

ADDIS ABABA UNIVERSITY
COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES
DEPARTMENT OF SPECIAL NEEDS EDUCATION

**THE PSYCHOSOCIAL EXPERIENCES OF ORPHAN
CHILDREN IN GOG WOREDA IN GAMBELLA REGIONAL
STATE, ETHIOPIA.**

BY: YOUSIF GILO

JUNE, 2017

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**THIS THESIS IS SUBMITTED TO THE DEPARTMENT OF
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Declaration

I declare that this study is my original work towards the Degree of Masters of Art in Special Needs Education and has not been submitted for any Degree or Diploma in any University. To the best of my knowledge, all source of materials used for the study have been appropriately acknowledged. I have undertaken the study independently with the guidance and support of the research advisor.

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Acronyms and Abbreviations

AIDS:	Acquire Immune Deficiency Syndrome
CSA:	Central Statistical Agency
CRC:	Convention on the Right of the Child
FDRE:	Federal Democratic Republic of Ethiopia
FGD:	Focus Group Discussion
OVC:	Orphan and Vulnerable Children
PEPFAR:	the US. President Emergency Plan for AIDS Relief
UN:	United Nations
UNAIDS:	Joint United Nations Programme on HIV/AIDS
UNICEF:	United Nations Children Fund
USAID:	United States Agency for International Development

Abstract

➤ *The major purpose of the present study was to investigate the psychosocial experiences of orphan children in Pinyudo town in Gambella Regional State. The study employed phenomenological research design to describe common themes from the experiences that identify the phenomenon. Data were collected from both primary and secondary sources. The participants of this study were orphan children between ages of 12-17 years. Data were collected using interview and FGD as tools. Interview was carried out with 12 orphan children from four Kebeles in Pinyudo town. Four male and eight female orphan children took part in the interview individually. During FGD sixteen orphan children participated in two groups in which each group composed of eight individuals. Purposive sampling technique was employed to select the participants. Qualitative data analysis approach was employed. Data analysis process was done through five stages. First, bracketing units; second, delineating units of meaning; third clustering of units of meaning to form themes; fourth, summary of each interview was done; fifth, extracting general and unique themes from all the interview and composite summary was made. Trustworthiness was confirmed for ensuring the rigor of the findings by using confirmability. Orphan children indeed have hostile psychosocial experiences. It was found that orphan children suffered worse psychosocial situations. Participants strongly reported grievances, sorrows, isolations, despondencies, mourning and overthinking both during and after death of their parents. Poor interpersonal experiences were highly observed from the participants. Orphan children's perception of self-esteem was found to be low. Mistreatment by primary caretakers/surviving parents was strongly reported by a number of the participants. The present study has identified lack of psychosocial support from individuals, community governments and non-governmental organizations.*

Coping mechanism orphans comprises both adaptive and maladaptive was of coping. And finally based on the findings and conclusions some recommendations were forwarded to the district where this study was conducted in: Orphan children should be provided with special child guidance and counselling program in Gog Woreda; Offering early warning of psychological condition at district level should be considered; The woreda (district) council should recruit qualified community social workers at district level to enhance interpersonal experiences and self-esteem of orphan children; Child psychologists should be employed in each Kebele of Pinyudo town to help orphans cope with orphan hood challenges; Government should recruit personnel who have the skills to assess psycho-social problems and provide counselling services to orphan children in need; Rule governing child protection should be effectively implemented to alleviate child abuse practices; and Community should establish an organization that should aim at supporting orphans children psychologically, socially and educationally.

Chapter One

Introduction

This chapter present background of the study, statements of the problem, objectives of the study, significances of the study, scope of the study, definition of keywords and organization of the study.

1.1. Background

Millions of children around the world have been orphaned by different causes of death to their parents. Tenagne (2006) notes that in many developing countries all over the world, “man-made and natural” events, “including war, disease, poverty and HIV/AIDs” brought about millions of children who lost their parents and remain alone (p.1). Statistics on orphans are always unreliable, they are consistently alarming (Heidi and Theresa, 2001; & UNICEF 2012). However, UNICEF (2012) estimated that Africa was home to over 53 million orphans from all causes, with HIV/AIDS being responsible for nearly 30% of these.

Tenagne (2006) confirmed that “most African orphans who lost their parents due to different calamities including HIV/AIDs, suffer severe psychological trauma and great socio- economic challenges” (p.12). Tadesse, Dereje and Belay (2014) articulated that “when children lose one or both parents due to any cause, they experience multiple psychosocial problems like grief, hopelessness, anxiety, stigmatization, physical and mental violence, labor, abuse, lack of community support, lack of parental love, withdrawal from society as a whole, feeling of guilt, depression, aggression, as well as eating and sleeping and learning disturbance”. (p.2)

Losing a parent during childhood is painful, with a profound and potentially lasting impact on a child's psychosocial well-being (Sampathkumar, Ravikumar, Manjunatha, and Surma, 2015). They go far reporting that losing both parents was associated with the greatest risk of developing posttraumatic stress disorder (PTSD). Studies conducted on orphan revealed that social maladjustment in the family unit of orphans were reported to be higher than non-orphan. Tadesse, et al. (2014) predicted that Ethiopia will continue to see increasing numbers of orphans and vulnerable children (OVC) in the future. They continue stating that extreme poverty, conflict, exploitation, drought, famine, living in the street, disease and HIV/AIDS pandemics are having a devastating impact on the country's youngest and most vulnerable citizens.

Orphans children are living with enduring situations that always present physical, psychological and social challenge (Nyamukapa, et al. (2010). Gray, et al. (2015) reported that by age 13, approximately almost all children had encountered at least one potentially traumatic event more extensively beyond the loss of a parent. He goes far stating that yearly occurrence of physical or sexual abuse was importantly advanced among home based care (19%) than in orphanage care. Thielman, et al. (2012) makes it clear that the hardship of being orphan is enormous and prevail to increase in majority of low and middle income countries, hardened to significant extent by the HIV/AIDS pandemic and unfavorable socio-political circumstances.

In this regard, Janice, Cotton, Edward, Zhao and Gelabert (2007) contend that orphan children with no parents or caring caretakers are susceptible to neglect, poor health care and diminished education. Dalen, Naketende and Musisi (2009) state that the influence, circumstance and societal networks that always assist children's developmental patterns are far less exist to the orphans and lack of resources leads to interrupted grieving and socialization process. Studies around the world have publicized orphan children to have higher rates of emotional and

behavioral problems than non-orphan (Musisi, Kinyanda, Nakasuja & Nakigudde, 2007). In their findings they revealed that more of the orphans were found to experience despondency, destitute, isolative and had reduced confidence and often lacking self-esteem. Studies investigating the orphan children's academic performance (Eyerusalem, 2015) clearly demonstrate that academic performances of orphans were significantly allied with emotional and behavioral problems. In 2003 UNICEF reported that "Orphans are more likely to suffer damage to their cognitive and emotional development, less likely to go to school, more likely to be subjected to the worst forms of child labor" (p.6). Gumede (2009) report that orphans experiences a number of obstructions including unfulfilled psychosocial needs as a result of lack of guidance and psychosocial assistance and addressing these imminently is very significant for a child's development

Kang'ethe and Makuyana (2014) state that death of a parent seriously changes interpersonal relationship with new caregivers. Moreover, recent studies inform us that orphans are more easily or likely to experience in early age sexual activity to facilitate social connections. Orphan well-being involves several dimensions and encompasses several interlinked domains, including emotional health, economic and educational opportunities, social functioning and physical health (Thielman, et al. (2012). They further noticed that no domain, still, are as critical as physical and mental health.

Research shows orphan children are not only traumatized by the loss of parents (UNICEF & USIADs, 2006) but they may also lack the necessary parental guidance through crucial life stages of identity formation and socialization into adulthood. Therefore, this study played a pivotal role in exploring orphans' perception of psychosocial experience from their own perspectives in Pinyudo, Gog woreda's town, Gambella.

1.2. Statement of the Problem

The joint UN programs insists that orphans are only of great concern; their presence reflects a much larger set of problems faced by children. The joint UN programs further argue that “addressing only AIDS related and ignoring other causes of children’s orphan hood does not make sense” (p.6). Children who have lost their parent(s) experience a number of negative changes in their lives and are frequently likely to start suffering from emotional neglect, poor interpersonal relationships, low self-esteem, physical abuses and sometimes rejection from extended family members. Orphan children’s mental strain and poor social interaction has been unrecognized by stakeholders (by family members, community and international organizations, and the government as well) due to the fact that no single research carried out in Pinyudo town either by UN agencies which are executing their command in the area or by any researcher. These children exhibits poor psychological symptoms and undesired social hints like being isolative, hopelessness, overthinking, physical fight with peers and suicidal ideations and attempts. These psychological and social difficulties may worsen if these children does not get psychological and social support after the death of their parent (s)

In this particular point in time, previous researches carried out in Ethiopia were targeting various aspects of orphans’ experiences and pick them as research participants based on different categorization of orphans like single, double, maternal, paternal and AIDS orphans which is not necessarily been the case in this study. For example, Abashula, Jibat and Ayele (2014) carried out a study on the situation of orphans and vulnerable children in selected woredas and towns in Jimma zone; the results shows orphans’ vulnerability to nutrition, poor hygiene, child sexual abuse, drug use, child labor exploitation; and orphans were still in a difficult situations and seek immediate attention.

Another study conducted at University of Gondar by Tadesse, Dereje and Belay (2014) to investigate psychosocial well-being of orphans and vulnerable children at Orphanages in Gondar town found that access to all the basic services necessary to sustain orphans lives were secured. On the other hand, the study revealed that orphans children suffered from a set of psychosocial problems. A study conducted on psychosocial impact of parental loss and orphan hood on children in an area of high HIV prevalence by Mbaye and Behrendt (2008) reveals that orphan boys are likely to present a suicide risk than non-orphan boy. And the finding shows that suicidal ideation was low for non-orphan and children having lost a father, but high for orphans and girls having lost a mother.

Another phenomenological study on psychosocial experience of double orphans by Habtamu at Adama Science and Technology University found that psychosocial experiences of double orphans embraces abuse, fear, grief, loss of self-esteem, stigma and discrimination and social isolation. Now, if you carefully see the findings and participants of the previous studies here, emphases are totally different form one and other. This exhibits that there is gap in the reviewed related works about the plain psychosocial experiences of orphan children in a general sense. As a result, these and many other reasons (the existing gaps in the literatures, exposures to the environment and personal observations) earn this research title a legitimacy and attract the researcher to conduct a scientific search to investigate the psychosocial experiences of orphans in Pinyudo, Gog District. Even if many researches were conducted in different institutions/organizations and in different part of the world, there had been limited researches on psychosocial experience of orphans carried out in Gambella and its remote periphery which involve the targeted district (Woreda) where this study took roots. In one way or the other, this

manifests that there is knowledge gap about the psychosocial experiences of the orphan children in the area.

Thus, this study tried to address the psychosocial experience of orphan children.

1.3. Objectives of the Study

The major objective of this study was to investigate the psychosocial experiences orphan children in Pinyudo Town in Gambella Regional State.

The specific objectives of this study were to:

- Explore the emotional experiences of orphan children in Pinyudo
- Describe the interpersonal experiences of orphan children in Pinyudo
- Explain the perceived self-esteem of orphan children in Pinyudo
- Investigate the major coping strategies commonly used by orphan children
- Explore perception of orphan children towards the services being rendered to orphans

1.4. Significances of the Study

Having a full understanding of the psychosocial experiences of orphan children, may help the orphans pursue their dreams and reach their full potential. The logical basis for this study was to create opportunity for orphan children living in Pinyudo town to describe their feelings with regard to how they experience psychosocial life. Understanding such experiences of orphans children would help other professionals, social workers, concerned government sectors, researchers to accumulate knowledge and plan services to meet the multidimensional needs of

orphans in that particular research site. Therefore, conducting this research was more necessary for it:

- Disclose the psychological experiences of orphan children in Pinyudo town, Gog district;
- Simplify understanding of major psychosocial complications facing orphan children;
- Bring to light the possible devastating life with regard to emotional and interpersonal experiences of orphan children.
- Make researchers, regional or woreda (district) education officers, child affairs offices and key personnel in NGOs much cognizant of the psychosocial problems surrounding the orphans
- Suggest based on the findings constructive and productive directions that may assist practitioners to design psychosocial support services for orphans to realize and reach their fullest potentials.
- Adds to the existing knowledge about the psychosocial experiences of orphans.

1.5. Scope of the Study

The psychosocial experience is one of the broadest aspect of human experiences. Therefore, to study every aspect of it, is time consuming, physically and psychologically exhausting and financially costly. Hence, this study was delimited to investigate the psychosocial experiences of orphan children in Pinyudo town. Whereas, geographically the study was strictly delimited to Pinyudo, Gog woreda's administrative town. There are four Kebeles in Pinyudo town and this study was delimited to those four Kebeles due to constrain like time and security related issues. The present study was also delimited to orphan children of both sex and orphan type between ages of 12-17 years old.

1.6. Definition of Key Terms

Coping strategies: refers to how orphan children deal successfully with orphan hood challenges

Emotional experience: refers to how orphan children experience emotion, particularly sadness, grieves and sorrows during and after the death of their parent (s)

Interpersonal experience: refers to how orphan children involve themselves in relationship between family members, caretakers, peers, classmates, and other people after death of their parents

Orphan child: refers to a child under 18 years of age who lost one or both parents to any cause of death and the loss of one parent classifies as a “single orphan” and the loss of both parents as “double orphan” (World Vision, 2011). An “orphan” may still live with primary or extended family.

Psychosocial experiences: refers to both the psychological and the social experiences of orphan children.

Psychosocial needs: refers to the psychological and social demands of orphan children in their respective society to meet and interact with others in a friendly way.

Psychosocial support: refers to psychological and social support provided for orphan children during and after death of their parent (s)

Self-esteem: refers to orphan children’s confidence in their own values as an individual person

1.7. Organization of the Study

This research report consist of five chapters. Chapter one is dealing with background of the study, statement of the problem under which research objectives are presented, significance of the study, scope of the study, operational definitions and organization of the study. The second chapter is concerned with reviews of related literatures. Chapter three presents research methods and designs of the study. Chapter four deal with organization, analysis and interpretation of the data and chapter five talk about discussion, conclusions and recommendations of the study.

Chapter two

Review of Related Literature

This chapter presents the review of related literatures on the psychosocial experiences of orphan children. The sub-contents include situation of orphans worldwide, the situation of orphans in sub-Saharan Africa in general and Ethiopia in particular; the psychosocial experiences of orphan children under which the emotional and interpersonal experiences; self-esteem were addressed, psychosocial support, psychosocial needs of orphan children and stakeholders' responses to orphan crisis.

2.1. Situation of Orphans World Wide

By 2003 UNICEF, developed and implemented national policies and strategies to build and strengthen government, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS including providing appropriate counseling and psychosocial support; ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; to protect orphan and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance. At the international level, the global community, through the United Nations, has emphasized the seriousness of the orphan crisis in sub-Saharan Africa and the urgent need for governments' action (UNICEF, 2012).

Convention on the right of the child (CRC) states that the right of survival, well-being and development should not be limited to a physical perspective, but rather emphasizes the needs to ensure full development of the child including at the spiritual, moral, psychological and social

needs. The world is well aware of the current situation of orphan children crisis, suffering, disadvantages, and psychosocial problems facing them but governments' actions sound less in responding to orphans crisis. Death has the same unfavorable impact on different people like adults; children do grief for the loss of their parents. However, unlike adult, children often do not feel the impact of the loss simply because they without delay understand the condition of death (Mshengu, 2014).

Most of the orphan children are taken care of by the extended family and those who do not have a supportive extended family tend to take care of themselves (UNICEF, 2006). Orphan children somewhere experience various change after the death of parents like change in relocation. Many reasons prevail why people relocate but according to (Mshengu, 2014) relocation of orphan children from their home create feeling of despair and cause psychosocial adjustment of children hard. Studies reports that orphan children use to experience anxiety when they relocate after the death of their parents; that some other orphan children are chased out by their relatives in their parent's house (Ibid).

Subbarao, Mattimore, and Plangemann (2001) realize that even under the most optimistic economic growth prospects, the number of the poor will remain large for the foreseeable future, AIDS has reached devastating levels in many countries and conflicts in many countries continue to cause immense distress and dislocation (p.13). As a result, these and other factors orphans and vulnerable children have emerged as a large, high risk group.

2.2. The Situation of Orphan children in Sub-Saharan Africa

The orphan crisis in Sub-Saharan Africa has negative consequences for mental or psychological firmness and human well-being that may affect extended family far beyond the regions, affecting governments and people globally. Wealth nations must recognize that in the spirit of the convention on the right of the child and in terms of global interests, they have a vital role to play in accelerating the responses to the orphan crisis. The commitment and participation of the international partners is essential. They must mobilize substantially increased resources to keep this issue on the global agenda, provide technical and material support and ensure that progress toward global goal is monitored and that stakeholders are held accountable. The situation of orphans is complex, findings cannot necessarily be generalized and assistance to orphans and vulnerable children is challenged by this complexity. Studies reported that to date, more single orphans (Thielman, 2015; Sampathkumar, et al. 2015; Beegle, Weerdt, & Dercon, 2007) are paternal orphans than maternal orphans, this is mainly due to the fact that men have children when they are older and fought wars and are more likely to die before their children are grown.

Subbarao, et al. (2001) stated that of the many risks impacting adversely on sub-Saharan Africa, the risk of orphan hood has assumed enormous visibility, largely due to AIDS and armed conflicts. Coping with the risk of orphan hood presents extremely great problems for Sub-Saharan Africa. AIDS and conflicts have orphaned millions of children on the African sub-continent. As a result, the problem of orphans and vulnerable children has reached catastrophic proportion in some countries. However, mistreatment appears to be confined largely to stigmatization and in some instances discrimination in food allocation, education and workload is over emphasized. Rosenberg, Hartwig and Merson (2008) makes it clear that orphan children face increased economic, medical, nutritional and psychosocial deprivation.

2.3. The Situation of Orphan children in Ethiopia

Being orphan is one of the prevalent forms of social problems in Ethiopia (Belay, 2007,p.42). In 2005, it was estimated that there were 4,885,337 orphans aged 0-17 years of which 744,100 were AIDS orphans (Chernet, 2007). About 50% AIDS orphans and 40% of all orphans lack adequate food. It is reported that 6% are forced to beg in order to get their daily food and a large number also dropout of schools due to lack of educational materials. Orphan children in Ethiopia are very vulnerable to all form of abuses and exploitations, loss of inheritance right, loss of opportunity for education, basic health care, normal growth and development as well as shelter. Orphan children in Ethiopia are also at risk of the future incidents of HIV infection. The magnitude of orphans and vulnerable children crisis thus call for planed and intensified efforts from the government, the international community, civil society, bilateral and multilateral organizations (report on progress in implementing the World Fit for Children Plan of Action in Ethiopia, 2007). Orphan children project, reported the challenges faced by orphan children which involves:

- Lack of money for education and payment of school fees, uniform and other necessary supply
- Psychosocial distress associated with anxiety, loss of parental love and nurture, burden of caring for the sick, impact of family dislocation, depression, stigma, grief and frustration
- Abuse of property right
- Physical and sexual abuse
- Inadequate access to basic needs such as food, shelter, medical care and clothing

In Ethiopia, as in most traditional societies, there has been a strong culture of caring for orphans, the sick, and disabled and other needy members of the society by the nuclear and extended

members, communities and churches (Chernet, 2007). However, the advent of urbanization exacerbated by the recurrent drought and the couple of last decades have claimed a heavy toll of human life. Millions of people were forced to migrate to centers where food was distributed (Ibid). Consequently, thousands of children were left unaccompanied due to inability of families, communities and religious organizations to discharge their traditional roles and functions. Earlier reports indicated that approximately 20,000 orphaned and children lacking necessities of life were being cared for at homes in Ethiopia (Chernet, 2007)

2.4. The Psychosocial Experiences of Orphan children

Parental death bring into existence different challenges in life of the child. The challenges may involve failure to cope with orphan hood, poor social adjustment, poor relationship with others and feeling of strong sadness (Abashula, Jibat, & Ayele, 2014). A study addressing emotional needs of orphan children who took part reported the need of psychosocial support since they experience loneliness and anger; rejection and discrimination from their peers, feeling of neglect and so forth. Orphan children experiences losses differently. Mshengu (2014) stated that in the absent of psychosocial support from the community, orphan children may experience obstructions which may shift their focus from their studies in school.

Early separation from parents, deprivation of parental care, love, affection, warmth, security, acceptance and discipline during childhood disrupt orphans educational development resulting in adjustment problems (Sampathkumar, et al. 2015). Foster (1997) shows that beside these factors, other factors make coping with the situation more difficult and painful for orphans. Examples of such factors are: having to drop out of school, an increased workload, difficult relationship with new caretakers and social isolation, lacking visits and neglect of support and responsibilities by relatives, given to the children.

Orphaned boys and girls experience increased rate of psychological distress (Nyamukapa, et al. 2010). Research conducted shows that stress, grief and anxiety of orphan children during and following the death of their parents are worsened by feelings that they are exploited and stigmatized and discriminated against (Gray, 2015 & Belay, 2007). Common reactions of children to terminal illness or death of a parent, are feelings such as depression, hopelessness and suicidal ideation, loneliness, anger, confusion, helplessness, anxiety and fear of being alone (Wild, 2001). Feelings of guilt and shame are particularly reported if the children experienced limited or distorted communication about illness and death of their parents (Veening, 2015: P.16). When being raised by someone other than a parent many influences are associated with psychological distress such as physical abuse, stigma and discrimination (Ibid). The presence of these influences is more common among orphans (Nyamukapa, 2010 as cited in Veening, 2015). Being an orphan can result in swift, possibly short term effects, such as trauma, poor health and absenteeism at school, that develop overtime. It also can result in more gradual effects on psychological well-being, such as fewer educational qualifications and skills in family disintegration and destroyed family network (Veening, 2015).

2.4.1. Psychological experiences

The psychological damage that an orphan child experiences start even before the death of their parents and (especially for AIDS orphans and orphans whose parent died from terminal illness) suffers more from anxiety and depression (Subbarao, et al. 2001). After death of a parent; orphans can be more traumatized if they are separated from their siblings or if they find themselves head of household overnight, responsible for their younger siblings (Subbarao, et al. 2001). Dalen, et al. (2009) found that double orphans living in sibling-headed households are not only poor, but appear to be living with a considerably higher level of stress than other orphans, and certainly

more than other children living in totally and in every way functioning family regardless of the economic background. Schaal, Jacob, Dusingizemungu and Elbert (2010) stated that the loss of a loved one through death is among life's most stressful experiences.

The mode of death plays an important role in the development of prolonged grief (Ibid). Schaal, et al. (2010) conducted research on rates and risk for prolonged grief disorder in orphan children and widowed genocide survivors in Rwanda and the results suggested that a significant proportion of the interviewed samples continues to experience grief over interpersonal losses that occurred on average 12 years ago and attest that unsolved grief will endure overtime if not addressed. This indicate that grieving is a long lasting process in which without psychosocial intervention, grieving will continue for significant period of time.

Studies indicated that majority of the orphans perceived parental loss related-grieving that last quite longer to be accompanied by violent death (whetten, et al. 2014; Suryadarma, Pakpahan & Suryahid, 2009; Sengendo & Nambi, 1997; & schaal, et al. 2010). Older orphan children may experience in many ways due to lack of maternal care; among orphans, the risk of child labor, poor learning outcomes and lower educational attainments and disrupted living arrangements can impose trauma that has harming effects on health and psychosocial well-being (Moucheraud, Worku, Molla, Finlay, Leaning & Yamin, 2015). As a result, orphans seem to be particularly vulnerable to suffer from having working memories that are negatively affected but they thus might find it more difficult to be taught then other children (Ibid).9.

Negative experiences of orphan children in their earlier lives, such as the death of parents as well as the current living situation led to constant preoccupation with how to survive (Dalen, et al. 2009). Golberg and Short (2012) suggested that minimally, differences in kindness and care

could be relevant to orphans' mental health outcomes. The orphan hood may contribute significantly to psychological stress and thus an interpersonal relationship between the social circumstances and the head of household's psychological condition may cause substantial anxiety among orphans and their siblings. Gumede (2009) notes that Orphan children experience emotional stress; higher levels of anxiety, severe despondency and dejection and anger along with the associated inactivity brought about by the severe suffering they confront after a parent dies. Escueta's, et al. (2014) findings suggested that degree of exposure to potentially traumatic events occurring among orphans and abandoned children are linked with increased emotional difficulties and increases in emotional difficulties are related with delays in cognitive development. As a result exposure to deeply distressing experience and emotional difficulties constitute central barriers to educational achievement and result in isolative behavior for all such exposed children including orphans.

Center for Global Health and Development (2009) suggested that "addressing the needs of orphans and vulnerable children and mitigate negative outcomes and the growing OVC population worldwide is high priority for national governments and international stakeholders that recognize this as an issue with social, economic, and human rights dimension" (p.1). Center for Global Health and Development (2009) also noted that collecting the pertinent data on OVC in one setting, and accepting the gaps that still exist in our knowledge, will help policy makers and program activities and maximize positive outcomes for orphans children and their caretakers.

In 2007 Center for Global Health and Development found that "countries and regions differ by their historical, political, and economic context; culture; level of development and urbanization; health systems; respect for human rights; the nations' AIDs and Orphan response; and household

coping mechanisms” (p.5). Beegle, Weerdt, and Dercon (2007) find notably distinctive diversity in the orphan differential across countries and conclude that it is not easy to draw more widely applicable ways about the extent to which orphans are disadvantaged. In 2003 UNICEF reported that “the implications for generations of orphans in sub-Saharan Africa are extraordinarily grave, but government, international agencies, non-governmental organizations, schools and other community groups can still alter the course of the crisis” (P.6). Assefach, (2007), caution that Ethiopia will encounter big costs in the long term if we don’t act accordingly to orphans crisis soon and such costs may comprise increased “juvenile crime, reduced literacy and economic burden on the states”.

2.4.1.1. Emotional Experiences of Orphans

Jengendo and Nambi (1997) on their behalf states that orphan children experience emotional problems and little is being done in this area of emotional support. Goldberg and Short (2010) noted of both sex and described younger orphan as less “troublesome” and older orphans as more able to work and more independent. Beatrice, Micah and Teresa (2012) makes it clear that a parent plays an important parenting role in shaping a child in terms of interpersonal skills. In Ethiopia, orphan children showed more emotional and social adjustment problems and girls reported higher levels of difficulties than boys (Bhargava, 2005). In their work (Beatrice, et al. 2012) realizes that gradually, the parents’ death may traumatically affects a child’s psychological and social well-being. Consequentially, such a child may experience retarded emotional and social development, which has been known to negatively affect academic concentration and relations with peers in the community, school and within their respective classes. UNICEF report (2012) notes that such children may lack life skills like communication, decision making

and negotiation skills which may negatively affect their interpersonal relationships both within the community and outside their community.

Perez (2012) as cited in Beatrice, et al. (2012) stated that the interpersonal relationship is an indicative of better psychological well-being therefore, understanding the interpersonal relationships of children and the factors that contribute to it will help toward clarifying and defining ways to better their well-being. Kiirya (2003) as cited in Beatrice, et al. (2012) parental death tend to make children seek more psychosocial support and satisfaction from many peers which in turn improve their interpersonal relationships. Studies conducted reported that children who are faced with loss of parents make up isolation by seeking social support from several people including fellow peers.

The process that may contribute to psychological dimensions of disadvantage above the original trauma of parental loss have received less attention so far. Stressful circumstances (toxic stress) in early childhood can have a lifelong effect on brain development and health outcomes. When a child experiences stressful events but receives the support of healthy nurturing relationships, a health access response system develops, with no long-term effect on brain development (PEPFAR, 2012). The primary aims of all psychosocial support programs should be to place and maintain children in stable, affectionate family environment (Ibid). The educational experiences of girls seem to be more affected by the emotional loss of their parents (Hong, et al. (2010). Factors such as worry and sadness may result in difficulty concentrating at school and poor interpersonal experiences.

2.4.1.2. Self-Esteem Orphan Children

The word self-esteem is used to define a person's complete sense of self-respect or personal value. Self-esteem is often seen as a personality trait which means that it tends to be stable and enduring. Self-esteem can involve a variety of beliefs about the self, such as the appraisal of one's own appearance, beliefs, emotions and behaviors. Therefore, self-esteem arises habitually from a person's beliefs and consciousness. Self-esteem occurs in concurrence with a person's thoughts, behaviors, feelings and actions. High self-esteem and the self-serving attribution that maintain it contribute to emotional well-being and protect us against depression and anxiety (Greenberg et al. 1992, Haaga, Dyck & Ernst, 1991 as cited in Wanjiru & Gathogo, 2014). Wanjiru & Gathogo, (2014) as cited in Coopersmith (1964) reported that low level of self-esteem may indicate feeling of worthlessness possibly resulting in depression and anxiety. Self-esteem of orphans is central to everything (Kiyiapi, 2007 as cited in Wanjiru & Gathogo, 2014). Self-esteem is the difference between success and failure, affects thinking, cause one's outlook to be positive or negative, affects confidences, self-image, enable one to have the right attitude to succeed at work and affects happiness (Wanjiru & Gathogo, 2014).

Orphan children in most cases lack the parental support needed to enhance their self-esteem (Beatrice, et al. 2012). Orphan and vulnerable children (Takanyanagi, 2010; Assefach 2007; Seruwagi, 2015) have had very little/limited chances to speak about their genuine views on their life experiences; the voice of the child matters; as a child, he/she has his/her own thought on learning, friends, school, community and dreams to disclose and less has been known whether orphans are steadily at higher risk of experiencing psychosocial problems and problems related to their self-esteems. Without parents, children are devoid of the support and care which help them to develop a positive concept of who they are. They are also devoid to the self-care

instruction which help to prepare them for success in adult life after children lose parent, the children become emotionally unstable and have a greater need to protection and care (UNICEF, 2004). Wild and Flisher (2004) states that low self-esteem favor individuals to adopt risk behaviors. Studies show that people low in self-esteem may turn risk behaviors such as substance abuse as a way of coping with the negative feelings associated with low self-worth because these are the only means available to them to deal with stress or because they are influenced by others through “peers pressure” (p.2.)

2.4.2. The social Experiences of Orphans

The lack of caring adults or significant others led to incomplete socialization for the orphan children in sibling-headed household (Dalen, et al. 2009). Obtaining psychological, social and cultural competences required for these children’s new way of life is been seriously limited (Dalen, et al. 2009). In their conclusion (Dalen, et al. 2009) stated that psychosocial obstructions of orphan children are the consequences of many and multifaceted problems they face such as survival anxiety, lack of information from village members, lack of understanding and capacities to support the orphan children. Research undertaken by Todres (2007) reported that when children lose their parents, they lose what is usually their greatest source of protection. As a result, orphans are typically more susceptible to human violation than children whose parents are alive. Todres (2007) reported an estimated 250 million children between the ages of five and fourteen work for a living; almost half work fulltime. He added that in Ethiopia more than 75% of child domestic workers are orphan, working on average of eleven hours a day, seven days a week.

2.4.2.1. The Interpersonal Experience of Orphans

Humans are social beings, each child's sense of well-being relies on a greater extent on interpersonal relationships. Practically, in interpersonal relationship, children set up a firm basis for their personal identity, express their thoughts, feeling and engage in collaborative activities with others both within their community and outside. Beatric, et al. (2010) suggested the need to create an emotional and caring climate that is conducive for quality learning. Such climate will only be possible when there is a good quality child-caregiver and child-child relationships. Globally, orphan hood has been on the increase due to the high death rate of parents (Ibid). These deaths are caused by terminal disease among them cancer, malaria, tuberculosis and AIDS. Other parents are brutally murdered, others die from natural calamities such as landslides, moreover, terrorists' attacks through bomb blasts, road marine and airplane accidents, child birth and old age have also left children orphaned. Therefore, the relationship between parental death on children's conduct and peer relationship problems is well documented (SG, Kumar, Ramgopal, Sriniva & Dandona, 2016). The possibility of psychopathic behavior among children raised without supervision relating to unknown psychosocial effects of orphan hood by violent and AIDS death is significantly associated with increased peer relationship problems (Ibid).

2.5. The Psychosocial Needs of Orphans Children

The psychosocial needs of children, especially orphans are most often neglected in program design (SG, et al. 2016). Emotional needs of orphans embraces needs for love, security, encouragement, motivation, care, self-esteem, confidence, trust, sense of belongingness, guidance, understanding and etc. (Kayambo, Mbwambo, & Masila (2005). Children needs to be heard and need to learn to express their feelings in appropriate manner (Ibid)

The minimum needs of orphans and vulnerable children are as those of any other child; food, shelter, healthcare, love, sense of belonging, and an education. The relative utility of each may change as children age, but all remain interdependently critical to physical and mental health (Subbarao, et al. 2001. p.13). In addition, orphans and children who have been traumatized by war need psychological counseling to deal with the grief and depression that accompanies the deaths of a parent or psychosocial trauma.

Chitityo, Changara and Chitityo (2008) stated that without a parent, children are devoid of the support and care which help them to develop a positive concept of who they are. They are also devoid of the self-care instruction which helps to prepare them for success in adult life (Ibid).2. After children lose their parents, they become emotionally unstable and have a greater need of protection and care (UNICEF, 2004). Because of stigma (especially for AIDS orphans), these group of children are often discriminated against and further intensifying their psychological distress (Chitityo, et al. 2008).

2.5.1. Psychological Needs

Family members rely on the family system to meet their individual and collective needs (Turnbull & Turnbull, 2001 as cited in Chitiyo et al. 2008). As Chitiyo et al. (2008) cited in Turnbull and Turnbull (2001) family system have eight function that have to be fulfilled for the well-being of members: (a) affection, (b) self-esteem, (c) spiritual, (d) economics, (e) daily care, (f) socialization, (g) recreation and (h) education. Forming attachments with significant others is considered normal behavior for children and adults (Stefan, 2005). He continued believing that when a significant attachment is threatened such as during terminal parental illness, emotional distress is triggered and every efforts is made to restore the bond.

2.5.2. Social Needs

Veening (2015) stated that the effect of orphan hood on psychological distress depends on the social context of the orphaned child (p.6). Dalen, Nakitende and Musisi (2009) in their research on situation of double orphans heading households in Uganda reported that orphan children's limited contact with their relatives seem to be painful and least understandable; the orphan children were found saying that adult did not seem to understand the problems they children face every day. Without social support mechanisms to assist families who suddenly find themselves caring for orphan children, the level of care will vary based on what these guardians can provide creating possible additional vulnerabilities for orphan children (Moucheraud, et al., 2015. p.8). Social needs are important for integration into community without feeling stigmatized or different; to develop sense of belonging, form friendship and community ties, acceptance, identity, acknowledgement from peers and opportunity for social interaction (Kayambo, et al., 2005).

2.6. Psychosocial Support Available to Orphan Children

Wild (2001) defines psychosocial supports as a constant process of meeting the social, mental and spiritual needs that are considered to be essential elements for positive human development. Wild (2001) makes it clear that the effective social support from friends and adults outside the family of the child, for instance teachers and church leaders, seem to be important moderators for the adjustment of children to the death of their parents (p.7). Some of the experiences of orphan children overlap with those of other vulnerable groups (Cluver & Gardener, 2007). Resources are limited, communities are being overwhelmed and realization of the international development goals is being threatened (Subbarao, et al., 2001). Yet the levels of public actions

are unclear, due to limited knowledge of the magnitude of the problem and lack of clarity on the effectiveness of interventions.

Dalen, et al. (2009) inform us that the villagers' responsibility and understanding of the challenges that the orphan children face varied hugely from village to village. The quality of degree of assistance provided by the chairman and the other village members in caring for the orphans and the relationship to the sibling households correlated well with the knowledge about HIV/AIDS and the situation in the sibling headed households (Ibid).⁹ Kayambo, et al. (2005) death of parents affects children socially and psychologically regardless of causes and has a great impact on the life of orphans in daily life and psychosocial support for orphans always aims at long feeling of security and hope and eventually attempting to meet nearly all essential components of psychosocial support and these in turn help strengthening orphans' personal coping capacities, hope, security, trust and reinforcing support from family members and friends.

In their recommendations Kayambo, et al. (2005) forwarded that sport, poetic, theatre, setting income generating activities, providing spiritual, emotional and psychological support are at the center of psychosocial support for orphan children more obviously. Many orphan children experience little psychosocial support dealing with grief and coping needs as a result of parental death (Veale, Pdraig, Ndibeheye & Nyirimhgo, 2001). Orphan children have no emotional support, therefore, they would not able to share their worries and fears with. Parental death is one of the major cause of disruption of children lives (PEPFAR, 2012).

2.6.1. Psychological support

Orphan children suffer anxiety and fear during the years of potential illness followed by grief and trauma with the death of a parent. Children and their caregivers needs love and emotional

support and the opportunity to express their feelings without fear of stigma and discrimination. Stakeholders should provide orphan with support that is appropriate for their age and situation and recognize that orphan children often respond differently to trauma and loss. Orphans sometime turn to drug and alcohol as means of coping with this trauma.

Stakeholders must provide support to avoid these counterproductive activities. According to UNICEF report (2012) establishing moral values in children in difficult situation in society can be exceptionally difficult when opposing values such as fighting and lack of respect for others are so common. Left to themselves without any community restraints, these orphans and other vulnerable children could potentially destabilize the society in the future; Africa could see severe erosion of its human capital, greater lawlessness and an increase in the costs of policing and administration of justice system (Ibid).

2.6.2. Social support

Children in much of Africa today require protection from exposure to war, abduction; conscription; physical, sexual and emotional abuse; psychosocial trauma; neglect; separation, abandonment; malnutrition and poverty. According to Subbarao, et al. (2001) the consequence of losing a parent differ among children; some live in families with only one surviving parent, some live with grandparents and some live with no support from any source be it financial, emotional, psychosocial or psychological. When we think of the nature of risks that made children vulnerable; whatever the cause, orphans and vulnerable children face the heightened risk of malnutrition, mortality, morbidity, and psychosocial damage among others (Subbarao, et al. 2001).

2.7. Stakeholders' Responses to Orphans Crisis

Regarding the families and community responses to orphans crisis; communities are at the forefront of caring for vulnerable households (UNICEF, 2012). Result of the orphans and vulnerable children head of household baseline survey in 4 districts in Zambia reported that friends provide 19% of financial assistance for food, church 7% and relatives 74% of financial assistance. Emotional support/counseling, church 43%, friends 26%, neighbors 12%, health care unit 5% and relatives provide 14% of the emotional assistance (Musisi, et al. 2007). The extent of the effect that orphan hood has on the psychological well-being of the orphan children depends on the social context of the orphaned child. The extended family of orphan children is the most responsible and preferred option for children in many sub-Saharan African countries, after their parents are deceased (UNICEF, 2003).

According to Veening (2015) extended family of orphan children refers to the wider circle of people, and includes uncles, aunts and grandparents of the children. Extended families that are taking care of their orphaned relatives face several challenges that go along with this responsibility such as additional financial costs (Ibid).⁸ Currently, literatures about the responses of extended family and community in caring for orphan children is scarce. Nevertheless, some authors reported the extended family faces a lot of complications in taking care of the orphan child, others perceive the extended family as a powerful unit with the capacity to easily adjust to changing conditions (Abebe & Aase, 2007; chirwa, 2002; Mthanbo & Gibbs, 2009).

The extended family system is relatively larger in the African context, studies are indicating that due to factors such as poverty and disease, the extended family system is overwhelmed and members are increasingly reluctant to take in additional orphaned family members (Veening,

2015). Public responses to the orphan children crisis has been slow in coming, though in some countries governments are preparing enhanced social protection programs for orphans. The economic conditions and family history of individual child as well as generalized attitudes concerning orphans may affect the level of community response that they receive (Thurman, Snider, Boris, Kalisa, Nyirazinnoye & Brown, 2008). A key issue in community response is whether adults see it as their duty to care for orphan children (Thurman, et al. 2008). However, the extended family is considered to be the best option for children, after their parent have passed way (Karmi, Swemalla & Ismaylova, 2007 as cited in Veening, 2015. P.9). Recent literature about the response shows that even if awareness about the crisis of orphans is growing , particularly in eastern and southern Africa, many governments have not yet acknowledged the potential of the problem and no country has mounted the kind of responses that is needed (Subbarao, Mattimre & Plangemann, 2001. p.13).

2.8. Coping mechanism

The number of orphans and other vulnerable children has been intensified as to threaten the tradition of coping mechanism, strengthening the case for public intervention. All orphan children experience the unpleasant and they differ from one and other. Some cannot cope when they have no one to support them in their community and in their school environment; some experience the feeling of hopelessness after losing their parents.

Fostering orphans by relatives is more accustomed to the African socio-cultural values than most other options (Subbarao, et al. 2001) and this option is widely practiced across much of African countries. The effects parental illness and death have on child's mental health and ability to cope are complex and depend upon the child's development stage, resilience and culture (Stefan, 2005). A critical component of the responses to the orphans' crisis is to increase access to

essential services and to ensure parity for orphans and other vulnerable children (UNICEF, 2004). Comprehensive local action plans are essential to meet the needs and coping mechanism of orphans. Increasing access will depend on building district-level capacity for effective decentralization and targeting of services as well as multi-sectorial coordination among service providers. UNICEF (2003) stated that governments should protect the most vulnerable children and families should hold primary responsibility for the care and protection of children, therefore, national governments should take the ultimate responsibility for protecting children ensuring their well-being. NGOs can fulfill an important role in the support provision of resources of the extended family members who are taking care of their orphaned relatives (UNICEF, 2006).

2.9. Summary of the review

A large body of literature addresses orphan children's psychosocial with special emphasis to particular part of orphans' experiences. An extensive search of the literature on psychosocial experiences shows few research that directly addresses the psychosocial experiences of orphan children without dividing them based on orphan type or status, age or sex. There is very limited evidence of studies on the psychosocial experiences carried out in Ethiopia in general and Gambella in particular. Many research conducted in Sub-Saharan Africa focuses on HIV/AIDS orphan children. Many other research were conducted on orphanages in Ethiopia (Tadesse, Dejere & Belay, 2014). There is no literature about psychosocial experiences of orphan children that broadly embraces all orphans regardless of the causes of death to their parents, age and sex. Majority of orphans in Ethiopia today endure severe psychological and social problems and yet, there is absence of research addressing their psychological and social problems. This phenomenological study focused on investigation of the psychosocial experiences of orphan children in Pinyudo town, Gambella, Ethiopia. Through phenomenological inquiry a human

science, this study sought to investigate, describe, explain and explore the psychosocial experiences of orphan children in Pinyudo. It is the intent of phenomenological study to listen to the lives experiences of orphan children and open the possibilities of uncovering the importance and meaning of their experiences with regard to psychological and social lives. Understanding the psychosocial experiences of orphan children is central to psychologists and special needs experts for effective psychological and social intervention.

Chapter Three

Method

3.1. Research Design

The present study employed phenomenological research design. This is because of the nature of research title investigated that decides the design so far. As the study tried to investigate the psychosocial experiences of orphan children, phenomenological study always takes the lead in such circumstances. Because phenomenology aimed at theoretical point of view that advocates the study of direct experience taken at face value; and one which sees behavior as determined by the phenomena of experience rather than by external objective and physically described reality. In phenomenology the aim of researcher is to describe as accurately as possible the phenomenon, refraining from any pre-given framework but remaining true to the facts. Mayoh, and Onwuegbuzie (2014) caution that “the preliminary concern for the phenomenological researchers is to use qualitative data collection to describe or interpret the nature of lived experiences” (p.213).

The present study used descriptive (eidetic) phenomenology because the essential characteristic of descriptive phenomenology is that it focuses on the descriptions of participants’ individual experiences (Creswell, 2007). Descriptive phenomenology describes the common themes or essential parts from the experience that identify the phenomenon and transcends the experiences of different individuals (Mayoh & Onwuegbuzie, 2013).

3.2. Sources of Data

To achieve the purposes of this study, one way of data source was paid attention to (i.e. The primary sources). Primary data were collected from orphan children themselves.

3.3. Research Site

Gambella People's National State is one of the nine regions in Ethiopia. Gambella is located to the west of the country. The region is bounded by Oromia to the north east; southern nation, nationalities and peoples' state (SNNPS) to the south and South Sudan to the west. According to Federal Democratic republic of Ethiopia (FDRE) Central Statistical Agency (CSA) population projection value of 2014 at zonal and woreda levels by urban and rural residence and by sex, the total population of Gambella is 396,000 of which 207,000 are men and 189,000 are women.

This study was carried out in Gog woredas' town (Pinyudo) in Gambella. Gog wereda is located within Anywaa zone with the total population of 24,763 of which 11,503 are men and 13,360 are women. Accordingly, 10,674 are living in urban and 14,089 are living in rural areas. Hence, Gog woreda is the second most populated woreda next to Gambella town in Anywaa zone. Gog hosts thousands of south Sudanese refugees since the first outbreak of civil war The Sudan.

3.4. Participants

Based on the data obtained from Gambella's People Regional State Women and Children's Affairs Bureau, the first Growth and Transformational Plan (GTP-1) of the FDRE study conducted in all twelve districts, one special district and one town and city administration of Gambella in 2013 estimated 22,596 orphan children in Gambella. No organized data with regard to categorization of orphan children based on sex, age, orphan type (single or double orphan, paternal or maternal orphan) zones or ethnic group etc.

Thus, this study targeted orphan children between ages of 12-17 in their family within Pinyudo towns' Kebeles (4) for the primary data to build up the research findings. In order to access and recruit the participants I contacted the district's Women and Children Affairs Bureau officials and informed them that I need children whose age range from 12-17 years old. This is mainly because children at the age mentioned above are mature and ready to express themselves plainly without any difficulty memorizing their lived experiences of the past or the present, then I selected the samples based on the purpose of the research.

Sample size was determined by reaching data saturation and individual interview and focus group discussion (FGD) was held with 16 orphan children which composed of both sex, single or double orphans, maternal or paternal orphans. Sample size was determined on the basis of theoretical saturation. Hence the number of participants were sixteen orphan children from four Kebele of Gog woreda's Pinyudo town.

3.5. Sampling Techniques

The approach to recruit participants for phenomenological study follows from the theoretical account of the epistemology of phenomenological analysis (Frost, 2011). This means that participants were selected purposively because involving all orphan children as it is defined and age given in the definition determines who is an orphaned child may divert the rationales which this study promised to present at the end of the day. Again it is clear that children at age below 12 may not plainly express themselves or remember all that happens in his/her life. Hence, given the definition of an orphan child, I used purposive as sampling technique to avoid misinterpretation of the findings.

3.6. Data Gathering Instruments and Procedures

Phenomenology requires a data collection method that invite participants to offer rich, detailed, first-person accounts of experience. Semi-structured, one-on-one interview have been used most often as they are particularly useful for phenomenological studies describing how participants are making sense of experiences. Therefore, qualitative data collection tools were applied. Semi-structured interview and focused group discussion were employed with orphan children.

Semi-structured Interview was used to collect data on the perception of orphan children about their emotional experiences, interpersonal experiences, self-esteem, coping strategies, psychosocial support and psychosocial needs, their perception about the individual, community, and government or non-governmental organizations' responses to orphans' crisis in the town.

Interview was held by interviewing one individual participant with the help of one co-interviewer who is in charge of jotting down notes on physical clues, behavioral marks and the general information the participant provided because in case the recording device may stop working or lost later after data is gathered. While interviewing, the voice of the participants were tape recorded based on their willingness. During focus group discussion, there were two groups in which each group composed of eight participants. FGD was held with the first group in which two co-assistants were present. One assistant was tape recording the voice of participants, the second person was taking notes and I was asking the questions and facilitating the discussion. The same thing was done during the second FGD. Grouping was done not based on sex, age, or orphan type but it was done for manageability and remaining strict to the rules of FGD.

Focus group discussion was used to obtain the data on psychosocial about commonalities and peculiarities and more of psychosocial support, social needs, stakeholders' responses and mechanism of altering orphan crisis were questions on topic asked during interviews to back the data gathered through individual interview and maintain the rigor of the findings. The mentioned data gathering tools are believed to be relevant to provide accurate data that could strengthen findings or results at the end of the study.

3.6.1. Interviews

Unstructured and structured interviews are one of the most common qualitative methods. One reason for their popularity is that they are effective in giving a human face to research problems. According to Mack, Woodson, Kathleen, Macqueen, Greg, & Namely, (2011) in-depth interview is a technique designed to elicit a vivid picture of participant's perspective on the research topic.

During in-depth interviews, the twelve (12) participants who were interviewed were considered the expert and the interviewer was considered a student. I did not lead the participants according to preconceived notions, nor did I encourage participants to provide particular answers by expressing approval or disapproval of what they say.

I was motivated by the desire to learn everything the participant can share about the research topic. I was engaged with participants by posing questions in a neutral manner, listening attentively to participants' response and asking follow-up questions and probes based on those responses.

Semi-interviews were conducted face to face and involved one interviewer and one co-interviewer with one participant. Interviews are useful for learning about the perspectives of

individuals as opposed to, for example groups norms of a community, for which focus groups are more appropriate. They are an effective qualitative method for getting people to talk about their personal feelings, opinion and experience.

They are also an opportunity for researcher to get insight into how people interpret and order the world. In-depth interview is also appropriate for addressing sensitive topics people might be reluctant to discuss in group setting. Therefore, in this study in-depth interview data consisted of tape recordings and notes taken during the interview. Notes documented observations about the interview contents, the participant and the context.

3.6.2. Focus Group Discussion

Focus group discussions consist of a set of individuals with similar characteristics or having shared experiences who sit down with moderator to discuss a topic (Amos, 2002). Focus group discussion provides different kinds of information than can be generated from individual interviews and observation (Krueger, 1994 in Amos, 2002).

Focus group discussion interviews are often used to supplement other qualitative data, but they can be basic data collection strategy of a qualitative study (Amos, 2002). Hence Amos asserts that researchers from any of the qualitative paradigms can utilize focus groups discussion as method to collect data. Two groups of sixteen orphan children were formed that consisted of previously 12 participants who were interviewed and 4 others who were not interviewed took part in the FGD.

3.7. Data Analysis Procedures

Qualitative approach of data analysis was the means to analyze the data gathered. The word analysis in many instances means breaking into pieces. Coffey and Atkinson, (1996, p.9) in Groenewald (2014) regard analysis as the systematic procedure to discriminate vital components and links. It is a process of converting the data through meaning making. In this study analysis process passed through five phases which are:

1. Bracketing units and phenomenological reduction: which refer to the bracketing of the researcher's personal views or preconceptions'
2. Delineating units of meaning: I was required to make a substantial amount of judgment calls while consciously bracketing my own preconceptions in order to avoid inappropriate subjective judgments. The list of units of relevant meaning were extracted from each interview carefully and considerably and clearly redundant units were eliminated. To do this I scrutinized the literal content, the significance of time a meaning was mentioned and how it was stated.
3. Clustering of units of meaning to form themes: this was done by exhaustively examining the list of units of meaning and I had tried to draw out the essence of meanings of units within the holistic context. Hycner (1999) in Groenewald (2014) contend that this grasp attention for even more judgment and skill on the side of the researcher. Cluster of themes were normally made by sorting units of meaning together (Creswell, 1998; king, 1994; Moustakas, 1994 in Groenewald, 2014).
4. Summarizing each interview, validating it and where necessary modifying it: I conducted a confirmability check by returning to the informants to determine if essence of the

interview has been correctly grasped. Any modification was done as a consequence of confirmability of the interviews data.

5. Extracting general and unique themes from all the interviews and making a composite summary: after all, I looked for the themes common to most or all of the interviews as well as the individual variations. Care was taken not to cluster common themes if considerable difference is seen. Finally, I concluded the analysis by writing a composite summary, which reflected the context from which the themes emerged.

3.8. Trustworthiness of the Study's Findings

This study used qualitative research strategies to ensure the rigor of the inquiry. The trustworthiness strategy in qualitative research that was employed was confirmability.

8.2.1. Confirmability

Confirmability was chosen among other trustworthiness strategies in qualitative research because this was taken to help ensure as far as possible that the work's findings are the result of the experiences and ideas of the informants, rather than the characterization and preferences of the researcher. Therefore, I engaged in methods of informants' validation and member checking to confirm my findings. To secure informants validation, I presented a summary of the findings to the interviewees by telephone, asking them if they agreed with any or all of the emergent opinions, that is, if they saw their personal perspectives represented in any or all of the reported findings on the one hand.

3.8. Ethical Issues

According to Creswell (2012), researchers who carry out qualitative research seek an in-depth description of a phenomenon under investigation. He further proposes that “participants may be asked to discuss private details of their life experiences over a period of time” (p. 230).

Respect for participants and the use of non-discriminatory language are ethical issues that must be observed (Creswell, 2012). Now, the informed consent of all the research participants has taken a written form and I proceed by explanation of the kind of research I intended to do. I maintained strict confidentiality about the information that were obtained from the informants.

No information about the personal details exposed in any records to other individuals without the informant’s consent. Informants were provided with reasons for the study procedures. I accepted the fact that the informants have freedom to decline to participate or to withdraw from the study process. I did not make use of hidden cameras and tape-recorders without the permission of the informants. And finally, throughout the research process I made sure that the identity of the research participants is not revealed

Chapter-Four

Data Presentation and Analysis

This chapter presents and analyze the research data. It contains detailed extracts from the participants of the study, interview and focused group discussion held with the participants. Findings of the study are organized and presented in seven more specific research objectives of the study. These are to: Explore the emotional experiences of orphan children in Pinyudo; describe the interpersonal experiences of orphan children in Pinyudo; understand the perceived self-esteem of orphan children in Pinyudo; investigate the major coping strategies commonly used by orphan children; Explore views of orphan children towards the services being rendered to orphans. Examine views of orphan children toward psychosocial support; Describe views of orphan children on social needs. Direct quotations are drawn from the raw data of the study to illustrate the theme. Prior to data presentation and analysis, brief profile of the research participants and research site have been presented.

Gog woreda (district) is one of the thirteen districts in Gambella regional state of the FDRE. It is one of the most populated district in Anywaa zone next to Gambella town itself, the capital of Gambella regional state. Pinyudo is the administrative town of Gog district in which four Kebeles are found known as Kebele 01, 02, 03, and 04. It was in this town where this study took place. Data regarding the total population of orphan children in Gog district is not gathered and made available due to lack of finances (women and children's affairs Bureau). According to Gog district women and children's affairs bureau, there are about 220 orphan children only in Pinyudo town with extreme living situation who were just registered for material support from

different government and non-governmental organizations. Out of this figure, fifty two are orphan children between the ages of 12-17years old.

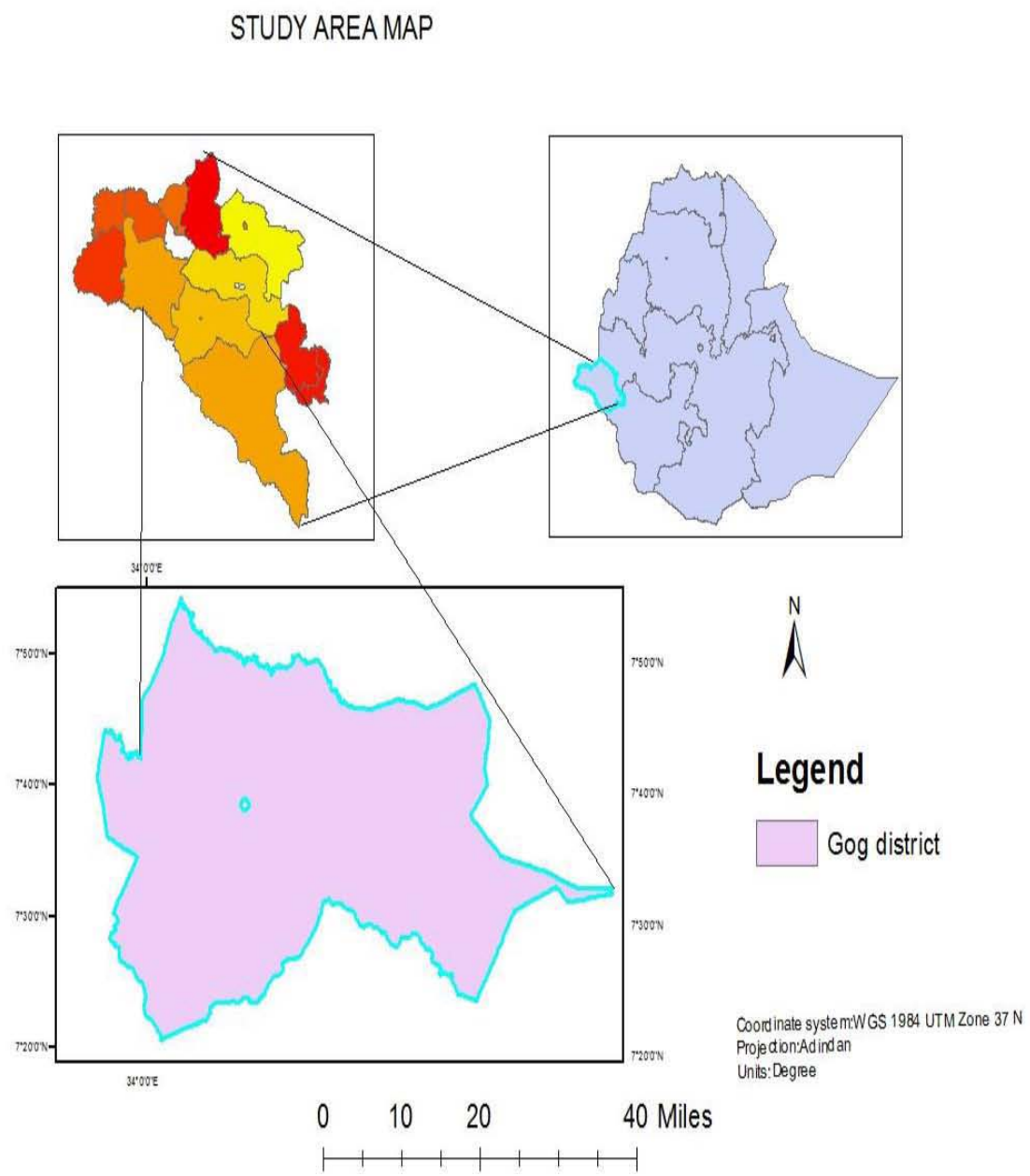


Figure -1Map of the study site

Table-1. Demographic Background of Participants.

The demographic information obtained from the participants is first presented in terms of age, orphan status, orphan type and orphans' age when their parent (s) died. This was done for more understanding of the participants' background information.

Code	Current age of participant	Orphan status	Orphan type	Age of participant when parent(s) died
Mp-1	12	Single	Paternal	10
Mp-2	14	Double	Both	M-2/F-5
Mp-3	17	Single	Maternal	15
Mp-4	15	Single	Paternal	7
Mp-5	14	Single	Paternal	11
Mp-6	14	Single	Maternal	9
Fp-1	12	Single	Paternal	6
Fp-2	12	Single	Paternal	11
Fp-3	15	Double	Both	M-3/F-10
Fp-4	14	Single	Maternal	3
Fp-5	14	Single	Paternal	6
Fp-6	16	Single	Paternal	8 months
Fp-7	14	Single	Paternal	4 months
Fp-8	15	Double	Both	M-7/F-5
Fp-9	12	Single	Maternal	9
Fp-10	12	Single	Maternal	2
Total	16			

Accordingly, eight (8) participants who took part in the study were paternal orphans; five (5) were maternal orphans and three (3) were double orphan children. Whereas female participants outnumbered male participant, ten (10) of the participants were females and six (6) were males participants. This is mainly due to doubting attitude and unwillingness of male orphan children to take part in any event. I interviewed each of these children in depth, using an interview guideline in four different Kebeles. In addition to this, I conducted a FGD with these same orphan children in order to describe their common experiences of psychosocial in a broader manner and orphans' emotional and interpersonal experiences in particular at Okedi Junior School in Pinyudo town, Gog woreda, Gambella, Ethiopia. In-depth discussions were held on emotional and interpersonal relationship experiences, psychosocial support and needs, self-esteem, stakeholders' responses to the orphans' crisis and mechanism of altering the crisis.

Table 2. Age Boundary of the Participants by Sex Category

Age Boundary	Male	Females	Total
12 years	1	4	5
14 years	3	3	6
15 years	1	2	3
16 years	0	1	1
17 years	1	0	1
Total	6	10	16

As table 2 shows, most (14 of 16) of the research participants were aged between 12 and 15, while only two orphan children were aged between 16 and 17.

4.1. Psychosocial Experiences of Orphan children

In order to report what the actual experiences of orphan children regarding their psychosocial in Pinyudo town, data gathered under this larger theme were categorized in to the following sub-themes: emotional experiences of orphan children; orphan children's perception of interpersonal experiences; orphan children's perception about self-esteem; coping strategies; perceived services rendered to orphan children by stakeholders; psychosocial support; and psychosocial needs of orphan children.

4.1.1. Emotional Experiences of Orphan children

This sub-theme was designed to address one of the research objectives that explore the emotional experiences of orphan children. Responses from each interview with the research participants revealed that before the death of parent(s) orphan children were living happy life, they were cared for, protected and loved by their late parents. Out of twelve interviewed participants, eight have reported happiness and good care before the death of their parents. Only four participants did not know how they were feeling before the death of their parents due to the fact that they were still infants. They cannot remember their emotional feeling with their late parents. Regarding their emotional experiences, for instance, one of the participants says:

Before the death of my father I was good and happy. Nothing made me feel bad before his death. During his death I was emotionally feeling unhappy. My mind is after my

father. I think of someone to support me. After his death I always been grieving and thinking about him a lot (interview, girl, age 16, Kebele-02)

Participants perceived their experiences during the death of their parents as characterized by sorrows, isolations, despondencies, mourning, and grievances and overthinking. Seven participants revealed that they have suffered the fore mentioned psychosocial experiences with exception of the five participants who do not remember the grieving event of their late parents.

Grieving, sorrowing, and overthinking remains and endures with majority of orphan children who took part in the study after death of their loved ones. There are circumstances that remind orphan children of their lost parents. In this regard orphan children revealed that New Year celebration, yearly clothes, holidays, and mistreatment at home are among other things which lead them back to grieving moments. During an interview one of the participants says:

My siblings and my mother's insults makes me feel differently. When I am treated distinctively in the family I feel emotionally sad, thinking of my father is hurting. I experienced emotional pain as a consequences of the ways I am treated after the death of my father (interview, boy, age, 14, Kebele-02).

Almost all orphan children reported lack of someone who can support them with things they want like clothes, shoes, school bags, exercise books and many other after the death of parents as precipitating factors for orphans' emotional feelings. Orphan children endure the worst mistreatment at home by their own primary care takers (surviving parents or significant others). During the FGD session one of the participants stresses:

When they (parents) were alive they have done great things for me. After their death I always been grieving because they have done a lot of things for me (FGD, boy, age 14, Kebele-03)

4.1.2. Orphan children's views of Interpersonal Experiences

One of the objectives of this present study was to describe the interpersonal experiences of orphan children. Responses regarding participants' views of interpersonal experiences composed of mixed answers and reactions. Here a lot of mixed concerns were raised by the participants. Nearly, more than half (8) of the participants reported difficulty making interpersonal relationships at home than outside. These eight (8) of the participants reported interpersonal problems at home than in the neighborhood. According to one participant, interpersonal experience outside the family circle is much advanced than in the family. In compliance with this, one of the participants explains:

I have difficult experiences making interpersonal relationships especially in my own family with siblings and my own mother and my step father, this is because I am the only son of my late biological father in the family and this makes it surely difficult to have an interpersonal relationship due to intensified discrimination and exclusion by my family. I did nothing to maintain a good interpersonal relationship in the family because when I did try to maintain my interpersonal relationship with them they don't accept me. Even if I say positive things my siblings view it in a hostile manner. This is mainly because I have got a different biological father and they have got another father in the family (interview, boy, age -14, Kebele-02)

Essentially, eight participants expressed good interpersonal experiences with primary care takers, peers classmate and neighbors and others. However, all participants stressed the attitude of non-orphans' parents toward them as hostile and inappropriate. Parents of non-orphan children use to advice their children not to get along with orphan children because they consider these children as disrespectful and rude since they got no one to advise them on behaving themselves. Some participants reported overthinking as a major reason for their interpersonal experiences problems. In this regard one of the participants indicates:

The time my father was alive it was possible I had good interpersonal experiences but now after he is gone due to overthinking and my thought is up to my father always, making interpersonal relationship become difficult. But I still maintain good interpersonal experience with people I use to interact and feel happy with close friends and play with them (interview. Girl, age-14 Kebele-01).

Fighting was reported by the participants as something they experience when making interpersonal relationship with non-orphan children. Negative attitude of non-orphan children and bullying behavior toward orphan children was highly reported by the participants. Orphan children are bullied for wearing frayed/worn-out clothes by non-orphan children and this make their interaction and interpersonal relationship a challenge. In line with the statements above one of the participants explains:

My interaction with friends is reduced because if I meet people and if I talk indecently this may require a father who can stand behind you because when it comes to fighting I only have a mother. One more thing I suffered is grieving and deep sadness about my

father. No cloth to wear but before his death he use to buy clothes for me then (interview, boy, age 12, Kebele-04).

Some participants mentioned failure to afford buying fashion clothes as a source of difficulty having a good interpersonal experience with peers. During an interview a male participant believes:

Lack or failure to afford buying good clothes make my interpersonal experience with others a challenge. Sometime I isolate myself and walk alone. Before I was a child I use not to thinks too much about something to wear (interview, boy, age -15, Kebele-04).

4.1.3. Orphan children's opinions of their Self-esteem.

Responses presented here were line in with the views of orphan children toward their self-esteem. Interviewees and FGD participants mentioned a lot of things about their perception of their self-esteem. Virtually every participant articulated low self-esteem. Orphan children in this regard have deleterious values and disrespect for themselves just because of orphan hood. Lack of someone to fulfill desires and wants are the reasons behind low self-esteem of orphan children. Orphan children seems to compare themselves with those peers who are living with employed parents. In an individual interview, a boy says:

I see myself lowered because I don't have a father. I see myself as a bad boy because my dad is not with me. No one to buy me clothes or things I demands (interview, boy, age 12, Kebele-04).

According to the participants, orphan children are extremely different in term of self-esteem and no way can an orphaned child maintain positive self-esteem with non-orphaned one. In FGD session one of the participants explain that:

Someone who is orphan and someone who is not an orphan is different because an orphaned child do not wear the kind of fashions non-orphan wear. Regarding my self-esteem, I am not equal with those who are non-orphan. I always lower myself when I recall the life I had lived with my father and compare it with the current one, I am always discouraged (FGD, girl, age 14, Kebele-03).

Orphan children preferred getting along with other orphan children to escape grievance stimulus that set off pass and bad moments.

4.1.4. Coping strategies commonly used by Orphan Children

Orphan children's perception of strategies of coping with psychosocial experiences composed of many maneuvers. Participants strongly reported that during leisure time going to churches compound where they spent the whole day to avoid insults and mistreatment at home was a strategy they used. Some mentioned that they encourage themselves not to worry about their lost parents. Advice from elderly people is also reported by many participants. Other orphan children revealed the efforts made by their friends to cope with grievances. Church leaders plays a great role in involving themselves in traditional advisement of these orphan children. In relation to their coping strategies, for example, one of the participants says:

I use to spend my leisure time at church compound to avoid insults and worst treatment by my mother and siblings especially during day time (interview, boy, age 14. Kebele-04)

Moreover, some participants mentioned crying, overthinking, and isolating oneself from others as coping mechanism which may result in deviated development.

Participants revealed some ways of coping with psychological and social problems they experiences and these ways are categorized as adaptive and maladaptive coping mechanism.

4.1.4.1. Adaptive coping mechanism

- Resilience
- Getting along with friends and playing with them
- Staying in the churches' compounds
- Encouraging oneself
- Receiving advisement from elderly people in the neighborhood
- Personal prayer and prayer from church leaders
- Involvement in small business to fulfill one's needs and wants

4.1.4.2. Maladaptive coping mechanism

- Isolating oneself from others
- Overthinking
- Crying

4.2. Views of Orphan children toward Service Rendered by Stakeholders

The responses about this research objective fall under three sub-themes and these are the individual, community and government or non-government organizations' responses to orphan children's crisis. In relation to individual responses to orphans' crisis, participants reported lack of support at all except relatives who only deal with their kinfolds. No one know what condition orphan children are in and care about how orphan are suffering from the psychosocial challenges. Still it is the extended family who are providing safety net for orphan children. Concerned relatives are caring and supporting orphan children both psychologically and socially.

Regarding the above heading, during the FGD session, for instance, a girl participant states:

No individual responded to orphans' crisis in this town (FGD, girl, 14, Kebele-04).

Participant insisted about an absolute absent of any response of its kind seen from the local community regarding the yearly rising orphan children's catastrophes in Pinyudo town. However, few participants reported materials support (shelters) from the Save the Children, UK through Kebele-04 in Pinyudo town. In a FGD session one participants expresses:

The Kebele administration once provided orphan children with bed sheets and blanket (shelters) and mosquito net and currently they provide us new bed sheets again (FGD, girl, age, 12, Kebele-03).

According to the participants, government have been providing material support like shelters. They reported occasional and unevenly distributions of these materials support. Some orphan children expressed concern on provision of shelters among orphans. To get this support first you need to be registered and then you will receive the support. In this case, some orphan children are excluded because of favoritism shown by those in charge toward their relatives in recruiting them for the support. Therefore, majority of orphan children who are very poor do not get this support. Participants consider any support of its kind they gain comes from government even if it is NGO /international humanitarian organizations that support them through government, this always go unnoticed by orphan children. One of the participants during FGD session indicates:

Nothing, individuals, community and government responded to orphan children's crisis except Kebele-04 that once has provided bed sheets and blanket for orphans in Pinyudo town (FGD, girl, 14, Kebele-04).

Participants mentioned schools support in an interview that orphan children are supported with exercise books yearly and school uniform once he/she passed one educational level (i.e. Primary to Junior then to Secondary). Participants also remembered a school or a center built by the Red Cross society particularly for orphan children to learn and shortly its services stopped and the center damaged.

4.2.1. Perception of Psychosocial Needs of Orphan Children

Regarding psychosocial needs, participants expressed thoughts about making available all necessary support needed to keep orphan children integrated and effectively function in the community. Things like materials supports (clothes, shelters, and food) are among other things orphan children need. Access to affording schooling materials (exercise books, school bags, shoe and other stationaries) were strongly reported by the participants to maintain their social status. Participants demanded not to be addressed as orphans because the word has emotional ties that send a strong feeling of sadness. Orphan children need not to be retorted rather they need to be loved and cared for and protected by the caretakers and the community in general. During the FGD session one of the participants expresses:

For orphan children to live normal life, people have to abstain from retorting them so that they couldn't feel emotionally terrified because they are orphans and they have to be treated equally as non-orphan children. Orphan children have to be cared for and protected. People should avoid addressing us as orphans. Orphan children have to be considered like other children who are living with their surviving parents (FGD, girl, age 14 Kebele-03)

According to the participants, for orphans to socially function, they need intensified psychological counselling to be carried out with them in the community.

4.2.2. Orphan children's Perception of Psychosocial Support

This theme was intended to meet the objective that aimed at examining views of orphan children on psychosocial support. Participant's reactions to this research theme was almost the same. Practically eleven of the research participants strongly reported that no psychosocial support at all in the town. Regarding psychosocial support a female participant articulates:

No psychosocial support provided for orphan children in Pinyudo town. Only relatives who supported us and cared for us after our father and aunt are gone (FGD, girl, age 14, Kebele-02).

However, one participant revealed that once up on a time he came across a government official who was going house to house advising orphan children on education, refraining themselves from doing evils and staying away from thieves. In an interview a boy states:

Long time ago a government official gave me some advices. A lady from woreda's (district) council told me not to get close to thieves, sinners and bad people. She said stay away from them (interview, boy, age, 12 Kebele-04).

Chapter-Five

Discussion, Conclusion and Recommendations

This chapter present an overview of the study, discuss results with the recent literature, and present the conclusion and recommendations.

5.1. Overview of the Study

This study evolved from a personal and professional interest to understand the psychosocial experiences of orphan children. The psychosocial experiences are the daily experiences that are real to the people experiencing them. I select phenomenology as a research method to permit for findings of the study within the context of lifetime experience of psychosocial of orphan children from the perspective of the participants. Phenomenology promotes understanding the meaning of an experience. It gives a context for exploring advanced and more meaning of an experience. Themes from the analysis of the transcripts and field notes and thoughtful writing provide the structure for describing the psychosocial experiences. The genuine meaning is in the individual life of every participants. Participants held more or less similar view of the psychosocial experiences. There are commonalities and singularities in the participant's experiences when they were interviewed individually and in FGD. In qualitative research, emphasis on human experiences disallow exactness but seeks the unique and variability in a given phenomenon.

5.2. Discussion

This part of this paper presents the discussion of the major findings of the study and tries to compare the psychosocial experiences of orphan children in Pinyudo town Gog Woreda with the previous findings. To refresh readers, this study was designed to meet the following research objectives:

1. Explore the emotional experiences of orphan children in Pinyudo
2. Describe the interpersonal experiences of orphan children in Pinyudo
3. Understand the perceived self-esteem of orphan children in Pinyudo
4. Investigate the major coping strategies commonly used by orphan children
5. Explore views of orphan children towards the services being rendered to orphans

Latest search of the body of published scientific work reveal less additional research on the psychosocial experiences of orphan children in Ethiopia and Gambella regional state in particular.

5.2.1. Psychosocial Experiences of Orphan children

One of the objectives of the present study was to investigate the emotional experiences. No lots of disparities observed across gender regarding psychosocial experiences of orphan children who took part in this study. However, some differences were perceived with regard to when parent (s) passed away, the recent the parent (s) has died, the more an individual orphan child remember those bad moments of strong emotional feeling of sadness, grieves, sorrows, mourning and despondencies. Across ages, differences were seen with regard to interpersonal experiences and self-esteem among 12 years old participants. Younger orphans experiences more interpersonal challenges and lower self-esteem than their older orphans. Female orphans were found to differ in self-esteem than male orphans. According this finding it possible to conclude that female orphan have low self-esteem than male orphan. The psychosocial experiences present real daily life experiences to orphan children who participated in this study. Studies conducted in the area of psychosocial experiences of orphan children around the globe presents consistent findings to this study that orphan children endure psychological and social challenges as a result of orphan

hood. For instance, Gray, (2015) & Belay (2007) reported that, grief and anxiety of orphan children during and following the death of their parents as worsened by feelings that they are exploited and stigmatized and discriminated against. This in turn interfere with daily living tasks that lead to social and personal adjustment difficulty. Perception of participants of their psychosocial experiences with special attention to their emotional experiences, interpersonal experience, and self-esteem composes of unfavorable experiences. When children lose one or both parents due to any cause, they experience multiple psychosocial problems like grief, hopelessness, depression, anxiety, stigmatization, physical and mental violence, labor, abuse, lack of community support, lack of parental love, withdrawal from society as a whole, feeling of guilt, depression, aggression, as well as eating and sleeping and learning disturbance. Sampathkumar, et al. (2015) substantiated that condition is more worsened when an orphan child is separated from parents, deprived of parental care, love, affection, warmth, security, acceptance and discipline during childhood and this disrupt orphans educational development resulting in adjustment problems.

During and after the death of parent (s), these children have experienced extreme grieves, sadness, sorrows, despondencies and suffering from orphan hood. Orphans' psychological and social problems that evolve through time since the death of parent(s) are accompanied by lack of proper care and services provided in the community either by the local community, national organizations or international humanitarian organizations. Jengendo and Nambi (1997) contended that orphan children are not given the required support and encouragement to express their emotions nor are they guided to deal with orphan hood challenges.

Orphan children endure worst mistreatment at home by their primary caretakers and some by the surviving parents. As the findings of the present study indicate orphan children continue

persistent grieving, and overthinking after death of their parents due to lack of intervention of its kind.

Orphan children's strong feeling of sadness is fueled by lack of New Year clothes, neglect and physical abuses and lack of someone to support oneself was found to be a triggering factors for their emotional feelings.

5.2.1.1. Psychological experiences

It is well documented that death have a damaging effects on the mental health of the child and social life (Schaal et al. 2010; Sengendo, & Nambi, 1997; SG, P.K., Kumar et al. 2016 & Stefan, 2005). Orphans experience anxiety and fear during the death of parent followed by long lasting grief and trauma. Abashula, Jibat, and Ayele (2014) predicted the challenges of being orphan that may involve failure to cope with orphan hood, poor social adjustment, poor relationship with others and feeling of strong sadness. This manifest that orphans encounter multidimensional obstructions among which sorrows, grieves, despondencies, hopelessness, isolation and mourning are prominent. This was also consistent with Beatrice, et al. (2012) finding that realizes that gradually, the parents' death may traumatically affects a child's psychological and social well-being.

5.2.1.1.1. Emotional

As the present study found grieving, sorrowing, and overthinking remains and endures with majority of orphan children who took part in the study after death of their loved ones. In relation to this major finding (Bhargava, 2005) states that in Ethiopia, orphan children showed more emotional and social adjustment problems and girls reported higher levels of difficulties than boys. This shows that girls are more susceptible to emotional problems than boys.

5.2.1.1.2. Self-esteem

The present study findings suggest that orphans' self-esteem to be low. Orphan children in most cases lack the parental support needed to enhance their self-esteem (Beatrice, et al. 2012). Without parents, children are devoid of the support and care which help them to develop a positive concept of who they are. Orphans lack self-care instruction which assist to prepare them for success in adult life after children lose parent, the children become emotionally unsteady and have a greater need to protection and care (UNICEF, 2004). Wild and Flisher (2004) states that low self-esteem favor individuals to adopt risk behaviors. Studies show that people low in self-esteem may turn risk behaviors such as substance abuse as a way of coping with the negative feelings associated with low self-worth because these are the only means available to them to deal with stress or because they are influenced by others through "peers pressure" (p.2.)

5.2.1.2. Social experiences

Dalen, et al. (2009) make it clear that lack of caring adults or significant others led to incomplete socialization for the orphan children. Orphan children encounter social problems from the communities where they naturally belong. It was found that non-orphans' parents develop unfitting attitude toward getting their children along with orphan children. Orphan children are ridiculed by their peers within the community and at their respective schools for wearing frayed clothes. Lack of social protection, parental care, love and affection are among other experiences. This is consisted with research undertaken by Todres (2007) which state that when children lose their parents, they lose what is usually their greatest source of protection. As a result, orphans are typically more susceptible to human violation than children whose parents are alive.

5.2.1.1.3. Interpersonal experiences of orphan children

Researches previously conducted has similarly shows that orphan children are not only traumatized by the loss of parents (E.g. UNICEF & USIADs, 2006; Chamwi, 2014) but they may also lack the necessary parental guidance through crucial life stages of identity formation and socialization into adulthood. This manifest the essentiality of parental guidance that often ease comprehensive development of a child. Difficulty among orphan children making interpersonal relationship remain unless intensified psychological and social services are provided. According to Dalen, et al. (2009) lack of caring adults or significant others led to incomplete socialization for the orphan children in sibling-headed household. Obtaining psychological, social and cultural competences required for orphan children's new way of life had been seriously limited (Ibid). The findings of the present study suggest that poor interpersonal relationship at home with surviving parent or primary caretaker is a matter of lack of understanding the situation of some orphan children. Teresa (2012) makes it clear that a parent plays an important parenting role in shaping a child in terms of interpersonal skills. Wild back in 2001 suggested that the effective social support from friends and adults outside the family of the child, for instance teachers and church leaders, seem to be important moderators for the adjustment of children to the death of their parents (p.7). This is consistent to the findings regarding orphan children's coping strategies that put forward the role of church leaders and elderly people in traditional advisement of some orphan children. Orphan hood being the leading precipitating factor for poor interpersonal relationship among orphans; parents of non-orphan children were also found having a negative attitude of getting their children along with orphan children.

Self-esteem of orphan children was found to be very low. Orphan children have deleterious values and respect for themselves due to orphan hood. All participants confirmed that "no way

an orphaned child can maintain his/her self-esteem” with exception of one participant who own small retail shop and expressed himself to have maintained his self-esteem after the death of his parents.

5.3. Orphan children’s Views toward Service Rendered by Stakeholders

Regarding the families and community responses to orphans crisis; communities are at the forefront of caring for vulnerable households (UNICEF, 2012). The extended family of orphan children is the most responsible and preferred option for children in many sub-Saharan African countries, after their parents are deceased (UNICEF, 2003). This also in line with the core findings of this study that all orphan children from the study site are cared for by nuclear family and extended family. Nevertheless, some authors reported the extended family faces a lot of complications in taking care of the orphaned child, others perceive the extended family as a powerful unit with the capacity to easily adjust to changing conditions (Abebe & Aase, 2007; chirwa, 2002; Mthanbo & Gibbs, 2009). Public responses to the orphan children crisis has been slow in developing countries, though in some countries governments are preparing enhanced social protection programs for orphans. The economic conditions and family history of individual child as well as generalized attitudes concerning orphans may affect the level of community response that they receive (Thurman, Snider, Boris, Kalisa, Nyirazinyole & Brown, 2008).

5.3.1. Perceived psychosocial support provided for orphan children

This sub-theme answers the objective that aim to examine views of orphan children toward psychosocial support. Resources are limited, communities are being overwhelmed and realization of the international development goals is being threatened (Subbarao, et al. 2001).

Yet the levels of public actions are unclear, due to limited knowledge of the magnitude of the problem and lack of clarity on the effectiveness of interventions. Indeed psychosocial support for orphan children is characterized by no attention from the local community and the international humanitarian organizations. Kayambo, et al. (2005) death of parents affects children socially and psychologically regardless of causes and has a great impact on the life of orphans in daily life and psychosocial support for orphans always aims at long feeling of security and hope and eventually attempting to meet nearly all essential components of psychosocial support and these in turn help strengthening orphans' personal coping capacities, hope, security, trust and reinforcing support from family members and friends. Kayambo, et al. (2005) recommended that sport, poetic, theatre, setting income generating activities, providing spiritual, emotional and psychological support are at the center of psychosocial support for orphan children more obviously. In this regard a number of orphan children are found to pass leisure time going to churches' compound to avoid insults and mistreatment at home and as coping strategies. Encouraging oneself, advice from elderly people, prayer, encouragement and advisement from church leaders are strategies used by orphan children to cope with orphan hood challenges.

5.3.2. Psychosocial Needs of Orphan Children

This heading aim to meet the objective that aimed to describe views of orphan children on psychosocial needs. In relation to psychosocial needs, orphan children requires provision of all necessary support needed to keeps orphan children integrated and function in their communities. Veening (2015) contends that the effect of orphan hood on psychological distress depends on the social. Social needs are important for integration of orphan children into community without feeling stigmatized or different; to develop sense of belonging, form friendship and community

ties, acceptance, identity, acknowledgement from peers and opportunity for social interaction (Kayambo, et al. 2005).

Orphan children's problems lack societies' attention and action that would help these group of children to see the future they seek in this community. Dalen, Nakitende & Musisi (2009) in their research on situation of double orphans heading households in Uganda reported that orphan children's limited contact with their relatives seem to be painful and least understandable; the orphan children were found saying that adult did not seem to understand the problems children face every day.

5.4. Coping mechanism

Coping responses of orphan seem to be mainly influenced by individual and community factors and by social, spiritual and materials support. Stefan (2005) found that the effects parental illness and death have on child's mental health and ability to cope are complex and depend upon the child's development stage, resilience and culture. It hard to mention that orphans at age of seventeen and below can properly handle or cope with orphan hood without the influence of external forces. As the finding of the current study shows, orphans children use coping strategies which are both adaptive and maladaptive. Coping strategies like isolation, and crying are considered to be maladaptive.

5.5. Limitations of the Study

This study carried out interviews and FGD with sixteen (16) participants only and exclude many other orphan children who should let their experiences be heard. The study has covered four Kebeles only due to security issues and time frame of the study which in turn denied access to orphan children in the periphery who are by far should have been involved too to let their

experiences be heard. Since the findings of a qualitative research are specific to a small number of particular environment and individuals, it is not possible to demonstrate that the findings and conclusions of the present study are generalizable to other situations and population.

5.6. Conclusion

The major objective of this study was to explore the psychosocial experiences of orphan children. This study employed qualitative research design. Phenomenological research method was employed. Qualitative data gathering tools were used. Interview and FGD were carried out with twelve and sixteen participants respectively. The study was conducted in Gog woreda, Gambella. The study targeted orphan children between ages of twelve and seventeen years. Purposive sampling technique was used to recruit the participants. Confirmability was used as a trustworthiness strategy to ensure the neutrality of the findings. This study has generated a number of findings, some of the core findings are:

- Orphan children are facing psychosocial challenges
- Orphan children experiences sorrows, isolations, despondencies, mourning and grievances and overthinking during and after death of parent (s). However some participants do not know what has happened to their parent due to the fact that they were young and could not remember the death of parent (s).
- Many orphan children experiences poor interpersonal relationship with primary caretakers and peers in the neighborhood and schools
- Orphan children's perceived psychosocial support was found to be lacking in the area
- Social needs embraces social protection, care and fulfillment of orphans' prioritized demands.
- Stakeholders' response was found to be lacking for orphan children in the research site

Based on the findings it is possible to conclude that orphan children are enduring a serious psychosocial challenge in that particular part of the country. Orphan children experiences all sorts of psychosocial problems in Pinyudo town. Psychosocial problems like hopelessness, isolative behavior, depression, anxiety, low self-esteem, grievances, poor social interactions and overthinking. Lack of psychosocial support from stakeholders, lack of psychosocial needs services and inadequate response from concerned sectors of the government is documented.

5.7. Recommendations

Based on the major findings of the study the following recommendations are forwarded

- Orphan children should be provided with special child guidance and counselling program in Gog Woreda
- Offering early warning of psychological condition at district level should be considered.
- The woreda council should recruit qualified community social workers at district level to enhance interpersonal experiences and self-esteem of orphan children.
- Child psychologists should be employed in each Kebele of Pinyudo town to help orphans cope with orphan hood challenges
- Government should recruit personnel who have the skills to assess psycho-social problems and provide counselling services to orphan children in need.
- Rule governing child protection should be effectively implemented to alleviate child abuse practices
- Community should establish an organization that should aim at supporting orphans children psychologically, socially and educationally.

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Appendices

APPENDIX A.1

ADDIS ABABA UNIVERSITY COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES DEPARTMENT OF SPECIAL NEEDS EDUCATION

Focus Group Confirmation Letter

February 15, 2017

Dear _____,

Thank you for your willingness to participate in my focus group. I would like to hear your ideas and opinions about the psychosocial experiences of orphan children in Pinyudo town. You will be in a group of 6 to 10 with age ranging from 12-17 years old orphan children. Your responses to the questions will be kept anonymous. The date, time, and place are listed below. Please look for signs once you arrive directing you to the room where the focus group will be held.

DATE- 2/20/2017

TIME- 8:30-10:30 Am

PLACE- Pinyudo High School room No.10.

If you need directions to the focus group or will not be able to attend for any reason please call +251917488640. Otherwise we look forward to seeing you.

Sincerely,

Yousif Gilo, master's student studying at the department of special needs education, Addis Ababa University.

APPENDIX A.2

ADDIS ABABA UNIVERSITY COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES DEPARTMENT OF SPECIAL NEEDS EDUCATION

Consent to Participate in Focus Group

You have been asked to participate in a focus group carried by master's student from Addis Ababa University. The purpose of the group is to try and understand the psychosocial experience of orphan children at age of 12-17 years old. The information learned in the focus groups will be used to build-up the research findings intended to have attention of non-governmental organizations (NGOs), child affairs bureaus at woredas (district), zonal and regional state level, service providers for orphans.

You can choose whether or not to participate in the focus group and stop at any time. Although the focus group will be tape recorded, your responses will remain anonymous and no names will be mentioned in the report.

There are no right or wrong answers to the focus group questions. I want to hear many different viewpoints and would like to hear from everyone. I hope you can be honest even when your responses may not be in agreement with the rest of the group. In respect for each other, I ask that only one individual speak at a time in the group and that responses made by all participants be kept confidential.

I understand this information and agree to participate fully under the conditions stated above:

Signed: _____ Date: _____

APPENDIX A.3

ADDIS ABABA UNIVERSITY COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES DEPARTMENT OF SPECIAL NEEDS EDUCATION

FOCUS GROUP INTRODUCTION

WELCOME!

Thanks for agreeing to be part of the focus group. I appreciate your willingness to participate.

INTRODUCTIONS

Moderator; assistant moderator

PURPOSE OF FOCUS GROUPS

I am expected as a requirement to be graduated with Masters' Degree of Art in Special Needs Education by carrying out this group interview as a part of accomplishing my thesis. Therefore, it has been mandatory for me to have a full understanding of the shared psychosocial experiences of orphan children by conducting this focus group interview. The reason I am having this focus group is to find out the psychosocial experience of orphan children from their own perspectives. I need your input and want you to share your honest and open thoughts with me.

GROUND RULES

1. I WANT YOU TO DO THE TALKING.

- ✓ I would like everyone to participate. I may call on you if I haven't heard from you in a while.

2. THERE ARE NO RIGHT OR WRONG ANSWERS

- ✓ Every person's experiences and opinions are important. Speak up whether you agree or disagree. I want to hear a wide range of opinions.

3. WHAT IS SAID IN THIS ROOM STAYS HERE

- ✓ I want folks to feel comfortable sharing when sensitive issues come up.

4. I WILL BE TAPE RECORDING THE GROUP

- ✓ I want to capture everything you have to say. I don't identify anyone by name in our report. You will remain anonymous.

APPENDIX A.4

ADDIS ABABA UNIVERSITY COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES DEPARTMENT OF SPECIAL NEEDS EDUCATION

FOCUS GROUP GUIDE: FOR BOTH MALES AND FEMALES ORPHAN CHILDREN

Selection criteria: orphan children both single and double orphans, aged 12-17 in the fostering family.

Copies of informed consent and confidentiality forms should be provided to each participant and read aloud for the benefit of those who cannot read. Participants should be provided an opportunity to ask any questions. Verbal agreement should be taped.

The following is a guide. I will try to ask all the questions below in the order given, and I will maintain the flow of discussion. I will suggest probes. I should try to encourage participation of all group members in the conversation.

The ground rules will be explained the as follows in addition to focus group discussion introduction:

Before we start, I would like to remind you that there are no right or wrong answers in this discussion. I am are interested in knowing what each of you think, so please feel free to be frank and to share your point of view, regardless of whether you agree or disagree with what you hear. It is very important that I hear all your opinions.

You probably prefer that your comments not be repeated to people outside of this group. Please treat others in the group as you want to be treated by not telling anyone about what you hear in this discussion today.

Let's start by going around the circle and having each person introduce her/himself. I will also introduce myself and describe each of my roles.

1. What do you perceives about the topic that brought us here today (i.e. Psychosocial experiences of orphan children?)

2. Losing your parent(s), what are your emotional experiences during and after your parent(s) passed away?
 - a. Experiences of strong feelings of sadness, displeasures, grieves and sorrows?
 - b. Experiences of strong feelings of pleasure?
 - c. Experiences of strong feelings of happiness before and after death of your parent(s)?
3. What do you think about your interpersonal relationship with peers, caregivers, friends, and others?
 - a. Say something about your interpersonal relationship with your peers, caregivers, friends, community members.
4. What do you think are the reasons for orphans' interpersonal relationship problems?
 - a. What are the major problems having interpersonal relationship with anybody?

APPENDIX B.1

ADDIS ABABA UNIVERSITY COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES DEPARTMENT OF SPECIAL NEEDS EDUCATION

Consent to participate in interview

I want to thank you for taking the time to meet with me today. My name is Yousif Gilo and I would like to talk to you about your psychosocial experiences of being an orphan. Specifically, as one of the components of your overall experiences I am researching the psychosocial experiences of orphan children in Pinyudo town that can be used in future interventions on psychosocial welling-being.

The interview would take an hour. I will be taping the session because I don't want to miss any of your comments. Although I will be taking some notes during the session, I can't possibly write fast enough to get it all down. Because we're on tape, please be sure to speak up so that I don't miss your comments.

All responses will be kept confidential. This means that your interview responses will only be shared with research assistants and I will ensure that any information we include in my report does not identify you as the respondent. Remember, you don't have to talk about anything you don't want to and you may end the interview at any time.

Are there any questions about what I have just explained?

Are you willing to participate in this interview?

Interviewee	Witness	Date

Legal guardian (because interviewee is under 18)

APPENDIX B.2

ADDIS ABABA UNIVERSITY COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES DEPARTMENT OF SPECIAL NEEDS EDUCATION

Interview Guide

1. Describe your psychosocial experiences before, during and after the death of parent(s)?
2. What is your perception about your emotional experiences before, during and after the death of parent(s)
3. What is your perception about your interpersonal relationships before, during and after the death of parent(s)?
4. What is your perception about your current self-esteem as an orphan?
5. What are the strategies you use to cope with both emotional and interpersonal relationships problems?
6. What is your perception of orphan children's psychosocial support in Pinyudo town?
7. What is your perception of their psychosocial needs in Pinyudo town?
8. What do you think of individuals Responses to orphans' crisis in Pinyudo town
9. What is your thought of Community responses to orphans' crisis in Pinyudo town
10. What is your thought NGOs/Government Responses to orphans' crisis in Pinyudo town

APPENDIX C**Demographic information****Part I: Personal Information**

1. Sex: A. Male B. Female
2. How old are you? -----
3. The deceased parent(s) is (are) A. Mother only B. Father only C. Both (Mother & Father)
4. How old were you when you lost your parent(s)? -----
5. Your residence: Woreda _____ Kebele _____
5. Soon after the death your parent (s) who provided you care and support? A. elder brother B. Elder sister C. Aunt D. Uncle E. Grandparent (male or female) F. Friend of you parents G. Charity organization H. No one to care for me and I went to street I. If others, please specify ---
