates the array of resources that parents utilize in the process of child socialization. Dufur et al. (2008) also added that the concept of social capital suggests a deliberate investment by the participants engaged in these relationships (parents and children).

The strength of social capital within families is amplified when the familial system exhibits temporal continuity; this is often evident when the parents maintain a long-standing commitment to each other. This consistent union provides a stable environment from which children can derive significant benefits. It is noteworthy to mention that these benefits are usually absent in alternative family settings. Coleman expressed concern that an increase in maternal participation in the workforce could potentially undermine community bonds. This is because mothers may not have sufficient time to establish relationships with their neighbors, relationships that traditionally play a vital role in the protection and socialization of children (Coleman, 1990). Despite limited evidence linking mothers' work to children's risk; numerous studies confirm that family social capital enhances child well-being (Parcel & Dufur 2001).

Within the realm of familial relations, the level of social capital is significantly elevated when parents actively devote their time, express genuine interest, and engage in meaningful interactions with their children. This is done with an aim to transmit their valuable resources or established family norms, to facilitate the adjustment process and enhance the overall well-being of their offspring (Coleman, 1988). Derived from this conceptualization, the quality of parent-child interaction was typically used as a proxy measure to capture the stock of social capital in the family context (Coleman, 1988; Winter, 2000). Coleman’s (1990) study of Asian immigrant families also demonstrated that family social capital in the form of parental interests in children’s

learning would help generate human capital in the second generation, even when the parents have little human capital. In their study, Dufur and colleagues (2008) on 1,833 children aged 5 to 14 years demonstrated that family social capital, assessed by parents' knowledge of their child's activities and potential time spent with children, was stronger predictive of less child behavioral problems.

Overall, studies have generally suggested that family social capital is associated with fewer behavior problems (Dufur et al., 2008; Parcel & Dufur, 2001; Parcel & Menaghan, 1993). These effects are essentially derived from the intermediate role that family social capital plays in transmitting parental resources or family norms to children through interactions (Coleman, 1988). Coleman is concerned that more working mothers may diminish community bonds, typically formed by stay-at-home moms, whom he believes are essential for child protection and socialization. In support of this, Parcel and Menaghan (1993) shows that family social capital, an indicator of parental investment, impacts child well-being and partially acts as material resources. However, beyond a certain spending level, home environments reflect parents' focus on providing interpersonal resources for child development. Factors such as age-appropriate cognitive stimulation, warm interaction style, and a clean, safe home environment, all contribute to reducing child behavioral problems. Coleman (1988) also alludes that family social capital plays a significant role in the adjustment and well-being of children and adolescents. Similarly, Wu (2014) found a strong link between positive parent-child interactions and the psychosocial well-being of migrant children in China. These children demonstrated high self-esteem, fewer depressive symptoms, less hostility, and high life satisfaction. Studies by Coleman (1988) and Parcel and Dufur (2001) indicate that family social capital acts as a bridge between family human and financial capital, and children's psychosocial adjustment. This aligns with Coleman's

theory that effective family-child interaction promotes the transfer of family resources to children. It's also suggested that families with robust human and financial capital provide children with greater social capital, fostering their healthy development (Coleman & Hoffer, 1987; Furstenberg & Hughes, 1995; Putnam, 2000; Teachman et al 1997).

2.8.2 Effect of Neighborhood Social Capital on Emotional and Behavioral Adjustment

Social capital is also inherent in the neighborhoods where families live, which provide the most proximal social context for families and mold the experiences of parents and children (Hughes et al., 1998). Social capital embedded in neighborhoods, also termed community social capital, refers to the social connectedness among resident adults and youths, reflected by social networks, norms, trust, a sense of belonging to the neighborhood, and civic engagement, all of which facilitate collective actions for the public good (Putnam, 2000). Moreover, community social capital is also reflected by collective efficacy, which describes the level of active participation of neighborhood adults in the support and supervision of youths (Sampson et al., 1997). Additionally, community social capital enables parents to set norms and collectively discipline children (Coleman, 1990) and creating an external social network that oversees and regulates neighborhood children and youth living in the neighborhood (Coleman, 1990; Sampson, 1997; Simons et al., 2004). Stevenson (1998) also found that low-income, inner-city African American adolescents living in neighborhoods with higher social capital showed lower levels of depressive symptoms. Drukker et al. (2003) also reported a significant association between community social capital and child mental health in the Netherlands.

Furthermore, social connectedness in the neighborhood plays a vital role in supporting the growth of social capital in the family. It increases the family's access to additional social resources through relationships and interactions at the community level (Furstenberg & Hughes,

1995; Teachman et al., 1997). This connectedness, in turn, reinforces the parents' effort to get informed of children's adjustment problems and seek opportunities to handle those problems (Dorsey & Forehand, 2003). It also supports the growth of family social capital (Wickrama & Bryant, 2003), which suggests a potential indirect pathway between community social capital and children's psychosocial adjustment, with family social capital acting as a mediator.

The results of five studies also indicated that neighborhood social capital influences the association between neighborhood deprivation and health in children and adolescents. Based on this, neighborhood social capital was a mediator between neighborhood deprivation and health and well-being in adolescents only in two studies. On the other hand, other two studies reported a significant interaction between neighborhood socio-economic factors and neighborhood social capital, which indicates that neighborhood social capital, is beneficial for children who reside in deprived neighborhoods (Leventhal & Brooks-Gunn, 2000). Similarly, a study that examined the role of neighborhood resources on the social capital available to low-income households showed that resourceful neighborhood that incorporates libraries, recreation facilities, parks, grocery stores, and social services alongside a feeling of safety and security were the most significant predictors of such household social capital. In other words, neighborhoods with improved socio-economic resources enhance the social capital access to low-income households, which in turn, facilitate their children's development outcomes (Curley, 2010). In connection to this, a study conducted on African-American adolescents to see the association between high-risk urban neighborhoods and the psychosocial development of males showed that adolescents who are continuously exposed to negative characteristics within their neighborhoods display higher rates of depression and other symptoms of psychological distress (Perry et al., 2015).

As one of the immediate microsystems, the neighborhood has association with child development. Unlike its relationship with cognitive development and academic performance, it has less consistent linkage with the emotional and behavioral problems of children. Moreover, it shows association with socio-emotional outcomes of children, even after the effect of other important confounding variables like family economic status and parental characteristics are controlled (Leventhal & Brooks-Gunn, 2000; Sampson et al., 2002). Furthermore, the economic status of neighborhoods is linked to several unfavorable socio-emotional outcomes of children such as internalizing and externalizing behavior difficulties (Beyers et al., 2003; Chase-Lansdale & Gordon, 1996; Chase-Lansdale et al., 1997), delinquency and mental health problems (Evans, 2004; Leventhal et al., 2009; Sampson et al., 2002), conduct disorders (Aneshensel & Sucoff, 1996), and cognitive and social development delays (Duncan et al., 1998). Furthermore, neighborhood social capital (the resources inherent within community networks) plays an essential role in moderating the negative developmental outcomes of children except those characterized by limited resources to have such effects (Murray et al., 2011; Rankin & Quane, 2002; Sampson et al., 1997).

In addition, another study was carried out to investigate the relationship between neighborhood characteristics and parenting behaviors. The result shows that neighborhood social organization characterized by weak social capital influences behavioral problems of adolescents like; delinquency indirectly through parenting behavior and peers (Chung & Steinberg, 2006); and social capital related to child psychosocial adjustment difficulties through positive parenting and neighborhood dangerousness (Dorsey & Forehand, 2003).

Proximal processes were the most influential influence on children's development compared to distal contextual factors (Ashiabi & O'Neal, 2015). Similarly, a study conducted to

investigate the effect of contexts on the social development of children revealed that the social development of children is partially explained by macro (SES) and microsystems (neighborhood and family and parenting stress) via proximal processes (parent-child interactions). In the same study, gender mediated the relationship between contextual factors and the children's social development, i.e., the effect of parent-child interaction on social development (positive or negative) varies depending on the children's gender. In other words, a high level of parent-child interaction is more likely to boost the positive social behavior of boys and reduce the negative social behavior of girls

2.8.3 Effect of Peer Social Capital on Emotional and Behavioral Adjustment

Peer social capital, in this study, is conceptualized as the friendship networks and the dynamic interaction among peers and its consequential effect on their development. The peer group has been one of the essential social contexts studied to see its influence on children and adolescents' development outcomes and functioning. The friendship networks among peers, which are afterward referred to as peer social capital, are believed to have significant effects on the overall lives of children, especially on the life of vulnerable children. Ream (2005) defined 'peer social capital' as the caliber of peer relationships, evaluated based on the density, range, intimacy and level of trust within these relationships.

Regarding he importance of peer social capital, Coleman (1961) also argued that children are extremely influenced by their peers and are more likely to consider the ties with friends as more important than that with parents or teachers. A scholarly investigation conducted on migrant children in China also noted a substantial, albeit somewhat less potent, impact of peer social capital on the psycho-social adaptation of these children (Wu, 2014). A study on children's use of friendship networks (peer social capital) in difficult situations showed that such support

mitigates the challenges of children in HIV/AIDS-impacted households. They share crucial roles in household maintenance and caregiving, often amidst poverty. Specifically, these networks offer support through sharing resources like school materials and food, and practical assistance with domestic duties, food acquisition, and income generation. On the contrary, peer relationships can be affected by parents' or societies' socioeconomic status. For instance, less affluent children often face peer rejection, lower popularity, and hostile relationships more than their wealthier counterparts (Bolger et al., 1995). Limited family resources can lead to these children being perceived as isolated and stigmatized, restricting their participation in peer activities. Poverty can thus hinder social interaction and the formation of peer relationships, potentially leading to aggression (Dodge t al., 1995). In sum, the network of friendship plays a significant role in promoting the wellbeing of children by addressing their material and psychological needs, particularly when these children are facing challenging circumstances.

2.9 Effect of Institutional Support on Emotional and Behavioral Adjustment

In the course of history, both national and international non-governmental organizations (NGOs) have been the main actors in the area of charity and welfare activities during emergencies and other life-threatening events around the globe. The role of these international organizations in developing countries, including Africa, has been prominent and continued to be so in development-related issues and humanitarian activities. It is therefore, these NGOs have been the sole sources for initiating and managing all development aid and humanitarian responses in Africa, including Ethiopia, with remarkable results in addressing the immediate needs of vulnerable, marginalized, and destitute groups of society, with especial emphasis on children, women, and other minorities.

However, research findings and theoretical literature have revealed mixed evidence regarding the importance of these institutions or organizations, which, in turn, may depend on the type of intervention they designed. Abom (2004) noted that the effect of NGOs in creating social capital can be both positive and negative based on their preferred intervention to deal with the priority areas. Accordingly, NGOs that adopt a direct service provision strategy to the targeted groups are more likely to restrain the production of social capital resources. It is argued that this kind of strategy is mainly selected with the plan of responding to urgent and physiological needs of the poor while limiting opportunities for being self-reliant and sustaining their life on their own. Conversely, this evidence implied that those NGOs that prefer indirect or participatory intervention strategies appear to maximize the social capital resources available to disadvantaged groups and minorities. In line with this, the microcredit Bank in Bangladesh managed to produce a great amount of social capital by establishing trust, norms, and networks among target groups (Dowla, 2006).

Moreover, a research finding shows that NGOs have an important influence in some components of social capital, including networks among individuals, groups, neighbors, communities, and agencies; social trust; coordination and cooperation for common goods; and sharing norms and values. The study further explained that NGOs used strategies like group formation, family approach, information sharing, meeting, consultation, market chain, and market map, linking with local GO-NGOs and community members, organizational reputation, job, and income generation programs, cultural activities, and social festivals, observation, communication, counseling, and advocacy, monitoring, and supervision, to further the social capital creation process (Islam & Morgan, 2012). While underscoring the facilitative role of the intervention strategy used by NGOs to promote social capital formulation, the participatory

approach leads to higher social capital production by providing pivotal chances for active engagement for the target community. This approach indicates that using varieties of communication channels such as interpersonal contacts, business networks, meetings, consultations, face-to-face conversation, sharing values, training, monitoring, and supervision increases social capital stocks by such organizations. As a result, this allows sharing of information, norms, and values that reinforce reciprocal benefits for social interaction, social and human skills, social competencies, social strength, sharing attitudes, and leadership abilities among beneficiaries or target groups of the society. Moreover, the relation matrix, the market channels, and the market map were useful tools for creating social networks within similar groups of people in a community and people of different experiences and backgrounds (Islam & Morgan, 2012).

In addition to supervising and controlling countries to design and implement policies that ensure children's well-being, Non-governmental international organizations take direct action or stimulate government and community action on the social determinants of child development. They have been instrumental in organizing strategies at the local level to provide families and children with effective delivery of early child development services; to improve the safety, cohesion, and efficacy of residential environments; and to increase the capacity of local and relational communities to better the lives of children.

Furthermore, the evaluation of four program interventions on OVC and their guardians revealed that OVC-focused programs have several benefits for OVC and their guardians and the community where these children live. For example, such programs appeared to improve the psychosocial outcomes of children, such as better behavior, self-esteem, social skills, and adult support. Moreover, participation in such programs has a significant correlation with fewer

emotional problems and higher prosocial behavior. As a result, the evaluation result revealed that the intervention was also associated with the psychosocial outcomes of guardians and children under their care. More specifically, the participation of guardians in the program impacted their psychosocial outcome positively, related to less household abuse and more prosocial behaviors in their household (Nyangara et al., 2009).

2.10 Theoretical and Conceptual Framework of the Study

In this section, the theoretical frameworks elucidating the existing relationships among the variables of the study are succinctly delineated, followed by an exposition of their conceptual interconnections.

2.10.1 Theoretical Framework of the Study

The main focus of this study is to explore the effects of the most immediate social contexts (family, peers, neighbors, and institutions) on the emotional and behavioral adjustment of children in economically vulnerable families. Thus, psychological theories that argue the importance of social contexts for the development of children, mainly the ecological system theory and the social capital theories were used as the theoretical frame work of the study.

2.10.1.1 The Ecological Systems Theory. The Ecological system theory, as originated by Bronfenbrenner, proposes that human development occurs within a multiple social contexts, where the various components of the ecology have played both independent as well as interactive effects on the development of children and youths (Bronfenbrenner, 1986). According to Bronefenbrenner, (1979), there are four main distinct concentric ecological contexts, namely micro, meso, exo, and macro systems, exerting either direct or indirect influence on a child's development. The influence that these four ecological systems have on the developing children varies depending on the closeness of the systems to the child located at the most inner part of the

system. According to him, the most immediate environments such as; family, peer group, or school setting exert direct relationships. Moreover, microsystems constitute the most immediate social contexts, such as home, the day care group, friends and class mates at school, hobby club members or close relatives (Saarinen et al.,1994), and this level also include neighborhoods and religious settings (Penn, 2005). Moreover, the feature of the community in which families live in influences the management of its children (Coley & Hoffman, 1996; Pettit et al., 1999).

Moreover, the meso-system refers to the interrelationships among the immediate social environment that influence individual's developmental outcomes (Bronfenbrenner, 1979). Bronfenbrenner particularly emphasizes proximal processes, viewing them as development drivers (Bronfenbrenner & Evans, 2000). These processes are the mechanisms that pose the maximum influence on the child to unfold its developmental potential (Bronfenbrenner & Ceci, 1994).

Thus, the first two layers of the system are considered to be the most immediate social contexts that most likely pose greater direct and indirect effects on children outcomes, which are the focus of this study. Applying this perspective to the study of social capital is reasonable to conceive the functions of the resources embedded in these social contexts where the child is growing in. Accordingly, Paquette and Ryan (2001) after analyzing ecological theory suggest that the child is in the center of the system, while the layers of the environment around the child are getting wider and wider outward and their influences, on the other hand, become weaker and weaker as the distance of the context increases. In the context of this theory, the emotional, behavioral, cognitive and other outcomes of children could potentially shaped by the social interactions within the immediate social environment, but without neglecting the personal resources.

In summary, the ecological systems theory posits that development of human beings in general and that of children in particular takes place within multiple social contexts that can be classified as closer and distant to the growing child. Moreover, closer social environments to the child, such as family, friends, schools, child cares, and neighbors can be the immediate social contexts that poses stronger influences on the development of the child. In addition, the interaction among these immediate social contexts have indispensible role in shaping the developmental characteristics of the developing child, where increases the needs of assessing the role of these social systems on the emotional and behavioral adjustment of children of vulnerable families.

2.10.1.2 Social Capital Theory. Social capital essentially refers to resources that flow through relationship ties and enhance individual functioning (Bourdieu, 1986; Coleman, 1988; Sampson et al., 1999). Coleman as one of the pioneers in the area conceptualized social capital as the social network and relationship driven resources that promotes various social outcomes (Coleman, 1990). In addition, Parcel and Menaghan, (1993) also alleges that social capital occurs at any level of social aggregation, and it is conceived as the feature and quality of social relationships in a range of social contexts (Coleman, 1990; Portes, 1998; Putnam, 2000).

Furthermore, it is hypothesized to establish a conceptual connection between the characteristics of individual participants and their immediate social environments, primarily encompassing their household, educational institution, and residential vicinity (Furstenberg & Hughes, 1995). It is the most contested concept that scholars do not agree upon its meaning and effects (Portes, 2000), the point of disagreement lies mainly on its units of analysis, whether it is an individual (Bourdieu, 1986; Coleman, 1990), collectives attribute (Putnam, 2000), as well as the benefits to whom it may accrue.

Moreover, it is an attribute of communities in the form of networks, institutionalized, social relations (e.g., family & School), and informal relationships between neighbors, and friends (Bourdiew, 1985; Coleman, 1988, 1990; Portes, 1998; Putnam, 1995). This argument tends to ensure that social capital is primarily the property of groups and individuals who constitutes these groups (e.g., the mother or father in the family have resources to be transmitted to their children).

In addition, many scholars argued that social capital incorporates norms, values, expectations, and sanctions (Coleman, 1988, 1990; Cole & Healy, 2001; Dika & Singh, 2002; Portes, 1998;Putnam, 1995) that shapes the quality and quantity of social interactions in a society and regulate behavioral dispositions of individuals, groups, and institutions (i.e., trust, reciprocity, contract enforceability). Similarly, these evidences also confirmed that social capital tends to be the property of both the groups and individuals, as well as supported by social norms and value systems of the society and institutional base that facilitate the accumulation of social capital resource. At times, social capital generates effects in the form of family, friends, and social networks considered to be an important asset that can be leveraged for social mobilization and for economic or other benefits (Coleman, 1988, 1990; Dika & Singh, 2002; Portes, 1998; Putnam, 1995; Woolcock, 2001).

Most scholars and researchers agree that social capital has positive effect on health (Putnam, 2000), educational achievement (Coleman, 1988), effective government, and low crime rates (Putnam, 1995). Furthermore, Putnam (2000) suggests that social capital enables community member to resolve collective problem more easily because shared norms and values makes collaborations possible and effective.

In general, social capital is a social resource cultivated within the social networks, and can be the property of both groups and individuals, which interrelated with social norms, cultural values and at times have institutional structure that can be an asset for development outcomes in different domain of different groups, especially children of vulnerable families.

2.10.2 Conceptual Framework of the Study

The concept of social capital has been increasingly applicable in exploring the protective factors of various developmental outcomes of children and adolescents. Despite varying conceptualizations of social capital, it has been linked to numerous social issues, including the adjustment of children in vulnerable families.

According to the ecological system theory, the child grows within multiple interacting social contexts, such as family, child care, neighborhoods, peers, and schools, to influence the development outcomes of children. The resources, which are interwoven within and between perpetually engaging social contexts or systems, are commonly referred to as 'social capital' according to social capital theorists (Bourdieu, 1986; Coleman, 1988; Putnam, 1993).

In view of the ecological model, the levels of social capital were used among others, in this study. Therefore, from its different levels, the most immediate micro and meso levels are the main focus of the study (Bhandari & Yasunobu, 2009). Thus, the social contexts represent the different levels of social capital, namely, family social capital, peer social capital, neighborhood social capital and institutional support were explored.

Extensive research conducted across various demographic groups has established that family social capital can significantly influence multiple areas of children's outcomes. For instance, a positive correlation was identified between family social capital and reduced behavioral problems (Dufur et al., 2008; Parcel & Dufur, 2001; Parcel & Menaghan, 1993),

adjustment and well-being of children (Coleman, 1988).These effects essentially derive from the intermediate role that family social capital plays in transmitting parental resources or family norms to children through interactions (Coleman, 1988).

Studies have shown that neighborhood social capital significantly impacts family contexts, influencing both parents and children's experiences (Hughes et al., 1998). This form of capital, which acts as an external social network, provides necessary supervision for children and support for parents (Sampson et al., 1997). It was found that high neighborhood capital correlates with lower depressive symptoms in low-income, inner-city African American adolescents (Stevenson, 1998), and positively affects child mental health (Drukker et al., 2003). Moreover, social connectedness within a neighborhood fosters the growth of family social capital by increasing access to resources through community interactions (Furstenberg & Hughes, 1995; Teachman et al., 1997). This supports parents in addressing their children's adjustment issues (Dorsey & Forehand, 2003), implying an indirect link between neighborhood social capital and children's psychosocial adjustment, facilitated by family social capital (Wickrama & Bryant, 2003).

In relation to the concept of peer social capital, Coleman's (1961) research uncovered a significant influence exerted by peers on children. His findings suggested that children often perceive their relationships with friends to be of greater importance than those with parents or teachers.

Moreover, the healthy development of children from disadvantaged families might require greater social capital from other source as a compensatory mechanism than other children (Zhang et al., 2008). Interventions involving caregivers, families, peers, and communities can improve psychosocial outcomes for children, such as lessening depression, distress, and stigma.

Simply put, well-planned interventions with guardian and community involvement enhance the behavior, self-esteem, social skills, adult support, and emotional health of vulnerable children (Marshal, 2004). Similarly, well designed psychosocial interventions involving multiple factors like family environment, peer relationships, age, experiences, and the reactions of family and peer groups improves the recovery process of the targeted groups (Save the Children Federation, 2004). This may be an indicator that supporting institutions influence the wellbeing of vulnerable groups through mobilizing family resources and friendship networks for these groups.

Using Bronfenbrenner's ecological model (1989), which situates child and adolescent development within various social contexts such as family, peer groups, and neighborhood, this study will integrate three levels of social capital and institutional support. The aim is to examine their collective impact on the emotional and behavioral adjustment of vulnerable children. Additionally, it will explore the direct and indirect effects of institutional support and neighborhood social capital and verify if family and peer social capital mediates their relationship with the psychosocial adjustment of children and adolescents, as indicated by prior research. The conceptual framework of the study was presented in fig. 1.

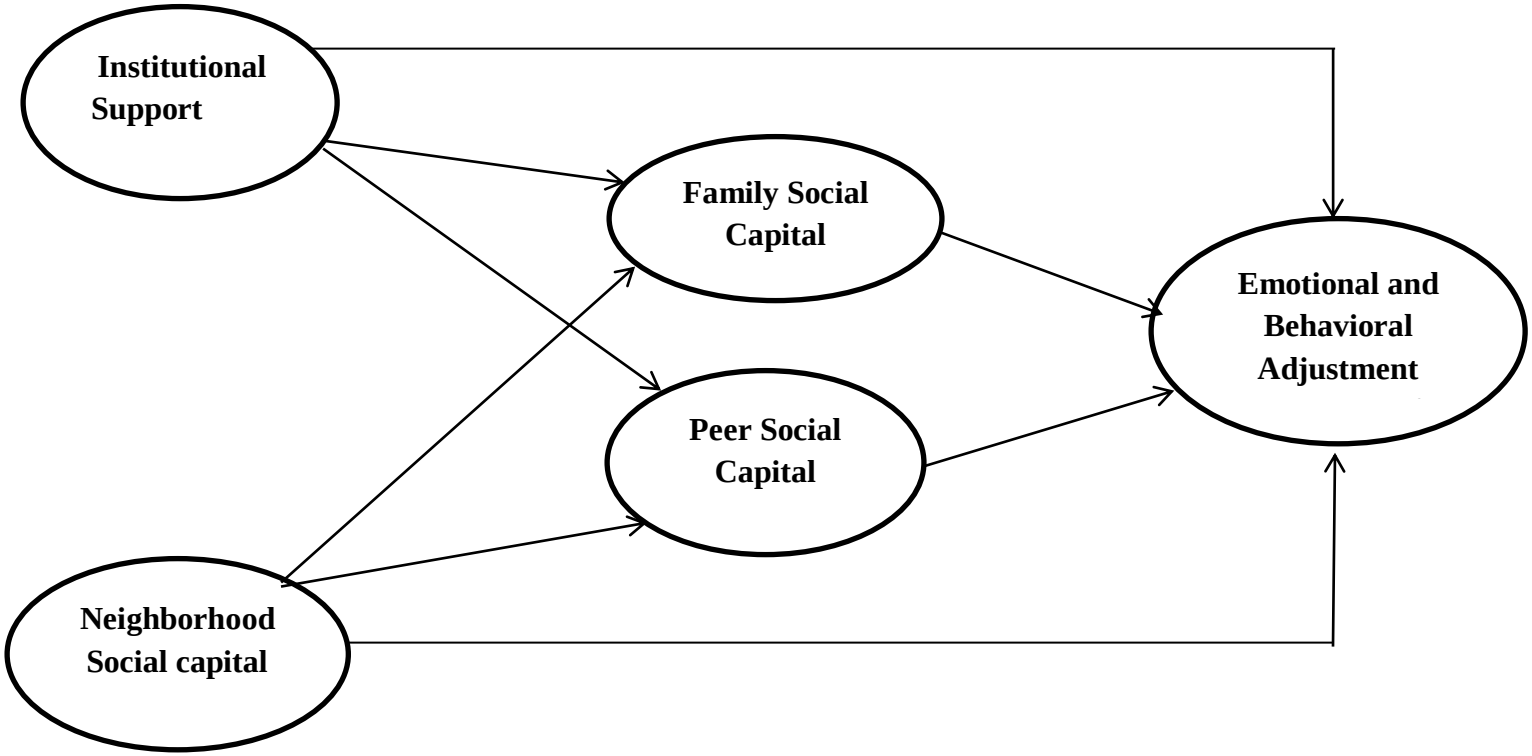

Figure 1: The Hypothesized Conceptual Framework of the Study

Chapter Three

Methods

3.1 Research Design

The study utilized a descriptive correlational design with the aim of delineating the current status and scrutinizing the dynamic interrelationships amongst the variables under consideration (Dulock, 1993). In a similar vein, Walker (2005) posited that this design serves as a scientific research method, employed to explicate the nature of interconnections between variables. The descriptive element of the design is aptly suited to comprehend the interplay among the variables, and to address queries related to concurrent events (Nassaji, 2015). Other scholars, including McBurney and White (2009) have elucidated that the descriptive correlational design is employed in research investigations with the objective of presenting stable depictions of scenarios, as well as determining the interrelations among various variables.

Consequently, this study employs the above mentioned design to thoroughly investigate the state and characteristics of the relationships or associations among institutional support, social capital (family, peer and neighborhood), and the emotional and behavioral adjustment of vulnerable children viewed from the children's perspective.

3.2 Description of the Study Area

This research involves five non-governmental organizations in Addis Ababa City Administration: Addis Integrated Development Organization (AIDO), Love for Children and Family Development Charitable Organization (LCFDCO), Future Hopes Integrated Development Organization (FHIDO), Sheger Child and Family Development Charitable Society (SCFDCS), and Ethiopian Orthodox Church- Child and Family Affairs Organization (EOC-CFAO). The selected organizations were chosen based on their provision of community-based

support for vulnerable children in their family and community contexts. Moreover, they use similar admission criteria for children and operate under similar conditions, collaborating with ChildFund Ethiopia in a sponsorship program. These organizations deliver key services to children, including basic needs like school supplies, food, and medication, along with life and academic skills training. Additionally, they provided trainings to families about child care and protection, saving initiatives, and income generation activities. They also contribute to their communities by providing school and library facilities, establishing underground water systems, and creating recreational centers.

These organizations are dedicated to providing community-based support to vulnerable children, families, and communities with the objective of improving their well-being through the implementation of various intervention programs in collaboration with ChildFund International's national head office.

ChildFund International is a global child-focused development and protection agency and a founding member of the ChildFund Alliance started working to help children break the generational cycle of poverty and achieve their full potential in Ethiopia since 1971. This organization has currently supporting 13 community-based child development programs in 4 regions (Amhara, Oromia, Southern Nations, Nationalities, and People's Region (SNNPR), and Addis Ababa. However, due to practicality reasons, such as data accessibility, time and financial resource, the five organizations operating in Addis Ababa and children supported by these organizations under the sponsorship programs of ChildFund Ethiopia are the study areas and the main target population of this study respectively.

3.3 Target Population and Sample

The chosen institutions were selected due to their targeted support for vulnerable children within familial and community contexts, an approach widely recognized as optimal for enhancing the wellbeing of at-risk children. Additionally, these organizations strive to elevate the overall welfare of underprivileged children by fostering connections among families, community members, and other institutions. They also serve as a pillar of social support, aiming to reinforce family livelihoods, safeguard and nurture children, and shape the social and other forms of capital within society. Lastly, these institutions maintain consistent eligibility criteria, focusing solely on children from chronically impoverished families, and operate under similar working conditions.

With regard to the sample of the study, only children supported by the designated organizations' sponsorship program were considered for this study. Two inclusion criteria were utilized to determine the eligibility of children for the study sample. Firstly, children aged between 12 and 18 years and attending school were deemed eligible to participate. This age group was chosen due to their perceived ability to effectively complete the questionnaire, and their heightened susceptibility to emotional and behavioral issues due to the transitional nature of this stage in life. The second inclusion criterion stipulated that only children who had received support in their respective institutions for a minimum of three years and above were eligible, as they would have better understanding of the services provided by the institutions, thereby enhancing the accuracy and meaningfulness of the data provided for the questionnaire.

A total of 300 children were randomly chosen from a purposefully selected institution, referred to as Institution 5, for the preliminary (pilot) study. This group was subsequently excluded from the main investigation as the data collection occurred twice. The sample size was

established utilizing Yemane's (1967) formula for determining sample sizes from a total population of 1200 children who met the previously specified inclusion criteria. The formula is delineated as follows:

$$n = \frac{N}{1 + N(e)^2}$$

Where; **'n'** represents the required sample size, **'N'** stands for the total population of children, and **'e'** is to the precision level of the estimation.

$$n = \frac{1200}{1 + 1200\,(0.05)^2} = \mathbf{300}$$

Therefore, based on the formula, 300 children were selected randomly from Institution 5 for the pilot study as mentioned above.

However, Nunnally's (1967) minimum sample size determination technique was used to deter mine the sample size of the main study. This technique appears to be the most appropriate sample size determination for SEM research for the purpose of getting larger sample size. Accordingly, Nunally's recommend 10 cases per indicator (items) and there are 69 refined items in the final data collection instruments (69*10), which resulted in 690 cases as the minimum sample size for the main study. Moreover, Kothari's (2004) proportional sample size calculation formula was employed to determine the proportional sample size from the four selected institutions for the main study.

$$ni = \frac{n \times Ni}{\sum Ni}$$

Where;
ni=Sample size of each institution/group
n= Sample size for the main study

Ni= total population in each institution/group

Based on this, 690 plus children were randomly from the four institutions in proportion to their respective population size. All in all, the four institutions include a total of 3049 children that represent the sampling frame for this study. The total number of children and the proportional sample (female and male) drawn from each institution were shown in table 1.

Table 1

Study Area, Total Number of Children, Target Population and Proportional Sample Size

Organizations	Target Population			Selected Sample		
	Female	Male	Total	F	M	Total
AIDO	409	432	841	93	98	**190**
LCFDCO	433	434	867	98	98	**196**
FHIDO	281	282	563	64	64	**127**
SCFDCS	380	398	778	86	90	**176**
Total	**1503**	**1546**	**3049**	**340**	**350**	**690**

3.4 Data Collection Instruments

As delineated in the introductory chapter, the purpose of this study is to rigorously examine the influence of social capital and institutional support on the emotional and behavioral adjustment of at-risk children. Furthermore, the study seeks to explore the relationships between selected demographic characteristics of the participants and both the exogenous and endogenous variables of the study. In order to achieve this, a variety of scales and questionnaires were employed, measuring aspects such as social capital, institutional support, and emotional and behavioral adjustment. This section provides an in-depth presentation of the scales and

questionnaires used in the study, including their validation results. The measures employed in the study include self-reported social capital, institutional support, and emotional and behavioral adjustment of vulnerable children.

Previous research indicates that children's self-reported perceptions of parental behaviors are often more reliable than parents' self-assessments. This discrepancy arises from a tendency among parents to portray their parenting behaviors in a socially desirable light, while downplaying or hiding behaviors they deem socially unacceptable (Gecas & Schwalbe, 1986; Peterson & Hann, 1999). Gecas and Schwalbe further explained that adolescents' perceptions are less likely to be influenced by social desirability, focusing more on their interpretations of reality and perceptions of parental behavior. Therefore, children's views of their parents' parenting behavior, their peer relationships, community involvement in their residential area, the support they receive from their respective institutions and their emotional and behavioral adjustment become crucially important.

3.4.1 Social Capital Measures

Social capital is not only a multidimensional concept, but also having different conceptualizations, types as well as measurements (Bhandar & Yasunobu, 2009). Scales et al, in their review of social capital literatures, remarked three important points, such as; the existence of little or no agreement on the meaning and measurement of social capital; relationships and resources are the critical components of social capital; and resources are only accessed via relationships. They continued to highlight that family social capital, community social capital, and peer social capital are the most commonly used dimensions in the measurement of social capital in previous social capital literature. Therefore, in this study, the social capital variables representing the immediate social contexts in Bronfenbrenner’s social ecological system theory

of human development, such as friendship networks, family relationships, and neighborhood resources were considered. As a result, the social capital measures; family social capital, peer social capital and neighborhood social capital were adapted from previous studies and contextualized to this study.

3.4.1.1 Family Social Capital. Family social capital is also a multidimensional concept operationalized by different scholars differently. For example, it was previously conceptualized family social capital in terms of family structures, quality of parent-child relation, adult's interest in the child, parents monitoring of the child, and extended family support and exchange (Ferguson, 2006). Other scholars are also recommended that parental involvement in school related activities, parental monitoring, and quality of parent-child relationship as possible measures of family social capital (Al-Fadhli & Kerson, 2010; Booth & Shaw, 2020; Dika & Singh, 2002; Rothon et al., 2012; McPherson et al. 2014). Still others used a different approach and focus on parent's social networks measured in terms of parental involvement in the school environment, PTA membership, frequency of attending school events, and number of donations made to the school (Rothon et al., 2012). On the other hand, intergenerational closure (Dika & Singh, 2002; Glanville et al., 2008; Haynie & South, 2005; Kim & Schneider, 2005; Muller & Ellison, 2001), and shared activities, shared goals and family cohesion (Crosnoe, 2004; Kim & Schneider, 2005; Morgan & Haglund, 2009) were considered as an important measures of family social capital.

In this study, therefore, some of the most commonly mentioned indicators of family social capital, such as parent-adolescent relationship quality, parental monitoring and parental support were assessed from children perspectives. Parent-adolescent relationship quality was assessed by Parent-Adolescent Relationship Scale adapted from (Burke et al., 2017). It is a 15

item scale presented in three subscales, such as connectedness (6 items), shared activity (4 items), and hostility (5 items). The connectedness subscale measures parental behaviors and attitudes characterized by emotional availability and responsiveness verbal and physical expressions of love, affection and acceptance, as well as subjective feelings of closeness, warmth and companionship. The second subscale is shared activity, which is purported to assess parental investment of time and other resources in adolescents school and leisure activities, and lastly, hostility measures the extent to which parental behaviors characterized by criticism or rejection in their relationship with adolescents. It originally a 6- point likert type scale ranging from 0 (not at all true) to 5(always/always true). But based on pilot study results, the ratings of the subscale was converted in to 5-point likert scale type to enhance quality of the responses for the main study and facilitate the combination processes of the subscales to achieve one total family social capital score in the study. The scale has a moderate to high reliability as well as convergent and discriminant validity reports. The internal consistency reliability of the subscales is ranging from .75 to .91. As it is the measure of positive and the negative dimensions of the parent-adolescent relationship, the items of the hostility subscale were reverse coded to facilitate the interpretation of the scores. As a result, high scores on the scale indicates the presence of high level of positivity in parent-adolescent relationships, while low scores indicate that the parent-adolescent relationship is characterized by negativity (i.e., it is full of critics, rejection or complaints).

Parental monitoring is the second indicator of family social capital measured by a Parental Monitoring Knowledge Scale adapted from parental monitoring scale (Stattin & Keer, 2000). The scale mainly evaluates the parental knowledge of their children whereabouts, activities and associations during weekends, school and after school times. The scale has nine items measured on a 5-point likert types scale with responses ranging from 1 (not at all or never)

to 5 (yes, fully or almost always). It is available in parent and youth versions with high internal consistency of .82 for the former and .84 for the later. In this study the children's version was used due to reasons mentioned above.

Parental support is the third indicator of family social capital and measured by Parental Support Scale adapted from the revised version of the Child and Adolescent Social Support Scale (Malecki, Demaray, & Elliott, 2000). The scale has12 item purported to assesses supports (emotional, appraisal, informational and instrumental) provided by significant figures, such as parents for their children. Originally, the scale has two versions (i.e., level 1 designed for use for 3^{rd} to 6^{th} grade children and level 2 for older children (8^{th} graders and above). This scale has also two kinds of ratings, i.e., frequency and importance. The frequency rating is, however, preferred in this study based on its appropriateness. This scale includes three items for each of the four dimensions of the support such as emotional, informational, appraisal and instrumental support provided by parents, especially mothers in this study. It is a 6- point likert scale ranging from 1 (never) to 6 (always). The ratings of this scale was also changed into 5-point likert scale format by merging the highly associated ratings of the two upper and lower ratings of the scale in to one and adding a second rating (rarely). As indicated above, this was done to improve the quality of the responses and facilitate the process of combining the scale scores to generate single score. Even though, it is possible to calculate sum of scores for each subscales, the total sum of scores was calculated and used in this study to facilitate the interpretation. The original scale is found to be well grounded in theory, at ease of administration and scoring as well as demonstrate strong reliability in the vicinity between .88 and .96, and has validity evidences.

In sum, family social capital was measured by three scales namely parent-adolescent relationship (15 items), parental monitoring knowledge (9 items), and parental support (12 items)

with a total of 36 items. The internal consistency of each of the scales were found to be acceptable to very good level of Cronbach's Alpha reliability coefficient ranging from .72 (parent adolescent relationship scale) to .85 (parental support scale).

3.4.1.2 Peer Social Capital. Many previous studies were used friendship quality as the most common measure of peer social capital. For example, Bukowski et al. (1994) developed a friendship quality scale with five dimensions such as companionship, conflict, help, security, and closeness to measure friendship quality. Moreover, they also reported a moderate to high internal consistency index of the five scales ranging from 0.71 to 0.86. In addition, Thien, Razak, and Jamil (2012) studied the existing friendship quality scale and confirmed the use of only four dimensions, three of them direct and one modified, such as safety, closeness, acceptance, and help, while excluding conflict dimension. They reported a strong reliability coefficient ranging from .081 to 0.88. Atik et al., (2014) also employed five subscales; companionship, conflict, security, closeness, and help with Cronbach Alpha coefficient .66, .66, .71, .83 and .86 respectively. Furthermore, other studies like Wu (2017) have used the five dimensions of friendship quality scale developed by Bukowski et al.

As relationships and resources accruing in the relationships are considered as a defining components of social capital, in this study the friendship quality scale developed by Bukowski et al. (1994) was preferred to be used over others in that, it is more comprehensive and the dimension displayed relatively better reliability Cronbach alpha coefficients. The scale has a total of 23 items rated using a 5-point Likert type scale ranging from, 5 (strongly agree) to 1(strongly disagree). The sum total of the scores of all indicators of the observed variable was used as a measure of the latent variable, peer social capital, where high scores indicating greater peer social capital. In the current study peers social capital measures show good level of

Cronbach's alpha reliability coefficient ranging from .69 (Conflict subscale) to .79 (Security), indicating that the scale has acceptable level of reliability index. Negatively worded items, especially the conflict subscale items were reverse coded.

3.4.1.3 Neighborhood Social Capital. It is a multidimensional construct that includes many factors and have been measured in different ways. In this study, two dimensions of neighborhood social capital; informal social control and functional social support were chosen for their appropriateness in exploring the neighborhood's contribution found in the residence of the target populations of this study. Therefore, neighborhood social capital was measured by two adapted scales, namely informal social control (Sampson, 1992) and functional social support (Fram, 2003). Informal social control scale is a six item scale designed to assess the extent to which neighbors are involved in supervising and monitoring children in their surroundings in a collective manner. The scale is a 4- point likert scale with responses ranging from 1 (very unlikely) to 4 (very likely). The scale has a reliability coefficient of .85, where higher score indicates the presence of greater informal social control for children. On the other hand, the functional social support scale is intended to measure the involvement of neighbors in providing emotional and instrumental supports to ensure the functioning of vulnerable families living in the area. The scale has six items with 4-point likert type ratings ranging from 1(not at all true) to 4 (completely true). Moreover, the scale has a good level of internal consistency in previous literature (Cronbach Alpha=.76).

3.4.2 Institutional Support Measure

Institutional support was measured by adapted Orphan and vulnerable children Wellbeing Tool (Senefeld et al., 2009). The tool is designed to assess effects supports provided to vulnerable children by humanitarian institutions on their wellbeing from children's

perspective. It is designed to measure ten domains of services, including; food and nutrition, shelter/environment, protection, family support, health, spirituality, mental health, education, economic opportunities, and community cohesion. The tool has been pilot tested on children aged 13-18 years old and has been used in many countries, for instance, Ethiopia, Haiti, India, Kenya, Malawi, Zambia, Tanzania, Rwanda, and Vietnam to measure their wellbeing. Moreover, the scale development of the instrument underwent a sound validation process, including the expert evaluation of the item pools at the preliminary stage, item analysis and confirmatory factor analysis procedures to refine the quality of the items and then improve the psychometric quality of the questionnaire. Despite the tool is primarily an orally administered instrument, it also be used as a self-report instrument with literate children.

Overall, it originally consists of 36 items for all of the ten domains and used a 3- point responses ranging from 1(none of the time) to 3 (all of the time). The scale has a high internal consistency (Chronbach alpha= .85) with each domain ranged from .238(economic opportunity) to .7 (family support). In this study, the three items measuring spirituality dimension were excluded believing that the items appear to be inappropriate in the context of this study and to decrease the length of the questionnaire as well. The tool has seven reverse codded items and the total score can be obtained by summing the average of the ten domains and even scores for each domain can be calculated. The questionnaire has also strong relationships with previously validate scales in the literature (for instance, the Children Hope Scale and Child Status Index) and recommended to be used by all organizations working on OVC programs. A self-report score of above 25 is highly desirable wellbeing, around 23 is average, near 22 or less indicates significant deficits in certain areas, and below 15 signifies serious wellbeing issues requiring

immediate attention. Generally, higher self-report scores throughout the domains are indicators of high level of wellbeing and thus higher institutional support.

3.4.3 Emotional and Behavioral Adjustment Measure

The emotional and behavioral adjustment of children was assessed by Strength and Difficulty Questionnaire (SDQ) (Goodman, 1997). The scale is widely used in resource poor countries for measuring behavior and emotional problems among children and adolescents (Doku, 2010). It is evidenced that the instrument is a well validated measure that already translated into over 60 languages and used in over 40 countries to assess children's psychosocial outcomes (Doku, 2010). Items in the SDQ are rated on a 3-point Likert scale ranging from 0 (not true) to 2 (certainly true) and are divided into five subscales assessing different aspects of children and adolescents' emotional and behavioral outcomes: Emotional Symptoms Scale (ESS), Conduct problems Scale (CPS), Hyperactivity Scale (HAS), Peer Problems Scale (PPS) and psrosocial Scale (PSS).

The questionnaire is available in three versions (i.e., teacher, parent, and children self-report), for different age groups ranging between 4 and 17 years) (Goodman et al., 1998) depending on their comprehension and literacy level. On the other hand, other evidences limit the applicability of the questionnaire to children and adolescents aged 11 – 19 years in different countries. In this study, the self-report instrument is used to measure the emotional and behavioral adjustment of adolescents within the age range of 12 to 18 years.

For its convenience, children self-report version was used in this study, as evidences supported that children's self-report can give similar result with parent and teacher reports (Goodman et al., 1998). Moreover, the SDQ was selected as a main emotional and behavioral adjustment measure is because of its brevity, and being widely used in resource poor countries,

as well as its age appropriateness (Goodman 1997). In addition, the questionnaire has been extensively validated as a measure of pro-social behavior and psychopathology (Goodman 2001). Moreover, this instrument was chosen because it can be used in community settings, in addition to its appropriateness in clinical settings as a screening tool and large-scale epidemiological studies in many countries (Goodman et al., 1998). Regarding the issue of validity, evidences assured acknowledged that SDQ and CBCL scores were found to be highly correlated and equally valid (Goodman & Scott, 1999). Moreover, SDQ is believed to be significantly better than the CBCL at detecting inattention and hyperactivity, and at least as good at detecting internalizing and externalizing problems (Goodman,1997).

Furthermore, the SDQ has a strong conceptual basis in terms of social and emotional wellbeing. It assesses both individual internal, relational aspects and incorporates positive and negative attributes through the five subscales, each of which are highly relevant to the conceptualization of social and emotional wellbeing. The questionnaire is also at ease of administration, which approximately takes five minutes, was also another justification why it is chosen for this study. The questionnaire has originally five dimensions, such as emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and pro-social behavior, most studies, including the scale developer have been used only the four dimensions for score interpretation by excluding the later dimension. However, all the five scales were used in this study in order to assess both positive and the negative psychological outcomes of the target group. These five dimensions have five items each and originally rated in three responses (0 = not true', 1= somewhat true' and 2 = 'certainly true'). In the literature, it was reported adequate Cronbach alpha reliability for SDQ Total difficulties scale ($\alpha = .78$) and for the subscale emotional problems ($\alpha = .73$), but low for hyperactivity ($\alpha = .69$) and pro-social

behavior (α = .63), and poor for peer problems (α = .57), and for conduct problems (α = .47). The cumulative of all the subscales were used to compute the total difficulty score, with higher scores indicating more behavioral and emotional difficulties.

In addition, it is indicated that the SDQ scores can be used as continuous variables, or can be classified as 'normal', 'borderline 'or 'abnormal/of concern. Moreover, the SDQ score can be interpreted in terms of two broad categories as internalizing and externalizing scores, where the sum of the conduct and hyperactivity scales constitutes the later and the sum of the emotional and peer problem subscales forms the former. As it is recommended, using these two categorizations of scales is preferable over the four scales in community settings, and using the four separate scales may add more value in high-risk samples (Goodman & Goodman, 2009).

Finally, the four sub-scales dealing with emotional and behavioral difficulties were summed together to give the total difficulty score, where the high scores are indicator of the prevalence of high emotional and behavioral adjustment problem. The reliability coefficients of emotional and behavioral outcome measures in the current study are: emotional problem (.78) conduct problem (.74), hyperactivity (.76), peer relation problem (.68), and prosocial behavior (.71), indicating that most of the subscales have acceptable level of reliability in the pilot study.

3.5 Data Collection Procedures

The data collection process was progressed through several phases or steps**.** In the first phase, all of the quantitative data collection instruments, except the OWT, were translated from English language to Amharic language and then back to English by two PhD candidates from Foreign Language and Literature Department of Dilla University to ensure the congruence between the two versions. These language professionals were selected because they have rich experiences in translation and editing works.

After this, a permission letter from school of psychology was delivered to the administrative body of the institution selected for the pilot study to get the green light for the data collection process and the necessary support from the staffs. This was not a difficult process because the researcher had worked in the same institution and even with the target children, where the problem of the research had been conceived here too. Based on this, the manager of the institution provide direction for the community development workers (CDFs), who are managing the cases of the target children, to be cooperative and provide all the necessary supports including the master lists where the sample for the pilot study was selected.

In addition, written informed consent was secured from parents and convenient time for filling the questionnaire was set to be after school and on weekends. After getting the authority's permission and the informed consent of parents, the objective of the research, the data filling process, the value of their participation, and their rights were clearly communicated to participants in the training whole within the institution compound. The data collection process for the pilot study was undertaken within a month staring from 12 February to 20 March, 2022 with two research assistants, voluntary workers and staffs of the institution. In the process, an effort was made to clarify the questions raised by the participants, and provided the necessary corrections to improve the instrument for the final data collection.

Before, conducting the final data collection process, the necessary corrections and modifications were made to improve the clarity of the items. For example, a problem of understanding the parental monitoring knowledge items and relating them with their respective ratings were observed during the pilot study. As a result, the presentation of these items was changed from question form to statement form in the final study. Moreover, the quality of the items was further evaluated through factor analysis procedure and only those items with the

necessary quantitative and qualitative properties maintained for the final study ("***See Appendix B***").

Thus, the final data collection process follows the same procedures as to the pilot study. Likewise, permission letter from school of psychology was presented to the four institution managers and the researcher made clear the objective of the research for all of them. After this, the researcher handed a note from the managers to the community development facilitators (CDFs) to arrange the data collection process. In addition, by discussing with the CDF's of the institutions, three committed volunteers, who have good knowledge of children and responsible in their tasks, were selected to access the selected children from each institution. Next, the researcher has a short briefing with the selected volunteers about their tasks, the schedule, and compensations given to them. Based on this, the researcher agreed to pay 600 ETB for a volunteer as compensation when they finish their work within the specified period. In addition, they have facilitated all the data collection process by calling the selected children including giving the parent consent form and ensuring the completion of the questionnaire. Similar to the pilot study, the questionnaires were filled in the training halls of the institutions. Finally, the data collection process was managed by the researcher with the help of volunteers and completed in February and March, 2023.

3.6 Pilot Study Results

Conducting pilot study was essential before using the adapted scales/questionnaires in a study for purpose of examining the psychometric qualities (reliability and validity) of the instruments and made the necessary improvements on the scale/questionnaire, including its formats (Creswell, 2012). As indicated, the main objective of conducting this pilot study was to scrutinize the dependability and legitimacy of the scales. Furthermore, it aimed to condense the

quantity of items and investigate the factor structures within the study's context. This assists the researcher in evaluating the merits and demerits of each scale item, thus enabling them to make informed decisions about the items that require elimination or alteration to enhance the scales' quality.

As mentioned in the preceding section, the pilot study was conducted on vulnerable children, who are being supported by Ethiopian Orthodox Church-Child and Family Development Coordination Office (EOC-CFDCO), one of the institutions supporting such children under the sponsorship of ChildFund Ethiopia. The questionnaire were distributed to the sampled children on weak ends and after school periods in the institution's training halls and took a month as indicated in the data collection procedure section above. Out of the total, 270 questionnaires were returned, yielding a response rate of 90%. From this pool, 248 were deemed valid and subsequently utilized for the pilot study. Unfortunately, 22 questionnaires were discarded due to significant instances of missing data. Furthermore, 30 children, representing 10% of the selected sample, were unavailable or inaccessible within the institutions during the duration of the pilot study.

The two types of factor analysis techniques, EFA and CFA were used. EFA is regarded as one of the most popular statistical techniques for findings smaller set of items loading highly on smaller set of factors/ variables/constructs. The EFA results serves as a foundation for conducting confirmatory factor analysis (CFA) for further validation purpose (Fabrigar et al., 1999). Accordingly, EFA was used in this study to explore the items of all of the adapted scales with the purpose of item reduction and selecting items loading strongly on fewer factors as well as checking the reliability and validity of scales in the context of the current study. Consequently, the measures of all constructs were subjected to EFA procedures using Maximum

Likelihood Estimation (MLE) with Varimax Rotation methods. MLE was used due to its superior performance than other methods (Fabrigar et al., 1999) and that varimax rotation is a commonly used rotation technique that ensures a simple factor structure (Thompson, 2004).

Moreover, this section discusses the prerequisites for EFA and CFA. EFA requires normality, sampling adequacy, factorability of the correlation matrix, and inter-item correlations. Various tests and criteria are recommended to assess data factorability. For example, normality can be evaluated with a skewness value < 3 and Kurtosis value < 10 for larger samples over 200 (Kline, 2023). The Kaiser-Meyer-Olkin (KMO; Kaiser, 1974) measure checks the sample's adequacy for factor analysis. KMO values below .50 are unacceptable, while those above .70 are acceptable (Hoelzle & Meyer, 2013; Lloret et al., 2017). Bartlett's (1954) test of sphericity is another factorability test for the correlation matrix, requiring a significant chi-square value for EFA application. Lastly, inter-item correlation should be >.3 (Tabachnick & Fidell, 2001; Hair et al., 2010), and the determinant of a correlation matrix should be more than 0.00001 (Field, 2013) for sufficient shared variances among items or factors.

During factor analysis, additional criteria were used to ensure the selection of quality items and retention of interpretable factors. For instance, items cross loading at 0.32 or higher may be deleted if there are multiple strong loaders (.50 or higher) on each factor. A factor with five or more strongly loading items (.50 or higher) is considered solid. Factor loadings should ideally be 0.7 or higher (Hair et al., 2010). Communalities of items are evaluated, with high communalities being 0.8 or higher (Velicer & Fava, 1998), though this is rare in real data. Communalities from .40 to .70 are acceptable in social sciences, while items with less than 0.40 are poor.

Multiple methods are recommended for deciding which factors to retain. The following methods are considered when extracting variance: the total percentage of variance extracted, which is generally as low as 50-60% (Pett et al., 2003); Kaiser's criteria (the eigenvalue > 1 rule) (Kaiser, 1960); the Scree test (Cattell, 1966); and parallel analysis (Horn, 1965). A comparative analysis regarding the siinificances of these methods revealed that the scree test outperformed Kaiser's Eigen value >1 rule, proving correct 57% of the time (Zwick & Velicer, 1986). Conversely, parallel analysis is often recommended as the most effective method for determining the number of factors to retain (Zwick & Velicer, 1986; Glorfeld, 1995; Ledesma & Valero-Mora, 2019). Furthermore, Zwick and Velicer found that parallel analysis is accurate 92% of the time, exhibiting the least variability and sensitivity to different factors. In summary, these findings underscore the necessity of using multiple methods to enhance the decision-making process regarding the number of factors to retain.

Additionally, all factors derived through EFA were subsequently subjected to CFA to scrutinize the model's fitness, reliability, and validity within the current dataset. Overall, the adequacy of the models for each construct was evaluated using the most frequently cited fit indices in the scholarly literature. These fit indices includes; Comparative Fit Index (CFI) and Tucker-Lewis Index (TLI) values of .95 or greater are indicative of a close fit. Furthermore, the Root Mean Square Error of Approximation (RMSEA) and Standardized Root Mean Square Residual (SRMR) should ideally have values of .06 or less to signify a good fit (Brown, 2006; Hu & Bentler, 1999), Hu and Bentler also stated that values less than .08 are deemed an acceptable fit. In addition, the ratio of chi-square to the degree of freedom, or CMIN/DF, should ideally be 2 or less (Ullman, 2001) for a good fit, and 5 (Schumacher & Lomax, 2004) for an acceptable fit. Marsh and Hocevar (1985) also suggested that a CMIN/DF value of less than 5

could be considered as an indicator of a model's reasonable fit to the data. The cutoff points for each fit index that indicates a well-fitting model, along with their corresponding sources, have been summarized in Table 2. This table can be utilized to evaluate the model fit of the independent construct as well as the full structural model in the following sections.

Table 2

Model fit Indices, Recommended Criteria and their Sources

Model fit indices	**Recommended criteria**	**Sources**
P-Value	P > 0.05	Bagozzi and Yi(1988)
CMIN/df	<5	<2 (Ullman, 2001) to 5 (Schumacker& Lomax, 2004)
CFI	>.95	Brown (2006) & Kline (2011)
TLI	>.95	Brown (2006) & Kline (2011)
RMSEA	<.08	Hu and Bentler (1998)
SRMR	<.08	Hu and Bentler (1998)

Moreover, the CFA was used to estimate the reliability and validity of factors as well as constructs. Consequently, Cronbach Alpha reliability index was employed to estimate the internal consistency of items ($\geq$ .70). The construct validity of variables is maintained by examining convergent and discriminant validity. The convergent validity is assessed by Fornell-Larcker criteria of Average Variance Extracted (AVE) greater than the threshold value (.50) (Fornell-Larcker, 1981). The discriminate validity of factors is also assessed by the square root of AVE greater than the inter-correlations between and/or among factors/ constructs. Moreover, the inter-correlation among factors or constructs not greater than or equal to .80 rule was used to assess their uniqueness. As Brown (2015) suggested that inter-factor correlations above .80 may

imply poor discriminant validity. The details of the validation study results were presented in Chapter 4 ("***See Section 4.2"***).

3.7 Techniques of Data Analysis

Various methods of data analysis, including descriptive statistics, independent sample t-test, one-way ANOVA, correlation analysis, and structural equation modeling (SEM) were employed in this study. They are succinctly delineated along with their fundamental assumptions. Moreover, Statistical Package for Social Science (SPSS, version 20) was employed to carry out descriptive statistics, one sample t-test, one-way ANOVA, and correlation analysis including data screening and management. Analysis of Movement Structure (AMOS, version 23) was used for SEM based path analysis to examine the indirect effects among the variables of the study (Arbuckle, 2009). The detail of each data analysis technique was presented hereunder in different sections along with their respective basic assumptions.

3.7.1 Descriptive Statistics

Descriptive statistics such as mean and standard deviations were computed for the measures included in the study as they are the basis for advanced inferential statistics and to describe the levels of independent and dependent variables of the study (" ***See Table 20 &21***").

3.7.2 Test of Mean Differences

Independent sample t test and one sample t-test were used in the study. Independent sample t-test was used to assess whether there is any statistically significant mean difference between two groups or categorical variables, such as gender(male vs. female) and family structure (intact vs. non-intact). One sample t-test was also used in order to explore the status or level of variables by comparing the expected mean (the average of the lowest and the highest

possible scores in the scale/questionniare) and observed mean scores for all of the study variables.

Before conducting the analysis, the basic assumption, such as homogeneity of variance, need to be checked through running Levine's test of homogeneity of variance. When the Levene's test becomes significant, indicating that the variance of the two groups is unequal so that conducting independent sample tastes is impossible. On the other hand, if the Levine's test becomes insignificant (P > .05), suggesting that the two groups have equal variance so that conducting independent sample t-test is possible. In the current study, the Levene's test was insignificant for all of the variables, indicating that the homogeneity of variance assumption was met. Moreover, one sample t-test was also used in the study to examine the levels of variables among the current sample ("***See Table 20 & 21***").

Furthermore, one-way ANOVA, a variant of the mean difference test, is utilized to ascertain the presence of a significant mean difference among variables encompassing more than three groups or levels. In this research, a one-way ANOVA was employed to investigate the associations between socio-demographic variables with multiple categories and children's emotional and behavioral adjustment. These included grade level, current living circumstances, housing condition, number of children, as well as the employment status and income level of parents. It helps to evaluate the presence of significant mean difference as a function of multiple levels of socio-demographic variables and carry out post hoc test to identify the possible categories with significant mean difference ("***See table 23"***). The fundamental assumptions for a one-way ANOVA, which include the data approximating a normal distribution, the equality of variance, and the independence of the data, have been satisfactorily met as detailed above.

3.7.3 Correlation Analysis

Correlational analysis was performed to examine the relationships among some selected variables of the study. Pearson product moment correlation coefficient was used to examine the relationships among the independent and the dependent variables. As indicated, most of the assumptions of correlational analysis were met, as the variables are measure on interval or ratio scale of measurement, linearly related, no extreme outliers, and the data approximately normally distributed, where most of these assumptions were described in the preceding sections.

3.7.4 Structural Equation Modeling (SEM)

SEM is regarded as a multivariate data analysis technique that has been used as a main statistical method to test a hypothetical model in a study. SEM techniques enable researchers to answer a set of interrelated research questions by modeling the relationships among multiple independent and dependent constructs simultaneously and allow researchers to simultaneously include both continuous and categorical observed and latent variables in one model. Moreover, SEM allows estimating the relationships among latent constructs while providing explicit estimates of measurement errors, which increase the accuracy of analysis results (Byrne, 2001). For this purpose, SEM-based path analysis using Analysis of Moment Structure (AMOS, Version 23) with MLE and varimax rotation methods were used due to they are the most popular methods that perform superior estimation and producing simple and interpretable factor structure respectively.

Like other statistical analysis, SEM presupposes the fulfillment of basic assumptions in order to achieve valid results. In addition to what has been mentioned in the preceding sections, SEM requires multivariate normality or normality of multiple variables. Kline (2023) acknowledged that assessing all aspect of multivariate normality assumption is difficult, but it can be assessed by checking univariate normality and extreme outliers, that can be tested by

using skewness and kurthosis tests. In addition, univariate normality assumption can be checked through inspection of graphical tests, such as Q-Q plot, histogram, and box plot (Stevens, 2001,) and skewness and kurtosis tests. A rule-of-thumb suggests that if skewness is larger than 2 or kurtosis is larger than 7, the data suffer from severe normality violations (Fabrigar et al., 1999; West et al., 1995). A more liberal recommendation for testing normality suggests that skewness in absolute value > 3.0 as 'extremely' skewed"; and kurthosis in absolute value > 10.0 indicative of a potential problem, and Kuthosis in absolute value > 20.0 shows a more serious violation of normality (Kline, 2011). Upon analysis, the variables of the study substantially conformed to the prerequisites of univariate normality.

Extreme outliers can also be detected by using Mahalanobis Distance (MD), a measure of multivariate outliers by comparing unusual cases or extreme outliers to the mean values of the total distribution, which can be computed from SPSS by setting a conservative significant level ($p < 0.001$) (Kline, 2013). However, many evidences indicated that some violations of the multivariate normality can be managed by using ML estimation method during the analysis (Chou, Bentler, & Satorra, 1991; Fan & Wang, 1998; Hu, Bentler, & Kano, 1999).

3.8 Ethical Considerations

The necessary permission was first secured from the relevant authorities of the institutions before starting the data collection process both for the pilot and the main research. To this end, permission letter from the School of Psychology was submitted to the administrative bodies of the selected institutions supporting the target children. The authorities of such institutions in their part were referred the letter to the respective sight offices of all the institutions requesting them to provide all the necessary support and data for the study. Then the researcher handed the referred letter to Community Development Facilitators (CDFs) of each of

the target institutions and gave some more verbal explanations about the study. After this, the researcher has got access to the target institutions and received background information about the institutions and children supported by the institutions to do the study both for the pilot and the main study.

Before starting the data collection process, parent consent form was sent to the parents of the target children through voluntary workers to get their permission about their children's participation in the study. In addition, the target children themselves were also asked to express informed assent to be part of the pilot and the main study. This was done through providing brief explanation about the purpose of the study, the nature of participation, the rights of participants, and the implication of the study for the current practice of service delivery.

Apart from these, the researcher was also aware of the sensitivity of this study as the main targets of this study are vulnerable children. In addition, the School of Psychology approved the study through its Institutional Review Board (IRB) by delivering ethical clearance with reference number (Ref. No. SoP/Eth009/2023).Written parental consent form was also obtained the parents of participants as they are adolescents. Moreover, participants were informed that participation of the study is voluntary and thus, they can decline at any stage of the study if they feel embarrassed by their participation in the study. Children were also reminded as they were not required anything that identify the identity of the target children in any part of the scales and questionnaires. An effort was also made to make the items to be non-offensive, non-discriminatory, non-derogatory and free from the use of inappropriate languages.

Chapter Four

Results

As delineated in the preceding chapters, the main aim of this study was to scrutinize the effects of both institutional support and social capital on the emotional and behavioral adjustment of vulnerable children. Consequently, this chapter provides a detailed presentation, analysis, and interpretation of the results obtained from both the pilot and main study in different sections. Initially, an overview of pilot preparation and the final study was provided. This was followed by a succinct discussion of the validation study outcomes, encompassing both EFA and CFA for all constructs and factors in the study. Subsequently, the demographic characteristics and results of mean difference tests, including t-tests and one-way ANOVA, were delineated. In the next stage, first and second-order measurement models were established and evaluated, with an emphasis on assessing the model fit, reliability, and validity. Finally, the Structural Equation Modeling (SEM) results were presented, detailing the model fit and the structural associations among the constructs. The primary focus of this section was to address the core research questions by scrutinizing the proposed relationships among the study variables.

4.1 Data Preparation and Screening

In addition to careful instrument administration and collection, the collected data for both the pilot and main study were carefully screened and coded, and then entered into Statistical Package for Social Sciences (SPSS) software version 20. Prior to initiating the analysis, the data was thoroughly examined for any missing values, values outside the expected range, and extreme outliers. This was achieved through visual inspection and frequency analysis using SPSS through calculating the minimum and maximum values, generating missing value reports, and conducting box plot tests for all of the instruments.

As a result of these rigorous checks, two missing cases were identified in the emotional and behavioral problems scale in the pilot data. These were addressed by employing a serial mean method. Furthermore, values outside the expected range were observed in most of the scales such as the parent-adolescent relationship scale, neighborhood measures, emotional and behavioral measures, and the institutional support measure. These problems were rectified by applying the appropriate minimum and maximum values of the respective scales, as the issues were due to data entry errors after reviewing the specific questionnaire codes. For instance, maximum values erroneously entered as “3”, “4”, “5”, “6” in a rating scale of three (0 to 2), three (1 to 3), four (1 to 4), and six (0 to 5) respectively, were corrected by adopting the maximum ratings of the scales (i.e., the value 4 is replaced by 3, the value 3 is replaced by 2, the value 6 is replaced by 5 and the value 5 was replaced by 4).

Similarly, the main dataset underwent an intensive review and verification process using SPSS to identify any missing values, univariate or multivariate outliers. Univariate outliers, which are scores that deviate significantly from the norm, were marked with asterisks (*). However, no extreme deviations were detected in any of the variables, including social capital variables, institutional support, and emotional and behavioral adjustment. Multivariate outliers, on the other hand, are scores that deviate significantly from the centroid as defined by the Mahalanobis Distance. As a result of this process, 10 cases identified as multivariate outliers were excluded from the analysis. Consequently, a total of 659 datasets were preserved for all subsequent analyses.

4.2 Results of the Validation Study

A pilot study was executed involving 248 participants, comprising 132 females and 116 males. This was done to facilitate item reduction, evaluate the factor structure, and assess the

psychometric properties of the subscales or indicators within the current study population. In this factor analysis stage, items that exhibited lower commonalities, a loading lower than 0.5, cross-loading above 0.32, and inability to load on any specific factor were identified as potential candidates for deletion.

Consequently, four independent variables - namely family social capital, neighborhood social capital, peer social capital, and institutional support - along with one dependent variable, emotional and behavioral adjustment, were subjected to exploratory factor analysis procedures.

The prerequisites for EFA were satisfactorily met, as delineated in section 3.6, indicating the appropriateness of the data to proceed with EFA. Subsequently, the analysis was carried out utilizing Maximum Likelihood Estimation (MLE) and Varimax Rotation methods. As illustrated in Table 3, the EFA procedure has yielded a 15 item institutional support, 12 item family social capital, 10 item peer social capital, 7 item neighborhood social capital, and 16 item emotional and behavioral adjustment measures. The result shows a significant reduction both in the quantity of items and the number of factors for certain constructs, especially for institutional support and peer social capital measures. In addition, the EFA has also unveiled factor structures that mirror the original factor names for all the constructs of the study. The factors extracted, number of items, reliability, factor loading, and the variance explained for each construct are comprehensively presented in Table 3.

Table 3

Contracts, Factors, Factor Loadings, Explained Variance, and their Reliability Index

Constructs	**Factors**	**N**	**Factor loadings**	**Explained variance (%)**	**Cronbach's Alpha**
Institutional Support	Protection	3			
	Mental health	3			
	Health	3	.567 to .812	68.218	.792 to .877
	Family support	3			
	Community cohesion	3			
Family Social Capital	Parental support	5			
	Parental monitoring	4	.523 to .851	44.95	.720 to .850
	Parent-adolescent relationship	3			
Peer Social Capital	Help	3	.532 to .861		
	Closeness	4		59.310	.770 to .790
	Security	3			
Neighborhood social capital	Informal social control	3	.514 to .984	65.270	.690 to .760
	Functional social support	4			
Emotional & Behavioral Adjustment	Emotional problem	4			
	Conduct problem	3			
	Hyperactivity	3	.685 to .785	66.144	.622 to .785
	Peer relation problem	3			
	Prosocial behavior	3			

As indicated in table 3 above, the findings of the study reveal that the factor loadings for the majority of items within each construct surpass the minimum recommended value of 0.5, as proposed by MacCallum et al. (1999). Furthermore, the table elucidates that the bulk of the

extracted factors contribute significantly to the variances within each construct. This falls within the prescribed range of 50 to 60% and above, which serves as a benchmark for the quality of a factor or set of factors. Nevertheless, the explained variance for family social capital was marginally below the recommended range. However, these factors accounted for over 30% of the variance, which aligns with the minimum acceptable level of explained variance for a singular construct (Tabachnick & Fidell, 2001).

Finally, all identified factors or subscales demonstrated reliability coefficients ranging from acceptable to high, with the sole exception of one factor within the emotional and behavioral adjustment construct, namely, peer relation problems (α=.622). Generally speaking, the EFA results indicate that the factors identified, along with their corresponding items, are suitably robust to measure their respective constructs within the study.

4.2.1 EFA and CFA Results Family Social Capital (FSC)

The factor analysis procedures were applied to three indicators of FSC, including parent-adolescent relationship, parental support, and parental monitoring knowledge, which originally comprised of 15, 12, and 9 items respectively. The EFA yielded three factors that mirrored the original scales, accounting for a total explained variance of 67.8%. In detail, the scales of parental support, parental monitoring knowledge, and parent-adolescent relationship explained 44.95%, 12.8%, and 10% of the variance of the construct respectively.

During the factor analysis, several items were eliminated due to low commonalities, inadequate loadings, cross loading, and failure to load in any of the factors post-rotation. This included 8 items from parental support, 5 items from parental monitoring, and 12 items from the parent-adolescent relationship scale. Consequently, a total of 11 items have been extracted for the final study, which consist of parental support (4 items), parental monitoring (4 items), and parent-

adolescent relationship (3 items). A summary of the factors, factor loadings, communalities, explained variance, and reliability can be found in Table 4.

Table 4

Factors, Factor Loadings, Communalities, Percentages of Explained Variance and Cronbach's Alpha for FSC measures

	Factor loadings			
Factors and Items	**1**	**2**	**3**	**Communalities**
Factor 1: Parental support				
ps1 My parents show they are proud of me	.851			.784
ps2 My parents understand me.	.671			.715
psi8 My parents nicely tell me when I make mistakes.	.632			.520
psi6 My parents help me solve problems by giving me information	.541			.490
Factor 2: Parental Monitoring				
pmi7 Do your parents know where you go when you are out with friends at night?	.752			.529
pmi8 Do your parents normally know where you go and what you do after school?	.715			.469
pmi1 Do your parents know what you do during your free time?	.562			.575
pmi5 Do your parents usually know when you have an exam or paper due at school?	.523			.579
Factor 3: Parent Adolescent Relationship				
Cpar15c I think my teenager needs to change his/her attitude			.720	.364
Spar2c I show affection to my teenager (e.g., hugs, kisses, smiling, arm around shoulder)			.571	.469
Cpar4c During stressful times in my teenager' life, I check if he/she is okay			.564	.629
Percentage of explained variance	**44.95**	**12.82**	**10.03**	
Eigen value	**4.95**	**1.41**	**1.10**	
Cronbach's alpha	**.85**	**.79**	**.72**	

Subsequent to EFA, three items (two items to parental support and one item to parental monitoring factor) were added with slight alterations in their wording. This was done to augment the quantity of items in the FSC measure for the main study. Consequently, CFA was conducted to evaluate the psychometric attributes of the instrument and model fitness of construct to the data. Upon analysis, the two added items (one from parental support and the other from parental

motoring) were removed to obtain an optimal fit for the FSC model ("**See Appendix E"**). The CFA result yielded 5 items for parental support, 4 items for parental monitoring, and 3 items for parent adolescent relationship scale, with loadings well above the minimum recommended value.

Furthermore, the assessment of convergent validity was undertaken using the Average Variance Extracted (AVE) with a benchmark of over .50, as suggested by Fornell and Larcker (1981). Subsequently, it was found that the AVE values for all observed factors of FSC exceeded the threshold of .50. This suggests that the scales used for measuring FSC possess the necessary convergent validity. This outcome signifies a strong correlation among factors in measuring the FSC construct. Put differently, this result confirms that all items within the three factors are intimately interconnected in gauging their respective factors. The existence of factor loading surpassing the recommended cutoff points (0.7) for the majority of the items (except those highlighted in bold) further substantiates the attainment of convergent validity. Factor loadings, AVE, and the square root of AVE are outlined in Table 5.

Table 5

Loadings, Convergent Validity and Discriminant Value of FSC

Factors	Items	Loadings	N	AVE	Square Root of AVE
Parental Support	Fps14	0.676			
	Fps12	0.753			
	Fps9	0.759	5	0.530	0.728
	Fps6	0.713			
	Fps3	0.736			
Parental Monitoring	Fpm15	0.807			
	Fpm13	0.794			
	Fpm10	0.781	4	0.576	0.759
	Fpm7	0.641			
Parent- Adolescent Relationship	Fpar8	0.641			
	Fpar5	0.861	3	0.566	0.752
	Fpar2	0.738			

As part of ensuring the validity of the construct, discriminant validity of the first and second order factor models were evaluated using the square root of the AVE greater than the inter-correlations among the indicators as suggested by Fornell and Larcker. Consequently, the determined discriminant values of all indicators positioned along the diagonal surpass their respective inter-correlation values located below the diagonal, indicating that the factors of the FSC possess discriminant validity. This implies that the indicators used in measuring the FSC construct are distinct and unique.

Table 6

Inter-factor Correlations and Discriminant Validity of FSC scales

Observed Variables	Parental Support	Parental Monitoring	Parent Adolescent Relationship
Parental Support	.728		
Parental Monitoring	.629	.759	
Parent Adolescent Relationship	.669	.446	.752

4.2.2 EFA and CFA Results for Peer Social Capital (PSC)

A five dimensional peer relationship quality scale was adapted to measure PSC. Originally, the scale consists of a total of 23 items in five subscales; help (5 items), companionship (4 items), closeness (5 items), security (4 items), and conflict (4 items). EFA revealed a four factor structure explaining 68.34% of the total variance of the construct. The four factors; factor 1 (Help=3), factor 2 (closeness=4 items), factor 3 (Security=2 items), and factor 4 (Conflict=2 items) explaining 36.69%, 13.71%, 9.49%, and 8.45% of the total variance respectively. Accordingly, two factors such as factor 3 (security) and factor 4 (conflict) were retained though they have two items loading on them to achieve this rule.

It is recommended that a factor should explain a total 50 to 60% of the variance of a variable/construct as a rule of thumb. However, companionship subscale was not significantly loaded and come out as one of the factors. After factor analysis, 12 items including companionship subscale on the original scale were removed for this data and finally 11 item scale extracted and ready for the final study. The factors, factor loadings, communalities, variance explained, reliability were summarized in table 7.

Table 7

Factor Loadings, Communalities and Percentages of Explained Variance of PSC

	Factor loadings				
Factors and Items	**1**	**2**	**3**	**4**	**Communalities**
Factor 1: Help					
PCh3 My friends help me if I needed it	.861				.793
PCh2 My friends always help me when I am having a trouble with something.	.630				.545
PCh1 If I forget my lunch or needed a little money my friend (s) would loan it to me.	.552				.458
Factor 2: Closeness					
PCcl11 I think about my friends even when they are not around.		.688			.536
PCcl14 If my friend(s) had to move away I would miss him/her(them).		.646			.505
PCcl10 I feel happy when I am with my friends.		.539			.557
PCcl13 Sometimes my friends do things for me or make me feels special.		.532			.458
Factor 3: Security					
PCs19 If my friend and I have a fight or argument we can say sorry and everything will be alright.			.782		.730
PCs18 If my friend and I do something that bothers other one of us, we can make up easily.			.650		.569
Factor 4: Conflict					
PCcf20r I can get into fight with my friends.				.868	.776
PCcf21r My friends can bug/ annoy me even though I ask them not to.				.621	.398
Percentage of explained variance	**36.69**	**13.71**	**9.48**	**8.48**	
Eigen value	**4.76**	**1.65**	**1.14**	**1.02**	
Cronbach' alpha	**.77**	**.78**	**.79**	**.699**	

During CFA, 2 items (1 item for security and 1 item for conflict subscale) were included to increase the number of items for the PSC measure in the final study. The CFA result confirmed three clearly interpretable factors (help, closeness and security) solution that achieved a good fitting model. The conflict subscale and one item from security were removed during the analysis in order to achieve a good model fitting.

The convergent validity of the PSC measures was assessed by using the same criteria, AVE greater than or equal to 0.5. The result shows that the AVE values were found to be greater than the recommended threshold level, and hence, the factors have convergent validity. In other words, the items measuring the three factors have the required level of convergence with each other. Table 8 described the summary of factor loadings, convergent validity, and the square root of AVE as well as the number of items for each factor of the construct.

Table 8

Factor loadings and Convergent Validity of PSC Measure

Factors	Items	Loadings	N	AVE	Square Root of AVE
Help	Ph7	0.84	3	0.568	0.754
	Ph3	0.553			
	Ph1	0.833			
Closeness	Pcl9	0.704	4	0.583	0.763
	Pcl4	0.809			
	Pcl2	0.779			
	Pcl6	0.757			
Security	Pse10	0.715	3	0.558	0.747
	pse8	0.725			
	Pse5	0.798			

As observed in table 8 above, the AVE values are all above the minimum threshold (0.5), indicating the factors of PSC construct have no convergent validity problem. Moreover, the relatively high levels of factor loadings are also another support for the convergent validity evidence.

Furthermore, the discriminant validity of these factors was assessed using Fornell and Larcker criterion. Discriminant validity is established when the square root of AVE for the construct is greater than its inter-factor correlations. The results of the discriminant validity are presented in table 9.

Table 9

Inter-factor correlations, and discriminant validity of PSC Subscales

Observed Variables	Help	Closeness	Security
Help	0.753		
Closeness	0.251	0.763	
Security	0.174	0.330	0.747

As observed in the table, the Fornell and Tarcker criterion (square root of AVE s greater than the factor inter-correlations) was used to check the discriminant validity of PSC construct. The result shows the all of the discriminant values for the three factors of PSC construct are greater than the inter-factor correlation values, indicating that the factors are distinctive measures of the PSC construct.

4.2.3 EFA and CFA Results for Neighborhood Social Capital (NSC)

Neighborhood Social Capital was measured by informal social control (4 items) and functional social support (6 items). The factor analysis result showed two factors with the same

factor structure to the original, explaining a total of 65.49% variance of the latent variable. The extracted factors are; factor 1(functional social support=3 items) and factor 2 (informal social control= 3 items) with 46.78 % and 18.72% of explained variance respectively. During the analysis, 3 items from functional social support and one item from informal social control were removed due to low communalities, low factor loadings, failure to load to their original factors and cross loadings. The factors, factor loadings, communalities, variance explained, reliability were summarized in table 10.

Table 10

Factors, Factor Loadings, Communalities and Percentage of Explained Variance for NSC

Factors and Items	**Factor loadings**		**Communalities**
	1	**2**	
Factor 1: Functional Social Support			
Nfsi2 If I were playing outside and got hurt or scared, there are adults nearby who can help my child.	.698		.997
Nfsi4 If my parent need to do an errand, they can easily find a friend or relative living nearby to watch me.	.518		.487
Nfsi1 When I have troubles or need help, I have someone I can really talk to	.550		.295
Factor 2: Informal Social Control			
Nsci3 There are people I can count on in this community.		.984	.505
Nsci2 In this community, people watch out for each other's children.		.572	.439
Nsci1 People in the neighborhood help each other out.		.514	.344
Percentage of variance explained	**46.78**	**18.49**	
Eigen value	**2.81**	**1.12**	
Cronbach's alpha	**.76**	**.69**	

Table 10 above clearly illustrates that the majority of the factor loading for both factors surpass the minimum threshold value. Additionally, the commonalities for the majority of items associated with these two factors exceed the minimum threshold value of 0.3. However, there is one item within the first factor that falls marginally short of this threshold. In summary, the EFA results indicate that the items within these two factors provide a robust measure of the construct.

After the EFA procedure, 2 items were added to functional social support and then undergone through CFA. The result ensured a 4 item functional social support and 3 item informal social control scales, having a reasonable good fitting model to the data ("*See Appendix D*"). During CFA, one item added as a result of the EFA analysis was removed. Regarding the validity of the NSC construct, the result indicated that the AVE of the indicators of NSC are greater than the threshold value according to Fornell and Larcker criterion, suggesting that factors have convergent validity. The factor loadings and convergent validity of indicators were summarized in table 11.

Table 11

Factor Loadings and Convergent Validity

Factors	**Items**	**Loadings**	**N**	**Convergent Validity/AVE/**	**Squre Root of AVE**
Functional Social Support	Nfs7	0.799			
	Nfs6	**0.557**	4	0.606	0.779
	Nfs4	0.858			
	Nfs2	0.861			
Informal Social Control	Nic5	**0.674**			
	Nic3	0.817	3	0.531	0.729
	Nic1	**0.686**			

As indicated in table 11, the AVE value for functional social support and informal social control were greater than the threshold value for convergent validity. Moreover, all of the items loaded above the minimum threshold value and most of the loadings are also higher than the more favorable threshold value 0.7 (except those in bold), which may be an added support for the existence convergent validity.

The discriminant validity was also assessed using the square root of AVE greater than inter-factor correlations between factors (Fornell & Larcker, 1981). As a result, the observed discriminant values of the two factors were well above their inter-correlation values, suggesting that the data has discriminant validity. In other words, indicators measuring NSC construct are distinct or unique.

Table 12

Inter factor correlations, and discriminant validity of NSC scales

Observed Variables	Informal social Control	Functional Social Support
Informal social Control	0.729	
Functional Social Support	0.575	0.779

The results show that the square root of AVE presented along the diagonal exceeds the inter-factor correlation between them found below the diagonal. This result indicated that the factors have discriminant validity according to the Fornell and Tracker (1981) criterion. In sum, NSC as a construct has achieved construct validity.

4.2.4 EFA and CFA Results for Institutional Support

A nine dimension questionnaire with a total of 33 items measuring institutional support was subjected to EFA. The factor analysis result extracted only four factors with three of them have the same factor name to the original, such as factor 2 (Health), factor 3 (mental health), factor 4 (protection), and factor 1 combining the community cohesion and family support dimensions from the original scale, which is given a factor name "Community and Family Support". The extracted four factors jointly explained 58.1 % of the total variance of the construct. The proportion of explained variance by each of the four factors; Factor 1, factor 2, factor 3, and factor 4 was 26.08%, 13.53 %, 10.10%, and 8.39 % respectively. During the analysis 20 items with low commonalties, cross loadings and failed to load to any of the factors were deleted, and 13 with better quality were retained for the final study. The factors, factor loadings, communalities, variance explained, reliability coefficient were summarized in table 13.

Table 13

Factor loadings, Communalities and Percentage of Explained Variance in Institutional support measures

	Factor loadings				
Factors and Items	**1**	**2**	**3**	**4**	**Communalities**
Factor 1: Community & Family Support					
INC33 My household receives free support to care for the children who live here.	.617				.412
INC31 People in my community try to help me.	.603				.371
INFa26 I feel I am supported by my extended family	.523				**.298**
INFa23 At home, I have someone to look after me if I get hurt or feel sad.	**.453**				**.286**
Factor 2: Health					
INHL29 My health is good		.923			.861
INHL27 I feel strong and healthy		**.486**			.302
INHL30 I am growing as well as other kids my age		**.358**			**.244**
Factor 3: Mental Health					
INMh20 I am able to do things as well as most other people			.690		.519
INMh21 I am as happy as other kids my age			.543		.514
INMh19 I have people I can talk to when I have a problem			.538		.497
Factor 4:Protection					
INPr15r I'm treated differently from the other children in my household.				.643	.429
INPr17r I'm treated differently from other children in my village, neighborhood, compound.				.568	.364
INPr18r I do not get enough sleep and feel tired because of all the work I do before and after school.				.523	.339
Percentage of explained variance	**26.08**	**13.53**	**10.10**	**8.39**	
Eigen Value	**3.39**	**1.76**	**1.31**	**1.09**	
Cronbach's Alpha	**.66**	**.62**	**.71**	**.59**	

As depicted in the table, a significant proportion of factor loadings exceed the minimum threshold value. Additionally, numerous items boast communalities that surpass the standard minimum. Despite this, a substantial quantity of items exhibit factor loadings and communalities that fall short of the designated cutoff points for both metrics. Furthermore, the majority of extracted factors pertaining to the institutional support construct demonstrate a reliability index beneath the level deemed acceptable. Ultimately, EFA results highlight potential issues concerning the quality of items and factors assessing institutional support.

After the EFA results that revealed four factor structures for institutional support questionnaire, all of the items of the five factors were included in the final data to reexamine the quality of the items and increase the number of factors measuring the construct. Consequently, the CFA result achieved five clearly interpretable factors with a reasonable model fitting to the data ("***See Appendix D***"). During the analysis, some items from protection, mental health, health and family support subscales were removed and this improved the qualities of the items and increases the number of factor from to five clearly interpretable factors.

With regard to the construct validity, the same criterion (AVE greater than 0.5) was used to examine whether institutional support has convergent validity or not. The factor loadings, AVE, and the square root of AVE were summarized in table 14.

Table 14

The Factor loadings, Convergent Validity of Institutional Support Measures

Factors	Items	Loadings	N	AVE	Squre Root of AVE
Protection	Ipr14	0.736	3	0.631	0.795
	Ipr5	0.847			
	Ipr23	0.797			
Mental Health	Imh24	0.849	3	0.669	0.818
	Imh15	0.799			
	Imh6	0.804			
Family Support	Ifa25	0.709	3	0.643	0.802
	Ifa16	0.852			
	Ifa7	0.836			
Health	Ihl32	0.876	4	0.489	0.699
	Ihl26	**0.664**			
	Ihl8	0.866			
	Ihl17	0.7			
Community Cohesiveness	Icm27	0.767	3	0.598	0.773
	Icm18	0.775			
	Icm9	0.777			

The results presented in table 14 above shows that the AVE values of all of the factors for institutional factors were found to be well above the minimum threshold level for convergent validity (0.5) (Ding, Velicer, & Harlow, 1995). This result indicated that the items used by the five factors measuring institutional support construct are closely related with each other and have the required level of convergent validity, except the factor “Health” that has a value of AVE close to 0.5. In the same table, the factor loadings of almost all of the items (**except one item indicated in bold**) were above 0.7, an indicator for a very good level of loading, present an additional support for the existence of convergent validity among the items of the factors.

The CFA was also employed to assess discriminant validity of the factors using the Fornell and Larcker criterion with the discriminant value or the square roe of AVE greater than inter-correlations among the factors. According to this criterion, if the square root of AVE of factors is greater than the factor inter-correlations, showing the presence of discriminant validity among the factors. In other words, the factors included are measuring a distinct aspect of the constructs or have unique contributions in measuring the construct. The results are presented in Table 15.

Inter factor Correlations, and Discriminant Validity of Institutional Support

Factors	Protection	Health	Family support	Mental health	Community cohesiveness
Protection	0.795				
Health	0.594	0.699			
Family support	0.699	0.61	0.802		
Mental health	0.641	0.518	0.656	0.818	
Community cohesiveness	0.734	**0.788**	0.642	0.654	0.773

As table 15 shows the square root of AVE values presented along the diagonal were greater than their inter-correlations presented below the diagonal except the correlation between community cohesiveness and health. This is an indication that factors, such as protection, family support, and mental health have the required level of discriminant validity. The table also revealed that the square roots of AVE values of health and community cohesiveness are slightly lower than their inter-correlation value, suggesting the two factors might have a discriminant validity concerns. However, this method of testing discriminant validity is sometimes criticized to be in accurate, which may be further evidenced by the fact that the correlation between these factors is not considered as high (> 0.80) to signify a significant overlap (Bryman & Cramer, 2005).

Taking altogether, the institutional support is measured by five factors with reasonably good level of model fitness with the current data and has achieved the required level of construct validity, as a useful tool to measure the support provided to vulnerable children in the study area.

4.2.5 EFA and CFA results for Emotional and Behavioral Adjustment

Emotional and behavioral adjustment was measured by a 25 item strength and difficulty questionnaire (SDQ). The questionnaire included in five subscales such as emotional problem, conduct problem, hyperactivity, peer relation problem, and prosocial behavior with five items each. A factor analysis result revealed a five factor structure; factor 1 (Emotional problem= 4 items), factor 2 (Conduct problem=3 items), factor 3 (prosocial behavior=3 items), factor 4 (Hyperactivity=3 items), and finally, factor 5 (peer relations problem = 2 items) explaining 66.14% of the total variance of the latent variable. These extracted factors individually explained 26.86 % 14.71 % , 9.80%, 7.99 %, and 6.77 % of the total explained variance of the latent factor and are retained by considering many criteria such as parallel analysis, Eigen value (>1), scree test and total variance explained as recommended by previous literature. The peer relation problem factor was retained with the two items to achieve the recommended percentage of explained variance. During factor analysis, 10 items were discarded due to low communalities and factor loadings, cross loading, and failure to load on any factors. Consequently, a total of 15 items were retained for the final data collection. The factors, factor loadings, communalities, variance explained, reliability coefficient were summarized in table 16.

Table 16

Factors Factor loadings, Communalities and Percentage of Explained Variance for Emotional and Behavioral Problem Measure

Factors and Items	Factor loadings 1	2	3	4	5	Communalities
Factor 1: Emotional Problem						
EE5c I have many fears and easily scared.	.750					.647
EE2c I often worry a lot.	.702					.524
EE3c I am often unhappy, depressed or tearful.	.663					.522
EE4c I become nervous /lose confidence in new situations.	**.468**					.368
Factor 2: Conduct Problem						
EC10c I take things that are not mine from home or school.		.728				.493
EC9c I am often accused of lying or cheating.		.678				.528
EC8c I often fights with other children.		.568				.420
Factor 3: Pro-social Behavior						
EPS24c I am kind to younger children.			.737			.562
EPS22c I usually share with others children.			.608			.410
EPS25c I often volunteer to help others.			.607			.383
Factor 4:Hyperactivity						
EH12c I am constantly fidgeting or squirming.				.699		.561
EH13c I am easily distracted, concentration wanders.				.603		.507
EH11c I am restless, overactive or cannot stay still for long.				**.480**		.363
Factor 5 :Peer relation problem						
EPR17cr I have one goof friend or more.					.875	.773
EPR18cr I am generally liked by other children of my age.					.512	.381
Percentage of explained variance	**26.86**	**14.71**	**9.80**	**7.99**	**6.77**	
Eigen Value	**4.03**	**2.21**	**1.47**	**1.20**	**1.02**	
Cronbach's Alpha	**.78**	**.74**	**.69**	**.71**	**.63**	

As illustrated in the preceding table, the factor loadings of the majority of the items surpass the minimum threshold value, with only two exceptions where the factor loading is marginally below .5 (**items in bold**) Furthermore, all items exhibit commonalities that exceed the recommended minimum value of .3. The EFA results further highlight that the factors of emotional and behavioral adjustment attain a reliability coefficient that is very close to or surpasses the acceptable standard, excluding the two-item peer relation problem sub-scale. The

internal consistency of the items within the peer relation sub-scale was significantly below the acceptable standard, which could be attributed to the limited number of items.

As demonstrated in the aforementioned table, the EFA result culminate in five-factor structures and with only exception that peer relation problem scale has two items. Consequently, the CFA procedures were executed for all five sub-scales, supplementing the peer relation problem sub-scale with two additional items, thereby enhancing its reliability for the final study. The CFA results affirmed a four-factor solution that attained the mandatory model fit level, excluding the prosocial behavior sub-scale from the analysis entirely. Furthermore, to achieve a well-fitted data model, one of the items incorporated into the peer relation problem was subsequently omitted in the CFA ("***See Appendix D***").

Furthermore, the validity of emotional and behavioral adjustment measures was examined through convergent and discriminant validity. The convergent validity of the emotional and behavioral adjustment questionnaire's factors was evaluated using the AVE value greater than 0.5. The factor loadings, AVE, and the square root of the AVE are comprehensively presented in Table 17.

Table 17

Factor loadings and Convergent for Validity of Emotional and Behavioral Measures

Factors	Items	Loadings	N	AVE	Squre Root of AVE
Hyperactivity	EBh4	0.858	3	0.772	0.879
	EBh1	0.931			
	EBh9	0.845			
Peer relation problem	EBpr10	0.808	3	0.710	0.843
	EBpr5	0.862			
	EBpr2	0.857			
Conduct problem	EBc8	0.831	3	0.702	0.838
	EBc15	0.861			
	EBc12	0.821			
Emotional problem	EBe11	0.812	4	0.703	0.838
	EBe7	0.877			
	EBe3	0.837			
	EBe14	0.826			

The preceding table demonstrates that all Average Variance Extracted (AVE) values significantly surpass the minimum threshold of 0.5. This suggests that the items items within the emotional and behavioral adjustment construct exhibit the necessary degree of convergent validity. To clarify, the items chosen to quantify these construct are intimately linked and are assessing the same variable. Furthermore, all items present loadings exceeding 0.7, which is considered the optimal point for factor loadings.

To further validate the factors of the construct, the discriminant validity was evaluated utilizing the Fornell and Larcker criterion. This criterion stipulates that the square root of the

Average Variance Extracted (AVE) should exceed the inter-factor correlation, thus serving as an indicator of discriminant validity. The respective values for the square root of AVE and the inter-factor correlation can be found in Table 18.

Table 18

Inter-factor correlations and discriminant validity for Emotional and Behavioral Problems

Factors	Hyperactivity	Peer problem	Conduct problem	Emotional problem
Hyperactivity	.879			
Peer relation problem	0.319	.843		
Conduct problem	0.348	0.271	.838	
Emotional problem	0.4	0.46	0.38	.838

The information contained in Table 18 encompasses both the discriminant values (identified on the diagonal) and the inter-factor correlations (situated beneath the diagonal). Notably, each discriminant value exceeds the inter-correlation between the factors or subscales, thus verifying the achievement of discriminant validity. This substantiates that the subscales employed in this research to measure emotional and behavioral adjustment do indeed represent distinct dimensions of the construct.

The data in table 18 includes both the discriminant values (located on the diagonal) and the inter-factor correlations (positioned below the diagonal). Significantly, every discriminant value surpasses the inter-correlation among the factors or subscales, thereby confirming the

attainment of discriminant validity. This implies that the subscales utilized in this study to quantify emotional and behavioral adjustment are indeed unique measures of the construct.

4.3 Results of the Main Study

In this section, results of the main study were analyzed and presented in different subsections. Accordingly, the socio-demographic chacterstics, the mean difference tests, correlation, and path analysis results were discussed.

4.3.1 Socio-Demographic Characteristics of Participants

In this section, the socio-demographic characteristics of children, including their gender, age, grade level, living condition, family structure, neighborhood, the number of siblings, and housing conditions were described. Additionally, the parents' characteristics such as their employment status and monthly income were discussed based on the information derived from the children's reports.

As outlined in the previous chapter, the study comprises a total of 659 participants, with an almost equal gender distribution (329 female and 330 male). These participants were selected from four institutions that provide support to children within their family and community contexts. The age of the participants ranged from 12 to 18 years, with a mean age of 15 years and a standard deviation of 1.98. The comprehensive socio-demographic characteristics of the respondents are elaborated in the subsequent table.

Table 19

Socio-Demographic Characteristics of the Respondents

Socio-demographic Characteristics	N	%
Sex		
Female	329	49.92
Male	330	50.08
Grade Level of Children		
5 & 6	136	20.64
7 & 8	254	38.543
9 & 10	170	25.79
11 & 12	99	15.02
Currently Living with		
Both parents	313	47.49
Mother only	244	37.03
Father only	22	3.34
Other Guardians	80	12.14
Number of Children		
1-2	291	44.16
3-4	297	45.07
5-6	58	8.80
>=7	13	1.97
Housing		
Private	106	16.09
Kebele House	318	48.26
Rented House	201	30.50
Other	34	5.16
Family structure		
Intact	313	47.49
Non-intact	346	52.51

Table 19 (*Continued*)

Work Condition		
For Mother		
Not Mentioned	102	15.48
Self-employed	104	15.78
Government employed	77	11.68
Daily laborer	151	22.91
Not working (house wivies)	164	24.89
Other	61	9.26
For Father		
Not Mentioned	266	40.36
Self-employed	62	9.41
Government employed	125	18.97
Daily laborer	32	4.86
Not working	90	13.66
Other	84	12.75
Monthly Income		
For Mother		
Not Mentioned	259	39.30
<3500 ETB	317	48.10
3501-4500 ETB	54	8.19
4501-5500 ETB	17	2.58
>5501 ETB	12	1.82
For Father		
Not Mentioned	324	49.17
<3500 ETB	187	28.38
3501-4500 ETB	72	10.93
4501-5500 ETB	37	5.62
>5501 ETB	39	5.92

Table 19 above delineates the socio-demographic characterstics of the study participants and their parents, as reported by the children themselves. The participants comprised of 329 females (49.9%) and 330 males (50.1%), suggesting that participants are proportional in number. When segmented by grade level, 136 participants (20.5%) were from grades 5 and 6, 254 (38.5%) from grades 7 and 8, 170 (25.8%) from grades 9 and 10, and the remaining 99 (15%) from grades 11 and 12. The result indicated that most of the participants are from middle school (5-8 grades).

Furthermore, the children were queried about their current living situation, the number of siblings in their household, and their family's housing conditions. The majority of the participants, 313 (47.9%) reported residing with both parents. In contrast, 244 (37%) live solely with their mother, 80 (12%) are under the care of other guardians (such as grandmothers, sisters, aunts, and uncles), and a minority, 22 (2%) live exclusively with their father. Regarding the number of children in the households, 297 participants (45%) reported having three to four siblings, 291 (44.2%) have one to two, 58 (9%) have five to six, and 13 (2%) have seven or more siblings. This result suggested that the great majority of the participants acknowledged that they are living in the household with one to four children. As Table 18 further reveals, 318 of the participants (48.3%) reside in Kebele houses, and 201 (30.5%) in rented houses. A smaller number, 106 participants (16.1%), live in private houses, with a few reporting 'other' housing conditions, such as shared housing or temporary plastic housing. This result additionally suggests that the majority of these children presently reside in either kebele housing or rental houses, which is inherently associated with their less favorable economic circumstances.

Additionally, the children were requested to disclose the socio-demographic attributes of their parents, for example, the family structure of their family, as detailed in Table 19. Most of

them, 347 (52.7%) revealed that they come from intact families, while 312 (47.3%) originate from non-intact families, underpinning that almost half of the children in the study are from broken families and are living ether in one parent family or cared by other guardians.

The participants also shared their perceptions regarding their parents' work conditions. Notably, 164 (25%), 151(23%), and 104 (16%) indicated that their mothers are homemakers, daily laborers, and self-employed, respectively. A similar number of participants, 77 (12%), and 61 (9%) disclosed that their mothers are government employees and engaged in various other occupations. Moreover, a significant portion of children (16%) refrained from answering the socio-demographic queries pertaining to their mothers' employment conditions, likely because they currently do not reside with their mothers. Likewise, 125 (19%), and 90 (14%) of the children reported that their fathers are government employees and guards, respectively. Additionally, 84 (13%), and 62 (9%) of fathers were identified as self-employed or engaged in other activities/tasks. However, 266 (40%) of the participants did not respond to the question concerning their fathers' employment conditions, likely because these children currently do not live with their fathers.

In terms of their parents' monthly income, Table 19 also revealed that the majority, 317 (48%) and 187 (28%), of the respondents reported that their mothers and fathers earn a monthly income of less than 3500 Ethiopian birr (ETB). The second largest group of the respondents, 54 (8%) and 72 (11%), indicated that their mothers and fathers earn between 3501 and 4500 ETB. A small portion of respondents, 29 (10.6%) and 76 (11%), stated that their mothers and fathers have a monthly income exceeding 4501 ETB. However, a significant number of respondents, 259 (39%) and 324 (49%), did not disclose the monthly income of their mothers and fathers, possibly because they are not currently living with them. Additionally, a

few respondents did not answer this question, possibly due to a lack of knowledge or a belief that it might be linked to the support provided by their institutions. This outcome carries significant implications, suggesting that the majority of the children participating in the study hail from families struggling to meet the prevailing living standards in the country. Such circumstances could potentially impact their psychological well-being.

4.3.2 One Sample T-Test Results

In this sub section, an evaluation of the status of the variables incorporated within this study by comparing the observed mean with the anticipated mean of the scales. A one-sample test was employed to discern if there exists a statistically significant divergence between these two means across the study's variables, as delineated in Table 20.

Table 20

Expected Mean and Observed Mean of the Study Variables (N=659)

	Expected	**Observed**				**Sig (2**	**Mean**	**95% CI**	
Variables	**Mean**	**Mean**	**SD**	**T**	**Df**	**tailed)**	**difference**	**Lower**	**Upper**
FSC	48	68.75	14.19	35.55	658	000	20.74	19.59	21.89
NSC	20	34.81	7.81	46.17	“	000	14.81	14.18	15.44
PSC	30	42.24	5.19	57.30	“	000	12.24	11.82	12.66
Inst. Supt	36	48.51	5.49	55.38	“	000	12.51	12.07	12.95
EBP	16	7.03	4.88	-44.74	“	000	-8.97	-9.36	-8.57

Note: FSC = Family Social Capital, NSC = Neighborhood Social Capital, PSC = Peer Social Capital, Inst. Supt = Institutional Support, EBP = Emotional & Behavioral Problems; CI = Confidence Interval for the difference; SD = Standard deviation

The results of the one sample t-test, as illustrated in Table 20 above, reveal a statistically significant disparity between the observed and expected mean values across all variables in the study. Specifically, the observed and expected mean values of family social capital were notably distinct, with (M=68.45, SD=14.19), t(591) = 35.55, and $p < .001$. This consequential finding suggests that the noticed mean value considerably surpasses the anticipated mean value (48), thereby denoting a prevalent presence of elevated family social capital amongst the individuals participating in the study.

Likewise, a statistically significant discrepancy was noted between the observed and expected mean values of the neighborhood social capital variable (M= 34.81, SD= 7.81), t(591) = 46.17, $p < .001$. This demonstrates that the observed mean notably surpasses the expected mean, thereby confirming the prevalence of a high level of neighborhood social capital resources among participants within the study areas. Furthermore, a statistically significant disparity was identified between the two mean values of social capital amongst peers (M=42.24, SD=5.19), t(591) = 57.30, $p < .001$. This indicates that the observed mean score exceeds the anticipated mean value (30), signifying that participants have access to a substantial level of social capital resources within their peer group. Similarly, institutional support demonstrate a significant deviation between the two mean values (M=48.51, SD=5.49, t(591) = 55.38, $p < .001$. This suggests that the observed mean considerably surpasses the expected mean (33), implying that the institutions under investigation are providing a reasonably good level of support.

Finally, the findings indicated statistically significant disparities between the mean values of emotional and behavioral problems (M=16, SD=4.88, t(591) = - 44.74, $p < .001$. The observed mean for emotional and behavioral adjustment problems significantly below expectations, yet fell within the normal range (0-15) as indicated as outlined in the SDQ manual.

In summary, the results from the one-sample t-test generally indicate a statistically significant discrepancy between the observed and expected means across the variables studied. In all instances except for the emotional and behavioral problem scores, the observed mean surpassed the expected, indicating the availability of the attributes in the contexts of the study participants and the study contexts. In other words, the social capital in various social contexts and institutional support are present in the study area and appears to be contributing for restraining emotional and behavioral problems and facilitate prosocial behaviors among the study vulnerable children of the study.

4.3.3 Independent Sample T-Test Results

An independent sample t-test was performed to determine the existence of a significant mean difference between two categorical variables/ two groups, specifically for gender and family structure variables. Before conducting the analysis, the data was rigorously evaluated to ensure it fulfilled the necessary conditions required for the test.

Levene's test for equality of variances was employed to examine the homoginity of variance between the two groups, namely males and females, as well as children from intact and non-intact families. The results indicated no significant fariations in the variances for all groups, thereby confirming the assumption of variance equality was met ($p > .05$). Following this, an independent sample t-test was conducted for both gender (male, andfemale) and family structure (intact and nonintact), with the results presented in subsequent tables.

Table 21

Independent Sample T –Test Results by Participants' Gender

Variables	Gender	Group Statistics			T-test for Equality of Means						
		N	Mean	Std. Deviation	T	Df	Sig(2-tailed)	Mean difference	Std. Error Difference	95% Confidence Interval of the Difference	
										Lower	Upper
Emotional and behavioral Problems	Female	329	6.82	4.89	-1.12	657	.26	-.45	.40	-1.24	.34
	Male	330	7.27	4.86							
Family social capital	Female	329	69.58	14.06	1.50	657	.13	1.75	1.17	-.54	4.04
	Male	330	67.83	14.31							
Neighborhood social capital	Female	329	34.99	7.71	.56	657	.58	.36	.64	-.90	1.62
	Male	330	34.63	7.92							
Peer social capital	Female	329	42.75	5.06	2.52	657	.01	1.07	.43	.24	1.91
	Male	330	41.68	5.29							
Institutional support	Female	329	48.91	5.59	1.84	657	.08	.83	.45	-.06	1.84
	Male	330	48.08	5.36							

**$p < .05$

The data presented in Table 21 shows statistically significant gender difference only in peer social capital variable in the study ($t(590) = 2.52$, $p < .05$). This suggests that females scored significantly higher in peer social capital (n=329, *M* = 42.75, *SD*= 5.06) than males (n =330, *M* = 41.68, *SD* = 5.29). In other words, females have superior access to social capital within their peer groups than tier counter parts.

However, no significant differences were observed between males and females in their emotional and behavioral problems (female: n= 329, *M* =6.82, *SD* = 4.89; male: n= 330, *M* = 7.27, *SD* = 4.86), family social capital (female: n = 329, *M* = 69.88, *SD* = 14.06; male: n = 330, *M* = 67.83, *SD* = 14.31), neighborhood social capital (female: n = 329, *M* = 34.99, *SD* = 7.71; male: n= 330, *M* = 34.63, *SD* = 7.92), and institutional support (female: n = 329, *M* = 48.91, *SD* = 5.59; male: n = 284, *M* = 48.08, *SD* = 5.36). In conclusion, the scores for emotional and behavioral problems, family social capital, neighborhood social capital, and institutional support did not significantly differ between male and female participants of the study.

An independent sample t test was also conducted to examine the possible mean differences between intact and non-intact family children in the study variables as shown in table 22 below.

Table 22

Independent Sample T –Test Results by Family Structure of Participants

Variables	Family structure	Group Statistics			T-test for Equality of Means						
		N	Mean	Std. Deviation	t	Df	Sig (2-tailed)	Mean difference	Std. Error Difference	95% Confidence Interval of the Difference	
										Lower	Upper
Emotional and behavioral Problems	Intact	347	6.69	4.91	-2.00	657	.046	-.81	.41	-1.61	-.02
	Non-intact	312	7.51	4.79							
Family social capital	Intact	347	69.12	14.78	.77	657	.439	.92	1.19	-1.41	3.24
	Non-intact	312	68.20	13.34							
Neighborhood social capital	Intact	347	35.22	8.13	1.49	657	.136	.97	.65	-.31	2.25
	Non-intact	312	34.25	7.31							
Peer social capital	Intact	347	42.48	5.27	1.37	657	.171	.59	.43	-.26	1.45
	Non-intact	312	41.89	5.09							
Institutional support	Intact	347	48.92	5.53	2.20	657	.028	1.01	.46	.11	1.91
	Non-intact	312	47.92	5.41							

$^{**}p < .05$

As delineated in Table 22, the result encapsulates the group characteristics and the testing of mean difference statistics by the participants' family structure. A significant statistical variation was observed between children from intact families and non-intact families in terms of emotional and behavioral problems, t(657) = -2.00, $p < .05$. This result implies that children from non-intact families reported considerably higher mean scores in emotional and behavioral problems (n=312, *M* = 7.51, *SD* = 4.79) compared to their counterparts from intact families (n = 347, *M* = 6.69, *SD* = 4.91). This suggests that children from non-intact families tend to experience elevated levels of emotional and behavioral problems, albeit within the normal range. The result also shows a significant difference between the two groups of children in the level of institutional support, t(657) = 2.20, $p < .05$.suggesting that children from non-intact families reported a comparatively lower level of institutional support (n=312, *M* = 47.92, *SD* = 5.41) as opposed to their counterparts from intact families (n = 347, *M* = 48.92, *SD* = 5.53). This implies that children from non-intact family often perceive themselves to be at a relative disadvantage compared to their counterparts from intact families. This perception could be attributed to the substantial correlation between institutional support and family social capital. Typically, two-parent families tend to possess a higher degree of social capital in comparison to families headed by a single parent.

Conversely, the family structure did not yield any statistically significant disparity between the two groups in family social capital (Intact = 347, *M* = 69.12, *SD* = 14.78; non-intact = 312, *M* = 68.20, *SD* = 13.34), peer social capital (Intact = 347, *M* = 42.48, *SD* = 5.27; non-intact = 312, *M* = 41.89, *SD* = 5.09), and neighborhood social capital (intact = 347, *M* = 35.22, *SD* = 8.13; non-intact= 312, *M* = 34.25, *SD* = 7.31). This non-significant difference as a function of family structure might be attributable to the fact that the majority of these children come from

comparable familial, peer and neighborhood conditions. Moreover, they receive support within a standardized framework in these institutions, which may uniformly impact their lives, including their familial relationships and interactions.

4.3.4 One-Way ANOVA Results

In the research, one way ANOVA was used to examine whether there is a statistically significant difference among the socio-demographic variables with more than three levels or groups in relation to the dependent variable. These socio-demographic attributes encompass the neighborhood, the grade level of the children, the current living condition of children, the number of children in the family, the parents' housing conditions, the working conditions of both parents, and their respective monthly incomes.

Table 23

Descriptive Statistics and ANOVA Summary

Socio-demographic Variables	Descriptive Statistics							ANOVA Summary		
	Categories	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		df	F	Sig.
						Lower Bound	Upper Bound			
Neighborhood	Love	189	18.467	6.618	.481	17.516	19.415			
	SHegre	164	18.842	6.699	.523	17.809	19.875	3	.885	.449
	Addis	184	17.799	6.236	.459	16.892	18.706	655		
	Future	122	17.992	6.241	.565	16.873	19.110			
Grade Level	5 & 6	136	17.748	6.253	.516	16.729	18.768	3		
	7 & 8	254	18.017	6.483	.417	17.196	18.837	655	1.683	.169
	9 & 10	170	18.4244	6.619	.505	17.428	19.421			
	11 & 12	99	19.510	6.382	.645	18.231	20.789			
Children living with	Mother & father	313	18.409	6.367	.337	17.746	19.072	3 655		
	Mother only	244	18.109	6.282	.453	17.215	19.004		.202	.895
	Father only	22	17.522	6.694	1.396	14.627	20.416			
	Other guardians	80	18.368	7.242	.776	16.824	19.911			
Number of children	1-2	291	18.223	6.189	.349	17.536	18.910	3		
	3-4	297	17.840	6.618	.408	17.037	18.644	655	2.385	.068
	5-6	58	19.750	6.909	.838	18.078	21.423			
	7 & more	13	20.929	6.367	1.702	17.253	24.605			
Housing condition	Private	106	18.082	6.399	.579	16.935	19.229	3	.384	.764
	Kebele	318	18.212	6.599	.395	17.434	18.989	655		

Table 23 (Continued).

	Rented	201	18.597	6.474	.431	17.749	19.446			
	Other	34	17.500	5.536	.979	15.504	19.496			
Mother's Work	Self-employed	104	18.639	6.575	.633	17.385	19.893			
	Government	77	17.744	6.071	.655	16.443	19.046			
	Daily laborer	151	17.601	6.371	.471	16.672	18.530	5 653	.963	.440
	House wife	164	18.595	5.784	.446	17.714	19.476			
	Other	61	19.109	7.834	.917	17.282	20.938			
Father's Work	Self-employed	62	18.354	7.509	.931	16.493	20.215			
	Government	125	18.163	6.500	.701	16.769	19.557	5	.549	.739
	Daily laborer	32	17.669	5.689	.477	16.72	18.613	653		
	Guard	90	19.148	6.828	.929	17.285	21.012			
	Other	84	18.718	6.853	.675	17.379	20.058			
Mother's Income	below 3500	317	18.311	6.581	.319	17.683	18.938			
	3501-4500	54	18.763	5.823	.758	17.245	20.280			
	4501-55000	17	19.381	7.249	1.582	16.081	22.681	4 654	1.548	.187
	5001 & above	12	14.467	5.706	1.473	11.307	17.626			
Father's Income	Below 3000	187	18.067	6.464	.384	17.311	18.823			
	3001-4000	72	18.382	5.776	.663	17.062	19.701			
	4001-5000	37	19.465	7.478	1.140	17.164	21.767	4 654	.446	.775
	5001 & above	39	18.192	7.225	1.054	16.070	20.313			

As detailed in Table 23, one-way ANOVA was conducted to assess any significant mean differences in the emotional and behavioral adjustment of vulnerable children as a function of socio-demographic variables with more than three groups or levels. From the table, it is evident that the mean scores across all groups for each socio-demographic variable were not statistically significant (P > .05). This suggests that the emotional and behavioral adjustment of the targeted children did not show significant variations for the different groups in all the socio-demographic vriables of the study. This result may stem from the similar socio-economic conditions among the children's families, likely a result of the institutions' consistent admission criteria and service delivery to society's most disadvantaged members of the society.

4.3.5 Correlational Analysis Results

A comprehensive correlational analysis was executed to meticulously examine the relationships between the independent and dependent variables, including the age of the respondents. Pearson product-moment correlation coefficient was utilized, as all the variables being assessed are continuous in nature (Cramer, 1998). This indicates that the necessary conditions for a correlational analysis have been adequately met, with the majority of these prerequisites detailed in preceding sections (“***See Section 3.7.4”***). The summary of the association among the study variables are presented in table 24.

Table 24

Bivariate Correlation Results of the Study Variables

Variables	**1**	**2**	**3**	**4**	**5**	**6**
1. Age	-					
2. FSC	-.191**	-				
3. NSC	-.014	.225**	-			
4. PSC	-.039	.332**	.180**	-		
5. InstituS	-.136**	.387**	.276**	.332**	-	
6. EBP	.078*	-.215**	-.047	-.148**	-.365**	-
Means	15.00	82.67	29.464	40.02	52.97	8.97
Standard Deviations	1.97	14.67	4.40	5.21	5.19	5.39

Note. FSC = Family Social Capital; NSC =Neighborhood Social Capital; PSC = Peer Social Capital; InstituS = Institutional Support; EBP = Emotional and Behavioral Problems
**$p < .01$, *$p < .05$

As indicated, Table 24 presents the bivariate correlation results among the main study variables and age. The results shows that age was significantly associated with family socal capital, $r(681) = -.19$, $p < .001$; institutional support, $r (681) = -.136$, $p < .001$; and emotional and behavioral problems, $r (681) = .078$, $p < .001$. The negative associations of age with family social capital and institutional support may be an indicator that older children tend to report lower level of family social capital and institutional support and vice versa. Moreover, age was found to have significant positive relationship with emotional and behavioral problems, indicating that older children tend to experience higher emotional and behavioral problems than

younger ones. However, these variables, regardless of the direction of relationship, have small associations among each other.

The correlation result also shows that all the independent variables including family social capital, neighborhood social capital, peer social capital, and intuitional support were negatively and significantly associated with emotional and behavioral problems ($p < .001$). These shows that higher scores in these variables tend to be associated with lower emotional and behavioral problems, but the associations ranges from small to moderate.

4.3.6 Structural Equation Modeling (SEM) Results

Existing literature underscores the extensive use of Structural Equation Modeling (SEM) as a predominant multivariate analysis technique for evaluating intricate relationships between observed variables and latent constructs, as well as interrelationships among latent constructs (Byrne, 2012). Consequently, the analysis was conducted in adherence to two crucial stages. Initially, the assessment of the measurement model was executed via the CFA process, with the aim of verifying model fit, reliability, and validity of constructs or factors. Secondly, a SEM based path structural model was utilized to scrutinize the structural relationships among the constructs of the study. This was done to address the fundamental research inquiries, clearly delineated in Chapter 1 and depicted in the study's conceptual framework. Given the complexity of the model, where all constructs have sub-dimensions or subscales, path analysis was applied to examine the presumed relationships among the constructs.

Following this, the measurement model was evaluated to ascertain the fitness, reliability, and validity of the constructs and factors before examining the structural relationships among the constructs of the study. As mentioned in the preceding chapter, AMOS version 23.0 was utilized for the assessment of both the measurement and structural models.

4.3.6.1 Testing the Measurement Model: The assessment of the measurement model constitutes a pivotal initial step in the SEM analysis. Consequently, the measurement models of social capital variables, encompassing FSC, PSC, and NSC, in conjunction with institutional support and emotional and behavioral adjustment, were meticulously examined individually prior to delineating the assumed structural relationships. This section, therefore, primarily elucidates the results of the model fit evaluations for the constructs.

Both the first and second-order factor models for all constructs were subjected to a thorough evaluation of model fitness. The first factor model delineates the relationship between observed factors or items and their corresponding primary factors, which are the scales or subscales of the constructs. While, the second order factor model investigates the association between observed factors and their corresponding constructs.

The Chi-square ($\chi 2$) difference test, a statistical method employed to decide whether a given model fits significantly better or worse than a competing model, was employed to compare the first and the second order model regarding in this study (Schermelleh-Engel, Moosbrugger, & Müller, 2003). This test is conducted by comparing the $\chi 2$ values and degrees of freedom between two models. If the result is insignificant, it's advisable to report the second order model fitness test values. Finally, the same model fitness tests and the proposed criteria for a well-fitting model were utilized to assess the model appropriateness of each construct ("See Table 2" for details).

4.3.6.1.1 Measurement Model of FSC Measures. Exploratory factor analysis (EFA) resulted in the extraction of three factor structures for FSC measures. These EFA results were then subjected to CFA to validate the measurement model's compatibility with the data and to determine the psychometric quality of the measures, as detailed in Section 4.2.

A model that fits well should exhibit an acceptable level of the most frequently reported fit measures, including CMIN/DF, CFI, TLI, SRMR, and RMSEA (Ullman, 2001; Hu & Bentler, 1998; Bentler, 1990). The Chi-square difference test was utilized to investigate the potential presence of a significant reduction in model fitness for the second-order factor model.Upon verification, it was confirmed that the second-order factor model does not demonstrate a statistically significant decline in fitness when compared to the first-order factor model. Consequently, the results indicated that the values of the model fit indices utilized to evaluate the model fitness of the second order factor models of FSC (CMIN/DF=2.406, CFI= .979, TLI=.973, SRMR=.031, RMSEA=.046) fall within the acceptable range for a well-fitted model. This suggests that both the first and second order factor models of FSC align appropriately with the current data. The first order factor model and second order model of FSC were depicted in figure 2 and figure 3 ("***See Appendix E***").

4.3.6.1.2 Measurement Model for NSC Measure*s.* Two factor structures were extracted for NSC measures during EFA. These were subjected to CFA to assess the model fitness and the psychometric properties of factors. Similarly, the NSC variable is a two factor model and the chi-square difference test was carried out to examine the significant deviation between the second-order factor model and first order factor model in model fitness. The results of the Chi-square difference test indicate that there is no significant difference between the two models of the NSC constract. As a result, the second-order factor model fitness test values are within the acceptable range for a well-fitting model. The relevant indices are as follows: CMIN/DF=3.352, CFI=.983, TLI=.972, RMSEA=.060, and SRMR=.030, indicating that the second order fctor model has good fitness to the data.

This result also supported by the relatively strong correlations observed between the individual items and their respective factors, as well as the relationships between the factors and the overall construct, as depicted figure 4 and figure 5 ("***See Appendix E***"). Moreover, the reliability and the validity evidences of the construct were reported in the preceding sections ("***See Section 4.2.3***").

4.3.6.1.3 Measurement Model of Peer Social Capital (PSC) Measures.The four factors, derived from the initial five-factor Friendship Quality Scale during the EFA process, were further assessed through CFA to validate the model's fitness, reliability, and validity. Evidence of reliability, convergent and discriminant validity, as well as factor loading, were documented in the pilot result sections, as indicated in Tables 7, 8, and 9.

In assessing the model fit, the chi-square difference test affirmed that there was no significant decline in model fitness upon the inclusion of the second-order factor model ($p > .05$). Therefore, the analysis examined the model fitness of both the first-order factor model and the second-order factor model to establish if there was a decrease in fit due to constraints enforced by the second-order factor model. The findings suggested that nearly all the fitness tests displayed comparable values within the acceptable range of a well-fitting model, with no noticeable disparities in fitness between the two models. Hence, the second-order factor model demonstrated a satisfactory level of fitness for the current data, as substantiated by the values of CMIN/df=1.592, CFI= .992, TLI=.989, SRMR=.036, and RMSEA=.029.

4.3.6.1.4 Measurement Model of Institutional Support Measures. The five factor institutional support model was assessed via CFA to scrutinize the model's fitness, reliability, and validity. Evidence supporting the reliability, convergent validity, and discriminant validity of the construct was provided in the preceding sections ("***Table 13, 14 & 15***").

The fit indices used to evaluate the aptness of the first order factor model achieved acceptable level of fitness, as evidenced by the following model fitness values: CMIN/DF=4.645, CFI= .948, TLI= .932, SRMR= .038, and RMSEA=.074. All these values fall within the acceptable range for a well-fitting model ***("See Appendix E"***). Similarly, the fit indices employed to assess the second order factor model also exhibited satisfactory levels, thereby confirming its compatibility with the data, as shown by the fitness test values: CMIN/DF=5.042, CFI= .938, TLI= .923, SRMR= .046, and RMSEA=.078.

The Chi-square difference test indicates that both the first and second order factor models align congruently with the curent data. However, it is worth noting that the fitness test results for the second order factor model show a slight decrease in model fitness, suggesting a potential reduction in fitness in the secondary factor model, likely due to the constraints imposed by the second order factor model. In general, both of the models of the institutional support were found to have a reasonable level of fitness to the data, with the first order factor model show a better fitness.

4.3.6.1.5. Measurement Model of Emotional and Behavioral Adjustment. Both first and second order factor models of emotional and behavioral adjustment were evaluated through CFA in order to test the fitness of the models, their reliability, and validity. The first order model measures the relationships of the items with their respective factors, while the second order model assesses the relationships of the factors or subscales with their respective constructs.

The CFA results of the first order model revealed that the model fit indices used to test the model fitness, such as; CMIN/df=3.887, CFI=.969, TLI=.960, RMSEA= .066 and SRMR=.036, were found within acceptable range for fitting model. This result suggests that the first order factor model of emotional and behavioral adjustment was fitting well to the current

data. Moreover, the second order factor model was also tested and the fit indices were achieved the required level for a good fitting model, such as CMIN/df=3.850, CFI=.969, TLI= .960, RMSEA= .066 and SRMR=.039), indicating that the four factor model showed a good model fitting with the current data. The prosocial behavior factor was removed from the confirmatory model in order to achieve the model fitness. As indicated above, the chi-square difference test result depicted that the two models did not show significant disparity in model fitness as a result of the impositions of the second order factor model. In sum, the model fit values of the two models are indicators for the fitness of the models to the current data.

4.3.6.2 Testing the Structural Model. Before examining the structural relationships among the constructs of the study, the fitness of the structural model was evaluated using AMOS graphics. The model fitness of the full structural model was examined using the most commonly reported fit indices such as; CIMIN/df, CFI/TLI, RMSEA, and SRMR.The reliability and validity evidences of the each constructs included in the full structural model were mentioned in the preceding sections.

Consequently, the CFA results of the full structural model revealed a chi-square value of 2192.519 and a degree of freedom (*df*) of 1513 (P=.000), suggesting that the structural model does not fit to the data. However, it is challenging to achieve an insignificant chi-square value, as it is sensitive to sample size and likely to remain insignificant even with a large sample size. The values of other model fit indices were discovered to be within the acceptable range for a well-fitted model. The results indicate that CMIN/df= 1.449, CFI= .959, TLI = .957, RMSEA = .026, and SRMR = .044. The fitness tests, such as CFI and TLI, are above .95, RMSEA = .026, and SRMR = .044 are below .05, and the CMIN/df value was below 2, all of which are considered as indicators of a well-fitted model.

The SEM, merging CFA and path analysis, was used in this study to examine direct and indirect relationships among study variables. The path structural model was selected due to its effectiveness in probing complex relationships between variables, as validated in existing literature (Ullman, 2006). As corroborated in existing literature, path analysis is an effective technique for assessing complex relationships between one or more independent and dependent variables, whether continuous or discrete (Ullman, 2006). This method is also believed to be proficient in handling multiple mediators concurrently on either the unstandardized or the standardized indirect effect (Arbuckle, 2009). However, unlike the comprehensive structural model, the path analysis is unable to account for the variance in error when estimating the interrelation among variables, which stands as a notable constraint of this approach.

Consequently, the direct and indirect pathways were determined using the "User-defined estimand" function in AMOS. Moreover, bootstrap analysis, using a bootstrap sample of 5000 with replacement was adopted at a 95% confidence level on the unstandardized indirect effect within this study. Finally, composite variables, represented by the average scores of each variable, were employed in this analysis, instead of the latent constructs..

The next step involves estimating the structural relationships between the independent and dependent variable**s** through a structural model analysis (Hair et al., 2010). The research questions of this study were amalgamated into two main paths: direct and indirect. The indirect paths depict the impact of institutional support and NSC on the emotional and behavioral adjustment of vulnerable children through the intermediaries of peer and family social capitals. On the other hand, the direct paths embody the influence of all independent variables, inclusive of the mediators, on the independent variable.

The indirect path signifies the impact of institutional support and neighborhood social capital on emotional and behavioral adjustment. Indirect paths are characterized as follows:

Institutional support →Family social capital → Emotional & behavioral adjustment (a*b)

Institutional support→Peer social capital→Emotional & behavioral adjustment (c*d)

Neighborhood social capital→Family social capital→Emotional & behavioral adjustment (c1*b)

Neighborhood social capital→Peer social capital→Emotional & behavioral adjustment (f*d)

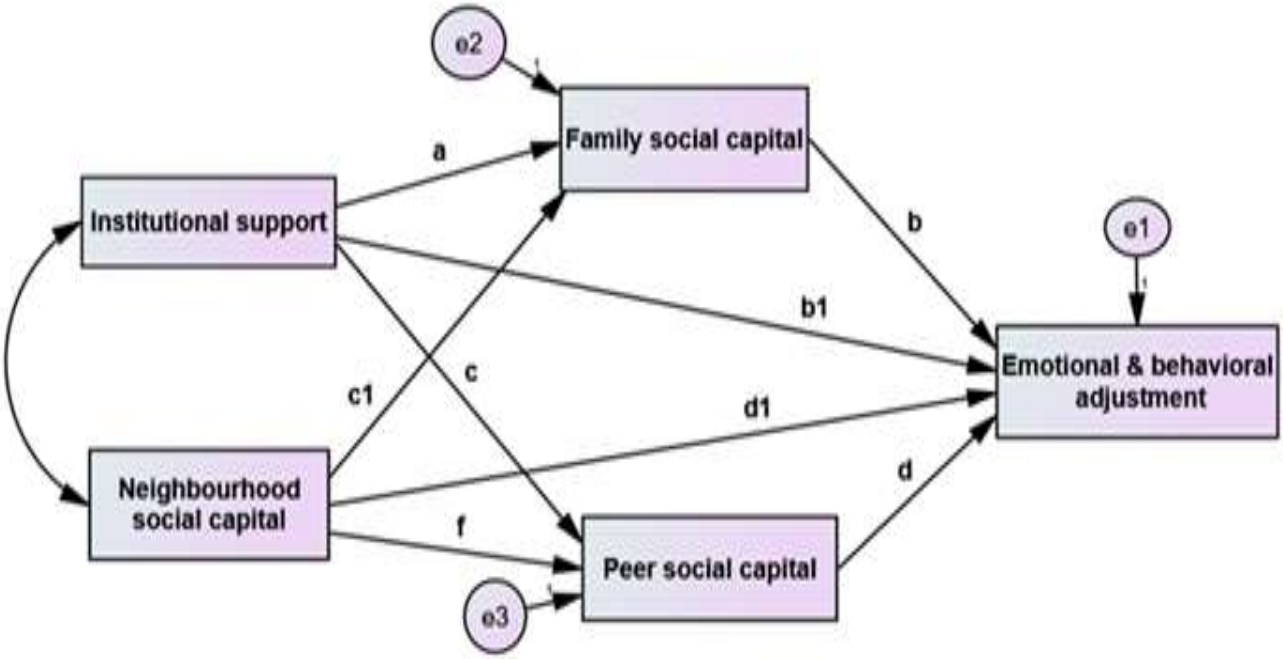

Figure 2. User Defind Path Model

As indicated above, the path model was utilized to examine the direct influences of institutional support and neighborhood social capital on the emotional and behavioral adjustment of vulnerable children, symbolized by the "b1" and "d1" paths, respectively. The results of the

path analysis were classified under two main categories: "direct effect" and "indirect effect". Standardized path coefficients (ß) were used to denote direct effects, while unstandardized path coefficients (B) were applied for indirect effects, adhering to standard reporting conventions.

Table 25

Summary of Direct and Indirect Path Coefficients of Path Analysis Results

Relationships between variables	**Direct effects**				**Indirect effects**			
	ß	**S.E.**	**C.R.**	**P**	**B**	**Lower**	**Upper**	**P**
NSC_av →PSC_av	-.090	.058	-2.474	.013	-	-	-	-
InstSU_av → PSC_av	.609	.300	16.807	***	-	-	-	-
NSC_av → FSC_av	.312	.040	8.455	***	-	-	-	-
InstSU_av → FSC_av	.102	.247	2.325	.020	-	-	-	-
PSC_av → FSC_av	.312	.027	7.903	***	-	-	-	-
InstSU_av → PsyA_av	.124	.234	2.939	.003	-	-	-	-
FSC_av → PsyA_av	-.268	.037	-7.184	***	-	-	-	-
PSC_av → PsyA_av	.602	.026	15.218	***	-	-	-	-
NSC_av → PsyA_av	-.092	.040	-2.468	.014				
Inst_spt→FSC→ PsyA	-	-	-	-	-.151	-.303	-.027	.024
Inst_spt→PSC→ PsyA	-	-	-	-	2.030	1.603	2.438	.011
NSC→FSC→ PsyA	-	-	-	-	-.090	-.115	-.065	.013
NSC→PSC→ PsyA	-	-	-	-	-.058	-.104	-.004	.032
Total Indirect Effect					1.456	1.098	1.816	.008

Note. NSC_av = Neighborhood Social Capital Composite Score; PSC_av = Peer Social Capital Composite Score; InstSU_av= Institutional Support Cimposite Score; FSC_av = Family Social Capital Composite Score; PsyA_av = Emotional and Behavioral Adjustment Composite Score ***$p < .001$, **$p < .01$, *$p < .05$

Table 25 delineates the findings from the path analysis, illustrating both the direct and indirect influences of the independent variables on the dependent variable. The analysis reveals that social capital variables and institutional support have statistically significant direct

influences on the emotional and behavioral adjustment of vulnerable children. Specifically, institutional support and neighborhood social capital exert a significant direct influence on emotional and behavioral adjustment (B = .124, $p < .05$) and (B = -.092, $p < .05$) respectively. This suggests that when institutional support increases by one standard deviation, emotional and behavioral adjustment goes up by .124 units, indicating that the direct support servie has unintended effects on the emotional and behavioral adjustment problems of the target children. On the other hand, emotional and behavioral adjustment goes down by .092 units when NSC increases by one standard deviation, indicating that this variable has a marginally significant protective role on the emotional and behavioral adjustment of vulnerable children.

Furthermore, both familly and peer social capital variables demonstrate a significant direct influence on the emotional and behavioral adjustment (B = -.268, $p <.001$) and (B = .602, $p < .001$), respectively. This result suggests that an increase of one standard deviation in FSC results in a decrease of .268 units in emotional and behavioral adjustment problems. Additionally, a one standard deviation increase in PSC leads to a .602 increase in emotional and behavioral adjustment problems among the target children. This suggests that PSC significantly exacerbates adjustment problems among the children under study.

The path analysis result, as illustrated in Table 25, also indicates that institutional support has a significant direct association with both peer social capital and family social capital (B = .609, $p < .001$) and (B = .102, $p < .05$). The results indicate that a one standard deviation increase in institutional support correlates with a 0.102 and 0.609 unit rise in FSC and PSC respectively, highlighting the significant role of institutional support on the FSC and PSC of the target children. Similarly, neighborhood social capital was found to be significantly associated with PSC (B= -.090, $p < .05$) and FSC (B = .312, $p < .001$), suggesting that a one standard deviation

increase in NSC resulted in a .090 unit decline in PSC and a .312 raise in FSC. The data further reveals a significant direct relationship between PSC and FSC ($B = .312$, $p < .001$).

Table 25 also details the indirect impacts of institutional support and NSCocial capital on the emotional and behavioral adjustment of the respondents. Notably, institutional support has potent and statistically significant indirect effects on children's emotional and behavioral adjustment via PSC and FSC. This finding suggests that PSC and FSC serves as mediators in the relationship between institutional support and the emotional and behavioral adjustment of vulnerable children. Since the direct path from institutional support to emotional and behavioral adjustment was significant, there is evidence of partial mediation. The table also shows that NSC significantly influences children’s emotional and behavioral adjustment indirectly through the social capital found within their peer groups and families. This suggests that both PSC and FSC are significant mediators in the relationship between neighborhood social capital and the emotional and behavioral adjustment of children in vulnerable situations. Given that both direct and indirect paths from institutional support and NSC to emotional and behavioral adjustment are significant, it can be concluded that the mediation is of a partial nature.

In sum, institutional support can impact vulnerable children's emotional and behavioral adjustment in both good and bad ways, by influencing PSC negatively and FSC positively. This implies that while such support can exacerbate adjustment problems via PSC, it can also enhance emotional and behavioral adjustment through FSC. The former unintended effect of institutional support may due to thhe potential peer humiliation and guilt as well as the dawon side of social capital.

Chapter Five

Discussions

This study scrutinizes the impact of institutional support and social capital variables (FSC, PSC, and NSC) on the emotional and behavioral adjustment of vulnerable children. This section aims to provide a comprehensive interpretation and discussion of the main findings outlined in Chapter 4, correlating them with the existing literature in the area under investigation. More precisely, the discussion section elucidates the findings in alignment with the study's main objectives, paying particular attention to the fundamental research questions, which includes: (1) the status or levels of the study variables among vulnerable children adjustment, (2) the presence of significant relationship between socio-demographic variables and children's emotional and behavioral adjustment, (3) the direct effect of institutional support and neighborhood social capital on the emotional and behavioral adjustment, (4) the mediating role of FSC and PSC in the relationship between institutional support and emotional and behavioral adjustment, and finally (5) the mediating role of FSC and PSC in the relationship between neighborhood social capital and emotional and behavioral adjustment. Consequently, the primary findings of the study were discussed in relation to the research questions posited in Chapter 1 and the existing literature in the field. In addition, this section offers an in-depth discussion of the implications, limitations, and future research directions based on the study's findings.

5.1 The Status of the Study Variables among Vulnerable Children

Table 20 presents the observed descriptive statistics, expected means, as well as the critical and significance values obtained from a one-sample t-test analysis. This information is leveraged to determine the levels or status of the variables being studied within the population of study. The study findings reveal statistically significant differences between observed and

expected mean values for all variables. In most cases, the observed means significantly exceeded the expected, except for emotional and behavioral adjustment problem. Consequently, the findings acknoledgd the presence and importance of institutional support and social capital resources for the study sample.

Supporting the current finding about the status of social capital, research findings in Ethiopia's poor communities (Kassahun, 2010) demonstrating the existence of social capital in impoverished areas, contrary to the assertion of social disorganization theory that poor localities have low social capital. The study indicate that various aspects of social capital, including , increased participation in local associations, confidence in local institutions, density of membership, informal network, and trust and reciprocity, significantly contribute to community's human and economic development.

Moreover, there are few evidences that backup the presence of institutional support provided for vulnerable children and their families in their community context. For example, a study conducted on vulnerable children in Jimma Zone, Oromia Regional State of Ethiopia, indicated that non-governmental organizations' support is available for a very few children in the form of educational materials, health care cost and food items (Abashula et al., 2014). Similarly, a study explored the contribution of community-based organizations in Assosa twon for vulnerable children reported that the services provided have changed the lives of vulnerable children and their families (Senbeta, 2016). A similar study on the PC3 (Children, Community, and Care) program, involving local NGOs and seven CBOs, indicated that the program addresses vulnerable children's needs by mobilizing and transforming communities, fostering community ownership, and leveraging partner resources (Muriuki eet al., 2013). Moreover, a comprehensive analysis of the "Biruh Tesfa" (Bright Future) initiative, designed for the most economically

disadvantaged adolescent girls in urban Ethiopia, has shown the program has made notable progress in strengthening their social support networks and enhancing their abilities to safeguard their life paths (Erulkar et al., 2013). While the evidence is somewhat limited and not explicitly linked to institutional support, it nevertheless serves as a representation of the existing aid available for vulnerable children within the Ethiopian context.

With regard to emotional and behavioral adjustment, the observed mean for emotional and behavioral adjustment was significantly lower than the expected mean value. This suggests a lower prevalence of emotional and behavioral adjustment issues within the present study's sample. Consequently, this contributes to better adjustment outcomes for the children involved. This finding is partly inconsistent with most evidences that indicated in the preceding sections in the discussion part. For example, the fin social, behavioral and emotional adjustment of children with special needs reported ensued the presence of social, emotional and behavioral adjustment problems, and are associated with positive or negative social relationships and social bonds from significant others(Murray & Greenberg, 2006). Similar study on emotional and behavioral problems of left behind children reported a higher prevalence rate (28 %) of emotional and behavioral problems on these children than non-left behind children (21%) in Indonesia (Umami & Turnip, 2019). The findings of this study also suggested peer attachment, communication, social support, and loneliness as potential risk factors.

In general, the findings suggest that the availability of institutional support and social capital resources for these children exceeds the expectation. Furthermore, these children exhibit fewer emotional and behavioral adjustment difficulties. This implies that the integration of institutional support and various social capital resources may positively impact the emotional and behavioral adjustment of these children.

5.2 Socio-Demographic Variables and Emotional and Behavioral Adjustment

This section primarily explores the correlation between socio-demographic variables and the dependent variable, namely, the emotional and behavioral adjustment of vulnerable children. The connection between categorical socio-demographic variables and emotional and behavioral adjustment was investigated through an independent sample t-test, the results of which are displayed in Tables 21 and 22. Moreover, socio-demographic variables that encompass more than two categories or groups were scrutinized using a one-way ANOVA, with the results outlined in Table 23.

The results of the study indicate a negligible difference in average scores between genders in terms of institutional support, FSCl, NSC, and emotional and behavioral adjustment. The only exception to this was found in the area of PSC. Essentially, this means that there is no substantial disparity between the average scores of males and females for the majority of variables examined in this research. This lack of significant gender difference contradicts the existing literature, which has reported notable gender disparities in social capital and psychosocial adjustment in favor of males (Wu, 2014). In conclusion, the average scores for emotional and behavioral issues, family social capital, neighborhood social capital, and the degree of institutional support did not exhibit significant differences between females and males in the sample under study. Correspondingly, Doku (2012) presented analogous findings, indicating that there were no significant differences between males and females across all contextual variables and mental health outcomes. However, they did note one exception - in the area of emotional problems, where females scored higher than males.

Moreover, the result indicates a noteworthy distinction in family structure, implying that children from non-intact families report significantly higher emotional and behavioral issues

compared to their counterparts from intact families. Essentially, children from non-intact families demonstrate higher emotional and behavioral difficulties, albeit within normal range of cutoff value. Nevertheless, the children's family social capital, peer social capital, neighborhood social capital, and institutional support displayed no variations based on their family structure. This finding aligns with Coleman's (1988) argument, which posits that the presence of both parents boosts social capital levels, leading to improved psychological adjustment.

Consistent with Coleman's assertion, various studies have indicated a significant impact of family structure on children and adolescent outcomes. For instance, a study examining the mental health of orphaned and vulnerable children found that non-intact family children had significantly more conduct problems than those from intact families (Doku, 2012). Moreover, evidence suggests that being raised outside of a two-parent family negatively correlates with self-reported health (Jejeebhoy, 2014). Further supporting evidence reveals a significant gender difference. Children and adolescents from the lowest socio-economic status with non-intact families, as well as those with good economic status from non-intact families, suffer from more mental and behavioral disorders than those from privileged (high socio-economic status) and intact families. This suggests that socio-demographic factors, such as family structure, education, and income level, are associated with and significantly influence the mental and behavioral health of children and adolescents (Afroz et al., 2023). Contrary to these findings, there are some findings which present insignificant relationships of family structure with children outcomes and social capital variables. For instance, a study indicated that intact families did not significantly affect the level of the family's social capital, and subsequently, the psychosocial adjustment of their children (Wu, 2014).

The ANOVA results, as detailed in Table 23, reveal that emotional and behavioral adjustments of vulnerable children were not significant for all groups within each socio-demographic variable. This suggests that the emotional and behavioral adjustments of children in the study are invariant, regardless of variations in their socio-demographic characteristics (neighborhood in which they live, housing conditions, the number of children in the family, housing condition, with who children are living, parental employment status, and the income level of both parents) of the study. This result is partly explained by the findings of a study that underpins insignificant effects of socio- demographic characteristics such as neighborhood level, neighborhood density, income, and education on bonding social capital (Brisson & Usher, 2005).

This literature suggested that the lack of variations in these variables is attributable to the homogeneity of the samples in their socio-demographic characteristics. On the other hand, the same literature indicated that neighborhood stability and home ownership have significant effect on the social capital production, which is an indicator that the participants of this study might not living in a stable neighborhood and most of them did not own homes. Another study by Cramm and Nieboer (2011) yielded nuanced findings. It established a correlation between health and factors such as education and age, while other variables such as unemployment, housing quality, neighborhood quality, income, gender, and marital status did not exhibit a significant association.

As opposed to the above findings, evidence from randomized and natural experiments, as well as intra-familial studies, demonstrates that family income indirectly impacts children's outcomes via its effect on family investment and stress levels. There is significant statistical and practical evidence to suggest that low family income negatively affects children's cognitive and socio-emotional outcomes (Dearing, 2008). Similarly, research findings also indicated that increases in income, particularly among less affluent families, can enhance the emotional

environment within the home. Consequently, this economic improvement is associated with a reduction in internalized issues among children (Dearing et al., 2006; Dearing & Taylor, 2007). On the contrary, another study also provided a uniform effect, which benefits all children equally across socio-demographic groups, implies that building and enhancing social networks and resources (social capital) is crucial for children and adolescents' health outcomes, rather than focusing solely on financial aid (Klocke & Stadtmüller, 2019).

5.3 The Association between the Study Variables (Independent and Dependent)

The results of the correlation analysis indicated a significant relationshiop of age, institutional support and social capital variables with emotional and behavioral problems of children. The observed negative correlation of age with social capital variables and institutional support suggests that older children may report lower levels of these variables. Conversely, a positive correlation was observed between age and emotional and behavioral adjustment problems, implying that older children may be more likely to experience more emotional and behavioral adjustment problems compared to their younger counterparts. Additionally, the independent variables - namely FSC, NSC, PSC, and Institutional Support - demonstrated a significant and negative correlation with emotional and behavioral djustment problems. This finding suggests that an increase in social capital variables and institutional support is likely linked to a decrease in emotional and behavioral adjustment problems.

This research provides a significant replication of numerous previous empirical evidences, illustrating both considerable negative and positive correlations between social capital, social support, and psychological adjustment in children and adolescents. For example, the results from a comprehensive study on social capital indicated a negative correlation between cognitive social capital and mental health issues. Conversely, structural social capital

demonstrated a positive correlation with anxiety, albeit no significant relationship with Post Traumatic Stress Disorder (PTSD) or depression was found. Furthermore, it was observed that social capital, particularly in the context of one's neighborhood, held a positive association with self-reported health status (Jejeebhoy, 2014). Furthermore, high level of parental support coupled with decreased levels of neighborhood threats, and high peer group acceptance were found to correlate with diminished antisocial behavior and enhanced social skills during adolescence (Criss et al., 2009). In a similar context, the strength of children's peer relationships were found to be stronger predictors of adolescent social skills than familial and neighborhood variables (Criss et al., 2009). Consistently, families, neighbors, and peers play a critical role in the socialization process of children (e.g., Bugental & Grusec, 2006; Rubin et al., 2006), where positive familial and neighborhood experiences along with supportive peer relationships are significantly associated with better behavioral adjustments in adolescence.

With regard to the connection between institutional support and emotional and behavioral adjustment, compelling evidence indicate that individuals in vulnerable situations may benefit from an integrated individual stress-reduction strategies and psychosocial interventions that cultivate cognitive social capital (Wind et al., 2011). Moreover, an extensive meta-analysis encompassing 148 studies, exploring the correlation between social relationships and mortality risk, discovered a significant association where sufficient social relationships corresponded with a decrease in mortality risk. This suggests that individuals with robust social relationships had a 50% increased survival rate compared to those with inadequate or limited social relationships. Moreover, the research underscores the significance of this effect, equating it to the cessation of smoking, and surpassing several recognized risk factors for mortality, such as obesity and physical inactivity (Holt-Lunstad et al., 2010).

In general, the existing literature significantly substantiates that an elevated level of social capital considerably contributes to various domains of child and adolescent well-being, including psychosocial adjustment. Consequently, the protective role of social capital and institutional support towards the emotional and behavioral adjustment of vulnerable children is either directly or indirectly corroborated by the findings of prior research conducted on the psychosocial adjustments and mental health of children and adolescents. Numerous scholarly studies, including those by Dorsey & Forehand (2003) and Morrow (1999), have established the crucial role social capital plays in the development of children and adolescents, particularly in the domain of psychosocial adjustment and mental health/behavioral problems. Moreover, it has been further recognized that parent-child relationships, social support networks, and neighborhood environments as critical sources of support for children and adolescents (Mcpherson et al., 2014).

Nonetheless, the safeguarding function of institutional support in the emotional and behavioral adjustment of vulnerable children has attracted limited studies that directly tackle the present relationships. This could potentially be attributed to the paucity of prior research outcomes in this sphere, particularly those regarding the care of children outside of the institution within their familial and community contexts, a concept that is considered a recent phenomenon. It is also noteworthy to highlight the dearth of indigenous studies that underscore the role of social capital in the emotional and behavioral adjustment of vulnerable children.

5.4 The Direct Effects of Institutional Support and NSC on Emotional and Behavioral Adjustment

The result presented in Table 25 demonstrates that all variables incorporated into the model, namely institutional support, NSC, FSC, and PSC have a significant direct impact on the

emotional and behavioral adjustment of vulnerable children. Furthermore, it is evident that both institutional support and neighborhood social capital exert an influence on FSC and PSC, which subsequently impacts emotional and behavioral adjustment. This particular finding is corroborated by a range of previous research studies.

Pertaining to the influence of institutional support on emotional and behavioral adjustment, numerous scholarly investigations, such as Berhane et al. (2015), have acknowledged that the prolonged negative consequences of adversities during childhood on cognitive abilities can be mitigated and managed through carefully orchestrated safety net initiatives. These programs have demonstrated efficacy in enhancing the economic stability of households, which might have an important implication for families to improve the wellbeing of children. Similarly, institutions such as non-profit organizations and religious communities foster social engagement and the cultivation of relationships, utilizing social and cultural capital to empower underprivileged communities. These entities provide benefits to disadvantaged members, especially children by enabling access to municipal resources and harnessing external relationships for additional support (Schneider, 2004).

In a similar context, organizations rooted in the community proficiently cater to the emotional and educational requirements of underprivileged children. This is achieved through therapeutic interventions, fostering peer interactions, and supplying indispensable educational resources, medical assistance, housing, and accommodation. Nevertheless, establishing financial autonomy for these families is of paramount importance for the sustainable support of their children (Sitienei & Pillay, 2019). Supporting the present findings more explicitly, social support significantly influences psychological adjustment (Fan & Fan, 2021; Wang & Mao, 2015) and the mental health of vulnerable children (Ye et al., 2017). More social support leads

to better psychological adjustment and improved mental health in these children. In addition, a study on Chinese expatriates' mental health showed that increased psychological adjustment is linked to bonding social capital. Specifically, support from organizations, family, and colleagues was found to be more crucial for their psychological well-being than bridging capital (He et al., 2019).

Moreover, the social capital within a neighborhood significantly influences the emotional and behavioral adjustment of vulnerable children, as noted in the current study. This result is supported by both general social capital evidence and specific neighborhood social capital evidence. Conventionally, social capital evidence indicates that individuals possessing a greater number of social connections or networks are more likely to secure employment, accommodation, health, and happiness (Woolcock, 2001). They also tend to enjoy superior material and non-material well-being. For example, friendships and relationships are revealed to bolster mental health (Umberson, 2010), and are considered as vital to an individual's health as diet and exercise (Yang, 2016). Furthermore, it is important to note that loneliness is regarded as a public health hazard, with isolated individuals likely to face mortality rates comparable to those with smoking or drinking habits (Holt-Lunstad et al., 2010).

To be more specific, the body of evidence regarding neighborhood social capital indicates a significant influence on the correlation between neighborhood deprivation and health in children and adolescents. This evidence proposes that neighborhood social capital serves a protective function for the mental health and overall well-being of children and adolescents living in underprivileged neighborhoods (Leventhal & Brooks-Gunn, 2000). Contrarily, a study examining the relationship between high-risk urban neighborhoods and the psychosocial development of African-American adolescents yielded different results. The findings revealed

that adolescents subjected to continuous exposure to negative environmental factors within their neighborhoods demonstrate increased rates of depression and other signs of psychological distress (Perry et al., 2015).

Another study shows that neighborhood characteristics is related with socio-emotional outcomes of children even after the effect of confounding variables such as family economic status and parental characteristics is controlled (Leventhal & Brooks-Gunn, 2000; Sampson et al., 2002). Indeed, community's economic health is powerfully interwoven with an array of challenging socio-emotional effects on children. These can manifest as behavioral issues, both internal and external (Beyers et al., 2003; Chase-Lansdale & Gordon, 1996; Chase-Lansdale et al., 1997), delinquency and mental health struggles (Evans, 2004; Leventhalet al., 2009; Sampson et al., 2002), conduct disorders (Aneshensel & Sucoff, 1996), and even delays in cognitive and social growth (Duncan et al., 1998). Furthermore, the social capital of a neighborhood, which is essentially the wealth of resources within community networks, plays a crucial role in buffering these negative developmental outcomes for children. However, this is not always the case in situations where such resources are scarce to create such impacts (Murray et al., 2011; Rankin & Quane, 2002; Sampson et al., 1997).

Further research indicates that the characteristics of a neighborhood are significantly correlated with the socio-emotional outcomes of children, even after accounting for confounding variables such as family economic status and parental attributes (Leventhal & Brooks-Gunn, 2000; Sampson et al., 2002). It is evident that a community's economic vitality is intricately linked with a diverse array of socio-emotional effects impacting children. These effects may present as behavioral issues, both internalized and externalized (Beyers e al., 2003; Chase-Lansdale & Gordon, 1996; Chase-Lansdale et al., 1997), as well as delinquency and

mental health complications (Evans, 2005; Leventhal, et al., 2009; Sampson et al., 2002). Other manifestations include conduct disorders (Aneshensel & Sucoff, 1996), and even delays in cognitive and social outcomes (Duncan et al., 1998).

Moreover, the social capital of a neighborhood, defined as the collective resources within community networks, plays a pivotal role in mitigating these negative developmental outcomes in children. However, there are instances where these resources are insufficient to generate a significant positive impact (Murray et al., 2011; Rankin & Quane, 2002; Sampson, Raudenbush, & Earls, 1997).

Finally, the support provided by NGO has a notable progression in the participants' personal experiences, their relationships with key individuals, and the assistance they received from the community (Mutambara, 2015), indicating that institutional support has an essential and clear association with social capital and then with children and adolescent outcomes.

In summary, numerous studies in the existing literature have provided compelling evidence that high social capital inversely influences psychological distress among adolescents (e.g., Li et al., 2020; Novak & Kawachi, 2015). Similarly, enhanced social capital has been observed to reduce mental health issues among school-going adolescents (Hunduma et al., 2022), accounting for 24% of variance in emotional and behavioral difficulties. Furthermore, social capital, as embodied in relationships, has been shown to improve children's behavioral outcomes (Turley et al., 2017). A multitude of studies (El-Dardiry et al., 2012; Rothon et al.,2012; Wit et al., 2011) have corroborated the significant impact of social capital on children's mental health.

Higher family social capital, characterized by elevated levels of maternal mastery and more positive home environments, has been identified as a protective factor against problematic

behaviors in children. Another study indicated that social capital is linked with positive life outcomes and plays a pivotal role in reducing problem behaviors (Wright et al., 2001).

5.5 The Indirect Effects of Institutional Support and NSC on Emotional and Behavioral Adjustment

This section addresses two core research questions: how FSC and PSC mediate the impacts of institutional support and NSC on vulnerable children's emotional and behavioral adjustment. Essentially, it explores the interplay between institutional support, NSC, and emotional and behavioral adjustment. This section is dedicated to discussing two fundamental research questions: firstly, the role of FSC and PSC in mediating the influence of institutional support on the emotional and behavioral adjustment of vulnerable children, and secondly, the role of FSC and PSC in mediating the influence of NSC on the emotional and behavioral adjustment of vulnerable children. These relationships provide an in-depth understanding of the dynamics involved among the study variables.

5.5.1 The Indirect Effect of Institutional Support on Emotional and Behavioral Adjustment

The findings from the path analysis reveal that institutional support exerts a profound indirect impact on children's emotional and behavioral adjustment, mediated through both peer and family social capital. PSC and FSC serve as crucial mediators in the connection between institutional support and the emotional and behavioral adjustment of vulnerable children. Given that the direct path from institutional support to emotional and behavioral adjustment was significant, it suggests the existence of partial mediation.

These findings partially align with the argument presented by various international organizations that highlight the importance of a secure family setting. They assert that it's the

government's duty to implement supportive measures that empower families to protect, nurture, and uphold children's rights (United Nations General Assembly, 2010). These organizations further advocate for resource allocation towards programs that strengthen families and prevent family separation (Cantwell et al., 2014). The crux of these pieces of evidence highlighted the fact that the well-being of children can be improved by enhancing the abilities of families and communities to support their own children.

Additionally, it has been frequently noted that parents and other guardians often place their children in orphanages when faced with dire situations and in need of assistance. Consequently, provided there is adequate support from community structures, government entities, and social services, the majority of parents would prefer to keep their children within the familial unit (Ministry of Social Affairs, Veterans and Youth Rehabilitation, 2011). This kind of support could feasibly serve a pivotal role in enhancing the overall welfare of vulnerable children. Ultimately, this could contribute significantly to the healthy functioning and development of families, communities, and the nation as a whole. Likewise, investments designed to support families and children, such as early childhood education initiatives, have the potential to alleviate parental stress and augment the likelihood of children maturing into robust and efficient contributors to society in their later years (Engle et al. & International Child Development Steering Group, 2007). Another complementary finding suggested that three key facets of familial social capital - namely, family sense of belonging, family autonomy support, and control within the family - were identified as crucial protective elements for adolescents' life satisfaction and happiness, particularly in the face of socioeconomic challenges. A substantial proportion of the overall impacts of socioeconomic status on happiness and life satisfaction were

found to be mediated through family social capital. This, in turn, was connected to various dimensions of adolescent wellbeing (Addae, 2020).

The current finding also yields that the relationship between institutional support and vulnerable children's emotional and behavioral adjustment significantly mediated by PSC. This may be supported by evidence that reported significant negative effects of relational bullying on the subjective wellbeing of adolescents and that social capital was a mediator between relational bullying and their subjective wellbeing (Hu, et al., 2022). This literature may justify that peers can psychologically humiliate these adolescents on the reason that they are beneficiaries from a charitable institution which convey a subtle unfavorable message that further their psychological distresses. Moreover, the findings of a cross-sectional web-based survey conducted on Chinese adolescents to examine social capital profiles (Low, moderate, high, and only high) and adolescent internalizing symptoms. The result revealed that only high social capital was found to be significantly associated with fewer internalizing symptoms than other three profiles. More importantly, the result remarked that the more social capital does not give a guarantee for the better mental health status (Pan et al., 2023). With regard to the positive role of peer social capital on psychological adjustment problems, previous evidences such as Yugo and Davidson (2007), and Zambon et al. (2010) suggested higher social capital in peers promotes positive mental health of children and adolescents. Moreover, the current result is partly consistent with Hu et al. (2022), who reported significant mediating role of social capital between relational bullying and subjective wellbeing.

Supporting evidence also indicated that social support from teachers, peers, and parents can promote positive behaviors outcomes and prevent negative psychological problems during adolescence (Wang et al., 2010). This result is somehow consistent with the finding that reported

a slightly strong influence of peer social support on behavioral outcomes than the support from parents and teachers (Wang & Eccles, 2012). Moreover, peer influences are also found to be an important source of influence on adolescents' positive and problematic behaviors (Wentzel, 1998). Similarly, a study among international students revealed that social support was related to greater psychological adjustment (Lashari et al., 2018), and also facilitates international students' psychological adjustment by reducing stress (Ellison et al., 2007; Yeh & Inose, 2003; Zhang & Goodson, 2011). Moreover, evidence also reported that social support has an instrumental role in influencing the psychological adjustment of students (Smith & Khawaja, 2011). Still another similar finding acknowledges that social support from teachers, peers, and parents can promote positive behaviors and prevent negative psychological outcomes during adolescence (Wang et al., 2010). In sum, most of the results of this study are supported by previous literature, however, meditational study findings are lacking in the study area.

Significantly, FSC serves as a conduit for transmitting parental resources or family norms to children through interactions (Coleman, 1988), which in turn is related to the adjustment and well-being of children and adolescents. While supporting Coleman's view, Wu (2014) provides empirical evidence supporting this observation, finding a strong correlation between positive parent-child interactions and the psychosocial adjustment of migrant children in China. The study reveals these children to have high self-esteem, fewer depressive symptoms, and lower hostility feelings, while also expressing high levels of life satisfaction. Moreover, Coleman (1988) and Parcel and Dufur (2001) underscores the mediating role of family social capital in the relationship between family human and financial capital and the psychosocial adjustment of children. This corroborates Coleman's hypothesis that effective family-child interaction enables the transfer of family human and financial capital to their children. Furthermore, it is illustrated

that families with robust human and financial capital provide their children with greater access to social capital, which in turn promotes their healthy development (Coleman & Hoffer, 1987; Furstenberg & Hughes, 1995; Putnam, 2000; Teachman et al., 1997).

5.5.2 *The Indirect Effect of NSC on Emotional and Behavioral Adjustment*

The present study reveals that neighborhood social capital significantly influences children's emotional and behavioral adjustment indirectly through both peer and family social capital. This indicates that these two forms of social capital play crucial mediating roles in the relationship between neighborhood social capital and the emotional and behavioral adjustment of vulnerable children. The significance of both direct and indirect pathways from NSC to the emotional and behavioral adjustment of these children confirms the existence of partial mediation.

The function of FSC as an intermediary in the correlation between NSC and the emotional and behavioral adaptation of vulnerable children is corroborated by prior research conclusions. For instance, the social capital of a community acts as an external familial social environment that provides a system of social regulation and supervision for children and young adults within the residential locale (Coleman, 1990; Sampson et al., 1997). This social capital also aids parents in establishing norms and collaboratively overseeing the children within the community (Coleman, 1990). This evidence suggested that community social capital, which sometimes used interchangeably with neighborhood social capital, indirectly influenced the socialization and behavior of children and young people through its impact on the parenting behaviors. Similarly, another evidence solicited the pivotal role of neighborhoods in reinforcing the development of family social capital via its networks and relationships (Furstenberg & Hughes, 1995; Teachman et al., 1997), which ultimately enable parents to deal with and manage

their children's adjustment problems (Dorsey & Forehand, 2003). Additionally, family social capital has linking the community social capital and the psychosocial adjustment of children (Wickrama & Bryant, 2003). In addition to, what has been presented above about the mediating role of family social capital, a social capital study conducted in low-income households suggested that neighborhood with essential facilities like libraries, recreation facilities, parks, grocery stores, and social services alongside a feeling of safety and security enhances household social capital and then, facilitate their children's development outcomes (Curley, 2010).

In addition, another study carried out to investigate the relationship between neighborhood characteristics and parenting behaviors underpins that neighborhood social organization characterized by weak social capital influences behavioral problems of adolescents indirectly through parenting behavior and peers (Chung & Steinberg, 2006), and that social capital is related to child psychosocial adjustment difficulties through positive parenting and neighborhood dangerous (Dorsey & Forehand, 2003). Similar meditational research results also purported supporting evidences that family social capital is an important mediator in the relationship between community social capital and the psychosocial adjustment of vulnerable children or marginalized children (Wu, 2014; 2017) , and with that of mental health (Li et al., 2020). In addition, in a study, family and parenting stress and parent–child interactions were found to be mediators between neighborhood social capital and child positive and negative behaviors (Kohen et al., 2008; Kotchick et al., 2005; White et al., 2009).

With regard to the mediation of PSC in the relationship between social capital in neighborhoods and emotional and behavioral adjustment of vulnerable children, several previous research findings provided supporting results. Peer relationships, a form of PSC, mediate the link between family/neighborhood factors and child adjustment (Mazefsky & Farrell, 2005;

Roosa et al., 2005). Moreover, peer factors are mediators between family/neighborhoods and child adjustment as the former (family/neighborhood factors) provides conditions and training grounds that facilitates positive peer relationships (Ingoldsby et al., 2006; Ladd & Pettit, 2002) that determines the child outcomes through its effect on the quality and nature of peer relationships. This result suggested that children who are provided with positive experiences at home and in the neighborhood appear to have supportive and successful peer relationships that in turn, would lead to a more adaptive behavioral outcome (low levels of antisocial behavior and high levels of social skills). Consistently to the current findings about the mediating role of peer social capital, studies such as Wu (2014, 2017) investigated the relationship between different social capitals, including neighborhood social capital and psychosocial adjustment, found peer social capital as a significant mediator. Similarly, Li et al. (2020) reported that peer social capital played a significant mediation role in the relationship between neighborhood social capital and mental health of children.

In contrary, the current findings about the mediating role of PSC, studies revealed that children exposed to unfavorable neighborhood conditions would experience Mal-adaptive peer relationships, which then reinforce the development of poor child outcomes (Patterson et al., 1992). Similar study that explored a neighborhood characterized by poor quality and anticipated risks and its effect on externalizing behavior of children found a significant meditation by affiliation with deviant peers (Roosa et al., 2005). As indicated this kind of neighborhood may be explained by the negative effect of social capital as peers affiliated with deviant friendship, which may engaged in undesirable behavioral acts.

In general, most of the previous research findings provided support for the meditating role of FSC and PSC in the relationship between neighborhood social capital and vulnerable

children's emotional and behavioral adjustments. As a result, the research question that stated such meditational relationship was answered and supported by the results of this study. However, there are also some previous research findings that present inconsistent results to the current findings, which can be explained by the fact that social capital might have both positive and negative effects on children outcomes.

Chapter Six

Summary, Conclusion, Recommendation, and Implication

In this section, the major findings regarding the hypothesized relationships among independent and dependent variables as well as the association of socio-demographic variables with the dependent variable were exhaustively summarized. Moreover, important concluding remarks, recommendations, and the consequent implications of the findings are presented.

6.1 Summary

The study mainly prompted to investigate the statistical effects of institutional support and social capital on the emotional and behavioral adjustment of vulnerable children. Consequently, institutional support, family social capital, neighborhood social capital and peer social capital were the independent variables, while emotional and behavioral adjustment was the dependent variable of the study. Selected sociodemographic variables of children such as sex, age, their current living condition, and grade level were included in the study. Moreover, some sociodemographic variables of parents of these children such as neighborhood, number of children, housing condition, work condition as well as monthly income were included. The study aims to sought answers for the stipulated research questions; 1) What are the levels of institutional support, family social capital, peer social capital, neighborhood social capital and emotional and behavioral adjustment among vulnerable children?; 2) Are there any statistically significant associations between socio-demographic variables and emotional and behavioral adjustment of vulnerable children?; 3) Do family and peer social capitals mediate the relationship between institutional support and vulnerable children's emotional and behavioral adjustment?, and 4) Do family and peer social capitals mediate the relationship between neighborhood social capital and the emotional and behavioral adjustment of vulnerable

children?. In order to address the aforementioned questions, descriptive correlational research design was employed for its appropriateness to explore both the existing conditions and the dynamic relationships among the sociodemographic variables, independent variables and the dependent variable of the study.

Regarding the target population of the study, vulnerable children who are currently supported by NGOs providing community based support for children and families grappling with serious economic hardships in Addis Ababa City Administration. As a result, children who are beneficiaries of these NGOs were the target populations of this study. Purposeful sampling and proportional random sampling techniques were used to select the five NGOs (institutions) and vulnerable children supported under these institutions respectively. Accordingly, 690 children were selected from four institutions for the main study and a total of 659 participants (female =329 and male = 330) were actually filled the research instruments of the study with response rates of 94.14%. Besides, randomly selected 300 children, who are supported in one of the five institutions, were used for the pilot study and excluded from the final study sample.

Pertinent data were collected at two stages, one for pilot study and the second, for the main study, using adapted social capital measures (family social capital, peer social capital and neighborhood social capital), institutional support questionnaire, and strength and difficulty questionnaire as a measure for children's emotional and behavioral adjustment. As indicated in the preceding chapter, the instrument were under gone a rigorous pilot testing procedures in order to ascertain the reliability and validity, factor structures, check quality and appropriateness of items in the current study context. The collected data were properly screened coded and feed in to data analysis software (SPSS) and checked for the basic assumptions, such as univariate and multivariate normality of the data and others. Consequently, the collected data were analyzed

using various data analytic techniques, including mean difference tests (one sample t–test, independent sample t-test, and one way ANOVA), correlation and structural equation modeling based path analysis, where SPSS version 20 and AMOS version 23 statistical soft wares were used to perform the analysis. The instruments ware pilot tested and the psychometric qualities as well as model fitness of each constructs were examined, and then found to have the necessary psychometric properties and model fitness levels to the current data.

Based on this, the major findings of the study were summarized as follows. With regard to the status of institutional support, social capital and emotional and behavioral adjustment among the study participants, there were significant mean difference between the observed and expected mean, with the observed mean tends to be significantly higher than the expected man, indicating the accessibility of institutional support and social capital resources, as well as the presence of emotional and behavioral adjustment problems among this target group. The study also tried to ascertain the presence of group mean differences in the study variables.

Consequently, the result revealed non-significant gender differences in emotional and behavioral adjustment mean scores. However, the result did show significant mean differences as a functions of family structure, where children from non-intact families tend s to exhibit relatively higher emotional and behavioral adjustment problems than children from intact families.

One-way ANOVA was performed to see whether variables with more than three categories/ levels have significant association with emotional and behavioral adjustment of vulnerable children of the study. Astonishingly, the result provided non-significant associations of such variables with children emotional and behavioral outcomes. In other words, the socio-demographic variables of neighborhoods, grade level of children, housing conditions, number of

children in the family, with whom children are living, work condition and monthly income of parents did not show significant association with the dependent variable of the study.

The findings of the study revealed that the variables in the study, except most of the socio-demographic variables, show significant negative association with the emotional and behavioral adjustment of vulnerable children. Moreover, the independent variables, i.e., institutional support and social capital variables have been significantly and positively correlated with each other. This result sows that higher scores in institutional support and social capital variables tends to be related with lower levels of emotional and behavioral adjustment problems, contributing to better adjustment of such children.

Finally, the SEM based path analysis showed that all the direct paths were significant. More importantly, institutional support and neighborhood social capital have a significant indirect effect on the emotional and behavioral adjustment of vulnerable children through their influence on family and peer social capital. Putting differently, family social capital and peer social capital were important mediating variables in the relationship between institutional support and emotional and behavioral adjustment, and neighborhood social capital and emotional and behavioral adjustment of vulnerable children.

6.2 Conclusions

Overall, the result of this study revealed important findings about the relationships among the study variables, and the direct as well as the indirect effects of the independent variables on the dependent variable. Thus, based on the major findings of the study mentioned above, important conclusions were drawn. Primarily, the result ensured the presence of some level of institutional support and social capital resources and emotional and behavioral adjustment problems as well among the target vulnerable children. In addition, most of the socio-

demographic variables, except family structure, have insignificant association with the emotional and behavioral adjustment of vulnerable children.

Moreover, institutional support and social capital variables (family, peer and neighborhood social capital) have significant negative associations with children's emotional and behavioral adjustment, underpinning that these variables have an important protective role on the emotional and behavioral adjustment of vulnerable children.

Regarding the mediating role of family social capital and peer social capital in the relationship between institutional support and neighborhood social capital with emotional and behavioral adjustment of vulnerable children, the result acknowledged the presence of significant mediation effect. In other words, family social capital and peer social capital are mediators between institutional support and emotional and behavioral adjustment of vulnerable children. Similarly, family social capital and peer social capital are significant mediator variables in the relationship between neighborhood social capital and emotional and behavioral adjustment of vulnerable children in the current study. In sum, the path analysis results supported the proposed relationships among the study variables in the conceptual framework of the study.

6.3 Recommendations

The findings of this study might have important implications for future research activities to be carried out in related issues so as to clearly explore the protective factors for the problems of child vulnerability in Ethiopian situation. The finding of this study also shed an important insight to improve the current child care and protection practices by non-governmental organizations (NGOs), and mainly the responsible national organizations of the country working on children and their issues such as Ministry of Labor and Skill Development, Ministry of Women and Social Affairs, and other related public sectors of the country.

Moreover, this study has constrained by some limiting factors, such as ascertaining causations, inclusion of multiple factors from multiple contexts, generalizability problem, and methodological rigor and triangulating data sources and methods that might have its own impact in the completeness, comprehensiveness and reliability of the data. Therefore, the research suggests some important points to be considered in future research on this and related areas to better explain the complex relationships among multiple interrelated factors.

The current child protection policies and strategies are totally guided by external perception of child vulnerability problems and its anticipated best ways of deal with it, which in turn, appears to be complicating the problem rather than solving it due failure to appraise the existing socio-cultural contexts. As a result, future researches are needed to produce concrete empirical evidences regarding the positive or negative role of the existing socio-cultural values of the country especially in relation to child care and protection stand point.

Moreover, in the current research institutional support and social capital variables were found to associate with each other and with vulnerable children outcomes. Thus, the researcher also recommended that future researches with methodological rigor, employing a mixed research approach, advanced data analysis techniques, such as SEM, large sample size from many institutions operating in different part of Ethiopia, including vulnerable children, parents/ guardians and other stakeholders in the area, are needed. Because the association of institutional support and social capital on the psychological outcomes of vulnerable children and adolescents might be mediated by multiple individual, family and social factors, which entails the use of such methods to fully uncover the existing dynamic relationships. Finally, many studies are need in the future emphasizing the role of social capital at multiple contexts and community-based institutional supports for the psychological wellbeing of an overwhelming number of vulnerable

and disadvantaged children and adolescents by taking larger samples to inform the child protection practices of Ethiopia.

6.4 Implication for Practice and Policy

The finding of this study might have its own implications for the child care and protection policies in particular and social protection policy in general. Moreover, the findings of the current study might have also important insights for the current child care and protection practiced by the selected and other related institutions providing community based support for vulnerable children and families. As indicated in the result section, the independent variables are associated positively with each other and negatively with dependent variable of the study. This implies that these institutions need to scale-up the capacity-building efforts for community members, including the capacities of the families in order to effectively address the vulnerabilities of marginalized children and ensure the sustainability of their care and protection.

Moreover, the findings of this study suggests the importance of considering these important social contexts when designing new programs and revising the existing ones for addressing and improving the overall wellbeing of large number of vulnerable children and family in the country. The negative association between independent variables and the emotional and behavioral adjustment of disadvantaged children and adolescents may have two important implications for child protection practices. The social capital resources residing in families and peers played a constraining role of the problem behaviors of vulnerable children in study area. As a result, any child protection practices need to consider the protective role of these factors and work on capacitating these socializing agents in order to protect and further the psychological wellbeing of vulnerable children and their families. The findings of this study also shed some light on the importance of taking a family and community-based approach in protecting the

wellbeing of children of poor families. In this regard, the result foretells the importance of supporting vulnerable children within their family and community contexts by strengthening families and communities, who in one way or another involve in the life of such children. Therefore, governmental and nongovernmental organizations/institutions working on vulnerable groups need to tailor their services to support the families and communities so that they can be able to support their children for better outcome and a better future.

Besides, the findings of this study might give an important feedback for the responsible government body caring and socializing the youth group in general and vulnerable and marginalized groups in particular to integrate the child protection practices with the different public sectors and involving communities as well as local community based organizations to improve and empower these groups of the society. Another important implication of this study will be the need to ensure and strengthen the child care reform that has been started and found in its infant stage by demanding and supporting the de-institutionalization process through regular oversight and increasing commitment of the responsible government structure to monitor the services given for such groups of the society by international and national non-governmental organizations.

Finally, the finding of this study might be taken as a feedback for revising the existing social protection policy in general and child care and protection policy in particular. The study finding might be used by the responsible government bodies for protecting the welfare of children in revising the existing child protection policies as well as in crafting new child protection policies that clearly delineate the important roles that can be played by families and other community members in improving the overall wellbeing of destitute children and families. Moreover, this study might have an important resource for crafting new policies that encourage

the growth of vulnerable children within their families and community contexts while tailoring the supports of the different child-affiliated government and non-government, formal or informal organizations towards supporting and building the capacity of the destitute families and communities.

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Appendix A: Amharic Vesrsion of Parental Consent Form

<u>የወላጅ ስምምነት ቅጽ</u>

የጥናቱ ዓላማ፡- ይህ ጥናት ለፒኤችዲ ፕሮግራም ማሟያ የሚደረግ ሲሆን አላማውም "የተቋማዊ ድጋፍ እና የማህበራዊ ማስትና በአስቸጋሪ ሁኔታ ውስጥ ባሉ ልጆች ስሜታዊ እና ባህሪያዊ ተላምዶ ወይም ደህንነት ላይ የሚያሳደሩትን ተፅዕኖ" ለማጥናት ጠቃሚ መረጃዎችን መሰብሰብ ነው። ስለዚህ፣ ልጅዎ የጥናቱን አላማ ለማሳካት የሚያስችሉ መረጃዎችን ለማግኘት የተወሰኑ ጥያቄዎች ምላሽ እንዲሰጥ/ትሰጥ ይጠየቃል/ትጠየቃለች።

በመጠይቁ በመሳተፍ የሚመጣ ተገማች አደጋ፡- በዚህ ጥናት ውስጥ መሳተፍ በልጅዎ ህይወት እና ደህንነት ምንም አይነት ግልጽ የሆነ አደጋ አይኖረውም።

የጥናቱ መርሆች፡- ይህ ጥናት ወሳኝ የሆኑ የሳይንሳዊ ጥናት መርሆችን ያከብራል። በተለይም ከመጠይቁ የተሰበሰቡትን መረጃዎች ሁሉ ሚስጥራዊነት ያከብራል። ይህንን ለማረጋገጥ፣ በዚህ ጥናት የሚሳተፉ ተሳታፊዎች እንደ ስም፣ ስልክ ቁጥር እና የመሳሰሉትን ግላዊ መረጃዎችን በመጠይቁ ላይ እንዲጽፉ አይፈቀድላቸውም። በተጨማሪም፣ ተሳትፎው ሙሉ በሙሉ በፈቃደኝነት ላይ የተመሰረተ ይሆናል፣ እና ልጅዎ በጥናቱ ውስጥ ለመሳተፍ ያላቸው ፍላጎት መጠይቁን ከመሙላታቸው በፊት ይረጋገጣል። ምንም አይነት ችግር ሳይፈጠር በማንኛውም ጊዜ ከጥናቱ መውጣት ስለሚችሉ ስለመብታቸው ይነገራቸዋል። በመጨረሻ ግን ቢያንስ፣ ጥናቱ ሲጠናቀቅ፣ ይህንን ቅፅ ጨምሮ ሁሉም መጠይቆች የመረጃውን ትክክለኛነት እና የተሳታፊዎችን ግላዊነት ለመጠበቅ በጥንቃቄ ይወገዳሉ።

አድራሻ፡- ከጥናቱ ጋር በተገናኘ በልጅዎ ላይ ሊኖር የሚችል ተጽእኖ ወይም ሌሎች ተያያዥ ጉዳዮችን የሚመለከቱ ጥያቄዎች ወይም ስጋቶች በሚኖሩበት ጊዜ፣ እባክዎ ተመራማሪውን

ለማነጋገር አያመንቱ። አቶ ስማቸው አያሌውን በ simachew.ayalew@yahoo.com **ወይም በስልክ ቁጥር** 0911720784 **ማግኘት ትችላላችሁ።**

የወላጅ ስምምነት፡- **እኔ ከዚህ ስሜና ፊርማዬ የተቀመጠው ወላጂ/አሳዳጊ ልጄ ከዚህ በላይ በተጠቀሰው ጥናት እንዲሳተፍ/ትሳተፍ ፈቃዴን ሰጥቻለሁ። ስለ ጥናቱ አላማዎች እና የስነምግባር መርሆዎች በደንብ ተረድቻለሁ እናም በጥናቱ መሳተፍ በልጄ ላይ ምንም አይነት ጎጂ ውጤት እንደማይኖረው ተረድቻለሁ። ከዚህ በታች ያለው ፊርማ ለዚህ ስምምነት ማረጋገጫ ሆኖ ያገለግላል።**

የወላጅ/አሳዳጊ ፊርማ_____

ቀን_____

Appendix B: Modifid AmharicVersion of the Instruments

አዲስ አበባ ዩኒቨርስቲ ትምህርትና ሥነ-ባህርይ ኮሌጅ

ሳይኮሎጂ ትምህርት ክፍል

ውድ የጥናቱ ተሳታፊዎች፡-

የዚህ ጥናት ዋና አላማ የማህበራዊ ዋስትና እና ድርጅታዊ ድጋፍ በልጆች ስነ-ልቦናዊ ደህንነት ላይ የሚኖረውን ተጽዕኖ ማጥናት ሲሆን፤ አንቺ/ተ በጥናቱ እንድትሳተፊ/ፍ የተመረጥሽው/ከው ይህንኑ አላማ ለማሳካት ነው። አንቺ/ተ የምትሰጪው/ጠው መረጃ ለጥናቱ በስኬት መጠናቀቅ በጣም ወሳኝ ስለሆነ በመጠይቁ የተለያዩ ክፍሎች ለቀረቡት ሁሉም ጥያቄዎች ትክክለኛ መረጃ በመስጠት እንድትተባበሪኝ/ረኝ በትህትና እጠይቃለሁ። ለዚህ መጠይቅ የምትሰጡት ማንኛውም አይነት መረጃ ሚስጢራዊነቱ ተጠብቆ ለጥናቱ አላማ ብቻ የሚውልና ለማንም የማይታይ መሆኑን ላረጋግጥላችሁ እወዳለሁ።

በተጨማም ይህ ጥናት ለተለያዩ መንግስታዊና መንግስታዊ ላልሆኑ ድርጅቶች ግብዓት በመሆን የልጆችን እና የቤተሰቦቻቸውን ሕይወት ለማሻሻል ከፍተኛ ጠቀሜታ ይኖረዋል።

<u>ማሳሰቢያ፡-</u>

- **በመጠይቁ ላይ ስም መፃፍ አያስፈልግም።**
- **ለሁሉም ጥያቄዎች ትክክለኛ መልስ ስጡ፤ በመልሱ እርግጠኛ ባትሆኑም መልስ የመሰላችሁን በመምረጥ አንድም ጥያቄ ክፍት መተው የለባችሁም።**
- **መጠይቁን ስትሞሉ ግልፅ ያልሆነ ነገር ካለ እጃችሁን በማውጣት መረጃ የሚያስሞላውን ባለሙያ መጠየቅ ትችላላችሁ።**
- **ሁሉንም ጥያቄዎች ሞልታችሁ መጨረሳችሁን እርግጠኛ ስትሆኑ በመጨረሻው ገፅ ላይ ፊርማችሁን ማስቀመጥ አለባችሁ።**

በዚህ ጥናት ለመሳተፍ ፈቃደኛ ስለሆናችሁና ትክክለኛ መረጃ በመስጠት ለምታደርጉልኝ ትብብር

በቅድሚያ አመሰግናለሁ!

ክፍል አንድ፡-የጥናቱ ተሳታፊዎች ግላዊ መረጃ

ከዚህ በታች የአንቺን/ተንና የቤተሰብ ግላዊ መረጃ የተመለከቱ ጥያቄዎች ቀርበዋል። ስለሆነም በሳጥኑ ውስጥ **የራይት"✓"ምልክት** በማስቀመጥ ወይም በተሰጠው ክፍት ቦታ ላይ ተገቢውን መልስ በመፃፍ መልሽ/ስ።

1. ፆታ፡- ሴት ☐ ወንድ ☐
2. እድሜ፡-_____
3. የክፍል ደረጃሽ/ህ_____
4. አሁን ከማን ጋር ትኖራለህ/ሺ? ከእናትና ከአባቱ ጋር ☐ ከእናቱ ጋር ☐ ከአባቱ ጋር ☐ ከዘመድ ጋር ☐ ከሌሎች አሳዳጊዎች ጋር ☐ ሌላ_____
5. በቤት ውስጥ የሚኖሩ የልጆች ብዛት፡- ከ1-2 ☐ ከ3-4 ☐ ከ5-6 ☐ ከ7 በላይ ☐
6. አሁን የምትኖሩበት ሁኔታ፡- በግል ቤት ☐ በቀበሌ ቤት ☐ በኪራይ ቤት ☐ ከሰው ተጠግተን ☐ ሌላ ካለ ይፃፉ_____
7. የቤተሰብ ሁኔታ፡- ሀ. እናትና አባት አብረው የሚኖሩ
   ለ. እናትና አባት አብረው የማይኖሩ

8. የስራ ሁኔታ፡- ሀ. ነጋዴ ለ. የመንግስት ሐ. የቀን ስራ መ. የቤት እመቤት ሠ. ጡረተኛ ረ. ሌላ	ሀ. ነጋዴ ለ. የመንግስት ሐ. የቀን ስራ መ. ጥበቃ ሠ. ጡረተኛ ረ. ሌላ
9. የወርሃዊ ገቢ መጠን፡- ሀ. ከ2000 ብር በታች ለ. ከ2001-3000 ብር ሐ. 3001-4000 ብር መ. ከ4001-5000 ብር ሠ.ከ5001 ብር በላይ	ሀ. ከ2000 ብር በታች ለ. ከ2001-3000 ብር ሐ. 3001-4000 ብር መ. ከ4001-5000 ብር ሠ.ከ5001 ብር በላይ

ክፍል ሁለት፡- የማህበራዊ ዋስትና/ካፒታል/ መለኪያዎች

በዚህ ክፍል በቤተሰብ፣ በጓደኝነትና በጉርብትና ውስጥ የሚገኝን ማህበራዊ እሴት ለመለካት የሚያስችሉ ጥያቄዎች በሦስት ንዑሳን ከፍሎች ስር ቀርበዋል። ስለሆነም አንቺ/ተ ያለሺን/ህን ተሞክሮና ግንዛቤ በመጠቀም ከታች በእያንዳንዱ ክፍል ለቀረቡ ጥያቄዎች በተሰጠው መመሪያ መሰረት መልሽ/ስ።

ሀ. የቤተሰብ ማህበራዊ ዋስትና/ካፒታል/ መለኪያ

ይህ ማህበራዊ እሴት በወላጆችና በልጆች መካከል በሚኖረው መስተጋብር ጥራት፣ የወላጅ ክትትልና ድጋፍን በተመለከቱ ጥያቄዎች የሚለካ ይሆናል። ስለዚህ ከታች ለቀረቡት ጥያቄዎች የአንቺን/ተን ሁኔታ ሊገልፅልኝ ይችላል ብለሽ/ህ በምታምኚው/ነው አማራጪ ስር **የራይት“✓”ምልክት** በማስቀመጥ መልሽ/ስ።

ተ.ቁ	ጥያቄዎች	በፍፁም	በትንሹ	በመጠኑ	በአብዛኛ	ሁልጊዜ
1	ወላጆቼ ነገሮችን በራሴ እንድወስን ጊዜ ሰጥተው ያግዙኛል;;					
2	ወላጆቼ ፍቅር ያሳዩኛል (ለምሳሌ፡- በማቀፍ፣ በመሳም፣ በፈገግታ፣ እጃቸውን ትካሻዬ ሊይ በመጫን)።					
3	ወላጆቼ በእኔ ደስተኛ መሆናቸውን ይገልጹልኛል።					
4	በትርፍ ስዓቴ ምን እንደምሰራ ወላጆቼ ያውቃሉ።					
5	ወላጆቼ የምወደውን ነገር እንድሰራ ያበረታቱኛል።					
6	ወላጆቼ ፍላጎቴን ይረዱኛል።					
7	ወላጆቼ የእረፍት ጊዜዬን ከየትኞቹ ጓደኞቼ ጋር እንደማሳልፍ ያውቃሉ።					
8	ወላጆቼ የሚያጨናንቅ ነገር ሲያጋጥመኝ ደህነቴን ያረጋግጣሉ።					
9	ወላጆቼ ሞናገር በምፈልግበት ጊዜ ያዳምጡኛል።					
10	ወላጆቼ አብዛኛውን ጊዜ መቼ ፈተና ወይም ሌላ የትምህርት ስራ እንዳለኝ ያውቃሉ።					
11	እኔና ወላጆቼ የሚያስደስተንን ስራ በመስራት ጊዜያችንን እናሳልፋለን::					
12	ወላጆቼ ችግሮቼን እንድፈታ መረጃ በመስጠት ያግዙኛል::					
13	ወላጆቼ ከትምህርት ቤት መልስ የት እንደምሄድ እና ምን እንደምሰራ ያውቃሉ።					
14	ስህተት በምሰራበት ጊዜ ወላጆቼ ስህተቴን በፍቅር ይነግሩኛል።					
15	ወላጆቼ ከጓደኞቼ ጋር በምሽት/ማታ የት እንደምሄድ ያውቃሉ።					
16	ወላጆቼ ጥሩ ስራ ስሰራ ይሸልሙኛል።					

ለ. <u>የጎረቤት ማሕበራዊ ዋስትና/ካፒታል/ በተመለከተ</u>

ይህ መጠይቅ የአንቺ/ተ ጎረቤቶች ለእናንተ ቤተሰብ የሚያደርጉትን ድጋፍ ወይም እገዛ የሚለካ ነው።

ስለሆነም በአንቺ/ተ እይታ ጎረቤቶቻችሁ የሚያደርጉላችሁን እገዛ ወይም ድጋፍ በትክክል በሚገልጸው

አማራጭ ሥር **የራይት“✓”ምልክት** በማስቀመጥ መልሽ/ስ።

ተ.ቁ	ጥያቄዎች	የለም	በትንሹ	በመጠኑ	በከፍተኛ ሁኔታ
1	በዚህ አካባቢ የሚኖሩ ሰዎች እርስ በእርሳቸው ይረዳዳሉ::				
2	ውጪ ስጫዎት ብጎዳ ወይም ብደነግጥ አስፈላጊውን ድጋፍ ሊያደርጉልኝ የሚችሉ ሰዎች በቅርበት አሉ።				
3	በዚህ አካባቢ ያሉ ነዋሪዎች እርስ በእርስ ይጠባበቃሉ።				
4	ቤተሰቦቼ የሚሄዱበት ካላቸው ከአካባቢው ሰዎች እኔን ማቆየትና መንከባከብ የሚችል ሰው በቀላሉ ማግኘት ይችላሉ።				
5	በዚህ አካባቢ ልተማመንባቸው የምችል ሰዎች አሉ።				
6	ችግር ሲያጋጥመኝና እርዳታ ስፈልግ ችግሬን የማካፍለውና እርዳታ የምጠይቀው ሁነኛ ሰው አለኝ።				
7	የቤተሰባችን አባል ቢታመምና ወላጆቼ ወደ ሕክምና መውሰድ ቢፈልጉ በአካባቢያችን ሊረዱን የሚችሉ ሰዎች አሉ።				
8	ወላጆቼ የሚያስፈልገኝን ነገር መግዛት ቢፈልጉና ገንዘብ ቢያንሳቸው በሰፈር ሊያበድራቸው የሚችል ሰው አለ።				

ሐ. <u>የጓደኛ ማሕበራዊ ዋስትና/ካፒታል/ በተመከተ</u>

ይህ ክፍል ከጓደኞችሽ/ህ ጋር ያለሽን/ህን የጓደኝነት መስተጋብር የተመለከቱ ጥያቄዎችን የያዘ ሲሆን፤ያንቺን/ተን የጓደኝነት ሁኔታ በትክክል የሚገልጸዉን አማራጭ ከስሩ **የራይት "✓"ምልክት** በማስቀመጥ መልሽ/ስ።

ተ.ቁ	ጥያቄዎች	በጣም አልስማማ ም	አልስማማ ም	መወሰን አልችልም	እስማማለ ሁ	በጣም እስማማለ ሁ
1	ምሳየን ብረሳ ወይም ትንሽ ገንዘብ ቢያስፈልገኝ ጓደኞቼ ያበድሩኛል፡					
2	ከጓደኞቼ ጋር ስሆን የደስታ ስሜት ይሰማኛል።					
3	በአንድ ነገር ላይ ችግር ሲያጋጥመኝ ጓደኞቼ ይረዱኛል።					
4	ጓደኞቼ በአካባቢዬ በማይኖሩበት ጊዜ ስለእነሱ አስባለሁ።					
5	የሚያስጨንቀኝ ነገር ካለ ለሌላ ሰው የማይነገር ቢሆንም ለጓደኞቼ እነግራቸዋለሁ።					
6	አንዳንድ ጊዜ ጓደኞቼ ጥሩ ነገሮችን ይሰሩልኛና ያስደስቱኛል።					
7	እርዳታ ከፈለግሁ ከጓደኞቼ አገኛለሁ።					
8	እኔና ጓደኛዬ ብንኮራረፍም በቀላሉ እንፈታዋለን።					
9	ጓደኞቼ ከእኔ እርቀው የሚሄዱበት ሁኔታ ቢፈጠር በጣም ይናፍቁኛል።					
10	እኔና ጓደኛዬ ብንጣላም ይቅርታ እንጠያየቅና ሁሉም ነገር ሰላም ይሆናል።					

ክፍል ሦስት፡- <u>የድርጅት ድጋፍን በተመለከተ</u>

በዚህ ክፍል የሚረዳሽ/ህ ድርጅት የሚሰጠውን ሁለንተናዊ ድጋፍ ለመለካት የሚያስችሉ ጥያቄዎችን የያዘ ሲሆን፤ ድርጅቱ የሚሰጠው ድጋፍ በአንቺ/ተና በቤተሰብሽ/ህ ህይወት ላይ ያመጣውን ለውጥ በትክክል ይገልጻል በምትይው/ለው ምርጫ ስር **የራይት"✓"ምልክት** በማስቀመጥ መልሽ/ስ።

ተ.ቁ	ጥያቄዎች	የለም	አንዳንድ ጊዜ	ሁል ጊዜ
1	ቢያንስ በቀን ሁለት ጊዜ እበላለሁ።			
2	አስተማሪዎቼ እኔን ልክ እንደ ማንኛውም ተማሪ ያስተናግዱኛል።			
3	የምንኖርበት ቤት አለኝ።			
4	ስራ ስለምሰራ ትምህርቴን በአግባቡ መከታተል አልችልም።			
5	በቤታችን ውስጥ ካሉ ሌሎች ልጆች እኩል አልታይም።			
6	ችግር በሚያጋጥመኝ ጊዜ የማማክራቸው የቅርብ ሰዎች አሉኝ።			
7	በቤት ውስጥ ጉዳት ቢደርስብኝ የሚንከባከበኝ አንድ ሰው አለ።			
8	ጤነኛና ጠንካራ እንደሆንሁ ይሰማኛል።			
9	በአከባቢዬ ያሉ ሰዎች እኔንና ቤተሰቤን ሊረዱን ይሞክራሉ።			
10	የምመገበው በቂ ምግብ አገኛለሁ።			
11	የክፍል ስራዬን ለመስራት የሚያስፈልጉኝ ቁሳቁሶች አሉኝ።			
12	ጎረቤቶቼ ስላሉ ምንም አይነት የስጋት ስሜት አይሰማኝም።			
13	ቤተሰቤ የሚያስፈልገኝን ለማሟላት የሚያስችል በቂ ገቢ አለው።			
14	በትምህርት ቤት እንደ ሌሎች ልጆች ተመሳሳይ ትኩረት ይሰጠኛል።			
15	እኔም ልክ እንደ ሌሎች ጓደኞቼ ደስተኛ ነኝ።			
16	የምተማመንባቸው ሰዎች አሉ።			
17	ጤንነቴ ያሳስበኛል/ያስጨንቀኛል።			
18	በጎይማኖታዊ ስርአቶች ለመሳተፍ ብፈልግ እንደሚፈቀድልኝ አስባለሁ።			
19	እየራበኝ የምተኛበት ጊዜ አለ።			
20	በክፍሌ ውስጥ እንደ ሌሎች ተማሪዎች እኩል አልታይም።			
21	በምኖርበት ቦታ ደህንነቴ የተጠበቀ እንደሆነ ይሰማኛል።			
22	አንደኛው ወላጄ ስራ በመስራት ገቢ ያገኛል።			
23	በሰፈሬ፣ በጐረቤቴና በግቢዬ ካሉ ልጆች እኩል አልታይም።			
24	ደህንነቱ በተጠበቀ አካባቢ እንደምኖር ይሰማኛል።			
25	ከቤተሰቤ የምፈልገውን ምክርና የሞራል ድጋፍ አገኛለሁ።			
26	ጤንነቴ በጥሩ ሁኔታ ላይ ይገኛል።			
27	ቤተሰቤ ልጆቹን መንከባከብ እንዲችል ከማህበረሰቡ ነፃ ድጋፍ ያገኛል።			
28	ትምህርት ቤቴን እወዳለሁ።			
29	ከትምህርት በፊትና በኋላ በምሰራው ብዙ ስራ ምክንያት በቂ እንቅልፍ አላገኝም፣ የድካም ስሜትም ይሰማኛል።			
30	ትምህርት ለመማር የሚያስችል በቂ መፅሃፍትና የትምህርት መሳሪያዎች አሉኝ።			
31	በስጋ ዘመዶቼ እየተረዳሁ እንደሆነ ይሰማኛል።			
32	ከጓደኞቼ እኩል እያደግሁ እንደሆነ ይሰማኛል።			
33	ብዙ ሰዎች ማድረግ የሚችሉትን እኔም ማድረግ እችላለሁ::			

ክፍል አራት:- የስሜትና የባህርይ አጀስትመንት መለኪያ

በዚህ ክፍል ውስጥ የስነ-ልቦና ችግሮችን የተመለከቱ ጥያቄዎች ቀርበዋል። ስለሆነም በእያንዳንዱ ጥያቄ የአንቺ/ተን ሁኔታ በትክክል ይገልጻል ብለሽ/ህ በምታስቢው/በው ምርጫ ስር **የራይት"✓"ምልክት** በማስቀመጥ መልሽ/ስ።

*(**ማሳሰቢያ**፦ ባለፉት ስድስት ወራት ያጋጠሙሽን/ህን የባህርይ ወይም የስሜት ለውጥ መሰረት በማድረግ መልስ ስጪ/ጥ። በመልሱ እርግጠኛ ባትሆኝም/ንም መልስ ስጪ/ጥ)*

ተ.ቁ	ጥያቄዎች	እውነት አይደለም	በተወሰነ እውነት ነው	በእርግጠኝነት እውነት ነው
1	በአንድ ቦታ ተረጋግቶ ለረጅም ጊዜ መቀመጥ አልችልም።			
2	ብዙ ጊዜ ብቸኛ ነኝ ወይም ብቻየን መጫወት እመርጣለሁ።			
3	ብዙውን ጊዜ በጣም እጨነቃለሁ።			
4	መረጋጋት ያቅተኛል።			
5	አንድና ከዚያ በላይ ጥሩ ጓደኛ አለኝ።			
6	ብዙውን ጊዜ ያለኝን ለሌሎች ልጆች እካፍላለሁ።			
7	አብዛኛውን ጊዜ አዝናለሁ፣ ይደብረኛል ወይም አለቅሳለሁ።			
8	ብዙውን ጌዜ ከሌሎች ጋር እጣላለሁ።			
9	በቀላሉ ትኩረቴን አጣለሁ።			
10	ብዙውን ጊዜ በጓደኞቼ እወደዳለሁ።			
11	ያልተለመዱ ሁኔታዎች ሲያጋጥሙኝ ስሜታዊ እሆንና በራስ መተማመኔን አጣለሁ።			
12	በተደጋጋሚ በስርቆት ወይም በውሸት እጠራጠራለሁ።			
13	ለታናናሽ ሕፃናት ሩህሩህ ነኝ።			
14	ብዙ የሚያስጨንቁኝ ነገሮች አሉ፣በቀላሉም እረበሻለሁ።			
15	የእኔ ያልሆኑ ነገሮችን ከቤት፤ከትምህርት ቤት ወይም ከሌላ ቦታ እወስዳለሁ።			
16	አብዛኛውን ጊዜ ሌሎችን ለመርዳት ፈቃደኛ ነኝ።			

ስለ ትብብርሽ/ህ በድጋሜ አመሰግናለሁ!!!

Appendix C: English Version Parental Consetnt Form

Study Objective: This research is conducted as part of the requirements for the PhD program in Social Psychology and is entitled "Effects of Institutional Support and Social Capital on the Emotional and Behavioral Adjustment of Vulnerable Children in Addis Ababa." The aim of this questionnaire is therefore, to gather relevant data to achieve the stated goal. As such, your child will be asked to provide responses to a series of questions, the results of which will be instrumental in realizing the objectives of this study.

Anticipated risk for participation: Participating in this study will not have a clear anticipate risk on the life and wellbeing's of your child/ daughter.

Principles of the study: This research will adhere to critical guiding principles, notably the confidentiality of all information gathered from the questionnaire. To uphold this, participants in this study will not be permitted to share any personally identifiable information, such as name, phone number and the like. Besides, participation will be entirely voluntary, and your child's willingness to partake in the study will be sought before administering the questionnaire. They will be informed about their rights as they can withdraw from the study at any point without any repercussions. Last but not least, upon completion of the study, all questionnaires, including the forms you have completed, will be meticulously disposed of to maintain the integrity of the data and the privacy of the participants.

Address: Whenever you have any inquiries or concerns pertaining to the study, its objectives, its potential impact on your child, or any other related matters, please do not hesitate to contact the researcher. You may reach Mr. Simachew Ayalew at simachew.ayalew@yahoo.com or via phone at 0911720784. Your communication is highly valued and will be addressed promptly.

Parent Consent: I, the undersigned, hereby grant my consent for my child/daughter to participate in the aforementioned study. I have been thoroughly informed about the objectives and ethical principles of the study and understand that participation will not have any detrimental effects on my child/daughter. My signature below serves as confirmation of this consent.

Parent/guardian signature_____

Date_____

Appendix D: Modified English Version of the Instruments
English Vision of the Main Instrument

Addis Ababa University

Institute of Education and Behavioral Sciences

Department of Psychology

Dear Participants:

The primary objective of this research is to gather pertinent data for a dissertation, investigating the impact of community-based institutional support and social capital on the emotional and behavioral adjustment of vulnerable children in Addis Ababa. This questionnaire has been specifically designed to facilitate the collection of relevant data needed to achieve the study's goals. The information you provide in response to the various items across different sections of this questionnaire is crucial to the successful realization of the study objectives. Consequently, you are kindly requested your sincere and accurate responses to all items within this questionnaire. Furthermore, the findings of this study will be beneficial to international and national non-governmental organizations, as well as governmental organizations, working towards the welfare of the country's children. It will aid in enhancing their wellbeing and protection by improving the quality and quantity of care and support mechanisms. Lastly, please be assured that any information you provide for this questionnaire will be used exclusively for academic purposes and will be treated with the utmost confidentiality. Therefore, you are advised not to include any personal identifying information (such as name, phone number, and addresses) in any part of this questionnaire.

I thank you in advance for your cooperation in giving genuine and correct information!

Part I: Socio-demographic Information

In this section the socio-demographic characteristics of parents of vulnerable children will be presented, and hence, provide the required information as per the direction given below.

1. Sex of a child: Female ☐ Male ☐
2. Age of a child:_____
3. Education Level of children:_____
4. Currently living with: Father and mother ☐ Mother only ☐ Father Only ☐ other guardians ☐
5. Number of children in the household: 1-2 ☐ 3-4 ☐ 5-6 ☐ More than 7 ☐
6. Current Hosing condition: Private ☐ Kebele ☐ Rented house ☐ Sharing other's house ☐
7. Family Structure: Intact ☐ Non-intact ☐
8. Work condition for parents: for Mother; Self-employed ☐ Government ☐ DailyLaborer ☐ House wife ☐ Pension ☐ other ☐

   For father; Self-employed ☐ Government worker ☐ Daily Laborer ☐ Guard ☐ Pension ☐ Other ☐
9. Monthly Income of parents:

   Mother: Below 3500 ☐ 3500 – 4500 ☐ 4501- 5500 ☐ 5501 – 6500 ☐ Above 6501 ☐

   Father: Below 3500 ☐ 3500 – 4500 ☐ 4501- 5500 ☐ 5501 – 6500 ☐ Above 6501 ☐

Part two: Social Capital Measures

In this section, items measuring the different types of social capital, such as family social capital, peer social capital and neighborhood social capital, were presented in their respective sections. Therefore, you are asked to provide correct responses for each item according to the specific instruction given in each section.

A. Family Social Capital measures

Family social capital was measured by three indicators. Parent-adolescent relationship measures the quality of the parent- child relationships characterized by connectedness, shared activity and hostility. Parental support is anothother indicator that measures parental overall support for their children and lastly, parental monitoring knowledge is is a measure the parental knowledge of their children whereabouts, activities and associations during weekends, school and after school times. Consequently, the items quantifying these three indicators (scales) are enumerated in the subsequent table. Kindly indicate your response for each indicator using a five-point rating scale provided adjacent to the statement of each indicator by marking a check "✔".

No	Items/Scales	Rating Scales				
		1	2	3	4	5
	Parent-Adolescent Relationsship	**Not at all true**	**Slightly true**	**Somewhat true**	**Mostly true**	**Always**
1	My parents show affection to me (e.g., hugs, kisses, smiling, arm around shoulder).					
2	During stressful times in my life, my parents check if am okay.					
3	My parents encourage me to do things that I am interested in/enjoy.					
4	We spend time doing activities we each like.					
	Parental Support	**Never**	**Rarely**	**Sometimes**	**Mostly**	**Always**

5	My parents show they are proud of me.					
6	My parents understand me.					
7	My parents listen to me when I need to talk.					
8	My parents help me solve problems by giving me information.					
9	My parents nicely tell me when I make mistakes.					
10	My parents reward me when I've done something well.					
11	My parents take time to help me decide things.					
	Parental Monitoring Knowledge	**Never**	**Rarely**	**Sometimes**	**Mostly**	**Always**
12	Do your parents know what you do during your free time?					
13	Do your parents know who you have as friends during your free time?					
14	Do your parents usually know when you have an exam or paper due at school?					
15	Do your parents know where you go when you are out with friends at night?					
16	Do your parents normally know where you go and what you do after school?					

B. Neighborhood Social Capital

Neighborhood social capital: in this study is measured by two indicators; informal social control and functional social support, which examines contributions of neighbors in nurturing such children and their families. Therefore, provide answer for the items presented in the table by choosing the response that best reflects the extent of neighbors support for your families in a 4-point likert scale using 1(**Very unlikely**) to 4 (Very likely) for the first factor and 1(not at all true) to 4 (completely true) for the second factor. Indicate your answer by putting a **tick "✓" mark.**

No	Scales/statements	Rating Scales			
	Informal Social Control Scale	**1**	**2**	**3**	**4**
1	People in the neighborhood help each other out'				
2	People watch out for each other's children in this community'				
3	There are people I can count on in this community'				
	Functional Social Support Scale				
4	When I have troubles or need help, I have someone I can really talk to.				
5	If I were playing outside and got hurt or scared, there are adults nearby who can help me.				
6	If my parents need to do an errand, they can easily find a friend or relative living nearby to watch me.				
7	If my parents need to buy a pair of shoes for me but they short of cash, there is someone who would lend them the money.				
8	If my parents need a ride to get me to the doctor, there are friends they could call for help.				

The 1st 3 are emotional, while the last 3 are instrumental support indicators

C. Peer Social Capital

Items measuring the peers' resources for the wellbeing of vulnerable children are presented in the table below. Then carefully read each items or statement and indicate your agreement or disagreement about the level of support or relationships that your best friends have for you using a 5-point likert scale ranging from, 5 (strongly agree) to 1(strongly disagree) by putting a **tick "✓" mark** in the boxes.

No.	Subscales/Items	5	4	3	2	1
1	If I forget my lunch or needed a little money my friend (s) would loan it to me					
2	My friends always help me when I am having a trouble with something					
3	My friends help me if I needed it					
4	I feel happy when I am with my friends.					
5	I think about my friends even when they are not around.					
6	Sometimes my friends do things for me or make me feel special.					
7	If my friend(s) had to move away I would miss him/her(them).					
8	If there is something bothering me, I can tell my friends even if it is something I cannot tell to other people.					
9	If my friend and I do something that bothers other one of us, we can make up easily.					
10	If my friend and I have a fight or argument we can say sorry and everything will be alright.					

Part three: Institutional support measure *(Orphan and Vulnerable children Wellbeing Tool)*

The items presented hereunder are aimed to measure institutional supports provided to vulnerable children in nine domains of services, such as food and nutrition, shelter/environment, protection, family support, health, mental health, education, economic opportunities, and community cohesion. Therefore, indicate your answer by by choosing an alternative that describes the level of support you have received in each domain from the institution by using a 3-point likert scale 1(none of the time) to 3 (all of the time). Use **ticks "✓" mark** to indicated your responses and put in the box in front of each item or statement in the table below.

1= None of the time, 2 = Some of the time, 3= All of the time

. Domains of support	No.	Items	Ratings		
			1	2	3
Protection	1	I'm treated differently from the other children in my household			
	2	I'm treated the same as other children in my school			
	3	I'm treated differently from other children in my village, neighborhood, compound			
	4	I do not get enough sleep and feel tired because of all the work I do before and after school			
Mental Health	5	I have people I can talk to when I have a problem			
	6	I am able to do things as well as most other people			
	7	I am as happy as other kids my age			
	8	I feel I live in a safe place			
Family Support	9	At home, I have someone to look after me if I get hurt or feel sad			
	10	I have adults that I can trust			
	11	I get the emotional help and support I need from my family			
	12	I feel I am supported by my extended family			
Health	13	I feel strong and healthy			
	14	I worry about my health			
	15	My health is good			

	16	I am growing as well as other kids my age			
Community Cohesion	17	People in my community try to help me			
	18	I feel welcome to take part in religious services			
	19	My household receives free support to care for the children who live here			

Part Four: Emotional and Behavioral adjustment measure (Strength and Difficulty Questionnaire)

The items presented hereunder are aimed to assess the emotional and behavioral adjustment vulnerable children and adolescents, including **emotional problems, conduct problems, peer relation problems, and prosocial behaviors.** Therefore, the items presented in the table below are meant to measure these aforementioned indicators or symptoms of emotional and behavioral adjustment. Please carefully read the each statement and indicate your reponses that bes describe your emotional and behavioral situation in the past six months. Use a 3-point scale with responses randing from 0 (not true) to 2 (Certainly true) by putting **tick "□" marks** in the boxes infront of the items/ statements in the table.

0 = Not true, 1= somewhat true' and 2 = 'certainly true'

No.	**Subscales/ Items**	**Rating Scales**		
		0	1	2
1	I often worry a lot			
2	I am often unhappy, depressed or tearful.			
3	I become nervous /lose confidence in new situations			
4	I have many fears and easily scared			
	Conduct Problem			

5	I often fights with other children			
6	I am often accused of lying or cheating			
7	I take things that are not mine from home or school			
	Hyperactivity scale			
8	I am restless, overactive or ,cannot stay still for long			
9	I am constantly fidgeting or squirming			
10	I am easily distracted, concentration wanders			
	Peer relation problem			
11	I am usually solitary or tends to play alone			
12	I have one goof friend or more			
13	I am generally liked by other children of my age			
	Prosocial Brhavior			
14	Shares readily with other children.			
15	Kind to younger children.			
16	Often volunteers to help others (parents, teachers and peers).			

Thank you once again for your support!!!

Signature_____

Appendix E: Figures Showing the Model Fittness of the Study Variables

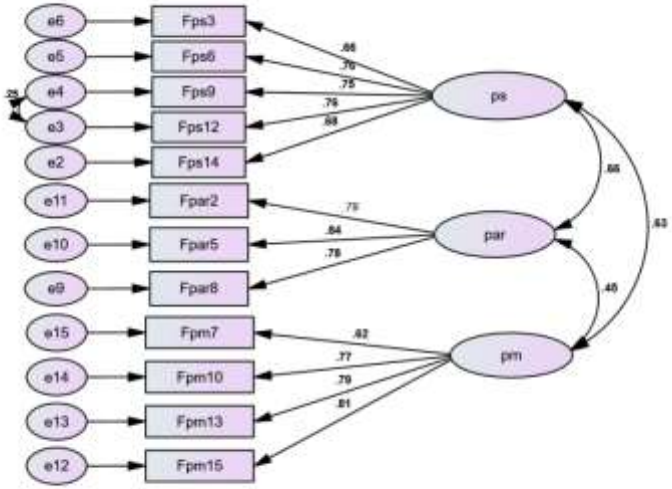

Fig.2:1st Order Factor Model of FSC

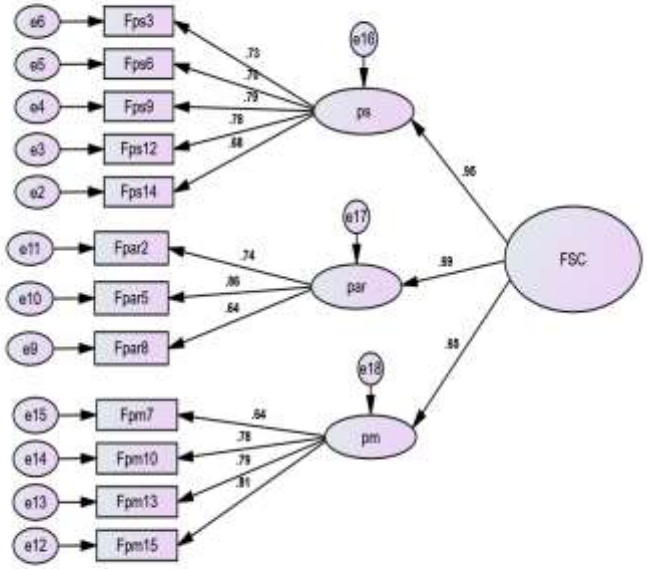

Figure3: 2nd Order Factor Model of FSC

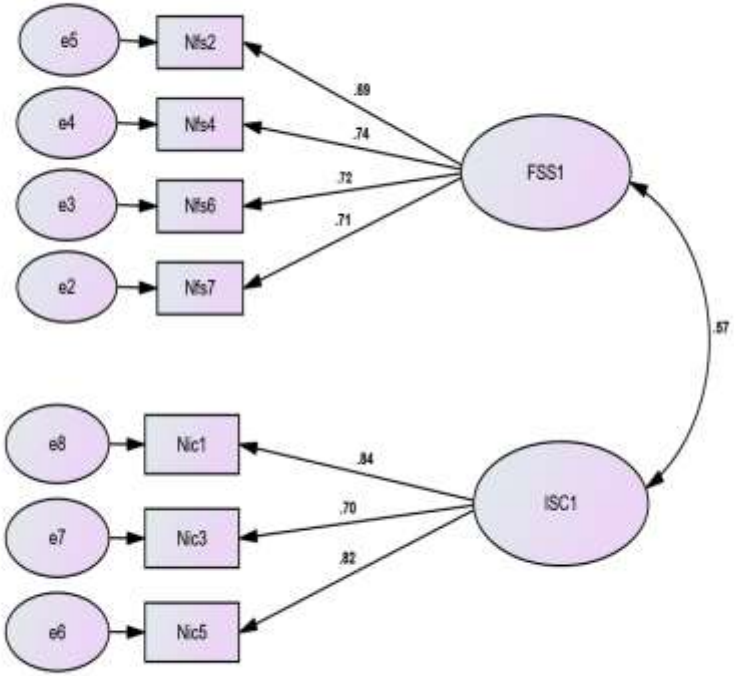

Fig . 4: 1st Order Factor Model for NSC

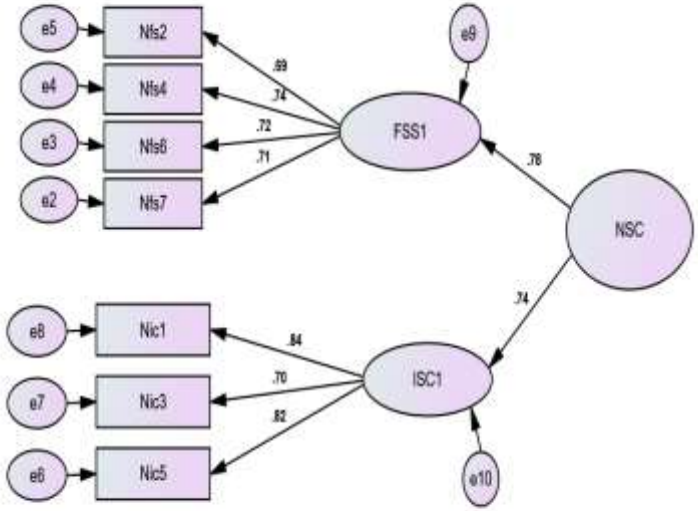

Fig. 5: 2nd Order Factor Model for NSC

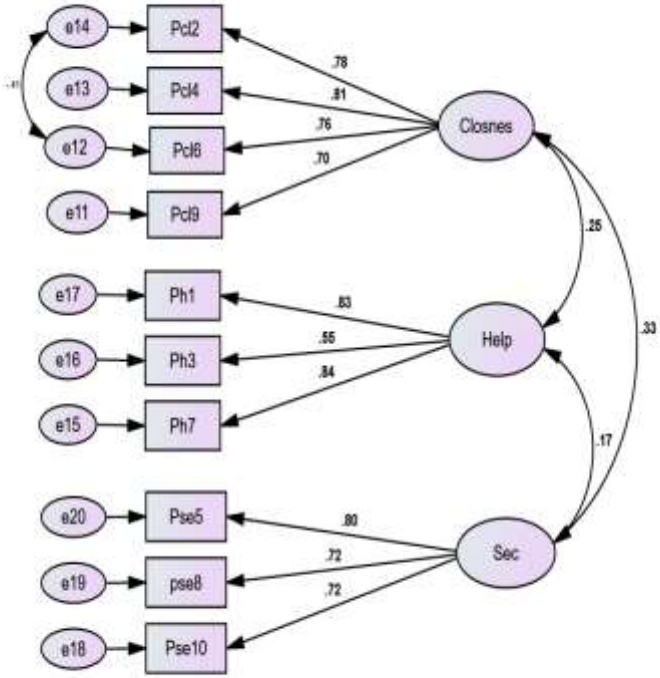

Fig. 6: 1st Order Factor Model of PSC

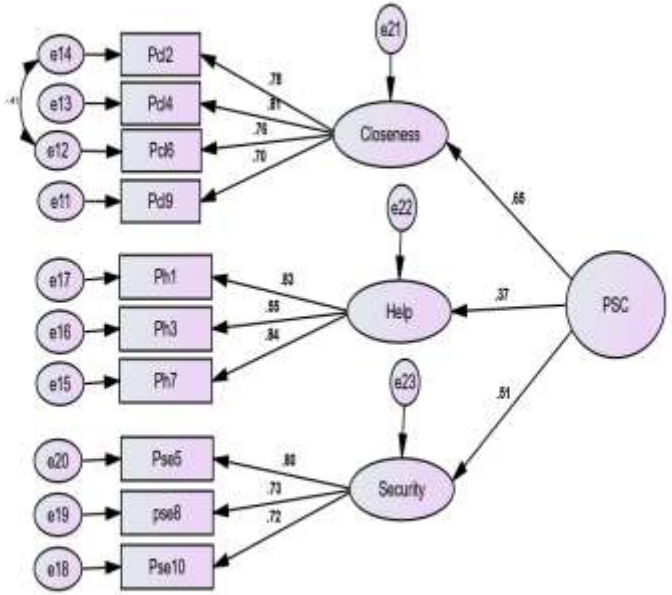

Fig. 7:2nd Order Factor Model of PSC

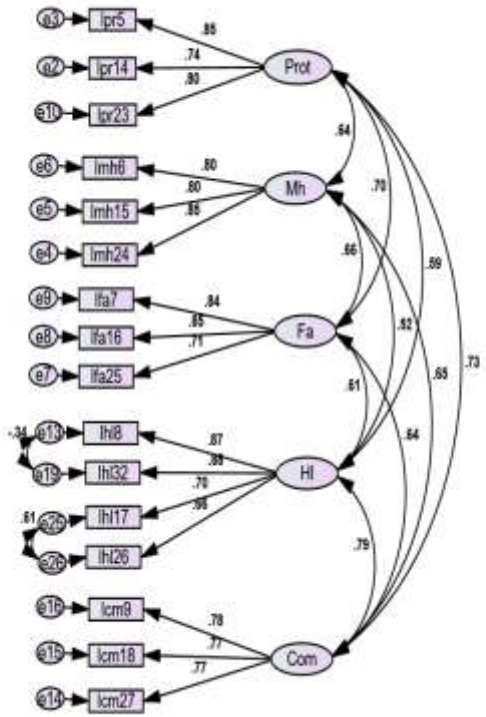

Fig. 8: 1st Order Factor Model for Institutional Support

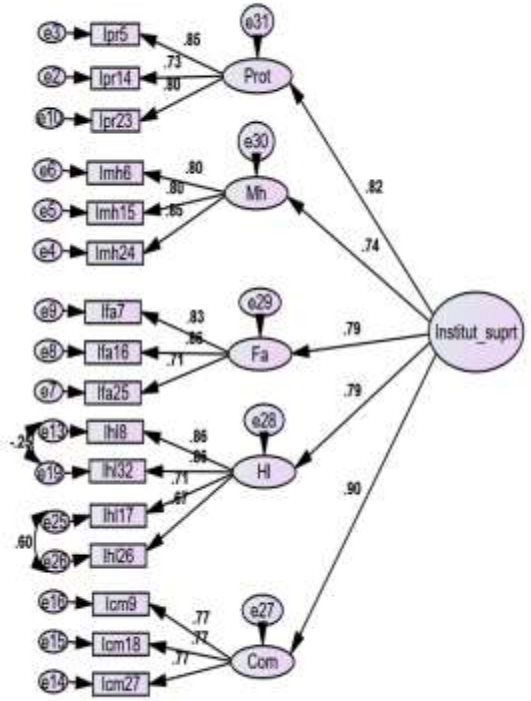

Fig. 9:2nd Order Factor Model for Institutional Support

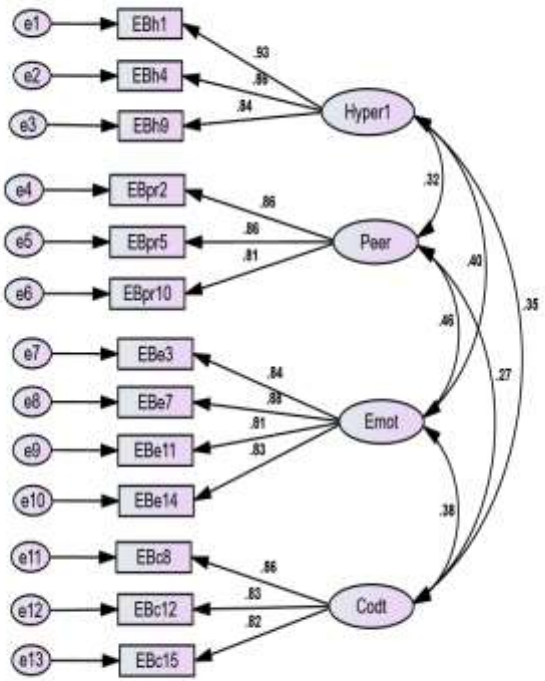

Fig. 10: 1st Order Factor Factor Model for emotional & behavioral adjustment

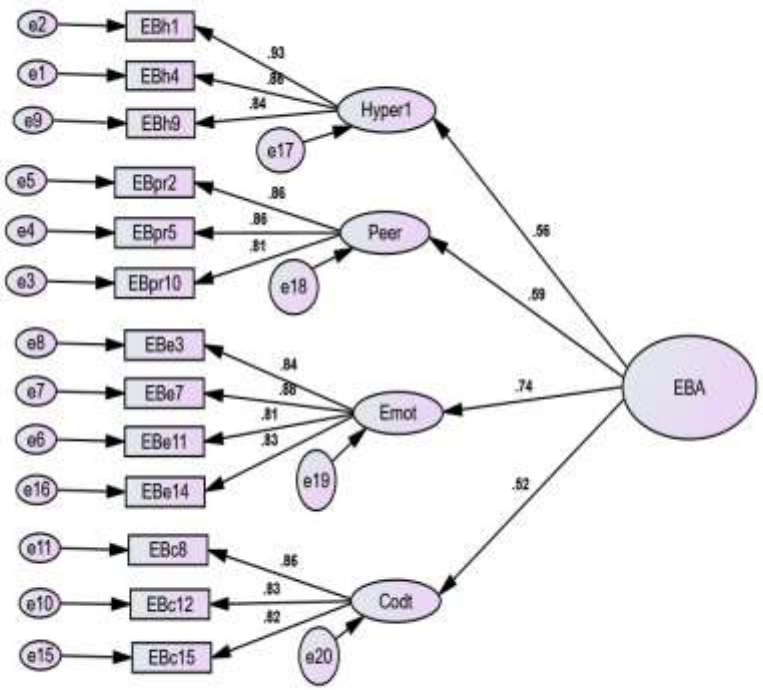

Fig. 11: 2nd Order Factor Model of emotional & behavioral adjstment

Appendix F: Figure Depicting Model Fitting of the Ful Structural Model

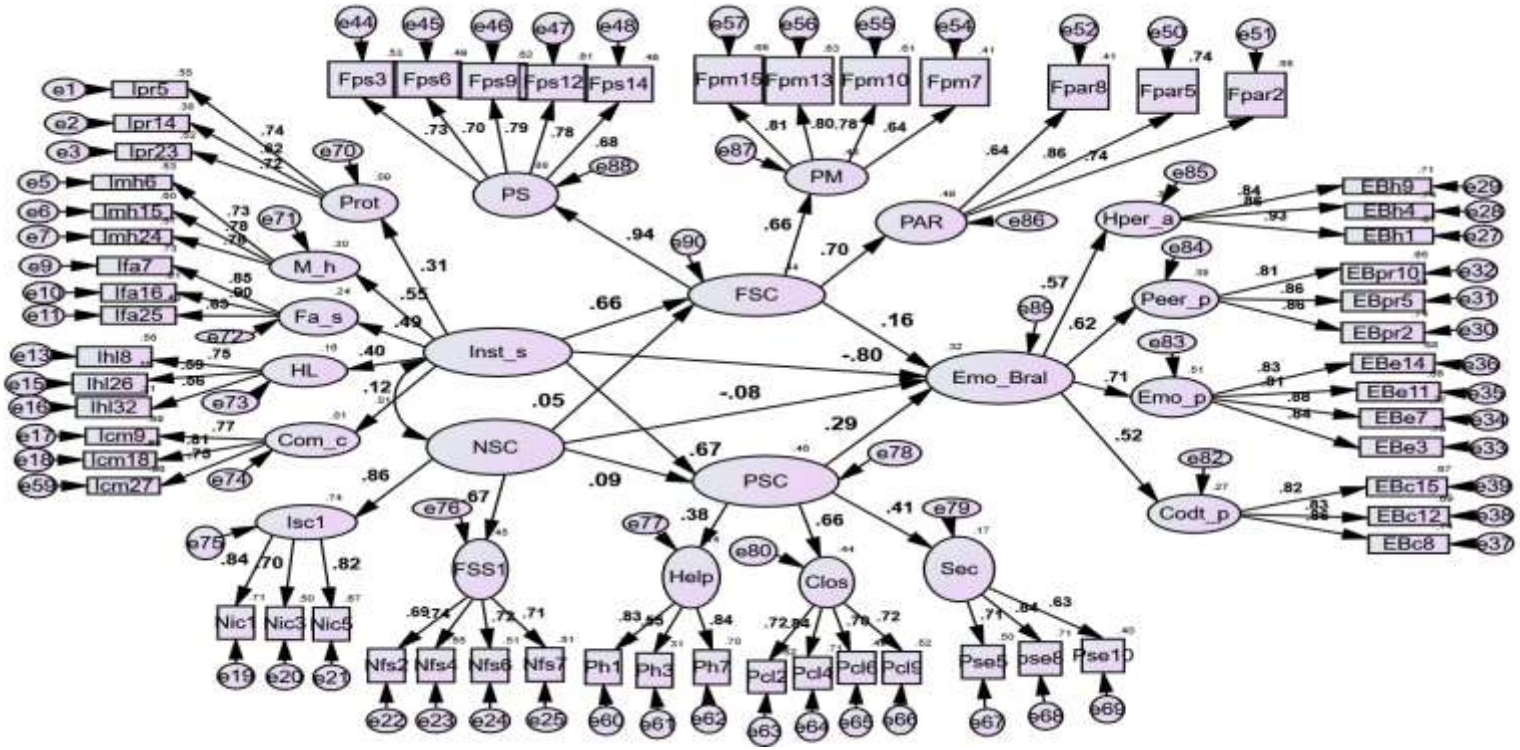

Figure 12: Standardized Estimates of the Full Structural Model