

The role of orphanage centers in psychosocial support and care for orphan children at Meki Catholic relief service



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Declaration

This research paper is our original work. The researchers put citation for every literature review that was used.

College of social science and humanity

Department of sociology

An assessment of the role of orphanage center in psychosocial support and care for orphan children at Meki Catholic relief center.

Approved by Committee of Examiners _____

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Abstract

The study focus on describing the role of orphanage centers in psychosocial support and care for orphan children at Meki catholic orphanage center. Psychosocial needs of children continue to be one of the most neglected areas of support without proper support mechanism upon the death of a parent children experience a profound sense of loss, grief, homelessness, fear and anxiety. In this study researchers used both quantitative and qualitative research methods.

Questionnaire used as quantitative data gathering which include open and close ended questions, and the qualitative data was collected through interview by preparing semi structure interview guideline. The quantitative data which obtained through questionnaire was interpreted and shown by tables, percentages and frequency whereas the qualitative data in the thematic explanation form. The sampling technique that used in this study was both probability and non-probability. From probability sampling technique we used simple random sampling technique whereas in non-probability we used purposive sampling technique. By using simple random we selected 30 samples from the total population whereas by using non probability sampling we selected 3 respondents of whom, one orphanage staff and two caregivers. The findings of this study reveal that the orphanage have very important role in providing material support, creating positive relationship, developing self-esteem of orphan like training by responsibility and telling them to focus on their strength. In addition, Care givers, teachers and stakeholders should establish a support system at different levels and play significant role to fulfill the psychosocial needs of orphan children.

Key words: Orphan, Psychological Support, Social Support and Care, Livelihood

Acronym

AIDS–acquired immune deficiency syndrome

HIV- Human immune deficiency virus

IFC – Institutional care facilities

NGO-Nongovernmental organization

OVC–orphan and vulnerable children

UNICEF–united nation’s international children emergency fund

FDRE- Federal democratic republic of Ethiopia

CRS- Catholic relief center

MCS-Meki catholic secretariat

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CHAPTER ONE

1. Introduction

1.1 Background of the study

Every child requires basic needs to develop and grow to a healthy and responsible adult (UNICEF, 2016). A child requires parental love, care and protection in the early stages of development. The immediate family and environment of a child is critical in determining how that child develops because it is in this environment that they get nurtured, there by experiencing love and acceptance, a sense of belonging, safety and security as well as developing trust, respect and confidence.

Globally, an estimated 153 million children worldwide are orphans and 10,000 children become orphans every day out of which 15.1 million lost both parents (UNICEF, 2020). Residential institutions like orphanages can often be detrimental to the psychological development of affected children. In countries where orphanages are no longer in use, the long term care of awarded children by the state has been transitioned to a domestic environment, with an emphasis on replicating a family home. Many of these countries, such as the United States, utilize a system of monetary stipends paid to foster parents to incentivize and subsidize the care of state wards in private homes. Most children who live in orphanages are not orphans; four out of five children in orphanages have at least one living parent and most having some extended family. Developing countries and their governments rely on kinship care to aid in the orphan crisis because it is cheaper to financially help extended families in taking in an orphaned child than it is to institutionalize them (UNICEF, 2016).. In Africa, in the wake of weakening traditional kinship roles across sub-Saharan Africa, partly due to urbanization, Institutional Care Facilities (ICFs) have replaced kinship in the care of orphans and vulnerable children (OVC). ICFs are orphanages and children's homes that provide care for children by paid staff (Tolfree, 2007). These ICFs, however, have become the primary response to orphan care in sub-Saharan Africa (Engle et al., 2011), despite studies suggesting the negative effects of institutionalization on children. Children living in orphanages in Ghana, for example, have shown significantly higher levels of anxiety than children living with their parents (Yendork & Somhlaba, 2014). A study by Fournier, Bridge, Kennedy, Alibhai, and Konde-Lule (2014) on HIV positive children living in a residential facility in Uganda revealed that creating group homes for HIV positive children socially stigmatized them. A study in Botswana also showed children in orphanages displayed symptoms of psychiatric disorders (Morantz & A number of ICFs in sub-Saharan Africa were established by NGOs, with very few by governmental agencies. These

NGOs have assumed a more central role in the provision of care for OVC partly due to governments' limited resources. This resource constraint has been compounded by the World Bank and International Monetary Fund's (IMF) neoliberal policies requiring governments to reduce expenditures on welfare services (Peet & Hartwick, 2009), which ultimately affects social interventions (Konadu-Agyemang, 2000). To fill this resource gap, NGOs have assumed hegemonic roles in the provision of institutional care and have replaced state care across sub-Saharan Africa, becoming the primary alternative institution to intervene on behalf of OVC (Manji & O'Coill, 2002). NGOs are now the main conduit through which child welfare services are provided (Zaidi, 1999). As Guttentag (2009) rightly noted, NGOs should not be viewed as "all good" (p. 541). Based on the frontline role of NGOs in providing care institutions, governments across sub-Saharan Africa have been unwilling to address the underlying reasons why children are placed in orphanages, including social exclusion of children, discrimination of children with disabilities, and household poverty (Csáky, 2009). The dominance of NGOs in the provision of child welfare services has led to maintaining the status of institutionalization in lieu of a comprehensive approach to caring for OVC.

In Ethiopia, as in most traditional societies, there has been a strong culture of caring for orphans, the sick, and disabled and other needy members of the society by the nuclear and extended family members, communities and churches. However, the advent of urbanization exacerbated by the recurrent drought and the resultant famine coupled with the internal and external wars that took place in the couple of last decades have claimed a heavy toll of human life (Abebe & Asase, 2007; Gross & Connors, 2017). Millions of people were forced to migrate to centers where food was distributed. Consequently, thousands of children were left unaccompanied as neither family nor communities and religious organizations were able to discharge their traditional roles and functions. This situation therefore necessitated the proliferation of institutional care in Ethiopia at an alarming rate, after the severe drought of 1984/5. Prior to this period, a few institutions were initiated by faith based organizations and by local elite philanthropists. However, the severe drought of 1984/85 necessitated the need for more orphanages by both government and nongovernment, as thousands of children were left unaccompanied (Bhargava, 2005). Care and support for orphans and unaccompanied children through institutional care was taken as a quick and proper alternative particularly for those who were put in temporary shelters. An assessment made in 1988 by National Children's Commission (NCC), indicated there were 106 orphanages in

Ethiopia operated by government, nongovernment organizations and city councils caring for 21,318 children. Earlier reports indicated approximately 20,000 orphaned and destitute children were being cared for in 93 homes in Ethiopia. 86.02% of those homes were supported by NGOs catering to the needs of 59% of the total 20,000 children (Tadele, 2019). The report indicated that, homes run by government were having more number of children in a single institution, denying individual care and attention by adults. Despite having one of the largest Orphan populations in Africa, Ethiopia lacks a comprehensive national plan of action to address the needs of these children. The suffering of orphans is contained within the confines of the family, some children may be left alone after both die and others are abandoned by their parents because of poverty, neglect or abuse (World Bank OVC Tooklit, 2005). There are different child cares programs in Ethiopia, so the child care has been investigated in this research will institutional care in Meki Town. It is a care given by organization and a family to a child who is not their own but has been formally placed in their home for a period of time by social workers. This study has been also identifying problems with institutional care by taking the cases into ground in our context and assesses psychosocial care and support given to the orphans.

1.2 Problem statement

Orphans face multiple challenges including food, shelter, schooling and medical care. The reason that initiate to assess the role of orphanage centers on psychosocial support and care provided for orphan children is most research on orphans in developing countries concentrate on nutrition and health status. In developing countries as increasing number of orphan children the orphanage centers focus on the basic needs. However, few studies have been conducted on psychological aspects (UN, 2010). Children are the most vulnerable and deserving group of society, and it is difficult to argue that children are responsible for their own conditions (UNICEF, 2016). As an effect of the poor conditions of this developing nation, Ethiopia contains and struggles to care for millions of orphaned children. The largest groups in need of support in Ethiopia were orphans and vulnerable children directly affected by HIV/ AIDS, extreme poverty, continuous risk of famine, and internal and external migration. From the more than five million Ethiopian children considered to be orphaned or vulnerable, 77,000 were living in child-headed households and their situation calls for the response of all concerned bodies (Radeny and Bunkers, 2014).

However, different general problems can be associated with institutional care. For example, as stated by Tsegaye. C (2001), many problems were challenged orphan institutions such as; inadequate funding to support programs designed for the children, shortage of trained personnel, inadequate skills training that resulted in long care in orphanages, lack of psychosocial services and lack of long term strategic planning. As a result of these and other problems, the children in the orphanages often elicit unwanted behavior; such as: feelings of loneliness and hopelessness, dependency on the adult population for all their needs, low self-esteem and feeling of inferiority and etc. As different research finding also indicates, the key issues and observations in Children recruited into institutions are that: institution recruit in line with a 'vision' rather than the needs of the community; most children in the institutions assessed have families and sometimes visited them; poor child record keeping, policies and procedures are very limited; caregivers are often ill-equipped and unskilled to deliver quality child care services; social work efforts were not taken seriously in most institutions; limited awareness of the legal requirements to Children's Act or home regulations, and limited 'formal' engagement between different officials and institutions.

The recent research that prepared by (Christine et al, 2019) showed that all quality of care significantly predicted child psychosocial well-being. Child psychosocial well-being across “high” and “low” levels of quality of care showed negligible differences between residential- and community-based care settings, suggesting the important factor in child well-being is quality of care rather than setting of care. The study that was conducted on psychosocial support and parents social life determine the self-esteem of orphan children (Markos, 2015). The results of the study revealed that the probability of orphans suffering from low self-esteem was 0.59. Several risk factors were found to be significant at the level of 5%. Psychosocial support (good guidance, counseling and treatment, physical protection and amount of love shared, financial and material support, and fellowship with other children), parents living together before death, strong relationship between parents before death, high average monthly income, voluntary support, and consideration from the society are some of the factors that decrease the risk of being low in self-esteem. There are many orphans with low self-esteem in the study areas. The factors negatively affecting the self-esteem of orphans include the lack of psychosocial support, poor social life of parents, and death of parents due to AIDS. Society and parents should be aware of the consequences of these factors which can influence their children’s future self-esteem. The study was focused on the psychosocial support that determine self-esteem of orphans generally but in this study the researchers will see the types of the psychosocial supports in detail and what kind of livelihood strategy is being used to support the orphans and the role the institution have in supporting and caring for this children.

The previous study was conducted on the psychosocial support conditions on orphanage: case of Wolisso project by Jimma University students Getachew. A and Dabala. L in 2021. The result of this study indicated that the effort made by the project is so effective in addressing the immediate need of the orphans including survival and wellbeing of these children. Consequently, the weakness in the project observed was initial recruitment problem of the orphans and unskilled staffs involving in the project and the inability to be proactive for the sustainability request for the project were seen as major. The challenges faced were identified as characteristics of the staff to handle the growing needs of the orphans, emotional instability of the children, limited access to social integration, negative attitude of the community towards institutionalization and segregation were observed as critical. Hence, institutional capacity building from both external and internal funders to maintain the projects sustainability with clear goal and policy direction is mandatory so, this study will try to fill the gap in terms of methodology and thematic support. They used qualitative

research approach and there study only focused on the problem in terms of AIDS pandemic that means orphan children who lose their parents due to HIV/AIDS and orphans who are living with this disease and the study didn't focus on livelihood strategies of the orphan children rather the study focus on mission, vision and core value of the center. However, our study will try to see all orphan children who lost their families by any case in our study area because in most cases, orphans may not have a medical certificate or know the cause of their parents 'deaths, and they even do know, some children may not wish to say due to secrecy and stigma attached to the disease and the researchers will try to see the overall livelihood strategies of orphan children by using mixed approach to get valid and reliable information about the types of support and care that are provided by the center and to examine them. Generally, as the researchers think the inner voice of orphan children must be heard and understood to create a child who have a bright future and a sense of responsibility and the researchers aim to study the psychosocial support condition for orphan children at Meki Catholic relief service orphanage center because there are no sufficient researches in our topic in this area since Meki town is suffering from the orphan problem, the researchers give an emphasis to a particular area by selecting for study.

1.3 Objective of the study

1.3.1 General objective

The general objective of this study is to assess the role of orphanage centers in psychosocial support and care for orphan children at Meki Catholic relief service (CRS) orphanage center.

1.3.2 Specific objectives

- To identify the types of social support and care provided for orphan children in the center
- To examine the psychological support and care for orphan children in the study area
- To assess the livelihood strategies of orphan children in the center

1.4 Research question

- ✓ What type of social support and care is provided for orphan children in the center?
- ✓ What kind of psychological support and care is provided for orphan children in the study area?
- ✓ What are the livelihood strategies of orphan children in the center?

1.5 Significance of the study

At the end of the study, this research will have different importance. The result of this study will support the researchers to get Bachelor of Arts degree (BA) in sociology. The result of this study will be the baseline for other students and researchers who are studying the same issues. The findings of the research are beneficial for all members of this center as to understand the nature of the professional and find helpful solution with professional support. Our finding may also help project coordinator, social workers/counselor, child caregivers and the orphaned themselves in general in and out of the institution by extending similar experiences to others.

The study may help concerned organizations in the area to be effective and develop sustainable solutions for the problems. The study may also contribute much to improving the strategies and service delivered for orphan children in the area. In addition, the selected and other NGOs working with orphan children may use the findings of this study as an input to develop comprehensive strategic plan to put effective mechanism to reduce vulnerability of orphan children.

1.6 Scope of the study

The scope of the study was geographically limited to Oromiya region in the case of Meki town, particularly Meki Catholic relief center because there are many orphanage centers in this town.

Orphan children who are between age 10-18 will take the target population of the study. The study was delimited on the role of orphanage centers on psychosocial support and care for orphan children because there are different types of care and support that are provided by orphanage centers.

1.7 Limitation of the study

The researchers have faced various barriers in the process of conducting study. Some of these barriers were included, lack of experience to prepare the study and the remoteness of the area affected the findings of the study because of the less frequent contact with respondents. The researchers were not able to get the key informants on planned date because they were not available because it was holiday season. Another barrier was the lack of previous comprehensive studies in the specific study area (Meki Catholic orphanage center), which led to huge difficulties in triangulating data with other local studies in the center.

1.8 Operational definition of terms

Child: Person under the age of 18 in this instance child under age between 10-18 who live in Meki Catholic orphanage center

Orphan: The definition in this instance is a child who has lost one or both of his or her parent(s).

Double orphan: Child who has lost both of his/her parent(s).

Single orphan: Child who has lost one of his/her parent(s).

Care giver: The individual, usually the mother, but in this study, social workers, care providers and other facilitators who takes responsibility for the physical, mental and emotional needs and well-being of a child in the orphanage.

Psycho social support: actions that address both psychological and social needs of individual, families and communities, but in this study orphans

Livelihood: a means of earning money in order to live, but in this context to support orphan children

Orphanage: an institution that takes care of orphans, In this context Meki Catholic Relief service

CHAPTER TWO

2. Review of related literature

2.1 Definition of orphan

Orphans are children with one or both parents having passed away (Awang et al., 2004; Zhao et al., 2009; The Faith to Action Initiative, 2014; UNICEF, 2015; Bani Ismail et al., 2018; UNICEF, 2019). Children with one deceased parent are classified as ‘single orphans’ or an orphan, while children with both parents being deceased are classified as ‘double orphans’ or an orphan (The Faith to Action Initiative, 2014; Monasch & Boerma, 2004; UNICEF, 2017). Historically, developments in the housing of children have been closely linked to the involvement of the British colonial government (Awang et al., 2004) in addition to the influence of Islam which has greatly shaped the running of orphanages, especially in Peninsular Malaysia since the 15th century (Fulcher & Faizah, 2000). Governments, Non-Governmental Organizations (NGOs), private and religious-based bodies have also taken initiatives to provide housing for orphans and provide educational facilities and skills for them, just like for any other children.

On behalf of the government, the task of running orphanages as well as providing the physical and social facilities is under the jurisdiction of the Social Welfare Department (Azlini et al., 2020). The Department of Social Welfare provides funds to cover the expenses of orphanages, as well as channeling donations and financial assistance from outside parties concerned about the welfare of these orphans. This is because the Orphanages for Poor Orphans is said to be an institution dedicated to the caring and raising of children who have deceased or missing parents (Kamath et al., 2017). However, different countries have different views and definitions of orphanages.

Institutional care, residential care, children’s institutions, orphanages, are used synonymously in this paper to refer to residential facilities in which groups of orphan and vulnerable children are cared for by paid personnel in a non-family based environment (Nnama-Okechukwa & Okoye, 2019).

2.2 Supporting Orphans

Child welfare service has traditionally provided two broad areas of service. First, it has provided service to insure the child maintenance within the family setting. Second it has provided services to children who are unable to remain in their own homes. Services in the former are include: day

care, protective, health, nutrition, educational services and so on. Services in the later ones include: foster family care, institutional care, group homes, and adoption services (Kedija, 2016).

2.3 Psychosocial Support

The psycho social needs of children continue to be one of the most neglected areas of support without proper support mechanism upon the death of apparent children experience a profound sense of loss, grief, homelessness, fear and anxiety. Long term consequence can include psychosomatic disorders, chronic depression, low self-esteem, and low levels of life skills, learning disabilities and disturbed social behavior (FHI, 2014).

Ensuring ongoing care and support for orphans is critically important to their wellbeing. It is essential to incorporate effective measures into other activities and include helping extended families and communities to consistent support for children. Training teachers to recognize and respond supportively to withdrawn or disruptive behavior or a drop in academic performance, and supporting communities to conduct structured recreation, art, cultural, and sports activities that enable isolated orphans to socially integrate (FHI, 2014).

2.3.1 Types of psychosocial support and care provided for orphan children

Assistance provided for children in an emergency usually includes looking after the wounded and distributing food and non-food items. Often toys, books and other recreational and educational material is provided. This kind of assistance is very important as children physical and practical needs have to be met during the emergency period (Oleke,2016).However orphan children do not only have physical and practical needs that must be met to enable them to develop to their full potential. Orphans psychological needs, such as the need for love and affection, to have values, to be able to hope, to be confident and have a sense of worth, are highly dependent upon the relationships that the orphan have with their family, friends and other adults. Sometimes the intertwined psychological and social needs of orphan are referred to as emotional needs. Early psychosocial support is very important in order to speed up the process of recovery and to prevent problems that orphans may encounter in the future. Sometimes this is done by providing specific, targeted activities designed to increase the resilience and coping of orphans but in general it is an approach to the care and treatment of children which can be considered psycho socially supportive (FHI,2014). According to UNICEF (2020), providing psychosocial support for children can be achieved in four main ways:

A. Encouraging children to resume their daily activities

In disaster unexpected things happen which can be very frightening for orphans. Encouraging children to return to every day and routine activities is helpful as it gives a sense of normality and creates a feeling of security and certainty. A typical way of doing this is to ensure that orphans return to education as soon as possible as a school environment is one that orphans are familiar with and resumes a sense of routine and normality.

B. Resuming children's relationship with others doing activities

An emergency situation typically causes the care givers to focus their attention on their attention on other things than their children, such as reconstruction and ensuring basic needs are met. Orphans may also be reluctant to socialize with their friends for fear of being away from their home/ parents or conversely parents may be afraid to be apart from their peers and not want to send them to school. Activities that help recover orphans' interaction with other people in their community increase feelings of belonging and improve self-worth and self-confidence.

C. Facilitating activities that can support recovery

Orphans need the space and the opportunity to understand and come to terms with what has happened to them, to adjust to changes in their lives and to develop new ideas about their future. It is critical to do this in ways which are culturally appropriate and therefore make sense. Culture plays an important role in fostering self-identity and creating a sense of belonging to a community. Psychosocial activities which are in line with the child's culture help rebuild and reinforce those values.

D. Providing recreational activities for orphans such as art activities, drama performance, storytelling, playing games, sports, song, music and dance. Art can be a means of communication with the external world and give expression to thoughts and feelings. Examples of art include drawing and painting. Drama and puppet performance is an effective way to help orphans develop their abilities to cooperate, to express themselves freely and to build their self-confidence. Story can be used to explore moral values and ways of dealing with problems

2.4 Livelihood strategies of orphan children

Sustainable livelihood framework allows us to look into available assets of a person and how external factors influence the use of assets. These factors subsequently affect what activities/strategies people take in order to achieve their livelihood result (Davies, 2016). Examples of livelihood strategies include natural-resource-based activities, non-agricultural activities, migration or diversifying livelihood patterns etc. Davies (2016) further distinguishes two categories of livelihood strategies, one being coping strategies, one being adaptive strategies. Coping strategies refer to how one responds to short term crisis, yet adaptive strategies are seen to be more important because they equip people with the capacity to cope with recurring crisis over the long term, thus less vulnerable to crisis. Ellis (2018) suggests several means to strengthen adaptive strategies, such as expanding assets, adopting different asset mix and relying on different types of income sources. In some cases, the adaptation strategies people take may not be very beneficial, or are even negative to later life events. Thus, Ellis (2018) emphasizes that policies should identify these negative adaptation and take relevant steps to help people become inform with more sustainable livelihood strategies. Livelihood outcomes are not necessarily indicated by improvement in physical and financial aspects, they may also entail improvement in spiritual aspect. For example, livelihood outcomes may range from better health, enhanced well-being ,less vulnerability, more secured food supply, better adaptability to changes and better use of natural resources (Scoones, 2018; Serrat, 2017).

2.5. Theoretical perspectives

This research is anchored on the theoretical underpinnings of Erik Erikson's eight stages of human development across the life span. Erik Erikson (1963) developed a theoretical framework aimed at establishing connections between various stages of human development and the relationship between the individual and society. He maintains that as each stage progresses with age, the family, school, peer group and society influences the complexity of an individual's behaviour (Batra, 2013). Failure to achieve the desired virtue in a given stage of development may amount to emotional discomfort, leading to the in-ability to cope with the challenges of the current and later stages of development (Batra, 2013). Tchombe (2011:274) postulates that successfully dealing with

the crisis in each stage could enable “successful management of the challenges during development to promote a healthy development of the child’s ego (self)”. Tchombe (2011) further agrees with Erikson where he argues that managing the crisis effectively at each stage of development is key to socializing children in most African cultures, however, as Pillay (2014b) rightly argues, Erikson’s theory omitted consideration of the variability of cultural dynamics affecting the different stages of psychosocial development, noting that different cultures would necessarily have different ways of framing the crisis. According to Pillay (2014b), a strict application of this theory would mean that there are many psychologically unhealthy children in Africa.

In this article, it is not our intention to discuss all Erikson’s developmental stages, but to focus our attention on the childhood stage of 7-18 years of age, and the psychosocial crisis of ‘industry versus inferiority’. This stage was selected because our study focused on orphan children in the age between 10-18, some of whom are within this age bracket. Tchombe (2011) argues that children in this stage try hard to be good, responsible, and to do things correctly. They are conscious of moral values and are able to recognize cultural and individual differences. Therefore, getting proper guidance, direction and support from parents, guardians, teachers, and significant others is key to enabling them embrace these virtues. While this scenario is the ideal situation, the case could be different for OVC, due to the challenges they face in their daily lives. These children would therefore need recognition, love, guidance, counselling and encouragement to enhance their psychosocial needs. The childhood stage culminates in the beginning of puberty, and is marked with sexual maturity and a growth spurt in physical development. All these factors influence the child’s perception of self, making him/her aware of the self (Tchombe, 2011). This implies that providing OVC guidance on social relationships is critical to enhancing their self-esteem, and to developing an understanding regarding how to relate with others in society. Guidance could therefore be provided by teachers, parents/guardians and professionals.

2.6 Coceptual framework

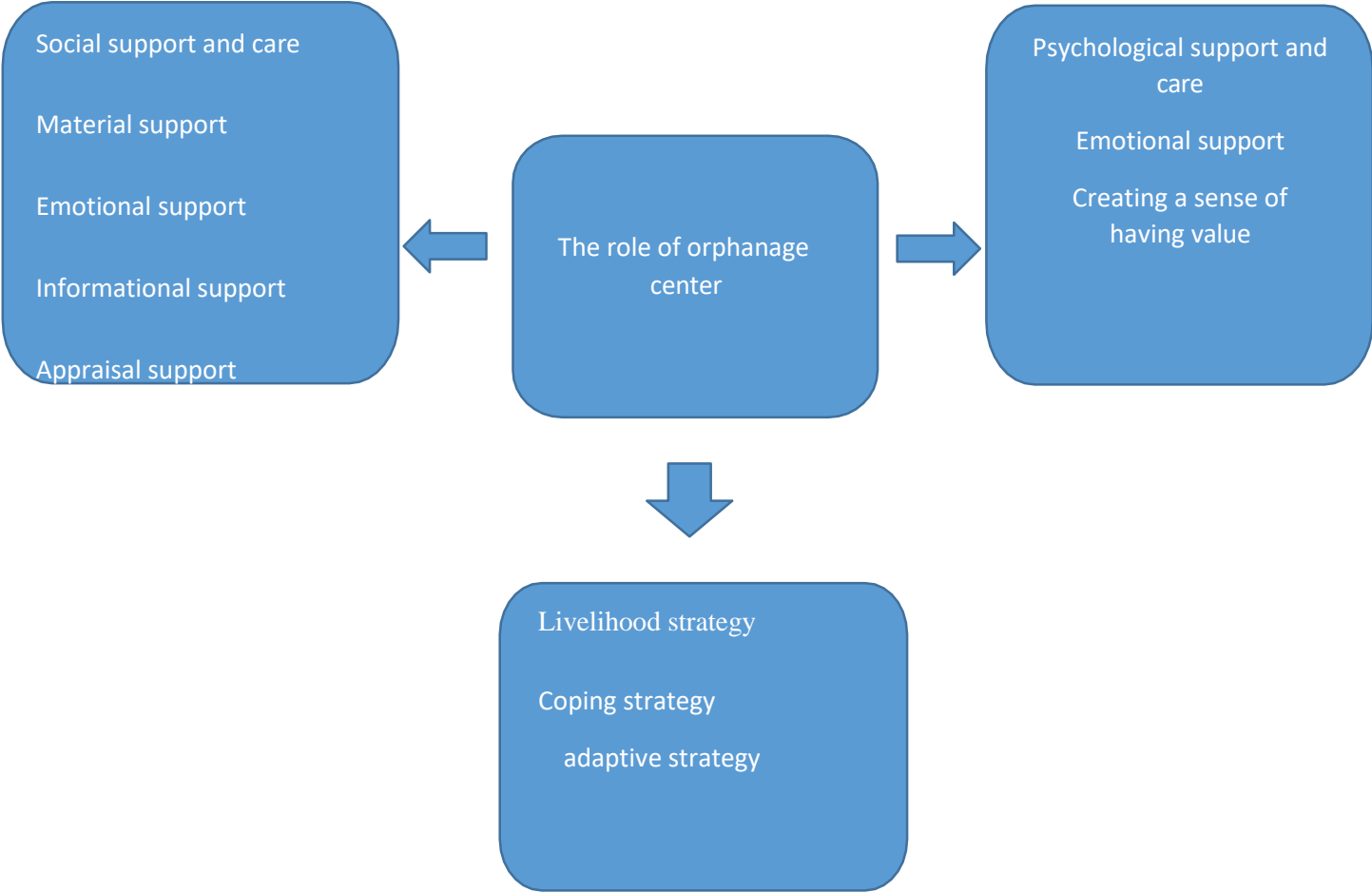


Figure1.theconceptual framework

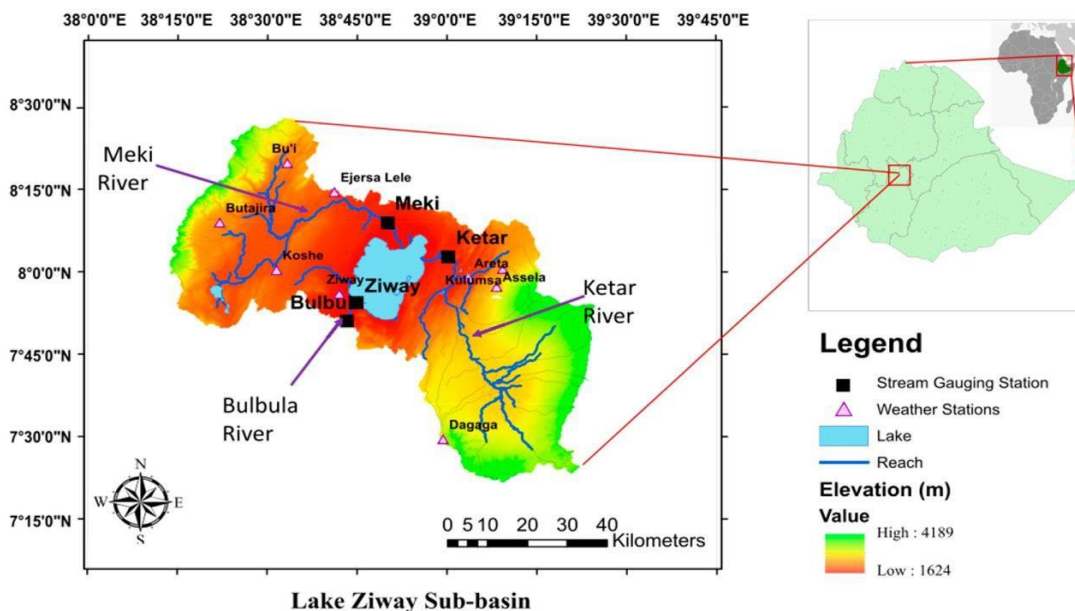
The above figure is developed by the researchers and it shows that the conceptual framework compares different variables. At the center of the diagram, we find that the independent variables are influenced by dependent variables that are connected to the center, such as psychological support, social support, and livelihood strategy.

Chapter Three

3 Research Methodology

3.1 Description of Study area

The research will be conducted on assessing the role of orphanage centers on psychosocial support and care for orphan children in Meki CRS orphanage center. Meki is a town in east central Ethiopia. Located in the east Shewa zone of oromiya region. Meki is administrative center of Dugda woreda located at a distance of 127 km far from the capital city of Ethiopia (addis ababa). The total population of Meki town is 62,326. Meki catholic secretariat (MCS) including the orphanage center, which was operational since 1995, is one of the 13 secretariats of Ethiopian Catholic Church. The center has above 200 orphan childrens. MCS plans are used to mobilize joint efforts to support the integral and holistic development of humanitarian development of the human persons in all fields such as education, health, water supply, income generation, food security, justice and peace. The researchers want to collect data on this area because there is no sufficient research on this topic.



3.2 Justification of study site selection

The researchers are interested on this area because the researchers have know peoples who can give the needed information about the center and their no sufficient research regarding with this topic in this area since Meki town is suffering from the orphan problem, the researchers give an emphasis to a particular area by selecting for study . In this town there is only this orphanage center so, the researchers choose this orphanage center.

3.3 Research Approach

For the purpose of this study, we used mixed research approach. The reason behind using this method is that to achieve the objective of the research and mixed research methodology helps us to reduce the degree of flaws or uncertainty. Mixing data sets can give a better understanding of the problem and yield more complete evidence the investigator gained both depth and breadth data. The researchers used quantitative data to investigate data on the types of psychosocial support and care for orphan children. Qualitative data also used to collect data on the livelihood strategies of orphanage center. Mixed research method is an approach to inquire involving collecting both quantitative and qualitative data by integrating the two forms of data and using distinct design that may involves philosophical assumption and theoretical framework (Creswell, 2014). This method selected because it helps to complement the weakness of one method by another.

3.4 Study design

The researcher used descriptive cross-sectional research design because we want to address data at one time and the researchers want to know current information to assess the role of orphanage centers on psychosocial support and care for orphan children at Meki orphanage center in 2023. A descriptive cross sectional study is a study in which the condition and potentially related factors are measured at a specific point in time for a defined population. Cross sectional study is the best choice for practical reasons. For instance, if the researcher only has the time or money to collect cross sectional data, or if the only data the researcher can find to answer research question was gathered at a single point of time.

3.5 Target population

The target population for this study was all orphan children their age is between 10-18 who live at Meki catholic relief service orphanage center, the institution workers and care givers.

3.6 Sources of data

The researchers collected the data from both primary and secondary source of data resources to get valid information about the study. Primary sources that the researchers used are questionnaire, interview and key informant interview. Secondary data what the researchers used are both published and unpublished documents, reference books and internet. Secondary source of data used to build the background of the study.

3.7 Methods of data collection

The researchers used both quantitative and qualitative data collection methods from catholic relief service orphanage center.

3.8. Quantitative data collection instrument

Questionnaire

Questionnaire is an instrument that used to identify types of social support and to examine the Psychological support and care for orphan children in the study area. In these methods the researchers used both open and close ended methods. Open ended questionnaires help to get rich information resulting from the respondents explanation about issues by their own words and the respondents supported to write their own feeling and ideas which close ended questionnaires used to get information that are restricted in scope and the respondents will supported to make choices. The researchers were used 30 questionnaire.

3.9 Qualitative data collection instrument

Interview/ in depth interview

Interview is the process of communication in the subjects or interviews given the needed Information verbally in face to face situation attitudes and option. So, this method allows the researchers to collect valuable data from orphanage centers about the types of psychological and social support and care for orphan children from the orphans themselves. The researchers had a depth interviews with those people for purpose of gathering data on the form of it help to training wait the data, which collected through interviews and questionnaires. The researchers used semi-structured interviews because the researchers had predetermined questions and if the researchers may need further information that isn't planned it's better to use semi structured interview. The researchers prepared interviews for two orphan children.

Key informant interview

Key informant interviews involve interviewing people who have particularly informed perspectives/ knowledge about the topic under study. First, key informant interview guides prepared and then the purpose of the study introduced. Two orphan's care givers and one orphanage staffs selected as key informants purposively to assess the livelihood strategies of orphan children and the types of psychosocial support the institution provide. The researchers used semi-structured interviews because the researchers had predetermined questions and if the researchers may need further information that aren't planned it's better to use semi structured interview.

3.10 Sampling technique

In this study the researchers used both probability sampling technique and non-probability sampling technique. From probability sampling the researchers used simple random sampling technique because every case of the population has an equal probability of inclusion in the sample. And the researchers used purposive sampling to find those interviews (informants) who have available knowledge and experience that the researchers need, are capable of reflection, are articulate, have time to be interviewed and willing to take part in the research/investigation.

3.11 Sample size

From the total 33 orphan children who are under the age of 10-18 and live in Meki catholic relief service we used 30 orphan children to collect quantitative data by distributing questionnaire. The researchers used Lynch (1972) formula

$$n = \frac{NZ^2_{\alpha/2} p(1-p)}{Ne^2 + Z^2_{\alpha/2} p(1-p)}$$

We used 95% confidence interval

$$N=33 \quad Z_{\alpha/2}=1.96$$

$$p=0.50 \quad e=0.05$$

$$= \frac{33(1.96)^2 * 0.5(1-0.5)}{33(0.05)^2 + (1.96)^2 * 0.5(1-0.5)}$$

$$= \frac{33(3.8416) * 0.5(0.5)}{33(0.0025) + (3.8416) * 0.5(0.5)}$$

$$= \frac{126.7728 * 0.25}{0.0825 + (3.8416) * 0.25}$$

$$= \frac{31.6932}{0.0825 + 0.9604}$$

$$= \frac{31.6932}{1.0429}$$

$$= 30.38 \sim 30$$

Thus, the total sample of the study is 30, which means questionnaires would be distributed to 30 respondents.

3.12 Data collection procedure

The questionnaire was administered by the researchers with support from the orphanage staffs. The sample orphans brought together in one place. The sitting arrangement made in such a way that

orphans avoid side talks while filling the questionnaire. The researchers provided brief orientation about the purpose of the research and how to fill the questionnaire. They also told that their participation was voluntary. While orphans are filling the questionnaires, the researchers were sit in a position which wouldn't enable to notice the responses of the orphans. Orphans who have questions about the questionnaire told to come forward the researchers. When the orphans finished filling the questionnaire, they told to put their filled out questionnaire at corner of the room with face turned down. This process was facilitated the response rates since the process increased the confidence of the orphans about the confidentiality of responses.

Interview data was collected through face to face interaction. Interview with orphans and key informants was collected through face to face interaction. Each interview took maximum of 10minute. Before commencing the interview, the researchers were brief the informants about the purpose of the research. They told that their participation will voluntarily. The researcher was also confirming to the informants that the information they provided will only be used to build the research findings; but no for other purpose.

3.13 Methods of data entry and analysis

To analyze the data descriptive methods of data analyze u s e d . It will collect from different source analyzed and interpreted through quantitative and qualitative methods. Data which collected through questionnaires was tabulate, analyze and interprets by percentage in quantitative methods and analyzed through descriptive statics. The data obtained through interview was systematically organized and thematically analyzed.

3.14 Data quality control mechanism

To enhance the reliability and validity of the data the researchers took data quality assurance. In order to apply a reliable data, the researchers took across check the data which will collect not be stored type. And the validity of the method improved by knowing the actual behavior of the respondents, while the data was collected. This means respondents was asked and interviewed while they are in a good condition. The careful sampling methods ensured the Representativeness on survey research.

3.15 Ethical consideration

The researchers received request from the department of sociology. All participants in the study was

decide to continue their participation and the researchers made them to know the purpose of the study and gave them all necessary information regarding the research. This study was conducted in a manner that is consistent with ethical issue that to be considered conducting a research.

Chapter Four

4. Data analysis and interpretation

4.1 Introduction

This part of study deals with analysis and interpretation of the data gathered from Meki catholic orphanage center. The analysis starts from describing and analyzing quantitative data and ending with summarizing the quantitative data. Those include the distribution of sex, age group, grade level and religion of the orphans. The outcomes were also used to understand the experience of the respondent that used to confirm the validity and depth of the information obtained at the field work. In this chapter then describes the role of orphanage center in psychosocial support and care for orphan children.

4.2 Demographic background of the respondents

Table 1 tabular presentation of respondents' demographic background

Variables	Respondents	Frequency	Percentage
Sex	Male	11	36.67%
	Female	19	63.33%
	Total	30	100%
Age	10-12	8	26.66%
	13-15	11	36.67%
	16-18	11	36.67%
	Total	30	100%
Level of education	4-8	16	53.33%
	9-12	14	46.67%
	Total	30	100%
Religion	Orthodox	-	-
	Catholic	30	100%
	Protestant	-	-
	Muslim	-	-
	Others	-	-
	Total	30	100%

Source survey: 2023

The above table shows that 11(36.67%) respondents were males, 19(63.33%) respondents were

females. So from the above table the majority of respondents are females. According to the above table, 8(26.66%) respondents were found between 10-12 age group, 11(36.67%) respondents were found between 13-15 age group, 11(36.67%) respondents were also found between 16-18 age group. Therefore, the majority of age group found between 13-15 and 16-18. On the above table 16 (53.33%) were between 4-8 grade level and also 14(46.67%) respondents were between 9-12 grade. So, the majority of respondents were between 4-8 grade levels. According to the above table, 30(100%) of the respondents were belonged to catholic religion.

4.3 Types of social support and care

Table 2 assessment on material support

Item	Option	Frequency	Percentage
Do you get the materials that are necessary for your personal needs and education?	Yes	30	100%
	No	-	-
Total		30	100%

Source: survey 2023

According to the above table 30(100%) of respondents were accept that they get the material support from the orphanage. There was no one who said they did not get material support from the center.

In relation to this one of the key informants who can referred (KIF#1) said that:

“The support they get from the institution is more than enough it is more than one family can fulfill that is in their education, health, and they have freedom of speech about what they need, so the institution fulfill the basic needs of them. For example, the institution treat the orphans when they are sick in so much by taking them to foreign country and

when their grade is good the institution take them to private school.”

The orphanage fulfills all materials that are needed to education (e.g. uniforms, school books, etc.) and personal needs (food, clothing, shelter, health care and safety) for the orphans. Since the material support is part of social support it is essential for them.

Table 3 relationship of orphan children

Item	Option	Frequency	Percentage
What type of relationship do you have with each other?	Very intimate	15	50%
	Intimate	11	36.67%
	Normal	3	10%
	Not intimate	1	3.33%
	Bad relationship	-	-
Total		30	100%

Source; survey 2023

According to the above table 15(50%) respondents responded that, they have very intimate relationship with each other, 11(36.67%) respondents responded that, they have intimate relationship with each other, 3(10%) respondents responded that, they have normal relationship, 1(3.33%) respondent responded that have not intimate relationship. From our in depth interview one of 18 year our respondent who referred to as (IM#1) said that:

“We develop as a big family so we have very intimate bond. We get what we need from the institution. In this house everything is proper. When we feel stress and depression they give advice for us. We have freedom to speak and ask what we need. When we are sick we get enough treatment. ”

Based on the information provided from respondents, they grow together and adapts their behavior each other and also they themselves as a big family this can helpful for them because the psychosocial support is an ongoing process of meeting emotional, social, mental and spiritual needs of orphan children. So the institution creates positive relationship between them by considering all of the processes as essential elements of meaningful and positive human development.

Table 4 information about orphan background

Item	Option	Frequency	Percentage
Do you agree that you get important information about your background?	Strongly agree	2	6.67%
	Agree	2	6.67%
	Neither agree nor disagree	9	30%
	Strongly disagree	6	20%
	Disagree	11	36.66%
Total		30	100%

Source; survey 2023

According to the above table, 2(6.67%) of respondents responded that they were strongly agree that they get important information about their background, 2(6.67%) of respondents responded that they were agree that they get information about their background, 9(30%) of respondents responded that they were neither agree nor disagree about getting information about their background, 6(20%) of respondents responded that they are strongly disagree that they get important information about their background and 11(36.66%) responds responded that they didn't agree they get information about their background. So, the majority of respondents responded that they didn't agree they get information about their background.

A key informant (KIR#2) provided information about the background of orphans;

“Most of the children were gained from street. It is difficult to put evidence about their identity so, the orphans question about their identity cannot answer by the organization only God can answer this we cannot answer, instead the organization try to understand their problem and makes them to feel they are big family.”

It is difficult to get full information if the almost all orphans get from street. The key informants put the appropriate reason about most of the orphans didn't get enough information.

Table 5 the role of orphanage in developing self-esteem of orphan children

Item	Option	Frequency	Percentage
Does the institution involve in developing your self-esteem?	Yes	23	76.67%
	No	7	23.33%
Total		30	100%

Source; survey 2023

In the above table 23(76.67%) of the respondents responded as the institution involve in developing their self-esteem because the institution provides different games that can train responsibility and create positive relationship between orphan children. 7(23.33%) of respondents respond that the institution didn't involve in developing their self-esteem.

The majority of respondents responded that the institution involve in developing their self-esteem because the institution involve by many things to develop their self-esteem like by telling their strong side, training responsibility, giving valuable advices as mother and etc. This is helpful for orphan children to create meaning for life and to make their future bright.

4.4 Types of psychological support and care

Table 6 relationship between orphans and caregivers

Item	Option	Frequency	Percentage
How you can see the relationship between	Very intimate	13	43.33%
	Intimate	11	36.67%
	Normal	6	20%

caregivers and yourself?	Not intimate	-	-
	Bad	-	-
Total		30	100%

Source; survey 2023

As indicated in the above table, 13(43.33%) of the respondents responded that they have very intimate relationship between caregivers and them. 11(36.67%) of the respondents responded that they have intimate relationship between caregivers and them. 6(20%) of the respondents responded that they have normal relationship between care givers and them.

In relation to this one of the key informants who can referred (KIF#1) said that:

“It is obvious that all orphans need support that can be included in their education, health and social life. We teach them that there is a difference between the life in the institution and out of the institution. The organization fulfills all the things that are necessary for their life remaining something that can’t be fulfill by the institution. For example, in the center the orphans used all things (food, washing their cloth, etc) that have done by the institution workers, but when we come to our society we must function our role by helping our parents and when they go away from the center they start to work by themselves, so that we teach them by many things the difference and how they can adapt the society. When females are in the stage of adulthood we teach them all things are natural, because they can learn that all things from the institution and education. The orphans see each other and the institution workers as a family because the workers stay for long period of time in the institution”.

Generally, the majority of respondents have very intimate relationship between care givers and them. This is helpful for them to create familiar connection and good environment for orphans.

Table 7 depression

Item	Option	Frequency	Percentage
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Have you ever been depressed?	Yes	23	76.67%
	No	7	23.33%
Total		30	100%

Source; survey 2023

The above table shows that 23(76.67%) of respondents agreed that they have been depressed because of many reasons. 7(23.33%) of respondents did not agree that they have been depressed. The majority of the respondents responded that they have been depressed and the institution and care givers support them by so many things like the care givers were always be near for them, playing different types of games that can relief them from stress and depression, by fulfilling their needs and if the depression is over the strength of the care givers the institution prepare psychiatric to help the orphans. This can help them to relief from their depression.

Table 8 satisfaction level of orphan's life in the center

Item	Option	Frequency	Percentage
Are you satisfied with the life you have in the organization?	Very satisfied	9	30%
	Satisfied	8	26.67%
	Normal	13	43.33%
	Not satisfied	-	-
Total		30	100%

Source; survey 2023

As indicated in the above table 9(30%) respondents were very satisfied with the life they have in the center, 8(26.67%) respondents were satisfied with the life they have in the center, 13(43.33%) respondents were normal with the life they have in the center. So, the majority of our respondents

were normal with the life they have in the center, because they have so many questions about their identity.

Table 9 fulfillment of the need of orphans

Item	Option	Frequency	Percentage
Do you always get what you need?	Yes	15	50%
	No	15	50%
Total		30	100%

Source; survey 2023

According to the above table 15(50%) of the respondents respond that they always get what they need, since the center fulfill materials that are necessary for personal needs and education it is more than enough for them. 15(50%) of respondents respond that they didn't always get what they need, it is difficult to fulfill all they need. In addition to material support there are different emotional supports that couldn't fulfill by the institution.

Table 10 the future expectation of orphan children

Item	Option	Frequency	Percentage
Do you see a bright future for yourself?	Yes	30	100%
	No	-	-
Total		30	100%

Source; survey 2023

In the above table 30(100%) of our respondents responded that they see a bright future for themselves. The institution plays its role by telling them they have worthy for themselves and for others. So, the good expectation about the future makes their life bright and meaningful.

Table 11 treatment of the center when the orphans feel lonely

Item	Option	Frequency	Percentage
When you feel lonely, there are several persons you can talk to	Definitely true	12	40%
	Definitely false	5	16.67%
	Probably true	11	36.67%
	Probably false	2	6.66%
Total		30	100%

Source; survey 2023

According to the above table, 12(40%) respondents accepted as definitely true that there are several persons they can talk to when they feel lonely, 5(16.67%) respondents accepted as definitely false that there are several persons they can talk to when they feel lonely, 11(36.67%) respondents accepted as probably true that there are several persons they can talk to when they feel lonely and 2(6.66%) respondents accepted as probably false that there are several persons they can talk to when they feel lonely. So the majority of the respondents accepted as definitely true that there are several persons they can talk to when they feel lonely because the care givers and they themselves interact with them as mother to child, this can help them to go away from a feeling of loneliness.

Therefore, the institution plays significant role in supporting orphans by creating awareness about the life out of the institution for their future.

4.5 Livelihood strategies of orphanage center

The orphanage center has its own livelihood strategy. There are different donors who support the orphans and every child has its own donor, but the institution combines all donates together and put it for mutual interests of orphans. In relation to this one of the key informants (KIT#3) said that:

“Our organization livelihood is foundation donor. There are different donors that found in Spain country and they work by team. Every child has his own donor, but the institution combine all donate together and it will use for mutual interest of the orphans

and distributes to health, education and other purposes. They stay in the institution until they reach age of 18 because in Ethiopia there is a principle validated by women and children affair office that says any orphan children cannot live in the institution after he reach age 18, so after that if they join university the institution prepare budget monthly for them and if they didn't join university the institution rent house for the orphans and pay for their education. The orphans and the institution sign in the women and children affair office to validate they are out of the center and out of the institution control because the institution works with this office. When orphans fault the office gives advice or punishes them. Although there are some children they stay in the institution if they enter to school late or if they repeat class”.

Therefore, the institution uses such kind of livelihood strategy. The institution works with women and children affairs office in order to get validation about the orphan's situation. They get support from the institution after they reach 18 ages in their education and other things. This can help them to learn how to administer themselves.

Chapter five

5. Conclusion and Recommendation

5.1 Conclusion

Researchers and studies reveal that orphan children in the sub Saharan African countries including Ethiopia are confronted with various kinds of challenges and problems following the death of their biological parents and the orphanage centers provide different support and cares for them. This research was conducted in Meki orphanage center, East Shewa Ethiopia. The Meki catholic orphanage plays important role in providing psychosocial support and care for the orphans. Specifically, the study described types of social support and care, examined psychological support, and assesses the livelihood strategies of orphan children in the center. The types of psychosocial support includes material support, emotional support, informational support and appraisal support. In terms of material support, the findings of the study revealed that the institution provides all necessary materials for their education and personal needs like food, shelter, cloth, school books, uniform and etc. Assistance provided for children in an emergency usually includes looking after the wounded and distributing food and non-food items. Often toys, books and other recreational and educational material are provided. This kind of assistance is very important as children physical and practical needs have to be met during the emergency period (Oleke, 2016).

In terms of emotional support, this study found the institution involve in developing the orphans self-esteem in different methods like training responsibility, creating positive relationship, telling the orphans to focus on their strength and etc. The care givers give advice for the orphans when they are depressed and lonely. Orphans psychological needs, such as the need for love and affection, to have values, to be able to hope, to be confident and have a sense of worth, are highly dependent upon

the relationships that the orphan have with their family, friends and other adults. Sometimes the intertwined psychological and social needs of orphan are referred to as emotional needs. Early psychosocial support is very important in order to speed up the process of recovery and to prevent problems that orphans may encounter in the future. Sometimes this is done by providing specific, targeted activities designed to increase the resilience and coping of orphans but in general it is an approach to the care and treatment of children which can be considered psycho socially supportive (FHI,2014). In terms of informational support, the majority of the respondents have no information about their background. Concerning with appraisal support, the institution teach the orphans about the difference between the life in the institution and out of institution. For instance, they tell for women all things are natural when they are adult and they can face many things in this age and how they can prevent themselves from the assault.

There are different donors who support the orphans and every child has its own donor, but the institution combines all donates together and put it for mutual interests of orphans. They work with women and children affaire office. Generally, the institution plays essential role in supporting orphans in many ways.

5.2 Recommendation

Based on the conclusion the researchers developed the following recommendation in order to increase the role of orphanage centers in providing psychosocial support and care for orphan children.

- Care givers, teachers and stakeholders should establish a support system at different levels and play a significant role to fulfill the psychosocial needs of orphan children.
- Governmental and nongovernmental organizations should work in collaborations to implement policy frame works and to establish orphanage centers to provide appropriate services to orphan children.
- In addition to orphanage centers, schools should work on improving orphan children welfare system by providing guidance and counseling services, protecting the rights of children and reducing discriminations.
- The political leaders should have readiness and commitment to allocate rational budget to orphan children and put into practice the national and international policy documents. The policy makers should revisit the legal legislations and regulations documents to protect the rights of orphan children.
- The organizations may alternatively need to provide the psychosocial support services to

address the problems and challenges of orphan children in the area. Promote voluntarism in psychosocial support, tutor, health service, and peer learning; create an awareness and behavioral change at community level by mobilizing the local resource;

- The community awareness on the challenges and problems of orphan children is very limited. Thus, the organizations should give due attention for the arrangement of community awareness raising forums to address the prevailing challenges and problems.

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C/neither agree nor disagree D/strongly disagree E/ disagree

4. Does the institution involve in developing your self esteem?

A/yes B/ no

5. If your answer for question number 4 is yes please state how they involve

Part 3: Types of psychological support and care

1/ How you can see the relationship between care givers and yourself?

A/Very intimate B/intimate C/Normal D/ Not Intimate E/Bad relationship

2/ Have you ever been depressed?

A/yes B/ no

3/ If your answer for question number 2 is yes, how the organization or care givers treat you?

4/ Are you satisfied with the life you have in the organization?

A/ very satisfied B/satisfied C/ normal D/ not satisfied

5/ do you always get what you need?

A/ yes B/no

6/ Do you see a bright future for yourself?

A/ Yes B/No

7/ when you feel lonely, there are several people you can talk to.

A/definitely true B/ definitely false C/ probably true D/ probably false

Appendix ii: INTERVIEW GUIDE QUESTIONS FOR ORPHAN CHILDREN WHO LIVE IN MEKI ORPHANAGE CENTER IN 2023

Dear respondents, the purpose of this interview guide is to collect data on the role of orphanage center in psychosocial support and care.

1. What kind of psychosocial support do you get from this institution?
2. What kind of role does the institution play in fulfilling your basic needs in general?
3. Do you think that this support is adequate to meet your everyday needs?

Appendix iii: INTERVIEW GUIDE QUESTIONS FOR KEY INFORMANTS (Orphan Care givers and staffs) OF MEKI ORPHANAGE CENTER IN 2023

Dear informants, the purpose of this interview guide is to collect data on the role of orphanage center in psychosocial support and care for orphan children.

1. What kind of psychosocial support does the institution give when the orphans are in the need of support?
2. Would you describe to me that this support is adequate to meet their everyday needs?
3. What kind of livelihood strategy do you use to fulfill the orphans basic need?
4. Finally, if you have a comment or suggestion you can write here.
