academicJournals

Vol. 6(10), pp. 293-301, October 2014
DOI: 10.5897/JPHE2014.0648
ISSN 2006-9723
Article Number: 75E563747246

http://www.academicjournals.org/JPHE

Journal of Public Health and Epidemiology

Full Length Research Paper

Psychosocial wellbeing of orphan and vulnerable children at orphanages in Gondar Town, North West Ethiopia

Sebsibe Tadesse[1]*, Fekadu Dereje[2] and Molalign Belay[3]

[1]Institute of Public Health, the University of Gondar, Gondar, Ethiopia.
[2]Department of Sociology, College of Social Sciences, The Addis Ababa University, Addis Ababa, Ethiopia.
[3]School of Sociology and Social Work, the University of Gondar, Gondar, Ethiopia.

Received 10 May, 2014; Accepted 26 August, 2014

The aim of this study was to explore the psychosocial problems and coping strategies of orphan and vulnerable children living in two orphanages, namely Yenege Tesfa and Bridge of Hope Ethiopia orphan and vulnerable children care and support centers in Gondar town, North West Ethiopia. The research primarily used a phenomenological study design of the qualitative method. Qualitative data was collected from 1 March to 31 May, 2014, by using in-depth interview and focus group discussion techniques. The data were analyzed thematically using Nvivo 8 statistical software. A total of 20 in-depth interviews and 4 focus group discussion (FGD) sessions were carried out. The study revealed that orphan and vulnerable children in the orphanages accessed all the basic services necessary to sustain their lives. Conversely, the study also revealed that the children suffered from a set of multidimensional and intertwined psychosocial problems that were the least addressed in the orphanages. Thus, interventions to promote the psychosocial wellbeing of the children should focus on addressing psychological problems, advancing socialization skills, organizing extracurricular activities and entertainments, and improving coping strategies.

Key words: Psychosocial wellbeing, orphan and vulnerable children, orphanages, coping strategies.

INTRODUCTION

Recent estimates report that there are approximately 145 million children worldwide who have lost at least one parent as a result of various causes (World Health Organization/United States Agency for International Development, 2008). Since 1990, the number of orphans from all causes has decreased in Asia, Latin America and the Caribbean, but has risen by 50% in sub-Saharan Africa (United Nations Children's Fund, 2006). With the second largest population in Africa, Ethiopia has been distinct by having the second highest population of orphan and vulnerable children (OVC). Like many other African countries, Ethiopia will continue to see increasing numbers of OVC in the future. Extreme poverty, conflict, exploitation, drought, famine, living on the street, disease and the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) pandemic are

*Corresponding author. E-mail: sbsbtadesse90@gmail.com, Tel: +251-912-893-304.

having a devastating impact on the country's youngest and most vulnerable citizens. The effects have placed an overwhelming burden on children, families, communities and the country as a whole (United Nations Children's Fund, 2007).

Children's psychosocial wellbeing affects every aspect of their lives, from their ability to learn, to be healthy, to play, to be productive and to relate well to other people as they grow (Atwine et al., 2005; Cluver et al., 2008; Killian and Durrheim, 2008; Makame et al., 2002; Zhao et al., 2007). When children lose one or both of their parent(s) due to any cause, they experience multiple psychosocial problems, like grief, hopelessness, anxiety, stigmatization, physical and mental violence, labor abuse, lack of community support, lack of parental love, withdrawal from society as a whole, feelings of guilt, depression, aggression, as well as eating, sleeping and learning disturbances (Gilborn et al., 2001; Chipungu and Bent-Goodley , 2004). The traumatic effects of parental loss can also have further negative psychological effects on behavior, emotions and thoughts (Calhoun and Tedeschi, 1995). Psychological distress is expressed in varied ways. Some children take to living on the streets and commit various forms of juvenile crimes as a coping strategy (Gow and Desmond, 2002). Children may also become exposed to alcohol and drugs and use them as a way of shutting out painful effects (Calhoun and Tedeschi, 1995).

According to the Standard Service Delivery Guideline for OVC Care and Support Programs of Ethiopia, there are seven core service components, including shelter and care, economic strengthening, legal protection, health care, psychosocial support, education and food and nutrition (Federal HIV/AIDS Prevention and Control Office (FHAPCO), 2010). However, the psychosocial needs of OVC are neglected or overlooked by the service providers. In Ethiopia, children in difficult circumstances face many psychosocial problems due to the death or separation of their parents (FHAPCO, 2007). Discussion with officials of FHAPCO, Addis Ababa HIV/AIDS Prevention and Control Office, Addis Ababa Women, Children and Youth Affairs Bureau, and the Ministry of Women, Children and Youth Affairs and other reports show that OVC are suffering from psychosocial problems, like distress, anxiety and emotional disturbance. Among the surveyed children in Ethiopia, less than half of the OVC in some districts of the country were receiving psychosocial support services, like counseling, the overall achievement of which has been unsatisfactory, given the extent of exposure to psychosocial problems (World Vision UK, 2011).

The society, governmental, non-governmental, faith-based, and community-based organizations inherit the role of guardian to the OVC, and have to meet huge challenges when attempting to ensure the psychosocial wellbeing of these children (Manuel, 2002; Ferreira et al., 2001; Loening, 2002; Davids, 2006; Abebe and Aase, 2007). Although these institutions are willing to assume guardian-roles, efficiently addressing the psychosocial wellbeing of the OVC without clearly understanding their psychosocial needs and the coping strategies is impossible. Despite the rapidly growing burden of OVC in Ethiopia, psychosocial problems and the coping strategies of these children in orphanages are not well researched. Moreover, the service delivery by service providers to fulfill OVC needs and respect their rights should be evidence-based and inculcate the best interest of the children. Thus, the inner voices of abandoned children should be heard and understood. The findings may help aid agencies, government departments, and society in general on the path to a better understanding of the support needed to attain desirable levels of psychosocial wellbeing.

METHODOLOGY

Study design

A phenomenological study design of the qualitative method was used. Phenomenological research is a type of approach in which the researcher identifies the essence of human experiences concerning a phenomenon as described by participants in a study. Understanding lived experiences marks phenomenology as a philosophy as well as a method, and the procedure involves studying a small number of subjects through extensive and prolonged engagement to develop patterns and relationships of meaning. In this process, the researcher brackets his or her own experiences in order to understand those of the participants in the study (Creswell 2003). Cognizant of this fact, the approach was chosen as a relevant design to examine the subjective feelings, experiences and options of OVC about their psychosocial wellbeing in this study.

Study area

The study was conducted at two orphanages, namely Yenege Tesfa and Bridge of Hope Ethiopia in Gondar town, North West Ethiopia. The town is located at 745 km North West of Addis Ababa, the capital city of Ethiopia. It is the fifth largest town with an estimated population of 265,000 (Ethiopian Central Statistical Agency, 2013). Since the last decade, there has been a rapid population movement from the surrounding areas to the town in search of jobs. There were an estimated 4,400 OVC living in Gondar; over 800 of them sleep on the street every night (Yenege, 2014).

The admission of children takes place through legal and formal processes in order to find better options for the child before she/he joins to the orphanages. The procedure is started from local Kebele office initiated by the guardian or by any interested and responsible person or organization. After the local Kebele court has accepted the certainty of the fact with affidavit, it transfers the application for further resolution to Zonal or District Women, Children and Youth Affairs offices. The Women, Children and Youth Affairs Office forms screening a team, including the orphanage as a member, and the team jointly scrutinizing the severity of the problem and the existing conditions of a child on the spot will reach a decision.

Care and management of the children has been undertaken in family-like houses separately for boys and girls. Each family has 15 to 19 members of children (the size of a traditional Ethiopian family) which consist of all age groups from 1 to 17 years. The family is run by a group comprising a mother, a father model, and a big sibling

who act as the primary guardians for all children. Cultural and social norms which could impair the psychosocial wellbeing of the OVC are practiced in the area. For instance, the cultural norm to avoid discussion with children about the death of their parent(s) is common and can complicate the bereavement process. As it is true to other African cultures, the expectations to keep silent and internalize emotions during hard times are also common cultural attributes in the society (Wood et al., 2006). In addition, the OVC are often adopted into extended families that could not support them, leading to greater risk of psychosocial harm.

Study population

The study population was the OVC living in Yenege Tesfa and Bridge of Hope Ethiopia orphanages. The children who were 10 to 17 years old lived for at least a year in the orphanages, and were active beneficiaries of the services at the time of the research were considered for sample selection, whereas children who were not willing to participate in the study were excluded from the study.

Sample size

The sample size of the study was decided when redundancy or saturation of information was reached. A total of 20 in-depth interviews were conducted with 6 female and 6 male OVC and 8 caregivers.

Sampling procedures

An official letter from the University of Gondar via the School of Sociology and Social Work was submitted to Yenege Tesfa and Bridge of Hope Ethiopia orphanages to get permission for the study. A copy of the letter was kept to show any concerned body and participants. The researcher used the homogenous sampling type of the purposive sampling technique to reach children rich in psychosocial information. To meet the participants who were knowledgeable in the study topic, the OVC who attended care and support in the orphanages for more than a year were selected. Children who were interactive enough were consulted to ensure the quality of the data. The purpose of the study and the eligibility criteria to participate in the study were explained briefly to the organization heads, program managers, and counselors to get in touch with the OVC who fulfill the criteria to participate in the study. The researcher further explained the whole purpose of the study to children who volunteered to participate in the study. Legal guardians of the OVC were contacted and briefed. After obtaining full approval from the orphanage officials to conduct the study, the children and their guardians, convenient date, time, and place of meeting were set based on their preferences.

Data collection procedures

The data collection took place from 1 March to 31 May, 2014. The data were collected by the principal investigator who entertained the subjective feelings and experiences of the OVC that helped him in the data analyses. The researcher spent nine years of his youth in Gondar town and speaks Amharic fluently, and has knowledge and experience of the local culture. He had an assistant data collector for the FGDs. In addition to his public health educational background, he had training on qualitative data collection tools, procedures and communication skills to keep the children comfortable. The researcher used a semi-structured interview guideline for both the in-depth interviews and the FGDs. The guide questions were prepared in Amharic to make them easily understandable to the participants and to avoid the interruption of discussion flow owing to translation problems. The FGDs and in-depth interviews were also conducted in Amharic, the local language of the participants.

A pilot investigation was conducted with the OVC who had characteristics nearly similar to OVC in the orphanages in order to identify potential problem areas, unanticipated interpretations, and cultural objections to any of the questions. By learning from the pilot investigation, the guide questions were modified to make them understandable to the participants, and interview length was decided. The in-depth interviews and FGDs were conducted in the spare time of the children. The convenient time for the participants was when they returned from school between 3:00 and 5:00 pm and weekends. These activities also took place in the same orphanages, particularly in the playing room (when nonparticipants were out) in order to safeguard the convenience and privacy of the participants. In addition, apart from the FGDs and in-depth interviews, field notes were taken during interviews and discussions took place to capture emotions expressed verbally or non-verbally. Both the in-depth interviews and FGDs were audio-taped, each of which took about an hour. The ongoing analyses started as early as data collection in order to make it flexible to include the missing voices of the study participants. The data obtained in audio or textually were kept in a secured place for data audit.

In-depth interview

The researcher used an in-depth interview primarily to collect authentic data. In order to understand the in-depth experiences of the OVC, interview was an appropriate tool as the OVC experience sensitive issues which would be difficult to discuss in a group settings. Thus, they described their individual experiences and gave unique interpretations to experiences through the individual in-depth interview. An audiotape recorder was used to tape-record the interviews in order to catch the details that even the most careful field notes could not. This enabled the researcher to replay each recording several times, improving the veracity of the verbatim transcriptions. In addition, non-verbal clues were observed during the interview process, and the interviewer used probes in order to elicit a deeper understanding necessary for this study because probing encouraged a respondent to produce more information on a particular topic without the interviewer injecting his own ideas into the discussion. In the process of interviewing, an emotionally supportive environment was created to help the participants feel comfortable to participate in the interview and minimize the power balance. Rapport was developed with the participants. The in-depth interview data from the OVC were enriched by triangulating the interview with the caregivers. A total of 20 in-depth interviews were conducted with 6 female and 6 male OVC and 8 caregivers.

Focus group discussion

The study also used FGD as a data collection method to ensure data quality and triangulate the methods. The FGD ensured the breadth of the data since many participants discussed a specific research topic from different views. Both sexes of the OVC who fulfilled the inclusion criteria sat for discussion. Four FGDs were conducted for the two categories based on gender. A decision to separate male from female was carried out since children may find some issues difficult to discuss in front of opposite sexes. Thus, two FGDs with female OVC and two with male OVC were conducted. A group was composed of 10 children. By building a relationship of trust with the study participants, the researcher created an environment that encouraged all participants to communicate their subjective feelings and the psychosocial experiences they faced and the coping strategies they were using. Besides, to get full views

from the discussants, efforts were made to control dominant speakers so others were encouraged to reflect their experiences on the issues raised.

Data analyses techniques

The researcher transcribed the audiotapes on the same day as the completion of the interviews and FGDs to enable him to capture the observations of the non-verbal points by linking the audio recorded interviews, field notes, and the researcher's memory of the event. Field notes contained information that was observed by the researcher during the interviews and discussions. Non-verbal clues for each participant were recorded as separate field notes without interfering with the conversation, and the notes were clearly marked with the identification number of the research participant. Transcriptions were made in an undisturbed environment. The researcher embarked on the following steps: (1) Each recorded interview was downloaded using the Olympus Digital Wave Program into the researcher's laptop. Only the researcher had access to the downloaded interviews; they were secured with an access code. (2) Each folder was allocated a unique file name containing the date of the interview for identification purposes. (3) Recorded interviews were downloaded to disks, creating a backup copy. (4) A verbatim translation of the transcripts from Amharic into English was done by the researcher. The translation was checked by listening to the recorded interviews and discussions, again whilst reading the computer files. (5) After completing the transcriptions, copies of the transcripts and downloaded disks were locked up to ensure confidentiality.

The researcher immersed himself into the data by repeatedly hearing the audios and reading the transcribed and translated notes. He used the Nvivo 8 qualitative data analysis computer software package to reduce and analyze the data. The translated data were open coded. The coding of the data was started immediately after the translation of the data to avoid memory loss. The coded data were further coded, grouped and categorized. That means, the codes with similar characteristics were grouped together thematically. Interpretation followed instantaneously after the analyses. The researcher provided interpretation based on the findings to increase the transferability of the study to other contexts. In addition, cases were drawn from the interviews and discussed to explain specific stories in detail. The preliminary findings were presented to colleagues to receive input and comments. The transcribed and translated notes were labeled by using the identification number, date and place of interview, and the FGDs to make a back connection at any time when the researcher is in need. Similarly, data which show the process, records, documents and findings were kept for audit trial.

Ethical considerations

First, the study protocol was reviewed and approved by the Institutional Ethical Review Board of the University of Gondar via the School of Sociology and Social Work. Permission was obtained from the offices of Yenege Tesfa and Bridge of Hope Ethiopia orphanages. Written assent was obtained from children 15 to 17 years of age since they were a minor consenting group. For those below the age of 14 years, written consent was obtained from legal guardians in the absence of their families, whereas oral assent was obtained from the children. The objective of the study was clearly communicated in a language the study participants could understand. In addition, the rights of the study participants to withdraw from the study at any time were safeguarded. At the same time, the potential benefits and risks of participating in the study were explained to the study participants. To avoid intrusive interview for the child, the researcher established good rapport and used qualitative interview techniques, and the assistant data collector was trained. The anonymity of participants and the confidentiality of the information were maintained throughout the study by using pseudo identifications and removing personal identifiers for the participants. All recorded and written data were kept in a secured place and that was explained to the study participants prior to interviews and FGDs. The computer used for the data retrieval and analyses had only one entry and a protected password. Throughout the study, starting from the research proposal presentation to the dissemination of results, all ethical issues were considered and maintained.

Definition of terms

Orphan child

This is a child who is less than 18 years old and has lost one or both parents regardless of the cause of the loss (FHAPCO, 2010).

Vulnerable child

This is a child who is less than 18 years of age and whose survival, care, and protection or development might have been jeopardized due to a particular condition, and who is found in a situation that precludes the fulfillment of his or her rights lost (FHAPCO, 2010).

Orphanages

These are institutions where OVC get care and support.

Psychosocial wellbeing

This is the physical, emotional, mental, social and spiritual development of the OVC in orphanages (Gilborn et al., 2001; Makame et al., 2002).

Psychosocial support

This is an ongoing process of meeting physical, emotional, social, mental, and spiritual needs of a child all of which are essential elements for meaningful and positive human development (Gilborn et al., 2006).

RESULTS

Sociodemographic characteristics of the study participants

From a total of 60 participants involved in the study, 52 of whom were OVC living in the orphanages, twenty-six of them were males. Majority of the children belonged to the age group of 15 to 17 years. Regarding educational status, 37 of the children were attending primary schools. Most of the children had lost their parent(s) by death and some did not know their parent(s) as they died during their early age. Three male and 5 female caregivers involved in the in-depth interview (Table 1). The following overarching psychosocial experiences of the OVC in orphanages emerged from the thematic analysis of the qualitative data.

Table 1. Sociodemographic characteristics of study participants at Bridge of Hope Ethiopia and Yenege Tesfa orphanages in Gondar town, North West Ethiopia, 2014.

Characteristics	Number of participants
Sex of children	
Male	26
Female	26
Age of children	
10-14	13
15-17	39
Educational status of children	
Primary	37
Secondary	15
Lost parent(s)	
Yes	42
No	10
Sex of caregivers	
Male	3
Female	5
Age of caregivers	
25-35	3
≥36	5
Marital status of caregivers	
Married	6
Single	2

Theme one: Provision of basic needs

Most of the children reported that they felt so happy and led better life than before due to the basic services they received at the orphanages. They witnessed that they were able to access basic needs, such as food, clothing, shelter, medical care and education. A 15 year old double orphaned boy who served for 9 years in the orphanage expressed his feeling by stating:

"I feel good living here because we can now afford to have all the basic needs that we didn't have while in the village or on street... I feel blessed because I never had a dream to lead such a good life."

In contrast, a few of the children stated that they were not leading a happy life. They complained that the services they received were of poor quality. A 16 year old single orphaned girl who lived for 4 years in the orphanage expressed the condition by saying:

"The food is usually salty; the cloths are not smart and fit to wear… If I get any opportunity to leave this orphannage, I will never hesitate. For me, it is like a prison."

Theme two: Psychological problems

Stress and depression

The study revealed that the majority of the children felt sad, depressed, and in stress due to lack of good relationship with service providers and the community, and due to grief and bereavement of their parental loss. A 16 year old girl who lost her mother expressed her grief by saying:

"*It has been seven years since I lost my mom by death unexpectedly. Immediately after her death, I entered a new world of calamity full of sadness and stress. My father is alcoholist and has never opened his hand for me*…"

In contrast, a 15 year old double orphaned boy who served for 5 years in the orphanage expressed the condition by stating:

"Before I joined this orphanage, I usually felt depression and stress due to lack of what to eat, to dress…Now here is there is no problem. I am very happy with this life."

Loneliness

Most of the participants during the FGDs reflected that they experienced feelings of loneliness during their stay in the orphanage due to poor relationship with the staff, particularly caregivers, lack of love from the community, and memory of parental death. They felt as if they were ignored and nobody took care of them, according to a 17 year old double orphaned male child with HIV/AIDS who says:

"…*Children in these shelters including the caregivers and my classmates always ignore me as a dead body. Usually, I remember my mom's and dad's love and care for me which is a dream now*…"

Lack of parental love

In all the in-depth interviews and FGDs lack of parental love was shown to be the main problem of the OVC. The children reported that they suffered from stress, depression, and other emotional problems which were rooted in their lack of parental love from staff, particularly caregivers and the community. A 16 year old boy who lived for 5 years in the orphanage expressed the condition as:

"…*People in the community have no love for us. Instead, we observe when they hate, insult and laugh at us. I do not know their reason; they even do not like the existence of the orphanage.*"

In field observations it was noted that the child-to-staff ratio was high. It was also observed that employees worked, cooked, rested, or socialized with other staff members, and not the children.

Lack of sleeping

The majority of the children complained that they had a problem of sleeping. They pointed out that the problem was usually related with continuous stress as a result of poor relationship with staff, particularly caregivers, lack of success in education, and lack of parental love and care. In the in-depth interview, a 15 year old double orphaned girl expressed her sleeping condition by saying:

"*Usually I used to sleep for about four hours only at night. The problem becomes intensified when I score the least marks in my class tests. The other thing is the caregiver has no love for me*…"

In contrast, a few of the children stated that their problem was over sleeping. A 39 year old caregiver who had served for 9 years in the orphanage said that:

"I usually advise some of the children not to oversleep. However, there is no change. This is their school performance…"

Poor concentration

The children reported that their problem of poor concentration was in one or another way related to other psychological maladies like stress, depression, anxiety, lack of sleeping and love, and memory of parental death. A 15-year old double orphaned girl explained her situation of poor concentration by stating:

"*I never focus. I am always moving, shuffling, shifting, or fidgeting. I procrastinate all the time. I can't go to sleep…It goes something like this*".

A 14 year old boy who lived for 7 years in the orphanage associated the problem to lack of physical exercise by saying:

"*We have nothing arranged for physical exercise. If we do physical exercise, our ability to focus increases…Finally, every one of us becomes successful.*"

Lack of self confidence

The children reported that they had low self confidence to succeed in their life goals. They think that they could not have the desired inputs and capacities to achieve their goals confidently by comparing themselves with non-OVC in their schools. A 16 year old girl who lived for 7 years in the orphanage described her confidence as follows:

"…*I do not assure myself. What makes me have no self-confidence is just because I have nothing. So I feel insecure. This affected my school performance since I usually fear to communicate with my classmates and my teachers* …"

In contrast to this, some of the children reported that they had no problem regarding their self-confidence. This was also witnessed to be true during the field observation where the children were highly interactive, and eager to understand their environment.

Helplessness

In all the in-depth interviews and FGDs the children expressed their deep feelings of helplessness. The feeling stemmed from their fear of future survival as there was intermittent interruption and decrement in the flow of funds. As the result of this and other things, like lack of trust and love from people they, look at the future negatively. Some children wished if they were not born and felt that life was not worth living. A 15 year old boy with HIV/AIDS described his feeling as:

"*I lost my mom and dad in two consecutive years. Now, there is no one who bothers about me. I do no share my problems with anybody since I do not trust them. Moreover, the officials may fire me out if I make any mistake…The future is dark*."

Theme Three: Poor social interaction

This study revealed that the OVC had poor social life and communication with the people around them. The majority of the discussants expressed that the difficulty was mainly related to the orphanages' rules of conduct, perception, lack of self-confidence, and social skills. A 15 years old double orphaned girl who lived for 12 year in the orphanage explained it as:

"*I do not know how to interact with people in the community. I have no confidence to talk and walk with them because I am an orphan. I go to school but I do not talk with my classmates*…"

Moreover, the majority of the children reported that they experienced verbal, physical and emotional abuse and neglect by the community and internal staff. It was more common for the children to claim that they were bullied and embarrassed by people in the community, solely based on the fact that they were OVC and lived in orphanages. A 16 year old boy described his feeling as follows:

"*If the orphanage workers consider us as their own children, they will not punish us with such a big stick that we can't tolerate. The worst of all is whenever they are informed that we quarreled with anybody in the community; they add the pain by punishing and giving us warnings of dismissals*."

It was also noted that the majority of the children preferred to be socially isolated. They perceived that the community had bad attitude and lack of love for them. A caregiver substantiated this by saying:

"*The children have love for each other. However, this is not true for other people in the community including me. Most of them even never ask me when I feel sick and in bed for three and more days. When any people come from the community they hate and hide themselves*…"

Furthermore, except a few of children, the majority of them did not feel secured since they had no good interaction with their caregivers, other staff and outside community. One caregiver explained this by saying:

"*The children sometimes associate and go apart. Sometimes they want hugs and kisses, and later you can't touch them. They can't form strong bonds with people, and they avoid looking at others in the eye.*"

Theme four: Lack of extracurricular activities and entertainments

Regarding extracurricular activities, the children complained that there was nothing effectively organized in the orphanages as a supplementary to the formal school education. Most of the children indicated that they wished to participate in games, such as football, netball, volleyball, spinning, and performing physical exercises. While others would be very happy if they were members of debating and drama clubs, and yet some said that they were longing for gardening as well as beekeeping as part of their extracurricular activities. One child stated that:

"*Every day after school, we have nothing to do and nowhere to go in our spare time. As the result of this most of us feel depressed. If there are activities organized to spend time, we will go for what each one of us enjoys most*."

Field observations also revealed that children spent their spare time by wandering here and there around shelters without being engaged in any visible activities. Another issue that emerged from the children's daily life experiences at the orphanages was lack of entertainments. The children pointed out that they wished to enjoy playing the guitar or the piano, singing and dancing, listening to music, watching films, and reading newspapers.

Theme five: Coping strategies

The children reported that they used different strategies to cope with their problems on a daily basis. The strategies are reported as follows.

Praying and going to church

Most of the children reported praying and going to church as their coping strategies when they faced challenges. They said that they complained and shouted to God about the hardships and felt fresh after praying. Also they expressed that they spoke to God to protect them from dangers and to direct their future. A 17 year old boy said:

"*With God, what is possible is the impossible…Always life would be okay after praying and walking to church.*"

Supporting each other

The majority of the children said that they developed a habit of supporting each other when they faced problems. They explained that they supported each other when they suffered from physical illness, when they quarreled with people in the community and in conflict with caregivers and other staff. They reassured each other.

Focusing on education

Almost all of the children believed that focusing on education and excelling at school could change their future life positively. They struggle to use their time effectively. This in turn helped them to suppress their bad feelings and to discount the current situation.

Bury feelings internally and crying

The children explained that they did not have anybody who understood them and shared their problems. As a result, they preferred to bury the problems internally for themselves and to cry. A caregiver who served for 10 year in the orphanage witnessed this by saying:

"*Many times children sit down somewhere alone and cry, cry…They never tell me what is wrong with them. Most of them bury their feelings internally, except some.*"

Self-discrimination

The children reported that they used self discrimination

as a good strategy to avoid discrimination in return for disclosing their secrets. Most children did not feel comfortable to share their private issues, stress, sadness and grief to staff. Even they didn't want to consult counselors because they did not think that they kept secrets confidentially.

DISCUSSION

This study aimed to explore and possibly attained for an in-depth understanding of the psychosocial experiences of OVC living in orphanages. The study explored that children in the orphanages accessed all the basic services necessary to sustain their lives. They said that they were able to access basic needs, such as food, clothing, shelter, medical care and education, all of which they could not afford previously. They warmly appreciated the staff and the Government for providing them with such life changing services. Adequate provision of basic services to the OVC could enable them to develop resilience against challenges in their lives.

On the other hand, the present study also indicated that there were a set of multidimensional and intertwined psychosocial problems that were poorly addressed within the orphanages. Psychological problems were the main theme reported as deteriorating the wellbeing of the OVC in the orphanages. This and other studies corroborated that when children lose one or both of their parent(s) due to any cause, they experience multiple psychological problems, like stress, depression, anxiety, lack of parental love, lack of self-confidence, poor concentration, feelings of loneliness and helplessness as well as sleeping disturbances (Gilborn et al., 2001; Chipungu and Bent-Goodley, 2004; Calhoun and Tedeschi, 1995; Wolff and Fesseha, 1998; FHAPCO, 2007). There is thus an urgent need to revise the existing resilience model of the orphanages so as to protect the expansion of the problem among the children.

Being abandoned and loss of parental care have a devastating impact on children's social development (Crenshaw and Garbarino, 2007; Killian and Durrheim, 2008; Berry and Guthrie, 2003). This study also revealed that the majority of the OVC were socially isolated and had poor attachment to the people around them. It has been well documented that the OVC suffer from both disturbed social interactions as well as peer relationship problems (Richter et al., 2005; Tarullo et al., 2007; Zhao et al., 2007; Atwine et al., 2005; UNICEF, 2007). The reasons behind these could be the strict orphanages' rules of conduct which limit social interaction, create bad perceptions of people among the children, leading to lack of self-confidence and social skills. The other explanation could be that lack of parental love and care from people in the community and care providers could also ruin their moral values and beliefs affecting their smooth social interaction that leads to a friendly life. This signifies that healthy child development hinges greatly upon the continuity of good social relationships. Hence, programs focusing on socialization skills should target people in the community and care providers to promote the social development of the OVC.

Lack of extracurricular activities and entertainment were the other psychosocial problems observed in the orphanages. Research reveals that the presence of extracurricular activities and entertainments for OVC can leverage significant improvements in their lives (Nhargava, 2005). These opportunities can provide children with emotional support, develop their physical fitness, and enable them to learn how to interact with other people and develop social network. These opportunities are also key to employability and can foster a child's developmentally important sense of competence. On account of this fact, organizing extracurricular activities and entertainment events in the orphanages is vitally important to enhance children's resilience against psychosocial problems and to develop their wellbeing.

Coping strategies have been described as the cognitive and behavioral efforts one makes to try to endure, escape or minimize the effects of stress (Lazarus, 1966; Lazarus and Folkman, 1984; Dumont and Provost, 1999). In the present study, despite lack of formal and concrete support structures to enhance resilience against psychosocial problems, children in the orphanages reported that they used different strategies to deal with the pain of loss of their parents and the changes in their lives. However, some of the coping strategies, like bury feelings internally and self-discrimination, were not positive and related with lack of assertiveness. Evidence shows that abandoned children, like most people, possess an inherent degree of resilience. Nevertheless, the social support they receive from their peers, associations, organizations, and societies cannot be ignored in this case. Brannon and Feist (2000) speak about the positive link between good health and social support. The theoretical viewpoint of McCubbin et al. (1996) as cited in Broome et al. (2004) also suggests that the coping strategies one uses are based on the resources that are available to the adolescent in their circumstances. Therefore, orphanages should consider the strengthening of psychosocial support programs, such as life skills training, extracurricular activities and entertainment events, mentoring and apprenticeships that encourage the integration of the OVC into the traditional support systems and community understanding of and action on the psychosocial needs of the OVC.

Conclusion

This study showed that orphan and vulnerable children in the orphanages accessed all the basic services necessary to sustain their lives. Conversely, the study also revealed that the children suffered from a set of

multidimensional and intertwined psychosocial problems that were the least addressed in the orphanages. Thus, interventions to promote the psychosocial wellbeing of the children should focus on areas such as addressing psychological problems, advancing socialization skills, organizing extracurricular activities and entertainments, and improving coping strategies.

Conflict of interest

The author declared he has no conflict of interest.

ACKNOWLEDGEMENTS

The authors would like to thank all staff members of Yenege Tesfa and Bridge of Hope Ethiopia orphanages for logistic and administrative support. They also extend their deepest gratitude to the assistant data collector, Mr Temesgen Kelaye and the study participants.

REFERENCES

Abebe T, Aase A (2007). Children, AIDS and the politics of orphan care in Ethiopia: The extended family revisited. Soc. Sci. Med. 64(10):2058-2069.

Atwine B, Cantor GE, Bajunirwe F (2005). Psychological distress among AIDS orphans in rural Uganda. Soc. Sci. Med. 61(3):555-564.

Berry L, Guthrie T (2003). Rapid Assessment: The situation of children in South Africa. The Children's Institute, University of Cape Town.

Brannon L, Feist J (2000). Health psychology: An introduction to behavior and health. 4th Edition. USA: Wadsworth.

Broome ME, Kelbar S, Snethen JA, Warady BA (2004). Coping Strategies Utilized by Adolescents with End Stage Renal Disease. Nephrol. Nurs. J. 31:1(41-52).

Calhoun RG, Tedeschi LG (1995). Trauma and transformation: Growing in the aftermath of suffering. USA: Sage Publications.

Chipungu SS, Bent-Goodley TB (2004). Meeting the Challenges of Contemporary Foster Care. Future Child. 14(1):74-93.

Cluver LD, Gardner F, Operario D (2008). Effects of stigma on the mental health of adolescents orphaned by AIDS. J. Adolesc. Health 42(4):410-417.

Crenshaw DA, Garbarino JB (2007). Hidden dimensions: Profound sorrow and buried potential in violent youth. J. Humanist. Psychol. 47:160-174.

Creswell JW (2003). Qualitative, quantitative and mixed method approaches. London: Sage Publication. Second edition.

Davids A, Nkomo N, Mfecane S, Skinner D, Ratele K (2006). Multiple vulnerabilities: qualitative data for the study of orphans and vulnerable children in South Africa. Cape Town: HSRC Press.

Dumont M, Provost MA (1999). Resilience in adolescents: Protective role of social support, coping strategies, self-esteem, and social activities on experience of stress and depression. J. Youth Adolesc. 28(3):343-363.

Ethiopian Central Statistical Agency (2013). Federal HIV/AIDS Prevention and Control Office (2007). Single point HIV prevalence estimate. Addis Ababa, Ethiopia.

Federal HIV/AIDS Prevention and Control Office and Ministry of Women's Affairs (2010). Standard service delivery guideline for orphans and vulnerable children's care and support programs. Addis Ababa, Ethiopia.

Ferreira M, Keikelame MJ, Mosaval Y (2001). Older women as carers to children and grandchildren affected by AIDS: a study towards supporting the carers. University of Cape Town, Institute of Ageing in Africa.

Gilborn L, Apicella L, Brakarsh J, Dube L, Jemison K, Kluckow M, Smith T and Snider L (2006). Orphans and vulnerable youth in Bulawayo, Zimbabwe: an exploratory study of psychosocial well-being and psychosocial support, Horizons final report. Washington, DC: Population Council.

Gilborn L, Nyonyitono R, Kabumbuli R and Jagwe-Wadda G (2001). Making a difference for children affected by AIDS: baseline findings from operations research in Uganda. USA: Population Council.

Gow J, Desmond C (2002). Impacts and interventions: HIV/AIDS Epidemic and the children of South Africa. Pietermaritzburg: University of Natal Press.

Killian B, Durrheim K (2008). Psychological Distress in Orphan, Vulnerable Children and Non-Vulnerable Children in High Prevalence HIV/AIDS Communities. J. Psychol. Afr. 18(3):421-429.

Loening VH (2002). HIV/AIDS in South Africa: caring for vulnerable children. Afr. J. AIDS Res. 1: 103-110.

Makame V, Ani C, Grantham MS (2002). Psychological well-being of orphans in Dar El Salaam, Tanzania. Acta Paediatr. 91:459-465.

Manuel P (2002). Assessment of orphans and their caregivers' psychological well-being in a rural community in central Mozambique. London Institute of Child Health.

Nhargava A (2005). AIDS Epidemic and the Psychosocial Wellbeing and School Participation of Ethiopian Orphans. Psychol. Health Med. 10(3):263-275.

Richter L, Manegold J, Pather R (2005). Family and community interventions for children affected by AIDS. Cape Town: HSRC Press.

Tarullo A, Bruce J, Gunnar M (2007). False belief and emotion understanding in post-institutionalized children. Soc. Dev. 16:57-78.

United Children's Fund (2007). The state of the world's children 2008: Women and Children - Child Survival. New York: United Nations Children's Fund, UNICEF. Vol. 8.

United Nations Children's Fund (2006). Africa's orphaned and vulnerable generations: Children affected by AIDS. New York: United Nations Children's Fund.

Wolff PH, Fesseha G (1998). The Orphans of Eritrea: Are Orphanages Part of the Problem or Part of the Solution? Am. J. Psychiatry 155(10):1319-1324.

Wood K, Chase E, Angleton P (2006). 'Telling the truth is the best thing': Teenage orphans' experiences of parental AIDS-related illness and bereavement in Zimbabwe. Soc. Sci. Med. 63(7):1923-1933.

World Health Organization/United Nations Agency for International DSevelopment (2008). Children and AIDS: third stocktaking report. New York: United Nations Children's Fund.

World Vision UK (2011). What difference does a decade make? Action for orphans and vulnerable children- a follow up review of progress towards the United Nations Declaration of commitment on HIV and AIDS. World Vision, UK. Mpress UK Ltd.

Yenege T (2014). Orphan and Vulnerable Children care and support center. Retrieved from http://www.yenegetesfa.org/. Accessed 05/06/2014.

Zhao G, Li X, Fang X, Zhao J, Yang H, Stanton B (2007). Care arrangements, grief and psychological problems among children orphaned by AIDS in China. AIDS Care 19(9):1075-1082. doi: 10.1080/09540120701335220.