

## **The Psychosocial Experiences of Orphan Children in Gog Woreda in Gambella Regional State, Ethiopia.**

**Yousif Gilo. OMOD**

Lecturer

Department of Special Needs and Inclusive Education  
College of Education and Behavioral Sciences- Bahir Dar University,  
Ethiopia.

**Tilahun Achaw (PhD)**

Assistant Professor

Department of Special Needs and Inclusive Education  
Addis Ababa University,  
Ethiopia

### **Abstract**

*Given the current psychosocial situation of orphans in Ethiopia, their particular experiences attract less attention of researchers and humanitarian organizations, governments and general communities. Therefore, the major purpose of the present study was to investigate the psychosocial experiences of orphan children in Pinyudo town in Gambella Regional State. In order to achieve the objective of the study, phenomenological research design was employed. In this study, 16 orphan children were involved. Purposive sampling technique was employed to select the participants. Semi-structured interview and focus group discussion were used to collect the relevant data. The data were analyzed using qualitative data analysis approach. Trustworthiness was confirmed for ensuring the rigor of the findings by using confirmability. The findings of the study suggested that orphan children faced a number of psychosocial problems. Grievances, sorrows, isolations, despondencies, mourning and over thinking both during and after death of their parents were the major problems reported by orphan children. Low self-esteem was also highly reported by orphans. Orphans used coping strategies that are classified as adaptive and maladaptive. Based on the major findings of the study, recommendations are forwarded.*

**Keywords:** Orphan children, psychosocial experiences

### **Introduction**

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

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

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

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

In this regard, Janice, Cotton, Edward, Zhao and Gelabert (2007) contend that orphan children with no parents or caring caretakers are susceptible to neglect, poor health care and diminished education. Dalen, Naketende and Musisi (2009) state that the influence, circumstance and societal networks that always assist children’s developmental patterns are far less exist to the orphans and lack of resources leads to interrupted grieving and socialization process. Studies around the world have publicized orphan children to have higher rates of emotional and behavioral problems than non-orphan (Musisi, Kinyanda, Nakasuja&Nakigudde, 2007). In their findings they revealed that more of the orphans were found to experience despondency, destitute, isolative and had reduced confidence and often lacking self-esteem.

Studies investigating the orphan children’s academic performance (Eyerusalem, 2015) clearly demonstrate that academic performances of orphans were significantly allied with emotional and behavioral problems. In 2003 UNICEF reported that “Orphans are more likely to suffer damage to their cognitive and emotional development, less likely to go to school, more likely to be subjected to the worst forms of child labor” (p.6). Gumede (2009) report that orphans experiences a number of obstructions including unfulfilled psychosocial needs as a result of lack of guidance and psychosocial assistance and addressing these imminently is very significant for a child’s development

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

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

### ***Statement of the Problem***

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

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

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

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

### ***Objectives***

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

The specific objectives of this study were to:

- Explore the emotional experiences of orphan children in Pinyudo
- Describe the interpersonal experiences of orphan children in Pinyudo

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

## **Method**

### **Research Design**

The present study employed phenomenological research design. This is because of the nature of research title investigated that decides the design so far. As the study tried to investigate the psychosocial experiences of orphan children, phenomenological study always takes the lead in such circumstances. This is mainly because phenomenology aimed at theoretical point of view that advocates the study of direct experience taken at face value; and one which sees behavior as determined by the phenomena of experiences rather than by external objective and physically described realities. The present study used descriptive (eidetic) phenomenology because the essential characteristic of descriptive phenomenology is that it focuses on the descriptions of participants' individual experiences (Creswell, 2007).

### **Participants**

The participants of the present study were 16 orphan children whose age ranged between 12 and 17 years old. Because children at the age mentioned are always able to express themselves and share their orphan hood experiences without any difficulties. Based on the data obtained from Gambella's People Regional State Women and Children's Affairs Bureau, the first Growth and Transformational Plan (GTP-1) of the FDRE study conducted in all twelve districts, one special district and one town and city administration of Gambella in 2013 estimated 22,596 orphan children in Gambella. To the contrary, the woreda's Women and Children Affairs Bureau do not have data regarding the number of orphans in Gog Woreda. Sample size was determined by reaching data saturation and individual interview and focus group discussion (FGD) were held with 16 orphan children which composed of both sex, single or double orphans, maternal or paternal orphans.

The approach to recruit participants for phenomenological study follows from the theoretical account of the epistemology of phenomenological analysis (Frost, 2011). This means that participants were selected purposively because involving all orphan children as it is defined and age given in the definition determines who is an orphaned child may divert the rationales which this study promised to present at the end of the day.

### **Instruments**

Semi-structured, one-on-one interview have been used most often as they are particularly useful for phenomenological studies describing how participants are making sense of experiences. Therefore, qualitative data collection tools were applied in the present study. Semi-structured interview and focused group discussion were employed with orphan children. Mainly because phenomenological study requires data collection methods that invite participants to offer rich, detailed, first-person accounts of experience. Semi-structured interview was used to collect data on the perception of orphan children about their own emotional experiences, interpersonal experiences, self-esteem, coping strategies, psychosocial support and psychosocial needs, their perception about the individual, community, and government or non-governmental organizations' responses to orphans' crisis in the town. Focus group discussion was used to obtain data on psychosocial; especially about commonalities and peculiarities and more about psychosocial support, social needs, stakeholders' responses and both adaptive and maladaptive coping mechanisms of orphans. Where questions on topic asked during interviews were presented again to back the data gathered through individual interview and maintain the rigor of the findings.

### **Procedures**

Qualitative approach of data analysis was the means to analyze the data gathered. In this study analysis process passed through five phases which are:

1. Bracketing units and phenomenological reduction: which refer to the bracketing of the researcher's personal views or preconceptions'

2. Delineating units of meaning: I was required to make a substantial amount of judgment calls while consciously bracketing my own preconceptions in order to avoid inappropriate subjective judgments. The lists of units of relevant meaning were extracted from each interview carefully and considerably and clearly redundant units were eliminated. To do this I scrutinized the literal content, the significance of time a meaning was mentioned and how it was stated.
3. Clustering of units of meaning to form themes: this was done by exhaustively examining the list of units of meaning and I had tried to draw out the essence of meanings of units within the holistic context. Hycner (1999) in Groenewald (2014) contend that this grasp attention for even more judgment and skill on the side of the researcher. Cluster of themes were normally made by sorting units of meaning together (Creswell, 1998; king, 1994; Moustakas, 1994 in Groenewald, 2014).
4. Summarizing each interview, validating it and where necessary modifying it: I conducted a confirmability check by returning to the informants to determine if essence of the interview has been correctly grasped. Any modification was done as a consequence of confirmability of the interviews data.
5. Extracting general and unique themes from all the interviews and making a composite summary: after all, I looked for the themes common to most or all of the interviews as well as the individual variations. Care was taken not to cluster common themes if considerable difference is seen. Finally, I concluded the analysis by writing a composite summary, which reflected the context from which the themes emerged.

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

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

Regarding their age, most (14 of 16) of the research participants were aged between 12 and 15, while only two orphan children were aged between 16 and 17.

### ***Findings and Discussion***

This part presents the discussion of the major findings of the study and tries to compare the psychosocial experiences of orphan children in Pinyudo town with the previous findings. Latest search of the body of published scientific work reveal less additional research on the psychosocial experiences of orphan children in Ethiopia and Gambella regional state in particular.

#### ***Psychosocial Experiences of Orphan Children***

One of the objectives of the present study was to investigate the emotional experiences. Fewer disparities were observed across gender regarding psychosocial experiences of orphan children who took part in this study. However, some differences were perceived with regard to when parent (s) passed away, the recent the parent (s) has died, the more an individual orphan child remember those bad moments of strong emotional feeling of sadness, grieves, sorrows, mourning and despondencies. Across ages, differences were seen with regard to interpersonal experiences and self-esteem among 12 years old participants. Younger orphans experience more interpersonal challenges and lower self-esteem than their older orphans. Female orphans were found to differ in self-esteem than male orphans. According to this finding it possible to conclude that female orphan has low self-esteem than male orphan.

The psychosocial experiences present real daily life experiences to orphan children who participated in this study. Studies conducted in the area of psychosocial experiences of orphan children around the globe

presents consistent findings to this study that orphan children endures psychological and social challenges as a result of orphan hood. For instance, Gray, (2015) & Belay (2007) reported that, grief and anxiety of orphan children during and following the death of their parents as worsened by feelings that they are exploited and stigmatized and discriminated against. This in turn interferes with daily living tasks that lead to social and personal adjustment difficulty. Perception of participants of their psychosocial experiences with special attention to their emotional experiences, interpersonal experience, and self-esteem composes of unfavorable experiences.

When children lose one or both parents due to any cause, they experience multiple psychosocial problems like grief, hopelessness, depression, anxiety, stigmatization, physical and mental violence, labor, abuse, lack of community support, lack of parental love, withdrawal from society as a whole, feeling of guilt, depression, aggression, as well as eating and sleeping and learning disturbance. Sampathkumar, et al. (2015) substantiated that condition is more worsened when an orphan child is separated from parents, deprived of parental care, love, affection, warmth, security, acceptance and discipline during childhood and this disrupt orphans educational development resulting in adjustment problems.

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

Orphan children endure worst mistreatment at home by their primary caretakers and some by the surviving parents. As the findings of the present study indicate orphan children continue persistent grieving, and overthinking after death of their parents due to lack of intervention of its kind. Orphan children's strong feeling of sadness is fueled by lack of New Year clothes, neglect and physical abuses and lack of someone to support oneself was found to triggers their worse emotional feelings.

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

#### **The Emotional Experiences of Orphan Children**

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

#### ***The Interpersonal Experiences of Orphan Children***

Researches previously conducted have similarly shows that orphan children are not only traumatized by the loss of parents (E.g. UNICEF & USIADs, 2006; Chamwi, 2014) but they may also lack the necessary parental guidance through crucial life stages of identity formation and socialization into adulthood. This manifests the essentiality of parental guidance that often eases comprehensive development of a child. Difficulty among orphan children making interpersonal relationship remains unless intensified psychological and social services are provided.

According to Dalen et al. (2009) lack of caring adults or significant others led to incomplete socialization for the orphan children in sibling-headed household. Obtaining psychological, social and cultural competences required for orphan children's new way of life had been seriously limited (Ibid). The findings of the present study suggest that poor interpersonal relationship at home with surviving parent or primary caretaker is a matter of lack of understanding the situation of some orphan children. Teresa (2012) makes it clear that a parent plays an important parenting role in shaping a child in terms of interpersonal skills.

Wild back in 2001 suggested that the effective social support from friends and adults outside the family of the child, for instance teachers and church leaders, seem to be important moderators for the adjustment of children to the death of their parents (p.7). This is consistent to the findings regarding orphan children's coping strategies that put forward the role of church leaders and elderly people in traditional advisement of some orphan children. Orphan hood being the leading precipitating factor for poor interpersonal relationship among orphans; Dalen, et al. (2009) make it clear that lack of caring adults or significant others led to incomplete socialization for the orphan children. Orphan children encounter social problems from the communities where they naturally belong. It was found that non-orphans' parents develop unfitting attitude toward getting their children along with orphan children. Orphan children are ridiculed by their peers in the community and at their respective schools for wearing frayed clothes. Lack of social protection, parental care, love and affection are among other experiences. This is consistent with research undertaken by Todres (2007) which state that when children lose their parents, they lose what is usually their greatest source of protection. As a result, orphans are typically more susceptible to human violation than children whose parents are alive.

### ***The Perceived Self-esteem of Orphan Children***

Self-esteem of orphan children was found to be very low. Orphan children have deleterious values and respect for themselves due to orphan hood. All participants confirmed that "no way an orphaned child can maintain his/her self-esteem" with exception of one participant who own small retail shop and expressed himself to have maintained his self-esteem after the death of his parents.

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

### ***The major Coping strategies of orphan children***

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

#### **Adaptive coping mechanisms which includes:**

- Resilience
- Getting along with friends and playing with them
- Staying in the churches' compounds

- Encouraging oneself
- Receiving advisement from elderly people in the neighborhood
- Personal prayer and prayer from church leaders
- Involvement in small business to fulfill one's needs and wants

**Maladaptive coping mechanisms include:**

- Isolating oneself from others
- Overthinking
- Crying

**Perception of Orphan Children towards Services Rendered**

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

Resources are limited, communities are being overwhelmed and realization of the international development goals is being threatened (Subbarao, et al. 2001). Yet the levels of public actions are unclear, due to limited knowledge of the magnitude of the problem and lack of clarity on the effectiveness of interventions. Indeed psychosocial support for orphan children is characterized by no attention from the local community and the international humanitarian organizations. Kayambo, et al. (2005) death of parents affects children socially and psychologically regardless of causes and has a great impact on the life of orphans in daily life and psychosocial support for orphans always aims at long feeling of security and hope and eventually attempting to meet nearly all essential components of psychosocial support and these in turn help strengthening orphans' personal coping capacities, hope, security, trust and reinforcing support from family members and friends.

Kayambo, et al. (2005) recommended that sport, poetic, theatre, setting income generating activities, providing spiritual, emotional and psychological support are at the center of psychosocial support for orphan children more obviously. In this regard a number of orphan children are found to pass leisure time going to churches' compound to avoid insults and mistreatment at home and as coping strategies. Encouraging oneself, advice from elderly people, prayer, encouragement and advisement from church leaders were services given and used by orphan children to cope with orphan hood challenges. In relation to psychosocial needs, orphan children requires provision of all necessary support needed to keeps them integrated and function in their communities. Veening (2015) contends that the effect of orphan hood on psychological distress depends on the social needs. Social needs are important for integration of orphan children into community without feeling stigmatized or different; to develop sense of belonging, form friendship and community ties, acceptance, identity, acknowledgement from peers and opportunity for social interaction (Kayambo, et al. 2005). Orphan children's problems lack societies' attention and action that would help this group of children to see the future they seek in their own communities. Dalen, Nakitende & Musisi (2009) in their research on situation of double orphans heading households in Uganda reported that orphan children's limited contact with their relatives seem to be painful and least understandable; the orphan children were found saying that adult did not seem to understand the problems children face every day.



### ***Limitations of the Study***

This study carried out interviews and FGD with sixteen (16) participants only and excludes many other orphan children who should have let their experiences be heard. The study has covered four Kebeles (the lowest political tier in Ethiopia) only due to security issues and time frame of the study which in turn denied access to orphan children in the periphery who are by far should have been involved too to let their experiences be heard. Since the findings of a qualitative research are specific to a small number of particular environment and individuals, it is not possible to demonstrate that the findings and conclusions of the present study are generalizable to other situations and population

### ***Conclusion***

The major objective of this study was to explore the psychosocial experiences of orphan children. This study has generated a number of findings, some of the core findings are:

- Orphan children faces psychosocial challenges
- Orphan children experiences sorrows, isolations, despondencies, mourning and grievances and overthinking during and after death of parent (s).
- Many orphan children experience poor interpersonal relationship with primary caretakers and peers in the neighborhood and schools
- Majority of the orphans have grown low self-esteem.
- Orphan children's perceived psychosocial support was found to be lacking in the area
- Social needs embrace social protection, care and fulfillment of orphans' prioritized demands.
- Stakeholders' response was found to be lacking for orphan children in the research site
- Orphans were found to be using adaptive and maladaptive strategies to cope up with orphan hood challenges.

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

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

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

### ***References***

- Abashula, G, Jibat, N &Ayele, T. (2014). The Situation of Orphans and Vulnerable Children In Selected Woredas and Town in Jmma Zone. *International Journal of Sociology and Anthropology*. 6(9), 246-256.
- Abebe, T &Aase, A. (2007). Children, AIDS and the politics of orphan care in Ethiopia: The extended family revisited. *Social Science & Medicine* 64: 2058-69.

- Beatrice M. M, Micah C. C, Teresa C. K. (2012). Orphan hood Effect on Primary School Pupils' Interpersonal Relationships in Kenya. *Problems of Education in the 21st Century*. Vol.42, 2012/40.
- Beegle, K, Weerdt, J, &Dercon, S. (2007). Orphan hood and the Long –run Impact on Children. *JEL-Codes: 015, 110, 120, 131*.
- Belay, H. (2007). Abuse and Neglect: The Experiences of Orphaned and Vulnerable Children in Addis Ababa. *Proceeding of the 6th National Conference organized by the Ethiopian psychologists' Association*.
- Bhargava, A. (2005). AIDS epidemic and the psychological well-being and school participation of Ethiopian orphans. *Psychol Health Med*. 2005; 10(3):263–75.
- Chernet, T. (2001). *Over for of Service for Orphans and Vulnerable Children in Ethiopia*. Addis Ababa
- Dalen, N, Nakitende, A, &Musisi, S. (2009). “They don’t care What Happen to us.” The Situation of Double Orphans Heading Households in Rakai District, Uganda. *PUBMC public Health* 2009, 9:321
- Foster, G., Makufa, C, Draw, R, Masumba, S, &Kamben, S. (1997). Perception of Children and Community Members Concerning the Circumstances of Orphans in Rural Zimbabwe. *AIDS Care*, 9(4), 391-405.
- Frost, N. (2011). *Qualitative Research in Psychology: Combining Core Approaches*. Open Press McGraw-Hill Education, shopperhangers Road Maidenhead Berkshire. England SL62QL.
- Gray, C, L. (2015). Prevalence and Incidence of Traumatic Experience among Orphans in Institutional and Family-based Settings in 5 Low-and Middle Income Countries: A Longitudinal study. *Global Health Science and Practice*. Open Access.
- Groenewald, T. (2004). A phenomenological research design illustrated. *International Journal of Qualitative Methods*, 3(1).Article 4 Retrieved from [http://www.ualberta.ca/~iiqm/backissues/3\\_1/pdf/groenewald.pdf](http://www.ualberta.ca/~iiqm/backissues/3_1/pdf/groenewald.pdf)
- Gumede, P, R. (2009). *The Psychosocial Well-being of Teenaged Orphans in a Rural Community, Kwazulu-Natal*. Unpublished Dissertation at the University of South Africa.
- Janice, N, Edwards, C, P, Zhao, W, &Gelabert, J. (2007). *Nurturing Care for China’s Orphan children. Beyond the Journal*.
- Kangethe, S, M &Makuyana, A. (2014). *Orphans and Vulnerable Children (OVC) Care Institutions: Exploring their Possible Damage to Children in a few Countries of the Developing World*. University of Fort Hare, Department of Social work and Social Development, Private Bag X1314, ALICE.5700, South Africa. *J SOC SCI*, 38(2): 117-124(2014).
- Kayombo, E. J, Mbwambo, Z. H, Massila, M. (2005). Role of Traditional Healers in Psychosocial Support in Caring for the Orphans a Case of Dar –es-Salaam, Tanzania. *Journal of Ethnobiology and Ethnomedicine* 1(3), 1-7. Doi: 10.1186/1746-4269-1.
- Mayoh, J &Onwuegbuzie, A. J. (2015). Toward conceptualization of Mixed Methods Phenomenological Research. *Journal of Mixed Methods Research*. 2015, vol.9 (91-107).
- Mshengu, N. P. (2014). *Investigation on how orphan children Learned Experience Psychosocial Suport in Two High School in Eskhaleni Township*. Unpublished MA Thesis in the Department of Social Work in the Faculty of Arts at the University of Zululand
- Musisi, S, Kinyanda, E, Nakasujja, N &Nakigudde, J. (2007). A comparison of the behavioral and emotional disorders of Primary School-going Orphans and Non-Orphans in Uganda. *African Health Science*, 7 No.4.
- Nyamukapa, C, Foster, G &Gregson, S. (2010). Orphan’s Household Circumstances and Access to Education in a Maturing HIV Epidemic in Eastern Zimbabwe. Vol 18 No.2 july2003. *Journal of Social Development in Africa*. [http://digital. Lib.msu.edu/project/Africanjournal/](http://digital.Lib.msu.edu/project/Africanjournal/).
- Sampathkumar, Ravikumar, M, Manjunatha, p &Surma, S. (2015). Psychosocial adjustment among Orphan children living with HIV/AIDS. *The international Journal of Indian Psychology*. Volume3, issue 1, No.10, DIP: C0316V3112015.

- Sampathkumar, Ravikumar, M, Manjunatha, p &Surma, S. (2015). Psychosocial adjustment among Orphan children living with HIV/AIDS. *The international Journal of Indian Psychology.* Volume3, issue 1, No.10, DIP: C0316V3112015.
- Schaal, S, Jacob, N, Dusingizemungu, J. p, Elbert, T. (2010). Rates and Risks for Prolonged Grief Disorder in a sample of Orphaned and Widowed Genocide Survivors. *BMC psychiatry* 2010, 10-55. <http://www.biomedcentral.com/1471-244>.
- Sengendo, J &Nambi, J. (1997). The psychological Effects of Orphan hood: a Study of Orphans in Rakai District. Faculty of Social Science, Makerere University, Kampala: Health Transition Review, Supplement to, 7, 1997, 105-124. [PubMed: 10169639]
- SG, P.K., Kumar, A.R., Rmagopal, S.P., Sriniva, v, &Dandona, R. (2016). A comparative Assessment of Generalized Anxiety, Conduct and Peer Relationship Problems among AIDS and other Orphan children in India. *BMC. Psychiatry* (2016)16:330. DOI 10.1186/512888-016-1042-2.
- Stefan, E.G. (2005). An Exploratory Study of Quality of Life and Coping Strategies of Orphans Living in Child Headed Household in the High HIV/AIDS Prevalent City of Bulawayo, Zimbabwe. A Doctoral Dissertation, University of South Africa.
- Subbarao,K, Mattimore, A, &Plangmann, K. (2001). Social Protection of Africa's Orphans and Vulnerable Children in Tanzania, ISSUES AND Good Practices Region the World Development. Africa Region Human Development Working Papers Series 2001.<http://www.worldbank.org/children/Africa%20orphans.pdf>.
- Tadesse, S, Dereje, F, & Belay, M. (2014). Psychosocial wellbeing of orphan and vulnerable children at orphanages in Gondar Town, North West Ethiopia. *Journal of Public Health and Epidemiology*, 6(10), 293-301.
- TenaganeAlemu. (2006). Practice of Inter-Country Adoption in Ethiopia. Unpublished MA Thesis, College of Education and behavioral studies, Addis Ababa University.
- Thielman, N., Ostermann, J., Whetten. K., Whetten, R., O'Donnell K, et al. (2012). Correlates of Poor Health among Orphans and Abandoned Children in Less Wealthy Countries: The Importance of Caregiver Health. *PLoS ONE* 7(6): e38109. doi:10.1371/journal.pone.0038109.
- Thurman, T.R., Snider, L.A., Boris, N.W., Kalisa, E., Nyirazinyoye & Brown, L (2008). Barriers to the community support of orphans and vulnerable youth in Rwanda. *Social Science & Medicine* 66: 1557-67.
- Todres, J. (2007). Rights Relationships and the Experience of Children Orphaned by AIDS. University of California, Davis, School of Law. Vol.41, No.2, Dec, 2007.
- UNICEF, USIADs, USAID. (2004). Children on the Brink 2004: A Joint Report of New Orphan
- Veening, S. J. (2015). The Lived Psycho-Educational Experiences of Orphan children living with their Extended Family Members in Soweto, South Africa. Utrecht University
- UNICEF. (2006). Africa's Orphaned and Vulnerable Generations: Children affected by AIDS. New York, 2006.
- UNICEF. (2012). the state of the world's children: Urbanization. Geneva, Switzerland: UNICEF; 2012
- Veening, S. J. (2015). The Lived Psycho-Educational Experiences of Orphan children living with their Extended Family Members in Soweto, South Africa. Utrecht University
- Wild, L. (2001). The psychosocial adjustment of children orphaned by AIDS. *Southern African J Child AdolescMent Health.* 2001; 13(1):3-22.