

Addis Ababa University
College of Education and Language Studies
School of Psychology

**Institutional Support and Psychological Well-Being of Orphaned and Vulnerable Children in
Some Selected Orphanages in Addis Ababa, Ethiopia**

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November 2025
Addis Ababa, Ethiopia

Addis Ababa University
College of Education and Behavioral Language Studies
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Some Selected Orphanages in Addis Ababa, Ethiopia**

A Master's Thesis Submitted to the School of Psychology, College of Education and
Language Studies of Addis Ababa University in Partial Fulfillment of the Requirements
for the Master of Arts Degree in Counseling Psychology

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Declaration

I, the undersigned, declare that the thesis entitled “*Institutional Support and Psychological Well-Being of Orphaned and vulnerable Children in Some Selected Orphanages in Addis Ababa, Ethiopia*” is my original work under the guidance of Abera Getachew and the thesis contains no material previously published by any other person except where proper citation and acknowledgement has been made. I do further assure that this thesis has not been presented or being submitted for any academic degree as part of requirements.

Hiyab Teklehaimanot

Signature_____

Date of submission_____

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

Abera Getachew

Signature _____

Date _____

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First and foremost, I am deeply grateful to God for granting me the strength and wisdom to complete this study. I would also like to express my sincere appreciation to my advisor, Dr. Abera, whose guidance and support have been invaluable throughout this journey. I extend my heartfelt thanks to my family, whose encouragement and sacrifices made this achievement possible. I am also grateful to my colleagues and friends, whose encouragement, insightful discussions, and companionship enriched this experience and made the process more rewarding and memorable.

Abstract

The purpose of this study was to examine the relationship between institutional support and psychological well-being among institutionalized orphaned children selected from Kechene and Kolfe government owned homes in Addis Ababa. Quantitative data were collected from 178 randomly selected participants using institutional and psychological well-being scale. Descriptive (percentage, mean, standard deviation) and inferential statistics (t-test, Analysis of Variance (ANOVA) and Pearson) were employed to summarize and report the data. The findings of the study revealed moderate level of psychological well-being among participants, particularly in autonomy ($M=3.42$, $SD=.70$), environmental mastery ($M=3.55$, $SD=.64$, and personal growth ($M=3.59$, $SD = .64$). In addition, from selected demographic factors such as gender, ages, and duration of stay, age and duration of stay exerted statistically significant influence on the well-being of orphaned children while the influence of gender was not significant.

Moreover, findings demonstrated that, institutional support in overall has statistically significant relationship with psychological well-being ($r = .417$, $p < 0.01$). This indicates that higher levels of institutional support are associated with higher levels of psychological well-being in general. From the dimensions of institutional support, protection was found to be correlated with autonomy, environmental mastery, personal growth, personal relations purpose in life, and self-acceptance. Therefore, higher levels of overall institutional support score are associated with higher levels of psychological well-being among orphaned and vulnerable children in general. The regression analysis result indicated Institutional support explained 17.4% of the variance in psychological wellbeing. This means that as institutional support increases, psychological wellbeing also increases significantly.

Keywords: *children, orphans, institutional support, psychological well-being*

List of Acronyms

AAU	Addis Ababa University
FDRE	Federal Democratic Republic of Ethiopia
UNICEF	United Nations Children's Fund
WHO	World Health Organization
ANOVA	Analysis of variance
HSD	Honestly Significant Difference (Tukey's post-hoc test).
IS	Institutional Support
ISTOT	Institutional Support Total
OVC	Orphan and Vulnerable Children
PWB	Psychological Well-Being
RYFTOT	Ryff's Psychological Well-being Total
SD	Standard Deviation (measure of variability in scores).
SPSS	Statistical Package for Social Science
SPWB	Scales of Psychological Well-Being

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Chapter One

1.1. Background of the study

An orphan is defined as a child under the age of 18 who has lost one or both parents due to HIV/AIDS, natural disasters, conflict, or infectious diseases (UNICEF, 2006). As of 2025, UNICEF and global child welfare organizations estimate that there are about 152-153 million orphans worldwide, defined as children under 18 who have lost at least one parent. This figure highlights the scale of the humanitarian crisis, though exact numbers remain difficult to measure due to data gaps in reporting (UNICEF, 2025). Sub-Saharan Africa accounts for a disproportionately high share. Around 10.2 million children in the region have lost one or both parents due to AIDS, representing about 75% of all AIDS-related orphans globally and Ethiopia is estimated to have about 4.5 million orphans, making it one of the countries in Sub-Saharan Africa with the highest orphan population (ibid).

Currently, around 8 million orphaned children live in institutionalized care settings including orphanages, large size institutions, and children's villages (Thielman et al., 2012). In Ethiopia, there were over five million orphans and 136 functional orphanages which serve as homes for 7,203 children (Nayak, 2014). These children often face unstable living conditions, lacking access to basic necessities such as adequate food, shelter, and protection (UNICEF, 2012).

The majority of orphaned and vulnerable children (OVC) are concentrated in low-income regions, particularly Latin America, and Sub-Saharan Africa and Southeast Asia, where high poverty rates, weak social support systems, and limited healthcare infrastructure exacerbate their vulnerabilities. As one of the sub-Saharan country, Ethiopia hosts 5.5 million orphan and

vulnerable children that can take the share of 6% of the total population with majorities of them are below the age of five (Rawe, 2013; WHO, 2018).

This crisis is further intensified in regions with high HIV/AIDS prevalence or prolonged internal conflicts, where parental mortality rates remain high (UNICEF, 2002). Ethiopia exemplifies this dire situation, with an estimated 5.4 million orphaned children as a consequence of HIV/AIDS, untreated diseases, drought, and armed conflict (Abebe & Asase, 2007). Approximately 83% of Ethiopian OVC live in rural areas, where access to social services is severely limited (Abashula et al., 2014). The Ethiopian government has recognized this issue, with the 1995 FDRE Constitution (Article 36.5) explicitly mandating the protection of orphans and promoting institutional support for their welfare, education, and social integration.

Despite efforts to provide material support such as shelter, food, and education, institutional care often fails to address critical non-material needs, including emotional security, social bonding, and psychological resilience (Gibbon, 2005). Research indicates that institutionalized children frequently exhibit developmental deficits, including cognitive delays, emotional deregulation, and attachment disorders (Fawzy & Fouad, 2010).

Studies in Ethiopia and elsewhere have documented high rates of anxiety, depression, and low self-esteem among orphaned children in care facilities, highlighting the profound psychological impact of institutionalization (Lake & Ahmad, 2014). Existing literature has extensively examined the economic and welfare needs of orphan and vulnerable children.

In Ethiopia, much of the existing studies conducted are more emphasized on the area of general child care, challenges and psychosocial services and support systems. Among those researchers, Aster (2020) carried out a project development care provisioning of vulnerable children in Ethiopian Evangelical Church Mekane Yesus.

The study revealed that provision of food, nutrition; education, health, and spiritual service were identified as a means of addressing multifaceted needs of orphan and vulnerable children. Another study by Fisseha, (2019) emphasized an Assessment of the Contribution and Challenges of the Services Provide to Orphan and Vulnerable Children. The findings of the study have shown that existing challenges of the organization in providing the services such as psychosocial related challenges such as attitude of clients, economic and financial challenges.

In the same vein, research conducted by Addis Seifu (2014) on an assessment of quality service provision by child daycare centers in the Nifas Silk Lafto Sub City of Addis Ababa. The findings of the study highlighted challenges identified were their inability in providing quality in child daycare centers in the selected study areas.

Furthermore, the study carried out by Tewhasom (2013) assessed orphan and vulnerable children educational support in Gobena Children Care and Development Organization and found out that the provision of school uniforms and other educational materials were challenges encountered while caring orphan and vulnerable children. These imply that all studies aforementioned above have given more emphasis to material needs and services directed at addressing basic and survival needs of orphan and vulnerable children in care homes.

In other way round, little or no attention has been given to socio-emotional development such well-being which has a determinant effect on their future development. Some Previous studies have treated institutional support and psychological well-being as separate constructs, resulting in a fragmented understanding of orphaned children's psychological adjustment. There remains a significant gap in research on psychosocial dynamics, institutional support and psychological well-being of institutionalized children.

To date, studies that explored the direct relationship between institutional support and psychological well-being of this population limited. Therefore, to addressing this gap, this study was carried out to investigate the relationship between institutional support and psychological well-being among orphaned and vulnerable children in selected government owned institutions in Addis Ababa, Ethiopia.

1.2. Problem Statement

Orphaned children in institutional care settings face significant psychological challenges that have been the subject of numerous research studies across different global contexts. International investigations have explored various dimensions of orphaned children's well-being, including studies on the psychological effects of AIDS-related orphanhood by Culver and Gardner (2006), examinations of subjective well-being, self-esteem, emotional intelligence, hope and resilience by Radhika (2019), and comparative analyses of resilience between orphaned and non-orphaned children conducted by Kaytal (2015).

Within the Ethiopian context, most studies have been conducted mainly related to resilience and recovery of orphan and vulnerable children including Belay and Missaye's (2014); Eyerusalem (2015); Ebabush's (2009); Zenebe's (2015); Yeshareg (2018); and Asfaw (2020). There are also few studies conducted on psychological well-being of orphans in comparison of non-orphan children (Afework, 2013; Sebsibe, et al, 2013; Workiye, 2015). Despite these studies, several critical gaps in our understanding remain unresolved.

There continues to be significant inconsistency in research findings regarding the precise nature of the relationship, methodological differences across studies have contributed to a lack of consensus about optimal measurement approaches for these psychological constructs. To the knowledge of the researcher, there is no study which is conducted on the relationship between

institutional support and psychological well-being of orphaned children in Addis Ababa, Ethiopia.

The current study was conducted to address these gaps by conducting a study on the relationship between institutional support and psychological well-being of orphaned children in the case of selected orphanages in Addis Ababa.

1.3. Objectives

The general objective of this study was to investigate the relationship between institutional support and psychological well-being among orphaned children in Addis Ababa. More specifically:

- Assess the level of psychological well-being and institutional support among orphaned children in some selected orphan homes in Addis Ababa.
- Evaluate the variation of institutional support and psychological well-being as a function of selected demographic variables (gender, age, grade level, and length of stay).
- Examine the relationship between institutional support and psychological well-being

1.4. Significance of the study

The research findings highlight the importance of carefully considering prioritizing the impact of their support system in enhancing the psychological well-being of orphan children. The study would also equip orphaned children to have insight on the types of institutional support system and its contribution to their psychological well-being. It provides inputs to caregivers, teachers, counsellors, and others concerned bodies that have a stake and working close to orphaned children in residential care home facilitate practices that can foster institutional support system and well-being. The study provides inputs for the existing literature on how

institutional support is associated with psychological well-being status of children in orphan home settings. Furthermore, it may serve as a stepping stone for those who are interested to undertake further research on institutional support and well-being that are at risk and need the attention of concerned bodies.

1.5. Scope of the study

Since orphan children have been subjected to multitude of complex psychological and social problems, this investigation does not attempt to address all issues related to orphaned children. Rather this study delineates itself only studying institutional support and psychological well-being among orphaned children in Addis Ababa, Ethiopia. It also further delineates to two selected orphan homes, specifically orphan children institutionalized in Kechene children home and Kolfe Orphanage Addis Ababa, in 2025.

1.6. Operational definition of terms

Psychological well-being: refers to an individual's overall state of health and happiness. It is measured using the Ryff Psychological Well-being Scale, which consists of six sub-scales (Ryff, 1989).

Orphan: a child who is in the age between 11-18 years, lost one or both their parents and living in orphan homes.

Orphan home (orphanages): an institution that provide temporary or permanent residence /home care/ for orphaned children.

Institutional support: supports pertain to orphaned children rendered by government affiliated institutions as measured by multifaceted orphaned and vulnerable children institutional support scale.

Chapter Two

The Review of Related Literature

2.1. Meaning of Psychological Well-being

Psychologists and mental health professionals extensively used psychological well-being as compared to individuals in other professions and disciplines (Deci & Ryan, 2008 as cited in Afework, 2013). It was generated more than two decades ago to address neglected aspects of positive functioning such as purposeful engagement in life, realization of personal talents and capacities, and enlightened self-knowledge (Ryff, 2014). However, regarding the operational definition of psychological well-being there is still no consensus. Waterman et al. (2010) considered psychological well-being as an objective approach to understanding well-being in terms of the presence of an array of psychological qualities indicative of mental health. Keyes and his colleagues defined psychological well-being as a perception of engagement with existential challenges of life (Keyes et al, 2002).

Ryan and Deci (2001) also defined psychological well-being as an individual's meaningful engagement in life and their self-realization. Since Ryff's, one of the prominent authors, work on psychological well-being is well developed; she extensively explored the meaning of psychological well-being. Ryff proposed the term in order to distinguish the concept from subjective well-being and define well-being as the development of a person's real potential (Ryff, 1989).

2.2. Component of psychological well-being

Ryff (1989) developed an integrated theoretical framework of well-being on the basis of an extensive literature review. She specifies three psychological literatures which theoretically guide an understanding of the meaning of psychological well-being .

The developmental psychology literatures on life span theories (e.g., Erikson's psychosocial stage model), from clinical psychology literatures on personality theories (e.g. view of self-actualization; Roger's concept of fully functioning person; Jung's formulation of individuation; Allport's conception of maturity,) and finally, the mental health literatures has two major approaches to well-being.

The first is predominated by the absence-of-illness definition of psychological well-being, while the other focuses on positive functioning (e.g. Jahoda's concept of positive mental health). These psychologists were interested in the full growth and development of the individual that offer a description of what it means to be psychologically healthy (Keyes et al, 2002). Based on these theoretical foundation, Ryff (1989) offered a multidimensional model of well-being that consist of six core components which enable to define psychological well-being both theoretically and operationally. It is a helpful model for thinking about optimal psychological functioning and development (Ryff, 1989; Ryff & Deci, 2001).

The literature on psychological well-being has progressed rapidly since the emergence of the field over five decades ago. Psychological well-being refers to how people evaluate their lives. According to Diener (1997), these evaluations may be in the form of cognitions or in the form of affect. The cognitive part is an information-based appraisal of one's life that is when a person gives conscious evaluative judgments about one's satisfaction with life as a whole.

2.3. Gender and psychological well-being

Children who lost their parents and family systems due to HIV/AIDS during the earlier stages face many problems. Parents play an important role in promoting the psychological growth of their children. They also ensure the safety of children and protect them from environmental dangers but, how the events occur surrounding HIV/AIDS affect the social as well

as the psychological development of these children (Maqoko, 2007). Even though all orphans are at greater risk of facing problems, girls encounter additional problems. According to Majeed et al (2014), females are significantly differing in dependency compared to males.

Similarly, they are also significantly different in emotional instability than their counter part. Regarding the negative world view, males have more negative worldview than female. Furthermore, the study of Mupambireyi et al. (2010) revealed that girls reported more psychological distress than boys. Solomon (2008) has also reported statistically significant difference on emotional symptoms of male and female AIDS orphans. The study stated that male children registered lower emotional symptoms than their female counterparts. Previous study by Abebe (2004) pointed out, children orphaned due to AIDS face problems on social aspects like isolation, discrimination, and neglect by adults and their peers.

Abebe (2004) has also indicated that many of orphan children especially girls dropped out of school; those who managed to continue their schooling showed low performance. He also identified that their psychological adjustments were so poor. Frustration and heightened worries were also recorded. On the contrary, the finding of (Aminpoor and Mohiadin, 2012; Afework, 2013; Bhat, 2014; Oluwadamilola, 2014) showed that there is no significant gender difference in the psychological well-being of orphan.

The explanation for these finding is being male or female does not have significant effect on the psychological well-being of children. Studies have shown that female orphans often exhibit higher levels of psychological distress compared to their male counterparts. A study by El-Gilany et al., (2013) in Egypt found that female orphans scored higher on maladaptive cognitive schemas, which are linked to depression and anxiety, than male orphans. This suggests that girls may be more vulnerable to developing psychological issues in institutional settings.

In Ethiopia, Ketema (2007) conducted a study among orphaned and vulnerable adolescents in Addis Ababa and found significant gender differences in psychological well-being. The study revealed that female adolescents experienced more psychological challenges, including lower self-esteem and higher levels of depression, compared to male adolescents. This underscores the need for gender-sensitive approaches in addressing the psychological needs of orphaned children.

2.4. Age and Psychological Well-being

Age is also a determinant factor for the psychological well-being of children. Solomon (2008) examined the degree to which children orphaned by AIDS demonstrate resilience and stated that there was statistical significant relationship between children's ages and the emotional symptom categories. Younger children are more often registered scores in the normal range compared to their older counterparts who were found to record more symptoms that are abnormal.

In other word, the behavioral reaction of an orphaned child is associated with their age. The finding further explained that when children move from the 11-13 age group to the 14-16 age group, their emotional symptoms increases. Another study by Compas, Connor-Smith, Saltzman, Thomsen, and Wadsworth (2001) who compared children and adults, argued that although children and adults are exposed to many of the same stressors, their perceptions and appraisal of these stressors differ significantly.

The explanation for this finding is that, orphans of different age from 10 up 18 all complained about the presence of different stressors differently. Majeed et al. (2014) revealed that institutionalized orphans have more negative world view as compared to non-institutionalized orphans.

Their study also showed that institutional orphans are more aggressive than both the non-institutional orphans and non-orphans. Conversely, the three groups that is institutionalized, non-institutionalized and non-orphan did not show significant differences on ANOVA in dependency, self-esteem, self-adequacy, emotional unresponsiveness and emotional instability.

Similarly, a study by Cluver and Gardner (2007) in South Africa found that adolescents orphaned by HIV/AIDS had higher levels of depression, post-traumatic stress, and conduct problems compared to younger orphans. The findings indicated that as children grow older; their awareness of parental loss and social marginalization intensifies, leading to greater psychological distress. In China, the study of Gong, Li, Fang, Zhao, Lv, Zhao et al. (2009) compared the psychological impact of sibling separation among AIDS orphans who lived in an orphanage, in group home and with their extended families. Their study revealed that AIDS orphans who are separated from their sibling suffered from higher psychological distress than their comparison group.

Additionally, their study also showed that sibling separation has no significant effects among orphans in their current place of living. He and Ji (2007) revealed that there were no significant differences between orphans in orphanages or extended families in terms of their psychological well-being. That means, their current place of living has no effect on their psychological well-being. Similarly, Gabriel et al. (2009) showed that no statistical significant difference in self-concept of institutionalized and non-institutionalized orphan children.

Likewise, Workye (2015), in a comparative study of institutional and non-institutional orphaned children in Gulele Sub City, Addis Ababa, found that age was a significant predictor of psychological well-being.

The study reported that psychological difficulties increased with age, particularly among institutionalized adolescents, due to prolonged separation from families and limited emotional bonding opportunities within institutions.

2.5. Length of stay and psychological well-being

While longer stays in orphanages can sometimes be associated with better well-being, research consistently shows that orphanhood, particularly prolonged institutional care, is linked to increased risks of anxiety and depression. Studies indicate that factors like the duration of orphanhood and prolonged stays in residential schools are significant predictors of higher levels of these mental health challenges. A study by Whetten et al. (2014) involving over 2,700 children across Cambodia, Ethiopia, India, Kenya, and Tanzania found that the type of care setting (institutional vs. family care) had less impact on child well-being than factors such as age, gender, and prior experiences.

However, the study acknowledged that institutional care could sometimes be beneficial, especially when it provides stable and supportive environments for children. International research has consistently highlighted the adverse effects of prolonged institutional care on children's psychological well-being. A study by the Lancet Commission (2020) conducted a meta-analysis of 308 studies and found strong negative associations between institutional care and children's development, especially in relation to physical growth, cognition, and attention.

The study concluded that the length of time in institutions was associated with increased risk of adverse outcomes and diminished chances of recovery, emphasizing the need for reducing institutionalization and promoting family-based care. In Ethiopia, several studies have explored the impact of institutional care on orphaned children's psychological well-being.

A study conducted in Addis Ababa found that the prevalence of depression among orphan adolescents was 36.4%. Factors such as lower levels of social support, higher length of stay in orphanages, and younger age at entrance were significantly associated with higher rates of depression. Similarly, research in Ilubbabur Zone reported a 24.1% prevalence of depression among orphans in orphanages. The study highlighted that longer duration of stay in orphanages was a significant predictor of depression, suggesting that extended institutionalization may exacerbate psychological distress in addition comparative studies between orphaned and non-orphaned children have also shed light on the psychological impacts of institutional care. A study in Jimma Town revealed that orphaned children had significantly lower psychological well-being scores compared to their non-orphaned peers. The findings underscore the importance of considering psychosocial factors in orphan support programs (Tadesse et al., 2018).

2.6. Institutional support of orphan children

International studies have demonstrated the significant impact that institutional support can have on the mental health and overall development of orphaned children. According to a study by Rutter et al., (2007), institutionalized children often experience negative psychological outcomes due to the lack of individualized attention, poor caregiver-child relationships, and limited emotional support.

However, they found that when institutional care includes adequate support systems such as trained caregivers, mental health professionals, and structured activities-the negative effects of institutionalization could be mitigated to some extent. The study also emphasized that early intervention and psychological support are critical to improving long-term outcomes for institutionalized children (Rutter et al., 2007).

In another study by van IJzendoorn et al., (2011), the researchers found that institutional support, including stable and caring relationships with caregivers and emotional support had a significant positive effect on the psychological well-being of children in institutional care. The study indicated that institutions that fostered a warm, stable environment were more likely to produce children with better psychological outcomes, including improved emotional regulation and attachment (van IJzendoorn et al., 2011).

Social support (SS) involves the exchange of resources between individuals to enhance a recipient's well-being (Callaghan & Morrissey, 1993; Zhao et al., 2011). It has structural and functional dimensions. Structural dimensions of SS include social network characteristics like size, density and sources of support (Shumaker & Brownell, 1984; Zhao et al., 2011). For orphaned children, sources of support may include family/parents/caregivers, friends, teachers, and classmates among other members or community.

Functional dimensions describe types of support provided including informational, emotional, material/tangible/instrumental support, appraisal support, and group belonging or social interactions (Callaghan & Morrissey, 1993; Zhao et al., 2011). While received social support describes the actual support provided, PSS refers to the recipient's perception that other people are available to provide the needed support when sought (Holt-Lunstad & Uchino, 2015).

Lack of social supportive exchanges or interactions and a perception that SS is inadequate are associated with poor mental and physical health (Allgöwer, Wardle, & Steptoe, 2001). In China, PSS was positively associated with the psychological status of children orphaned by HIV/AIDS (Hong et al., 2010; Zhao et al., 2011). In Ethiopia, institutional support for orphaned children has been studied with a focus on the availability of mental health services, caregiver training, and community involvement.

A study by Dube and Negash (2018) on the quality of care in orphanages in Addis Ababa highlighted that many institutions lacked sufficient psychological support services, which contributed to the mental health challenges faced by the children. The study found that children who received support from trained counselors or social workers showed better coping mechanisms and exhibited fewer symptoms of depression and anxiety compared to those without such support. The research emphasized that the lack of institutional support services, such as counseling and therapy, often left children vulnerable to emotional neglect and increased psychological distress (Dube & Negash, 2018).

2.7. Gender and Institutional support

Gender plays a significant role in the context of institutional support for orphaned children, influencing their access to care, types of support received, and psychological outcomes. While institutional care aims to provide equal support to all children, gender disparities often emerge, impacting the well-being of male and female orphans differently. International studies have shown that gender can influence how orphaned children receive institutional support and how they experience psychological well-being.

According to a study by McLaughlin and colleagues (2017), gender roles in institutional settings often shape the nature of support children receive. For instance, girls are more likely to receive emotional and psychological support compared to boys, who are often encouraged to adopt more independent, less expressive roles. This gendered division in institutional care can impact the mental health of orphaned children, with girls benefiting more from supportive relationships with caregivers and boys potentially struggling with emotional regulation and attachment (McLaughlin et al., 2017)

.A study by Fisher et al. (2016) also found that institutionalized girls had better access to educational support, counseling services, and social skills training, whereas boys were less likely to benefit from such interventions. These gendered differences in institutional support were linked to divergent psychological outcomes, with girls showing higher levels of self-esteem and lower rates of anxiety compared to boys.

This finding highlights the importance of gender-sensitive institutional practices in ensuring that both male and female orphans receive the support they need to thrive psychologically (Fisher et al., 2016). In Ethiopia, gender disparities in institutional support are also evident, with female orphans often receiving more attention in terms of psychological care and social services than their male counterparts.

A study by Tesfaye et al., (2018) on orphaned children in Addis Ababa found that girls in orphanages were more likely to receive counseling and participate in group therapy sessions compared to boys. This unequal distribution of psychological support led to better mental health outcomes for girls, who reported lower levels of depression and anxiety than boys. Additionally, research by Gebremariam and Kebede (2017) revealed that gender stereotypes within Ethiopian orphanages often result in differentiated care based on traditional cultural expectations.

2.8. Age and institutional support

The age of orphaned children plays a significant role in determining the type and extent of institutional support they receive, which in turn impacts their psychological well-being. Children at different developmental stages require different types of care and interventions to foster their emotional and cognitive development. International research has shown that age significantly affects both the kind of institutional support children receive and their psychological well-being.

A study by Johnson and colleagues (2018) highlights the importance of providing age-appropriate care for institutionalized children. The study found that younger children, particularly those under the age of five, require more nurturing, consistent emotional support, and individualized care to form secure attachments, which are crucial for their psychological development.

For older children, particularly adolescents, institutional support often focuses on education and skill development, which can be beneficial for their psychological well-being by fostering a sense of competence and belonging. A study by Shonkoff and Phillips (2000) on institutionalized adolescents found that while these children generally experienced fewer attachment issues compared to younger children, they were more vulnerable to social isolation and depression.

Therefore, they emphasized the need for a supportive and structured environment that provides opportunities for social engagement, educational attainment, and skill development, particularly for children in this age group (Shonkoff & Phillips, 2000). In contrast, a longitudinal study by Dozier et al. (2006) found that children who entered institutional care after the age of two were at a greater risk for emotional and behavioral problems compared to those who entered at younger ages.

The study suggested that early institutionalization, especially before the age of three, may lead to better outcomes due to the plasticity of young children's brains, which are more capable of forming secure attachments and adapting to new environments (Dozier et al., 2006). In Ethiopia, studies on age and institutional support highlight the unique challenges faced by orphaned children in institutional care settings.

Research conducted by Fikremariam and colleagues (2017) in Addis Ababa found that younger orphaned children, particularly those between the ages of three and six, received more individualized care in orphanages, as the caregivers focused more on emotional bonding and providing a safe environment. These children were less likely to exhibit behavioral problems compared to older children, who were often assigned to group care without the same level of personal attention (Fikremariam et al., 2017).

However, a study by Zewdu et al. (2020) highlighted that older children, particularly those aged 12 and above, faced significant challenges in institutional settings. The study found that adolescent orphans often struggled with feelings of abandonment and low self-esteem due to their experiences of loss and neglect prior to entering the institution. These children were also less likely to receive tailored psychological support, which often focused more on the younger children's developmental needs. Another study by Alemayehu and Getachew (2018) emphasized that the lack of vocational and life skills training for older institutionalized children in Ethiopia hindered their transition to adulthood.

2.9. Theoretical Framework of the Study

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

2.9.1. The Ecological Systems Theory.

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

According to him, the most immediate environments such as; family, peer group, or school setting exert direct relationships. Moreover, microsystems constitute the most immediate social contexts, such as home, the day care group, friends and classmates at school, hobby club members or close relatives (Saarinen et al.,1994), and this level also include neighborhoods and religious settings (Penn, 2005).

Moreover, the feature of the community in which families live influences the management of its children (Coley & Hoffman, 1996; Pettit et al., 1999). Moreover, the meso-system refers to the interrelationships among the immediate social environment that influence individual developmental outcomes (Bronfenbrenner, 1979). Bronfenbrenner particularly emphasizes proximal processes, viewing them as development drivers (Bronfenbrenner & Evans, 2000). These processes are the mechanisms that pose the maximum influence on the child to unfold its developmental potential (Bronfenbrenner & Ceci, 1994). Thus, the first two layers of the system are considered to be the most immediate social contexts that most likely pose greater direct and indirect effects on children's outcomes, which are the focus of this study.

This theory was used in this study because it places a developing child at the center of concentric systems of the environment in which they grow. According to Bronfenbrenner and his disciples of his bio-ecological ideas, an individual's ecological environment comprises a collection of layered systems, ranging from micro to macro, and chrono systems.

Each of these subsystems is nested within the others, creating concentric circles with the developing child at the center (Biggeri & Cuesta 2021; Mabhoyi & Seroto, 2019; Bronfenbrenner 1979; & Pollard, 2014). According to the Bio-ecological Systems Theory, the person's ecological environment comprises five sub-systems; the microsystem, mesosystem, exosystem, macrosystem and chronosystem (Bratanoto et al., 2022; Bronfenbrenner, 1994; Donald et al., 2010; & Rathus, 2006). Neal & Neal (2013), unlike Bronfenbrenner, refer to the ecological subsystems as social "networks," which are made up of overlapping structures that are all directly or indirectly connected to one another through the members' social interactions.

The microsystem includes the child's relationships with others in the more immediate natural environment, such as at home, school, and in after-school groups (Chinyenze, 2017 citing Bronfenbrenner, 1977; Bronfenbrenner, 1994; & Dawes & Donald, 2004). The interconnections between several microsystems, such as the home, school, clinic, or general practice, make up the mesosystem.

When there are issues at home, OVC at the mesosystem may require psychosocial help from the school, a neighbor or classmates to enable them to cope (McLoyd & Wilson 2017). The exosystem constitutes systems that do not have direct contact with the child, but that affect the quality of childcare they received (Dawes & Donald, 2004; & Chinyenze, 2018). At the ecosystem, other institutions can also provide psychosocial support to OVC who may not be getting the support they need from the schools.

2.9.2. Attachment Theory

Attachment theory was first introduced by John Bowlby (1969), stresses on the role of early emotional bond that influences emotional development and coping abilities through life. As to Bowlby, secure attachment relationship forms a foundation for emotional regulation and social functioning, which provides a sense of security and confidence when they navigate challenges. This theoretical framework is particularly important for understanding the role of care givers children attachment relationship in promoting quality of support and psychological well-being .

In the context of care institutions, where the absence of stable family and primary care givers is evident, the relationship with caregivers and other authority figures provide emotional and psychological support which will facilitate adolescent's capacity to engage with and overcome academic challenges. The core concept of attachment theory is secure attachment, where children develop a sense of trust and safety, and insecure attachment which manifests anxiety, avoidance, and disorganized relationship. This early experience shape their experience and ability to cope with stress and enhance their psychological well-being .

2.10. Conceptual Framework of the Study

The following visual representation depicted the relationship of independent, dependent, and selected associated demographic variables of the current study. In this study, institutional support was taken as independent predictor variable, while socio-demographic variables including gender, age, grade level, and length of stay in orphan homes are taken as independent factors and Psychological well-being was a dependent variable.

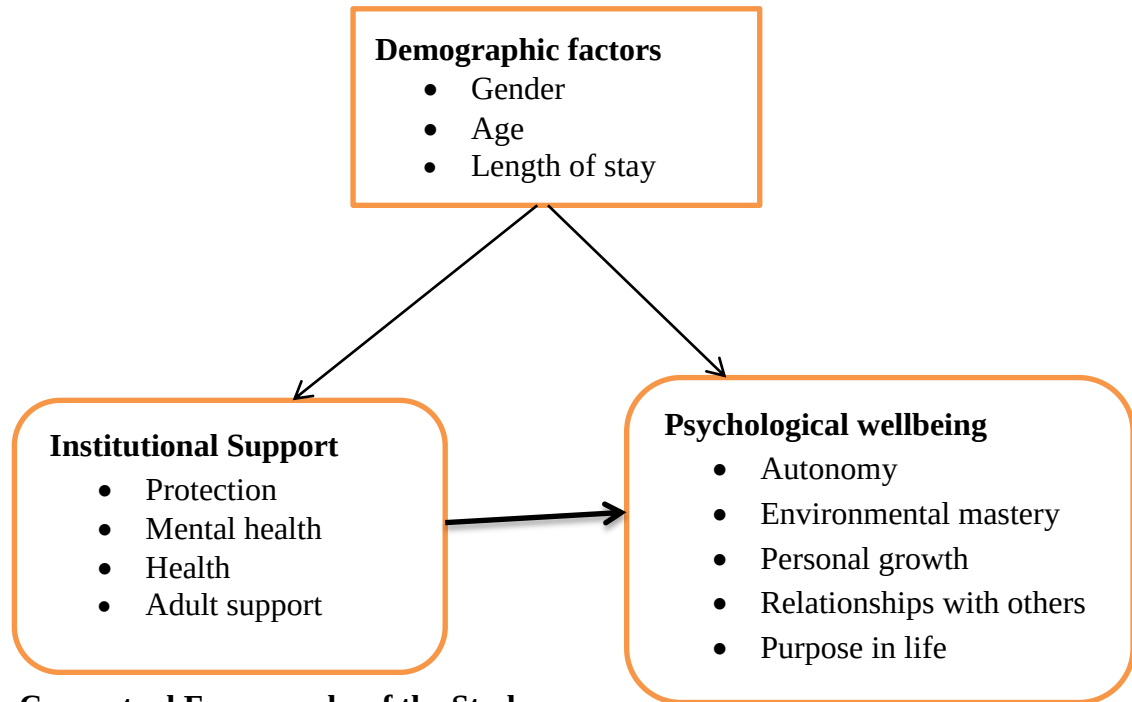


Figure 1: Conceptual Frameworks of the Study

Chapter Three

Research Methodology

3.1 Introduction

This chapter presents how study was conducted. Further describes the research design, study area, participant of the study, population of the study, sample size and techniques, data collection instrument, pilot testing, data collection procedure, methods of data analysis and ethical consideration of the present investigation.

3.2 Research Design

The aim of this study was to assess the relationship between institutional support and psychological well-being among orphaned children in some selected government orphanages in Addis Ababa, Ethiopia. The study employed correlation research design to examine the relationship between control variable (sex, age, and length of stay in orphan homes) and predictor variable (institutional support) and dependent variable (psychosocial well-being)

The reason behind using correlation research design, because it enables to measure the degree of relationship between two or more variables at the sometime (Croswell, 2012). According to Stangor (2011), this design helps us to assess behavior as it occurs in people's everyday life. To this end, the current study investigates population with different demographic characteristics at the same time. Therefore, it is suitable research method to the present study.

3.3 Area of the study

The study was conducted in two governments owned orphan homes of Addis Ababa, Ethiopia. These are Kechene and Kolfe orphan homes. The reason behind purposefully selecting these two orphan homes is because they are relatively older government owned homes in Addis Ababa.

3.4 Population of the study

The study targeted orphaned children selected from two government owned orphanages in Addis Ababa, Ethiopia. More specifically, the targeted population included 290 girls from Kechene orphanage and 210 boys from Kolfe orphanages respectively. The total population of the two orphanages is 500 orphaned children.

Table 1: Sample Frame

Name of the Center	Male (n)	Female (n)	Total (n)
Kechene children home	-	290	290
Kolfe orphanage	210	-	210
Total	210	290	500

3.5 Sampling

To select participants among the total population, a random sampling method was employed to ensure a representative sample of the population. To achieve gender proportionality and avoid over- or under-representation, a stratified random sampling technique was employed (Creswell, 2014). This approach ensured that both genders were proportionally represented based on their actual distribution within the population. Samples were taken from orphan homes stratified by their gender.

The sample size was determined using Yamane's (1967) formula, which is known for providing a more robust sample size compared to traditional sample size determination tables and online calculators. The formula used was:

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

Where: n = sample size

N = population size (500)

e = margin of error (0.05)

$$= 222$$

Thus, the calculated sample size is approximately 222 orphaned children representing the population of 500 with a 95% confidence interval and a 5% margin of error.

Table 2: Sample size calculated

S.N	Categories	Gender		Total Sample
		Male	Female	
1	Kechene children's home	-	290	129
2	Kolfe orphanage	209	-	94
	Total	210	290	222

During data collection, 44 respondents from organized 222 orphaned children were found to be older than 18 years, which fell outside the scope of this study. Consequently, their responses were excluded, and the analysis was conducted using only the valid responses from 178 participants.

3.6 Research Variables

Research variables are variables of interest that can be verified during the research process and treated as dependent, predicted and independent group.

- a) **Control Variable:** The control variables are those actors that are controlled or held constant during the study. Thus, the study considered gender, age, grade level, and length of the stay in orphanage as control variables.
- b) **Independent Variable:** The independent variable is the cause, and its value is independent of other variables in this study. For this the institutional support is the independent variable for this study.
- c) **Dependent Variables:** These are the outcome variables that changes as a result of the independent variable manipulation. It's the outcome the study is interested in measuring, and it depends on the independent variable. In this study, the

dependent variables are psychological well-being; happiness, autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance.

3.7. Data Collection Instruments

For this study, the data were collected using standardized scales such as 33 items institutional support scale and 46 items Ryff's Psychological Well-Being Scales adopted and validated by the researchers in the current context. Data related to socio-demographic factors of participants were also collected via demographic questions (gender, age, grade level, and years of stay in orphanage).

3.7.1. The Institutional Support Scale

The current study employed a 33-item adapted version of the Orphan and Vulnerable Children Well-being Tool (Senefeld et al., 2009) to assess institutional support. The original instrument comprises 36 items measuring ten domains of support: food and nutrition, shelter, protection, family support, health, spirituality, mental health, education, economic opportunities, and community cohesion, utilizing a 3-point Likert-type scale (1 = none of the time to 3 = all of the time).

For the present investigation, the three items assessing spirituality were omitted due to limited contextual relevance and to enhance the instrument's brevity, while preserving its structural integrity and psychometric robustness. Psychometric evaluations of the original tool have demonstrated strong internal consistency with cronback alpha value of .85, with domain-level reliability coefficients ranging from .238 (economic opportunities) to .70 (family support).

The measure has undergone cross-cultural validation in multiple low- and middle-income contexts, including Ethiopia, Haiti, India, Kenya, Malawi, and Zambia, with samples of

adolescents aged 13–18 years (Senefeld et al., 2009b). Validation studies across Ethiopia, Haiti, India, Kenya, Malawi, and Zambia with adolescents aged 13–18 years. This adaptation ensures the tool’s suitability for examining the relationship between institutional support and the emotional and behavioral adjustment of vulnerable children, while maintaining methodological rigor and minimizing respondent burden.

Table 3: Dimensions of Institutional Support Scale

Dimension	Item Numbers	Number of Items	Scoring Action
Protection & Safety	1, 3, 8, 9	4	Reverse: 1, 3
Psychosocial / Mental Well-Being	5, 6, 7, 11	4	None
Health & Physical Well-Being	13, 14, 15, 16	4	Reverse: 14
Education	2, 4	2	Reverse: 4
Community Cohesion	10..12 , 17, 18	4	None

3.7. 2. Ryff’s Psychological Well-Being Scales (PWB)

The Ryff Scales of Psychological Well-Being is a theoretically grounded instrument that specifically focuses on measuring multiple facets of psychological well-being. Developed by psychologist Carol D. Ryff, the 42-item Psychological Well-being (PWB) Scale measures six aspects of well-being and happiness: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance (Ryff et al., 2007) adapted from Ryff, 1989). It includes questions such as I am not afraid to voice my opinion; even when they are in opposition to the opinions of most people. The demands of everyday life often get me down; my daily activities often seem trivial and unimportant to me.

Internal consistency coefficients were quite high (between 0.86 and 0.93), as were test-retest reliability coefficients for a subsample of individuals over a six-week period (0.81-0.88) (Springer, & Hauser, 2006). In the pilot testing, the PWB scale was checked for reliability and

validated to the Ethiopian context as presented in the following section. Items that are found to be inapplicable or vague were removed or modified to improve the reliability of the instrument.

3.8. Validity and Reliability of Data Collection Instruments

The ultimate purpose of carrying out this pilot test was to solve problems related to ambiguity, feasibility, and relevance of items to make the necessary amendments before the final data collection. Thus, prior to conducting the pilot test, the original English version instruments were adapted, forward, and back translated in to the Amharic language which is working to the potential participants. The content validity and appropriateness of scales namely (33 item institutional support scale and 42 item psychological well-being scale) by two field experts. Expert review involved one MA student from foreign language and literature department who provided insights on item clarity, phrasing, and cultural sensitivity.

Besides, theoretical alignment and psychometric soundness was evaluated by a developmental psychology PhD student. Finally, the Amharic version of two instruments was administered to 23 (13 female and 10 male) grade 9 through 12 institutionalized secondary school orphan children from Abebech Gobena orphan school in Addis Ababa. All distributed questionnaires (33 item institutional support scale and 42 item psychological well-being scale) were collected back from participants. Then responses were entered in to SPSS version 25 and the reliability statistics were computed. Thus, Cronbach's alpha coefficient of ($n=23$, .855 and .762) observed for institutional support scale and psychological well-being scale respectively.

Regarding the number of items removed, from 19 items of institutional support scale, one item (item number 1) was removed to increase total item reliability from .825 to .855 due to its negative corrected item total correlation. Similarly, five items were reduced from 42 items psychological well-being to scale up their reliability from .615 to .762 which is acceptable.

Therefore, Cronbach's alpha coefficient below 0.6 is considered as unacceptable, while alpha between 0.7 and 0.8 is acceptable (Devellis, 2012; Nun ally, 1978).

Thus, Cronbach's alpha level of all pilots tested instruments was above 0.7 which indicates an acceptable and recommended for data collection of the main study (Tavakol & Dennick, 2011). So, the final data collection was conducted using 19 items intuitional support and 37 items psychological well-being scale respectively. The Psychological well-being scale has specific dimensions of autonomy, environmental mastery, personal growth, positive relationships, purpose in life and self-acceptance.

Table 4: Dimensions of Psychological Wellbeing

Dimension	Item Numbers	Number of Items	Score range	Scoring Action
Autonomy	1, 7, 13, 18, 24, 30	6	6-30	Reverse: 13, 18, 30
Environmental Mastery	2, 8, 14, 19, 25, 31	6	6-30	Reverse: 8, 14, 25, 31
Personal Growth	3, 9, 15, 20, 26, 32, 35	7	7-35	Reverse: 3, 15, 26, 35
Positive Relations	4, 10, 21, 27, 33, 36	6	6-30	Reverse: 10, 33
Purpose in Life	5, 11, 16, 22, 28, 34	6	6-30	Reverse: 5, 16, 22
Self-Acceptance	6, 12, 17, 23, 29, 37	6	6-30	Reverse: 17, 29

3.9. Data Collection Procedure

The data collection process for this study involved a structured approach to assess the relationship between institutional support and psychological well-being among orphaned children in selected orphanages in Addis Ababa.

In this study, a stratified random sampling technique was employed to ensure balanced representation of children across participating orphanages. The population was first divided into

two strata based on orphanage type: female orphanages and male orphanages. Within each stratum, children who met the study's inclusion criteria such as age, residency, and institutional enrollment were identified. From these pools, participants were then randomly selected, with sample sizes proportionately allocated to reflect the relative population of each stratum. Participation was strictly voluntary, with informed consent obtained prior to data collection, and children were assured of confidentiality and the right to withdraw at any stage, thereby maintaining both ethical standards and methodological rigor. Prior to data collection, informed assent was obtained from orphanage administrators while consent was sought from the children themselves. The study utilized two key instruments: a 19-item Institutional Support Measure and a 37-item Psychological Well-Being Scale, both administered in Amharic to ensure comprehension. Trained research assistants assisted younger children and those with limited literacy in completing the questionnaires. Data was collected in a quiet, private space within the orphanages to minimize distractions and ensure confidentiality.

3.10. Methods of Data Analysis

The collected data was analyzed using both descriptive and inferential statistical methods to address the study's objectives. First, descriptive statistics (means, standard deviations, frequencies) were computed to summarize the levels of institutional support and psychological well-being among participants. Independent samples t-tests, one-way, Pearson correlation and ANOVA were used to examine variations in these variables based on demographic factors such as gender, age, grade and length of stay in the orphanage.

To assess the relationship between institutional support and psychological well-being, Pearson's correlation analysis was conducted. Finally, linear regression analysis determined whether institutional support significantly predicts psychological well-being. All statistical

analyses were performed using SPSS (Version 25) and the results were presented in tables and charts for clarity, ensuring alignment with the study's objectives.

3.11. Ethical Considerations

Ethical standards were strictly followed to protect the rights and well-being of the orphaned children participating in this study. Since the participants are minors under institutional care, ethical approval was secured from both a recognized institutional review board and the respective orphanage authorities. Informed consent was obtained from orphanage administrators, while child participants will provide verbal or written assent, depending on their age and comprehension level.

To ensure confidentiality, all data were anonymized using unique codes, with no personal identifiers linked to responses. Participants were informed of their right to withdraw at any time without repercussion. Given the sensitive nature of psychological well-being assessments, trained research assistants monitored children for signs of distress and provide referrals to onsite counselors if needed. All data collected during the study are stored securely, with access restricted exclusively to the principal researcher. These measures aim to uphold ethical integrity while generating meaningful insights into the support systems affecting orphaned children's psychological well-being.

Chapter Four

Results of the study

The purpose of the current study was to investigate the relationship between institutional support and psychological well-being among orphaned and vulnerable children in two state run orphan homes in Addis Ababa. To this end, quantitative data were collected through a scaled questionnaire administered to a total of 222 orphaned and vulnerable children residing in Kolfe and Kechene children's homes in Addis Ababa. From the total administered questionnaire, 44 questionnaires were found filled in wrong way and due to this the researcher genuinely discarded following careful manual inspection with return rate was 80% percent. According to Morden et al. (nd), if the response rate is 75%, that's pretty good and having three-quarters of your surveys returned would be considered good, even excellent to do the analysis.

4.1. Demographic characteristics of participants

Out of 178 participants who took part in the current study, 107(60.1%) were females followed by 71(39.9%) their male counterparts. Regarding the age distribution, the majority fell with the 13-15 years of age bracket (n=92, 51.7%) followed by 16-18 years (n=72, 40.40%). The remaining smaller portion were 10-12 years (n=14, 23.0%). Regarding the grade levels of participants, majority of participants were primary school students (n=99, 55.6%) while the remaining (n=79, 44.3%) of participants were secondary school students attending from grade nine through twelve.

As per the duration of stay in orphan homes, 107 (60.9%), 50 (28.1%), and 21(11.8 %) have stayed 1-5, 6-10, and 11 and above years in orphaned homes respectively. In overall, this demographic information provide a comprehensive understanding about the representation and composition of the research participants based on specific socio-demographic characteristics

such as gender, age, grade levels, and length or duration of stay in orphan homes. The detail is presented in the table 5 below.

Table 5: Demographic characteristics of participants (n=178)

S.N.	Demographic information	Attributes	n	%
1	Gender	Male	71	39.9
		Female	107	60.1
2	Age	10-12 years	14	7.9
		13-15 years	92	51.7
		16-18 years	72	40.4
3	Grade level	5 – 8 grades	99	55.6
		9 – 10 grades	25	14.0
		11 – 12 grades	54	30.3
4	Duration of stay	1 - 5 years	107	61.0
		6 -10 years	50	28.1
		11 and above years	21	11.8

4.2. The level of psychological well-being among orphaned children

As the descriptive statistics for each dimension are presented in table 6, participants scored a mean score of 3.42(SD=.707) in autonomy, and environmental mastery with a mean score 3.55(SD=.64). The mean score fell within the moderate category, indicating that, on average, orphan children have a good sense of self-determination and independence. This high level of autonomy suggested that these children typically felt confident in their ability to make personal decisions and resist social pressures to conform.

While moderate level of environmental mastery denotes competence in managing their life situations and controlling their environment effectively. The Personal Growth dimension had a mean score of 3.59(SD =.64) which was between the moderate and high categories, indicating that participants felt they were continually developing and realizing their potential. This implied

that the existence of personal development and self-improvement among orphaned and vulnerable children. Participants' scores on Positive Relations with a mean score of 3.47 (SD = .81). This mean score was within the moderate category, suggesting that orphan children generally had warm, satisfying, and trusting relationships with others. Purpose in life dimension got a mean score of 3.48 (SD = .69). This mean score was in the moderate category, indicating that participants typically felt their lives had meaning, purpose, and direction.

This suggested that orphaned children were likely to experience a strong sense of purpose and direction, which could contribute positively to their overall psychological well-being. The self-acceptance dimension had the mean score of 3.64(SD=.60). This score is in-between moderate and high suggesting as participants value themselves, recognize their worth, or feel comfortable with who they are. For orphaned children, this dimension of psychological well-being is often the most vulnerable because of loss, stigma, and disrupted family support.

Table 6: Descriptive Statistics for PWB and Its Dimensions (n=178)

<i>Dimensions</i>	<i>M</i>	<i>SD</i>
Autonomy	3.42	.70
Environmental mastery	3.55	.64
Personal growth	3.59	.64
Positive relations with others	3.47	.81
Purpose in life	3.48	.69
Self-acceptance	3.64	.60
Overall well-being	3.62	.54

Participants' scores on Positive Relations with a mean score of 3.47(SD = .81). This mean score was within the moderate category, suggesting that orphan children generally had warm, satisfying, and trusting relationships with others. Purpose in life dimension got a mean score of

3.48(SD = .69). This mean score was in the moderate category, indicating that participants typically felt their lives had meaning, purpose, and direction. Overall, the level of psychological well-being among orphaned children is high with a mean score of 3.62 (SD=.54).

4.2.1. Psychological Well-being as a Function of Gender

As presented in table 7, an independent sample t-test was carried out to see the difference between male and female orphan children in relation to PWB. The comparison of females and males' perceptions of their PWB indicated with a mean value of females (M=3.62, SD =.56) and that of males (M=3.62, SD=. 52) where descriptively, there is virtually no difference between the two groups. In order to verify this observation statistically, an independent samples t-test was performed.

Table 7: t-Test Statistics of PWB as a Function of Gender

Gender	N	M	SD	t-test for Equality of Means			
				t	df	p	95% CI [LL, UL]
Female	107	3.6231	.55748	.069	176	.945	[-.15815, .16956]
Male	71	3.6174	.51876				
Total	178	3.6209	.54089				

The results revealed that the difference in PWB between male and female orphan children was not statistically significant, $t(176) = 0.069$, $p = 0.945$. Furthermore, the 95% confidence interval for the mean difference $[-0.16, 0.17]$ includes zero, which further confirms that there is no meaningful difference between the groups. Therefore, it can be concluded that gender does not have a statistically significant effect on the psychological well-being of orphan children in this study. This finding suggests that both male and female orphan children may experience similar levels of psychological well-being, possibly due to shared living conditions, institutional support systems, or similar life experiences within orphan care settings.

4.2.2. Psychological well-being and age of participants

The study tried to check if there are any differences in PWB among orphaned children across their ages. Thus, a One-way ANOVA was computed to analyze the effect of age on the levels of PWB among such orphan children and institutional support.

Portrayed in Table 8, the orphan Children's PWB moved from those young (10-12 years) (M=3.73, SD=.82) to 13 -15 years old (M=3.68, SD=.52) and finally to 16-18 years old (M=3.53, SD=.49). The data implied that the younger the children, the healthier to their PWB. Is the difference statistically significant? This led to the analysis of one-way ANOVA. Based on Table 7 of the one-way ANOVA output, statistically insignificant difference has been observed across the age of orphan children , $F(2, 175) = 1.866$ $p=.158$, Hence, the possibility of significant difference on PWB in line with age is confirmed and it is empirical to forward that there is no statistically significant difference on the PWB orphan children based on their age .

Table 8: One way analysis of variance on PWB by Age

Age	N	M	SD	ANOVA Test	
				F	P
10-12	14	3.7297	.82203	1.866	.158
13-15	92	3.6771	.52102		
16-18	72	3.5278	.49239		
Total	178	3.6209	.54089		

Orphan Children =F (2,175)

4.2.3. Psychological well-being and Grade level

One way ANOVA was computed to analyze the effect of *grade level* on the levels of PWB among orphan children. Portrayed in Table 9, the orphan children's PWB did not show a pattern across grade levels. The level at grade 5-8 ($M=3.64$, $SD=.58$) was a little bit higher than grade 9-10 ($M=3.52$, $SD=.40$). This has shown a little increment at grade 11-12 ($M=3.64$, $SD=.52$).

Table 9: One way analysis of variance on PWB by Grade Level (N=178)

<i>Grade levels</i>	<i>N</i>	<i>M</i>	<i>SD</i>	<i>F</i>	<i>P</i>
5-8	99	3.6399	.58310	1.014	.423
9-10	25	3.5103	.39984		
11-12	54	3.6371	.51888		
Total	178	3.6209	.54089		

Orphan Children =F (2,175)

The data implied that the lower grade level orphan children are healthier than upper grades. Based on Table 8 of the one-way ANOVA output, statistically insignificant difference has been observed across the grade level of orphan children in their PWB, $F(2, 175) = 1.014$, $p=.423$. Hence, the possibility of significant difference on PWB in line with grade level is confirmed and it is empirical to forward that there is no statistically significant difference on the PWB orphan children based on their grade levels.

4.2.4. Psychological well-being and duration of stay

For the purpose of the current study, analysis of variance (ANOVA) was conducted to assess the existence of significant mean difference on PWB of orphaned and vulnerable children due to their length of stay in orphaned homes with the categories (1-5 years, 6- 10 years and 11-15 years). The level for those 1-5 years ($M=3.67$, $SD=.63$) was a little bit higher than those who stayed for 6-10 years ($M=3.54$, $SD=.44$) and those who stayed 11 years and above have a little bit higher mean score ($M=3.75$, $SD=.56$), which has shown a little increment at these years .

The findings indicated that there was statistically significant difference in the level of psychological well-being of orphaned vulnerable children due to length of stay in homes with $F(2,175) = 5.95$, $p=.003$. From these findings, we can conclude that the length of time that orphaned and vulnerable children spent in homes has a statistically significant effect on the levels of their well-being.

Table 10: Analysis of Variance on PWB Well-being by Duration of Stay (n=178)

<i>Variable</i>	<i>Duration of stay</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>F</i>	<i>Sig.</i>
Psychological Well-being	1-5	63	3.6740	.63272	5.95	.003
	6-10	86	3.5374	.44436		
	11-15	29	3.7530	.56363		
	Total	178	3.6209	.54089		

Orphan Children =F (2,175)

Post-hoc comparisons using the Tukey HSD test indicated that the psychological well-being of orphaned and vulnerable children who stayed for 11 -15 years was higher than those who stayed for 1-5 years and for 6-10 years with (Mean Diff = -17.07, $*p* = .002$).

Table 11: Tukey HSD Comparisons on psychological well-being by duration of stay

Duration of stay	Duration of stay	Mean Difference	Sig.	95% Confidence Interval	
				Lower Bound	Upper Bound
1-5 years	6-10 years	.16235	.153	-.0440	.3687
	11 and above years	-.29901*	.044	-.5922	-.0058
6-10 years	1-5 years	-.16235	.153	-.3687	.0440
	11 and above years	-.46135*	.002	-.7795	-.1432
11 and above years	1-5 years	.29901*	.044	.0058	.5922
	6-10 years	.46135*	.002	.1432	.7795

The analysis of the duration of stay data shows that significant differences emerge only when comparing individuals who have stayed for 11 years or more with those who have stayed for shorter periods. Specifically, there is no statistically significant difference between the 1–5 year and 6–10-year groups, as indicated by the mean difference of 0.16235 and a p-value of 0.153. However, the group with 11+ years of stay differs significantly from both shorter-duration groups: compared to the 1–5 year group, the mean difference is –0.29901 with a p-value of 0.044, and compared to the 6–10 year group, the mean difference is –0.46135 with a highly significant p-value of 0.002. The confidence intervals for these comparisons exclude zero, confirming the robustness of the findings. Overall, the results suggest that while shorter durations of stay (up to 10 years) do not lead to meaningful differences, staying for 11 years or more marks a clear threshold where significant changes occur, highlighting the long-term impact of extended duration. As depicted in Table 10, PWB in 1-5 and 6-10 years was significantly lower than 11-15 years with mean difference of 11-15 years with 6-10 years (MD=.46, $p < .05$, 95%CI [.143, .779]. which caused statistically significant differences for the one- way ANOVA output. It is also possible to generalize from the 95% CI where both do not include the zero value

which are indicators for the existence of statistically significant differences between the duration of stays.

4.2.5. The Level of Institutional Support among Orphaned Children

Descriptive statistical analysis was used to assess the level of institutional support among orphaned children. As the findings indicate, the mean score was ($M = 2.28$, $SD = .33$). Regarding the scores for each dimension, all dimensions, namely Protection and Safety ($M = 2.22$, $SD = .47$), Psychological and Mental Health ($M = 2.23$, $SD = .54$), and Health and Physical Well-being ($M = 2.43$, $SD = .53$) were reported as presented in Table 11. Likewise, Education ($M = 2.30$, $SD = .64$) and Community Cohesion ($M = 2.22$, $SD = .50$) are also presented in the same table. Among the dimensions, health and physical well-being has the highest mean score ($M = 2.43$, $SD = 0.53$), suggesting that respondents perceive relatively better support in this area. This implies that institutions are more effective in addressing physical health needs compared to other domains. This implies that institutions are more effective in addressing physical health needs compared to other domains. Overall, the findings indicate that while institutional support exists at a moderate level, greater emphasis is needed on psychological support, safety, and community cohesion to ensure a more balanced and comprehensive support system.

Table 12: Descriptive statistics for institutional support and its dimensions

<i>Dimensions</i>	<i>M</i>	<i>SD</i>
Protection and Safety	2.22	.47
Psychological/ Mental Well-Being	2.23	.54
Health and Physical wellbeing	2.43	.53
Education	2.30	.64
Community cohesion	2.22	.50
Institutional support Total	2.28	.33

As portrayed in table 12, relatively highest support was reported in *health* ($M = 2.43$, $SD=.53$), while the lowest support was in *community cohesion* ($M = 2.22$, $SD=.50$) and *protection* ($M=2.22$, $SD=.47$). The standard deviations (ranging from .33 to .64) show low variability, meaning children's experiences of support did not differ significantly across individuals. The total mean score ($M=2.28$, $SD=.33$) suggests that, overall, institutional support is present and it is almost even across dimensions, with stronger emphasis on health and weaker emphasis on protection and community cohesion.

4.2.6. Institutional support as a function of gender

An independent sample t-test was computed to see if there was a difference in institutional support score between male and female respondents. The result showed that there was no statistically significant difference between male and female respondents in their levels institutional support (see table 13).

Table 13: t-test Statistics of PWB as a function of Gender

Gender	N	M	SD	t-test for Equality of Means			
				t	df	p	95% CI [LL, UL]
Female	107	2.2591	.34	-0.976	176	.331	[-.1513, .05114]
Male	71	2.3091	.32				
Total	178	2.28	.33				

The results indicated that female participants ($M = 2.26$, $SD = .34$) and male participants ($M = 2.31$, $SD = .32$) did not differ significantly in their mean scores. The t-test result was not statistically significant, $t(176) = -0.98$, $p = .331$, with a 95% confidence interval ranging from -0.151 to 0.051. These suggest that there is no statistically significant difference in perceived institutional support between female and male orphaned children. Overall, the mean score for institutional support across all participants was ($M = 2.28$, $SD = .33$), indicating a generally low level of institutional support regardless of gender.

4.2.7. Institutional Support and Age

As indicated in table 14 below, one way ANOVA was computed to assess the institutional support difference as a function of age of participants. The findings show that the non-existence of statistically significant difference on institutional support $F (2,175) = .31$, $p = .52$. Based on these findings, one can conclude that, age of participants results in no variation on the levels of institutional support. Overall, the findings suggest that group membership was not associated with meaningful variation in age.

Table 14: Analysis of One Way ANOVA on Institutional Support by Age

	N	M	SD	F	P
10-12	14	2.4524	.50957	3.007	.052
13-15	92	2.2953	.25143		
16-18	72	2.2245	.37615		
Total	178	2.2790	.33474		

Orphan Children = $F (2,175)$

4.2.8. Institutional support and grade level

As indicated in table 15 below one-way ANOVA was computed to assess the institutional support difference as a function of grade level of participants. The findings show that the existence of no statistically significant difference on institutional support $F (2,175) = .95$, $p = .38$. Based on these findings, one can conclude that, age of participants has no influence on the levels of institutional support.

Table 15: Institutional support by grade level

<i>Grade Level</i>	<i>N</i>	<i>M</i>	<i>SD</i>	<i>df</i>	<i>F</i>	<i>Sig.</i>
5-8	99	2.3053	.32947	2	.953	.387
9-10	25	2.2867	.19817	175		
11-12	54	2.2274	.38945	177		

4.2.8. Institutional support and duration of stay in orphan homes

One way ANOVA was computed to assess the institutional support difference as a function of length of stay in orphan homes. The findings show that the no-existence of statistically significant difference among three dimensions of institutional support with $F(2,175) = 1.020$, $p = .363$.

Table 16: One Way Analysis of Variance on Institutional Support by Duration of Stay (n=178)

Variable	Duration of stay in years	N	M	SD	df	F	Sig.
Institutional Support	1-5	63	2.3025	.34273	2	1.020	.363
	6-10	86	2.2435	.32619	175		
	11-15	29	2.3333	.34215	177		

4.3. The relationship between institutional support and psychological well-being

As per the objectives of the current study, a Pearson correlation analysis was conducted to examine the relationship between institutional support and psychological well-being (PWB) dimensions among orphaned and vulnerable children. The findings demonstrated that moderate positive relationship was found between institutional support and psychological well-being, ($r = .417$, $p < .01$). This indicates that higher levels of institutional support are associated with higher levels of psychological well-being in general.

More specifically, protection and safety showed a positive correlation with autonomy ($r = .370$, $p < .01$), environmental mastery ($r = .193$, $p < .01$), personal growth ($r = .295$, $p < .01$), positive relations ($r = .371$, $p < .01$), and purpose in life ($r = .499$, $p < .01$). Similarly, mental well-being was positively correlated with personal growth ($r = .174$, $p < .05$), purpose in life ($r = .235$, $p < .01$), and Total PWB ($r = .197$, $p < .01$).

Institutional support also demonstrated strong positive correlations with protection and safety ($r = .699$, $p < .01$), mental well-being ($r = .678$, $p < .01$), community cohesion ($r = .790$, $p < .01$), and

education ($r = .514, p < .01$). These results suggest that institutional support plays a pivotal role in enhancing safety, cohesion, and educational opportunities, which in turn contribute to psychological well-being. Overall, the dimensions of PWB were tightly interrelated and strongly predictive of Total PWB.

Table 17: Summary of correlation analysis between institutional support and psychological well-being (n=178)

	1	2	3	4	5	6	7	8	9	10	11	12
Autonomy (1)	1											
Environmental mastery (2)	.546**	1										
Personal growth(3)	.421**	.519**	1									
Positive relations with others (4)	.505**	.524**	.621**	1								
Purpose in life (5)	.511**	.379**	.527**	.541**	1							
Self-acceptance (6)	.456**	.568**	.540**	.417**	.641**	1						
Total PWB (7)	.742**	.753**	.793**	.800**	.775**	.762**	1					
Protection and Safety(8)	.370**	.193**	.295**	.371**	.499**	.262**	.435**	1				
Mental Well-Being (9)	0.146	0.118	.174*	0.106	.235**	0.136	.197**	.450**	1			
Health and Physical wellbeing(10)	0.052	0.106	-0.076	-0.075	-0.034	-0.065	-0.024	-0.082	0.044	1		
Education (11)	.380**	.347**	.376**	.296**	.367**	.327**	.451**	.487**	0.115	0.070	1	
Community cohesion (12)	.313**	.291**	.197**	.395**	.262**	.216**	.366**	.447**	.421**	.319**	.246**	1
Institutional support Total (13)	.372**	.311**	.274**	.322**	.394**	.250**	.417**	.699**	.678**	.466**	.514**	.790**

** $P < 0.01$; * $P < 0.05$,

4.4. The predictive power of institutional support and psychological well-being

A liner regression analysis was performed to examine the role of institutional support (protection, mental health, education, health, and community cohesion) in predicting overall psychological well-being among orphaned children. The regression analysis result indicated that the regression model of the variance on psychological well-being was significant $F(1, 176) = 36.982, p < .001$). This indicated that the institutional support accounted for significant variation on the psychological well-being of orphaned children.

Table 18: Summary of Regression Analysis of Variables Predicting PWB (n=178)

Model	Unstandardized Coefficients	Standardized Coefficients	t	Sig.
	B	Beta		
(Constant)	2.039		8.246	.000
Institutional support	.653	.417		

Institutional Support ($R=.417, R^2=.174$, Adj. $R=.169$, $F(1, 176)=36.982$, $p<.05$)

Hence, Institutional support explained 17.4% of the variance in psychological wellbeing ($R^2 = .174$). The standardized coefficient showed that institutional support had a moderate positive effect on psychological wellbeing ($\beta = .417$, $p < .001$). This means that as institutional support increases, psychological wellbeing also increases significantly.

Chapter Five

Discussion of Findings

The main purpose of this study was to examine the relationship between institutional support and psychological well-being among orphaned and vulnerable children. The study was conducted among 178 participants from selected orphaned homes in Addis Ababa. Participants were selected using simple random sampling to make sure their representation of participants. The demographic characteristics of participants included were, gender, age, and length of stay in homes.

Using a correlational research design, data were collected structured questionnaires which include adapted and validated scaled instruments; institutional support scale with 18 items to assess protection, mental health, adult support, health, and community cohesion as dimensions. The second scale was 37 items Ryff's Scales of Psychological Well-Being (SPWB) to measure six dimensions of psychological well-being (Autonomy, Environmental Mastery, Personal Growth, Positive Relations with Others, Purpose in Life, Self-Acceptance).

The collected data were analysed using software package for social science (SPSS) version 25. Descriptive statistics such as mean, standard deviation, minimum, percentage, and maximum were computed to summarize and report demographic characteristics and levels of independent and dependent variables. In addition, inferential statistics such as one independent sample t-test and one way analysis of variance were applied to see the difference in the levels of institutional support and psychological well-being as a function of selected demographic variables including gender, age, and duration of stay in orphan homes. Furthermore, Pearson correlation coefficients and regression analysis were employed to assess the relationship and relative contribution of the predicting variable (institutional support) to the outcome variable (Psychological well-being).

The current study addressed key research questions: the level of psychological well-being and institutional support among orphaned and vulnerable children in Addis Ababa. The study addressed influence of demographic factors (gender, age, duration of stay) on well-being and institutional support, the relationship between institutional support and psychological well-being, and the predictive role of institutional support on psychological well-being.

5.1. Status of Psychological Well-being and institutional support among Orphaned Children

The study revealed that orphaned and vulnerable children in selected government homes in Addis Ababa experienced better psychological well-being, particularly in dimensions of autonomy with a mean score of 20.38 (SD=4.17), environmental mastery with a mean score 25.20(SD=4.23). This high level of autonomy suggested that these felt confident in their ability to make personal decisions and resist social pressures to conform. While moderate level of environmental mastery denotes limited level of competence in managing their life situations and controlling their environment effectively.

The Personal Growth dimension had a mean score of 25.11 (SD = 4.50). This score was in between the moderate and high categories, indicating that participants felt they were continually developing and realizing their potential. This implied that the existence of personal development and self-improvement among orphaned and vulnerable children. Participants with a mean score of 21.19 (SD=5.01) suggesting that orphan children generally had warm, satisfying, and trusting relationships with others. Purpose in Life with a mean score of 20.49 (SD = 4.39). This mean score was in the moderate category, indicating that participants typically felt their lives had meaning, purpose, and direction.

Regarding the level of institutional support among orphaned children, findings indicated that orphaned children have moderate level of institutional support with ($M=41.02$) which was far better than the expected mean. Dimensions namely protection, mental health and adult support reported the obtained mean of 8.84, 9.37, and 8.40 respectively reflect moderate levels of support. These findings implied that even though participants have good stand on mental health, protection, and adult support, they attained low status on community cohesion and health needs which requires urgent intervention.

. The findings of the current study are inconsistency with the results of previous studies such as Gabriel et al. (2012), Hong et al. (2011), and Zhao et al. (2007) which stressed orphaned and institutionalized children have moderate level of psychological well-being. On the other hand, a study carried out in Jimma, Ethiopia, revealed that, orphaned children had significantly lower level of psychological well-being compared to their non-orphaned peers (Tadesse et al., 2018). This underscores the importance of understanding and support on psychosocial support programs.

5.3. Psychological Well-being, Institutional Support, and Demographic variables

An independent sample t-test was carried out independently to see the existence of psychological well-being and institutional support score difference between male and female participants. The result showed that there was no statistical difference between male and female respondents. The result implied that being male or female is not associated with score difference in both psychological well-being and institutional support among orphaned and vulnerable children. In support of these findings, previous studies indicated as there is no statistically significant difference between male and female orphans in their psychological well-being score (Afework, 2013; Bhat, 2014; Mostafaei et al. 2012).

Furthermore, the results of one-way analysis (ANOVA) of variance were conducted to assess the existence significant mean difference on psychological well-being and institutional support of orphaned and vulnerable children due to their length of stay in orphaned homes. The findings indicated that there was statistically significant difference in the psychological well-being of orphaned vulnerable children due to length of stay in homes. From these findings, we can conclude that the length of time that orphaned and vulnerable children spent in homes has effect on the levels of their well-being.

Similarly, regarding the institutional support, the findings show that the existence of statistically significant difference among three dimensions of institutional support: mental health, adult support, and health. Based on these findings, one can conclude that, length of stay (duration) in orphan homes) results in variation on the levels of institutional support especially on mental health, adult support and health dimensions. Previous studies indicate that duration or prolonged stay in orphan homes, and residential schools are significant predictors of higher level of mental health challenges such as heightened psychological distress. For instance, a large-scale study carried out by Whetten et al. (2014) among 27000 Cambodian, Ethiopia, Indian, Kenyan, and Tanzanian orphaned children reported that age, gender, and longer experience in orphan homes have noteworthy effect on well-being and support.

5.4. Relationship between psychological well-being and Institutional Support

The study found a significant positive relationship between institutional support and psychological well-being. Higher scores in institutional dimensions, such as protection was found to be correlated with autonomy, environmental mastery, personal growth, personal relations, purpose in life, and self-acceptance. Mental health also significantly and positively correlated with purpose in life.

Therefore, a higher level of overall institutional support is associated with higher level of psychological well-being among orphaned and vulnerable children in general. More specifically, protection and mental health as dimensions of support are strongly and positively linked with autonomy, environmental mastery, personal growth, personal relations, and purpose in life in particular, suggesting that enhancing institutional support could improve their well-being.

5.5. Role of institutional support in predicting psychological well-being

A multiple regression analysis result indicated that the regression model 17.4% of the variance on psychological well-being was significant. This indicated that the predictor accounted for significant variation on the outcome variable. Separately each dimension namely protection, mental health, and community cohesion were significant predictors of psychological well-being. This implied that higher levels of protection, mental health, and community cohesion are associated with higher levels of well-being among orphan children.

Chapter Six

Summary, Conclusion, and Recommendation

6.1. Summary of findings

The study was aimed at examining the relationship between institutional support and psychological well-being among the orphaned and vulnerable children institutionalized in government owed homes in Addis Ababa, Ethiopia. Major findings are summarized as follows: orphaned and vulnerable children reported moderate levels of institutional support and psychological well-being. Particularly in autonomy ($M=20.38$, $SD=4.17$), environmental mastery ($M=25.20$, $SD=4.23$), and personal growth ($M=25.11$, $SD = 4.50$).

As demographic factors, duration of stay exerted statistically significant influence on the well-being of orphaned children while the influence of gender was not significant. Moreover, findings demonstrated that, institutional support in overall has statistically significant relationship with psychological well-being ($r = .415$, $n = 178$, $p < 0.001$).

From the dimensions of institutional support, protection was found to be correlated with autonomy, environmental mastery, personal growth, personal relations purpose in life, and self-acceptance. Therefore, higher levels of overall institutional support score is associated with higher levels of psychological well-being among orphaned and vulnerable children in general.

The regression analysis result indicated the regression model 17.4% of the variance on psychological well-being. This indicated that the predictor accounted for significant variation on the outcome variable. Dimensions namely protection, mental health, and community cohesion were significant predictors of psychological well-being. This implied that higher levels of protection, mental health, and community cohesion are associated with higher levels of well-being among orphan children.

6.2. Conclusion

The current study has drawn the following conclusions based on the findings obtained: moderate levels of psychological well-being, particularly autonomy, environmental mastery, and personal growth underline still the need for interventions to better enhance well-being among institutionalized orphaned and vulnerable children. Significant difference observed on psychological well-being and institutional support due to age and length of stay in orphan homes, indicate the existence of divergence on support needs as age and duration of stay varies. This implied that to enhance the psychological well-being status of orphaned children, institutional support shall be given in accordance with their age and length of stay in homes.

The significant positive correlation between institutional support, particularly dimensions: protection, mental health, and adult support with psychological well-being suggests that institutional support may serve as a protective factor against psychological distress and improve psychological well-being status. Thus, enhancing institutional support and practice would improve well-being of institutionalized orphan and vulnerable children. In nutshell, integrating institutional support into intervention programs could potentially improve psychological well-being status among institutionalized orphan and vulnerable children.

6.3. Recommendations

Based on the aforementioned finding of the study, the following recommendations are forwarded:

- ❖ Institutions and others who have a stake in supporting orphan and vulnerable children have to emphasize on rehabilitation and well-being through enhancing their institutional support programs beyond basic and survival needs.

- ❖ Professionals who are working in orphan care institutions need to integrate programs that can enhance institutional support and psychological well-being on their routine and strategic practice in order to bring the whole psychosocial development of children.
- ❖ Social works and Counseling psychologists should provide training on support and psychological needs of orphaned children in care for caregivers and others involved in to enhance the well-being status of children.
- ❖ The government should enact and implement policies that recognize the importance of initiatives that can enhance the quality of institutional support to improve psychological well-being of children.
- ❖ Since, this study was conducted among sample size (178) from urban area as a pure quantitative applied validated data collection instruments, further investigation have to be undertaken on the same topic with more larger sample from both urban and rural with mixed methods research using ecologically valid tools for in-depth and reach insight on the needs and well-being of orphaned and vulnerable children in care.
- ❖ Furthermore, while the study was institution-based cross-sectional study, future longitudinal study emphasized on designing and evaluating targeted interventions on cohort of orphaned and vulnerable children will be much appreciated.

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Appendix A

English Version Survey Questionnaire

Addis Ababa University

College of Education and Behavioral Sciences

School of Psychology

Department of Counseling Psychology

Dear participants of this Study

The purpose of this study is to investigate the relationship between institutional support and Psychological Well-being among orphaned children in some selected oranges of Addis Ababa. Therefore, to achieve the purpose of this study, your responses are very important and I kindly request your genuine participation. Please note that all responses and information you provide will be kept anonymous and confidential. Thank you for your cooperation.

B. Demographic Data Questions

1. Age ____

2. Gender

Female ☐ Male ☐

3. Grade level_____

4. Duration of stay in orphan homes _____

Section two: Institutional Support Measure for Orphan and Vulnerable Children

instruction: please indicate how often you receive each type of support from institution by making (✓) the appropriate response in front of each statement

1 = None of the time

2 = Some of the time

3 = All of the time

S.N.	Items	Rating scale		
		1	2	3
1	I'm treated differently from the other children in my household			
2	I'm treated the same as other children in my school			
3	I'm treated differently from other children in my community			
4	I do not get enough sleep due to work before/after school			
5	I have people I can talk to when I have a problem			
6	I can do things as well as most other people			
7	I am as happy as other kids my age			
8	I feel I live in a safe place			
9	At institution, someone looks after me if I get hurt or feel sad			
10	I have adults that I can trust			
11	I get emotional help and support from my family			
12	I feel supported by my extended family			
13	I feel strong and healthy			
14	I worry about my health			
15	I am growing as well as other kids my age			
16	My health is good			
17	I feel welcome to take part in religious services			
18	People in my community try to help me			

Section three: Ryff's Psychological Well-being (PWB)

Direction: Please read each item separately and choose the most accurate answer for you from the alternatives by putting a tick mark “✓” in the box.

1= *strongly Disagree*

4= *Agree slightly*

2 = *Disagree*

5= *Agree*

3 = *Disagree slightly*

6= *Strongly Agree*

S.N.	Items	Ratings					
		1	2	3	4	5	6
1	I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.						
2	In general, I feel I am in charge of the situation in which I live.						
3	I am not interested in activities that will expand my horizons.						
4	Most people see me as loving and affectionate.						
5	Live life one day at a time and don't really think about the future.						
6	When I look at the story of my life, I am pleased with how things have turned out.						
7	My decisions are not usually influenced by what everyone else is doing.						
8	The demands of everyday life often get me down.						
9	I think it is important to have new experiences that challenge how you think about yourself and the world.						
10	Maintaining close relationships has been frustrating for me.						
11	I have a sense of direction and purpose in life.						
12	In general, I feel confident and positive about myself.	1	2	3	4	5	6
13	I tend to worry about what other people think of me.						
14	I do not fit very well with the people and the community around me.						
15	When I think about it, I haven't really improved much as a person over the years.						
16	My daily activities often seem trivial and unimportant to me.						
17	I feel like many of the people I know have gotten more out of life than I have.						
18	I tend to be influenced by people with strong opinions.						

19	I am quite good at managing the many responsibilities of my daily life.						
20	I have the sense that I have developed a lot as a person over time.						
21	I enjoy personal and mutual conversations with family members or friends.						
22	I don't have a good sense of what it is I'm trying to accomplish in life.						
23	I like most aspects of my personality.						
24	I have confidence in my opinions, even if they are contrary to the general consensus.						
25	I often feel overwhelmed by my responsibilities.						
26	I do not enjoy being in new situations that require me to change my old familiar ways of doing thing						
27	People would describe me as a giving person, willing to share my time with others.						
28	I enjoy making plans for the future and working to make them a reality.						
29	In many ways, I feel disappointed about my achievements in life.						
30	It's difficult for me to voice my own opinions on controversial matters.						
31	I have difficulty arranging my life in a way that is satisfying to me.						
32	For me, life has been a continuous process of learning, changing, and growth.						
33	I have not experienced many warm and trusting relationships with others.						
34	Some people wander aimlessly through life, but I am not one of them.						
35	I gave up trying to make big improvements or changes in my life a long time ago.						
36	I know that I can trust my friends, and they know they can trust me.						
37	When I compare myself to friends and acquaintances, it makes me feel good about who I am						

Appendix B

Amharic Version Survey Questionnaire

አዲስ አበባ ዩኒቨርሲቲ

ትምህርትና ሥነ-ባህሪ ኮሌጅ

ሳይኮሎጂ ትምህርት ክፍል

ውድ የጥናቱ ተሳታፊዎች፡-

የዚህ ጥናት ዋና አላማ ድርጅታዊ ድጋፍ እና በልጆች ስነ-ልቦናዊ ደህንነት መካከል ያለውን ዝምድና ማጥናት ሲሆን፤ አንቺ/ተ በጥናቱ እንድትሳተፉ/ፍ የተመረጥሽው/ከው ደህንነት አላማ ለማሳካት ነው። አንቺ/ተ የምትሰጡ/ጠው መረጃ ለጥናቱ በስኬት መጠናቀቅ በጣም ወሳኝ ስለሆነ በመጠይቁ የተለያዩ ክፍሎች ለቀረቡት ሁሉም ጥያቄዎች ትክክለኛ መረጃ በመስጠት እንድትተባበረኝ/ረኝ በትህትና እጠይቃለሁ። ለዚህ መጠይቅ የምትሰጡት ማንኛውም አይነት መረጃ ሚስጢራዊነቱ ተጠብቆ ለጥናቱ አላማ ብቻ የሚውልና መሆኑን ላረጋግጥላችሁ እወዳለሁ።

ክፍል አንድ፡-የጥናቱ ተሳታፊዎች ግላዊ መረጃ

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

1. ፆታ፡ ሴት ☐ ወንድ ☐
2. እድሜ፡-_____
3. የክፍል ድረጃ_____
4. በድርጅቱ ውስጥ ለምን ያክል ጊዜ ቆየህ/ሽ?_____

ክፍል ሁለት፡ የድርጅት ድጋፍን በተመለከተ

በዚህ ክፍል የሚረዳሽ/ህ ድርጅት የሚሰጠውን ሁለንተናዊ ድጋፍ ለመለካት የሚያስችሉ ጥያቄዎችን የያዘ

ሲሆን፤ ድርጅቱ የሚሰጠው ድጋፍ በአንቺ/ተና በቤተሰብሽ/ህ ህይወት ላይ ያመጣውን ለውጥ በትክክል

ይገልጻል በምትይው/ለው ምርጫ ስር **የራይት ምልክት** በማስቀመጥ መልሽ/ስ።

ተ. ቁ	ጥያቄዎች	የለም	አንዳንድ ጊዜ	ሁል ጊዜ
1	በድርጅቱ ውስጥ ልክ እንደ ማንኛውም ያስተናግዳኛል			
2	በድርጅቱ ውስጥ ካሉ ሌሎች ልጆች እኩል አልታይም			
3	በምኖርበት አካባቢ ከሌሎች ልጆች በተለየ መንገድ እታሁ			
4	በትምህርት ቤት እንደ ሌሎች ልጆች ተመሳሳይ ትኩረት ይሰጠኛል			
5	ችግር በሚያጋጥመኝ ጊዜ የማማከራቸው የቅርብ ሰዎች አሉኝ።			
6	ልክ ሌሎች ሰዎች ማድረግ እንደሚችሉት እኔም ማድረግ እችላሁ			
7	እኔም ልክ እንደ ሌሎች ጓደኞቼ ደስተኛ ነኝ።			
8	በምኖርበት ቦታ ደህንነቴ የተጠበቀ እንደሆነ ይሰማኛል።			
9	በድርጅቱ ውስጥ ጉዳት ቢደርስብኝ የሚንከባከበኝ አንድ ሰው አለ።			
10	የምተማመንባቸው ሰዎች አሉ።			
11	ከድርጅቱ የምፈልገውን ምክርና የሞራል ድጋፍ አገኛለሁ።			
12	በድርጅቱ ውስጥ ያሉ ሰዎች ሊረዱኝ እየሞከሩ እንደሆነ ይሰማኛል			
13	ጤነኛና ጠንካራ እንደሆንሁ ይሰማኛል።			
14	ጤንነቴ በጥሩ ሁኔታ ላይ ይገኛል።			
15	ከእድሜ እኩዮቼ እኩል እያደግሁ እንደሆነ ይሰማኛል።			
16	በንይማኖታዊ ስርዓቶች ለመሳተፍ ብፈልግ እንደሚፈቀድልኝ አስባለሁ			
17	በምኖርበት ማህበረሰብ ውስጥ ሰዎች ሊረዱኝ እየሞከሩ እንደሆነ ይሰማኛል			
18	ከድቸጅቱ ውጭ የማህበረሰቡ አካል እንደሆነኩ ይሰማኛል			

ክፍል ሦስት - የሰነ-ባህሪያዊ ደህንነት ስሜት መለኪያ

መመሪያ- የሚከተሉትን ዐ/ነገሮች በማንበብ ለራስህ/ሽ የምትሰጠውን/ጭውን የሰነ-ባህሪያዊ ደህንነት ስሜት ግንዛቤ ውስጥ በማስገባት ከቀረቡት እያንዳንዱ ሰባት አማራጮች አንተን/ቺን በይበልጥ የሚገልጽህን/ሽን የስምምነት ደረጃ ሀሳብ የያዘውን ቁጥር በመክበብ ለእያንዳንዱ ዐ/ነገር መልስ ስጥ/ጩ

ተ.ቁ	ዐረፍተ-ነገር	በጥም	አልስማማም	በመጠኑ አልስማማም	በመጠኑ እስማማለሁ	እስማማለሁ	በጥም	እስማማለሁ
		1	2	3	4	5	6	
1	ምንም እንኳን የኔ ሀሳብ ከሌሎች ሰዎች ጋር ባይገናኝም ሀሳቤን ለመግለፅ ፍራቻ የለብኝም							
2	በአጠቃይ በህይወቴ ውስጥ ያሉ ሀኔታዎች በኔ ቁጥጥር ስር እንዳሉ ይሰማኛል							
3	የአስተሳሰብ አድማሴን ሊያሰፉ የሚችሉ ተግባሮችን መከወን አያስደስተኝም							
4	ብዙ ሰዎች እኔን ሰው ወዳድ እና አዛኝ አድርገው ውኛል							
5	ህይወቴን ዛሬ ስለመኖር እንጂ ስለወደፊት አላስብም							
6	የኳላ ታሪኬን ብማይበት ጊዜ ባሳለፍኳቸው ነገረች ሁሉ ደስተኛ ነኝ							
7	አብዛኛውን ጊዜ ሌሎች ሰዎች የሚያደርጉት ድርጊት በኔ ውሳኔ ላይ ተጽኖ የለውም							
8	ነገር ብዙ ጊዜ ፈታኝ ሆኖ አግኝቼዋለሁ							
9	ስለ ራሴም ሆነ ስለ አለም ያለኝን አመለካከት በአዳዲስ ልምዶች መለወጥ ተገቢ ነው ብዬ አስባለሁ							
10	ከሰዎች ጋር ያለኝ ግንኙነት ጠብቆ ማዬት ለኔ ከባድ እና ፈታኝ ነው							
11	በህይወቴ ማሳካት የምፈልገው አላማ እና ግብ አለኝ							
12	በአጠቃላይ በራስ መተማመን እና ለራሴ አዎንዊ አመለካከት እንዳለኝ ይሰማኛል							
13	ሰዎች ስለኔ ምን ያስባሉ የሚለው ነገር ያስጨንቀኛል							
14	በዙሪያዬ ካለ ሰዎች ጋር በጥሩ ሁኔታ የምግባባ አይመስለኝም							
15	ሀሳቤን የማጋራቸው የቅርብ ሰዎች ውስን በመሆናቸው ምክንያት ብዙ ጊዜ ብቸኝነት ይሰማኛል							
16	የእለት ተለት እንቅስቃሴዎቼ ፍሬ የለሽ እና እርባናቢስ መስለው ይታዩኛል							
17	አብዛኛው የማውቃቸው ሰዎች ከኔ የተሻለ ኑሮ የሳካላቸው ይመስለኛል							
18	ጠነካራ አመለካከት ያላቸው ሰዎች በቀላሉ ተፅኖ ያሳድሩብኛል							

19	የእለት ህይወት ሀላፊነትን በመወጣት ረገድ ጎበዝ ነኝ						
20	እንደግለሰብ በዜሩ ሂደት ብዙ ለውጦች በራሴ ላይ የተከሰቱ ይመስለኛል						
21	ከቤተሰቦቼ እና ዳደሮቼ ጋር በጋራ ጉዳዮች ላይ ግልጽ ውይይት ማድረግ ያስስተኛል						
22	በህይወቴ ማከናወን ስላለብኝ ነገሮች በቂ ግንዛቤ አለኝ ብዬ አላስብም						
23	አብዛኛውን ሰብዕናዬን እወደዋለሁ						
24	በራሴ ሃሳብ ሙሉ እምነት አለኝ ምንም እንኳን ሌሎች ባይስማሙበትም						
25	ብዙ ጊዜ በሀላፊነቴ ላይ የመሰላችሁ ስሜት ይታይብኛል						
26	ቀድሞ ከለመድኩት መንገድ የሚያስቀይረኝ አዲስ ሁኔታ ውስጥ ምባት አያስደስተኝም						
27	ሰዎች ጊዜያዊ ማካፈል የምወድ ደገ ሰው አድርገው ይገልጹኛል						
28	ማቀድ እና እቅዴን እውን ለማድረግ መጣር ያስደስተኛል						
29	በህይወቴ ያገኘኋቸው ውጤቶች በብዙ መልኩ ለኔ ከበቂ በታች ናቸው						
30	አከራካሪ በሆኑ ጉዳዮች ላይ የራሴን ሀሳብ መግለጽ ይከብደኛል						
31	ህይወጤን በሚያስደስት መልኩ ማስተካከል ከብደኛል						
32	ህይወት ለኔ ቀጣይነት ያለው የመማር፤የመለወጥ እና የማደግ ሂደት ነው						
33	ከሌላች ጋር አስደሳች እና እምነት የሚጣልበት ግንኙነት ኖሮኝ አያውቅም						
34	ብዙ ሰዎች ያለ አላማ ቢኖሩም እኔ ግን ከነሱ ውስጥ አይደለሁም						
35	ህይወቴ ውስጥ መሻሻልን ለማምት ከሞከርኩ ብዙ ቆይቻለሁ						
36	እኔ እንደማውቀው ዳደሮቼም እኔን ማመን እንደሚችሉ ያውቃሉ						
37	እራሴን ከማውቃቸው እና ከዳደሮቼ ሳነጻጽር በማንነቴ ደስ ይለኛል						

ለቅን ትብብርህ/ሽ እጅግ በጣም አመሰግናለሁ !!

Appendix C

Cronbach's Alpha and item total statistics of data collection instruments

Reliability Statistics for Institutional Support

<i>S.N</i>	<i>Cronach's Alpha</i>	<i>Number of items</i>		<i>Number of participants</i>
	.855	19		23
		Item-Total Statistics		
Items	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronach's Alpha if Item Deleted
ISM1	44.00	28.str	.568	.808
ISM2	43.78	30.814	.379	.819
ISM3	43.30	32.585	.155	.827
ISM4	43.52	29.988	.524	.812
ISM5	43.96	29.862	.516	.812
ISM6	43.65	31.510	.262	.824
ISM7	43.70	29.312	.614	.807
ISM8	44.35	30.964	.306	.823
ISM9	44.57	27.711	.641	.802
ISM10	43.35	31.510	.447	.817
ISM11	43.39	31.885	.201	.827
ISM12	43.48	30.352	.407	.817
ISM13	43.43	31.166	.355	.820
ISM14	43.65	28.692	.560	.808
ISM15	43.65	30.874	.435	.816
ISM16	43.78	27.269	.700	.798
ISM17	43.61	29.067	.574	.808
ISM18	43.39	30.885	.425	.817

Scale Statistics

Mean	Variance	Std. Deviation	N of Items
44.57	35.439	5.953	18

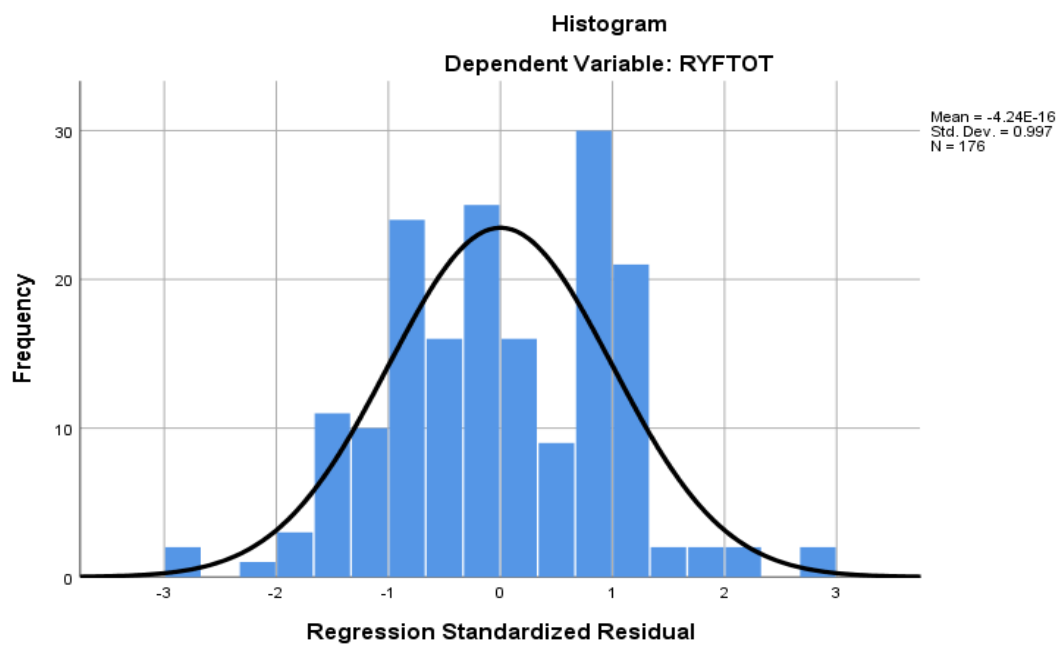
Psychological well-being scale

S.N	Cronbach's Alpha	N of Items		N of Participants
	.762	37		
		Item-Total Statistics		
Items	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cranach’s Alpha if Item Deleted
RYF1	127.95	135.569	.524	.744
RYF2	127.86	129.266	.669	.734
RYF3	128.14	135.076	.590	.742
RYF4	128.27	131.922	.767	.735
RYF5	127.95	143.474	.134	.762
RYF6	127.27	140.303	.307	.754
RYF7	127.18	139.299	.351	.752
RYF8.	128.36	147.671	-.026	.773
RYF9.	127.68	129.561	.680	.734
RYF10	127.36	146.338	.117	.761
RYF11	127.05	143.188	.357	.755
RYF12	127.45	144.736	.204	.759
RYF12	128.50	158.738	-.432	.786
RYF13	127.64	138.814	.330	.753
RYF14	128.73	149.446	-.079	.768
RYF15	128.14	143.742	.167	.760
RYF16	127.95	142.617	.266	.756
RYF17	127.64	152.147	-.190	.775
RYF18	127.14	149.457	-.085	.766
RYF19	127.91	136.848	.395	.749
RYF20	128.36	145.004	.078	.765
RYF21	127.50	122.929	.711	.725
RYF22	127.45	139.688	.519	.749
RYF23	127.64	154.052	-.293	.777
RYF24	127.36	145.004	.143	.761
RYF25	127.77	136.946	.475	.747
RYF26	127.82	153.394	-.277	.775
RYF27	128.32	152.132	-.202	.774
RYF28	128.18	147.299	-.004	.770
RYF29	127.32	150.132	-.109	.770
RYF30	127.36	125.195	.783	.725
RYF31	128.45	128.450	.666	.733
RYF32	128.41	149.777	-.091	.771
RYF33	127.45	146.641	.014	.769
RYF34	127.73	134.113	.519	.743
RYF35	127.50	143.500	.162	.760
RYF36	127.50	127.881	.707	.731
RYF37	127.09	146.372	.085	.762

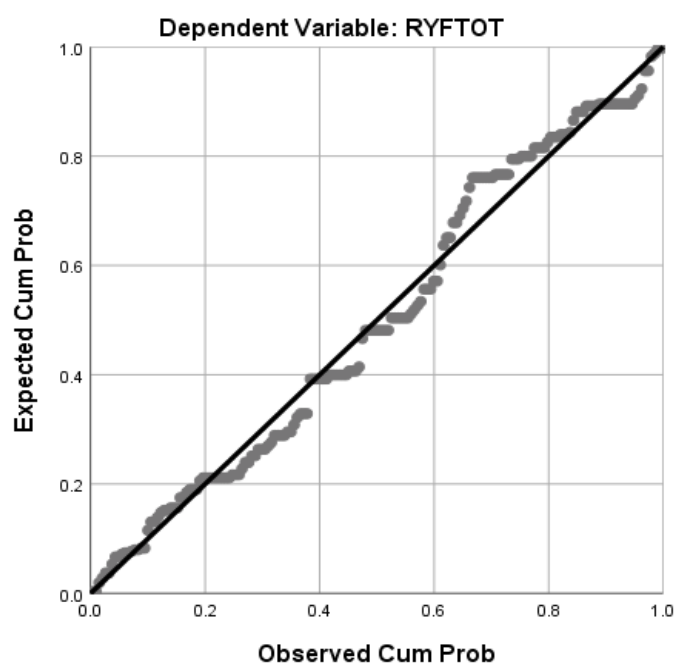
Scale Statistics			
Mean	Variance	Std. Deviation	Number of Items
31.23	48.565	12.189	7

Appendix D:

Test of statistical assumptions Appendix



Normal P-P Plot of Regression Standardized Residual



Scatterplot

