

UNIVERSITY OF EDUCATION, WINNEBA

**COUNSELLING NEEDS OF ORPHANS IN BETHEL ORPHANAGE IN
GOMOA CENTRAL DISTRICT**

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GOMOA CENTRAL DISTRICT**



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Faculty of Educational Studies, submitted to the School of
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DECLARATION

Student's Declaration

I, Joyce Turkson, declare that this dissertation, with the exception of quotations and references contained in published works which have all been identified and duly acknowledged, is entirely my own original work, and it has not been submitted, either in part or whole, for another degree elsewhere.

Signature:

Date:

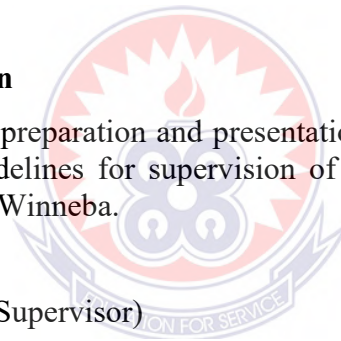
Supervisor's Declaration

I hereby declare that the preparation and presentation of this work was supervised in accordance with the guidelines for supervision of dissertation as laid down by the University of Education, Winneba.

Dr. Paul Kobina Effrim (Supervisor)

Signature:

Date:



DEDICATION

To my dearest uncle, Nana Kobina Donkoh for his support and encouragements.



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My profound gratitude goes to my supervisor Dr. Paul Kobina Effrim for the corrections, guidance and sacrifices he made to the success of this work, thank you for accommodating me even in your busy schedules.

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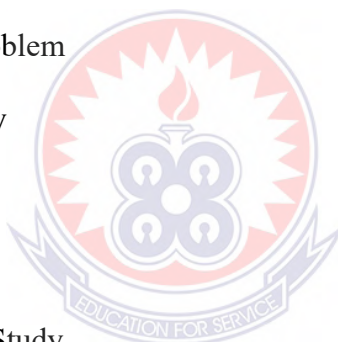
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TABLE OF CONTENTS

Content	Page
DECLARATION	iii
DEDICATION	iv
ACKNOWLEDGEMENTS	v
TABLE OF CONTENTS	vi
ABSTRACT	ix
CHAPTER ONE: INTRODUCTION	1
1.1 Background to the Study	1
1.2 Theoretical Framework	4
1.3 Statement of the Problem	7
1.4 Purpose of the Study	10
1.5 Research Objectives	10
1.6 Research Questions	11
1.7 Significance of the Study	11
1.8 Delimitations	12
1.9 Definition of Terms	12
1.10 Organization of the Study	13
CHAPTER TWO: LITERATURE REVIEW	14
2.0 Introduction	14
2.1 The Concept of Orphan Children	35
2.2 The Concept of Oophanage	14
2.3 The Concept of Social Support Services for Orphan Children	56
2.4 The Concept of Psychological Experiences of Orphan Children	60

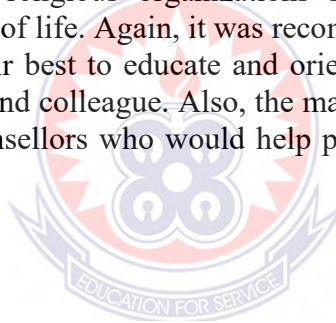


2.5	Coping Strategies and Orphan Children’s Psychological Experiences	63
2.6	Counselling Needs of Orphan Children	67
2.7	Summary of Reviewed Literature	69
CHAPTER THREE: RESEARCH METHODOLOGY		71
3.0	Introduction	71
3.1	Research Paradigm	71
3.2	Research Approach	72
3.3	Research Design	73
3.4	Study Area	74
3.4	Population of the Study	75
3.6	Sample and Sampling Technique	75
3.7	Data Collection Instrument	76
3.8	Trustworthiness of the Data Collection Instrument	78
3.9	Data Collection Procedures	81
3.10	Data Analysis	82
3.11	Limitations	83
3.12	Ethical Considerations	83
CHAPTER FOUR: RESULTS		86
4.0	Introduction	86
4.1	Social Supports Services received by Orphan Children in Bethel Orphanage in Gomoa Central District	87
4.2	Psychological Experiences of Orphan Children in Bethel Orphanage in Gomoa Central District	91

4.3	Coping Strategies used by Orphan Children in Bethel Orphanage for their Psychological Experiences	95
4.4	Counselling Needs of Orphan Children in Bethel Orphanage in Gomoa Central District	98
CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS		101
5.0	Introduction	101
5.1	Summary	101
5.2	Conclusions	102
5.3	Recommendations	103
5.4	Suggestions for Further Studies	104
REFERENCES		105
APPENDICES		122
APPENDIX A:	Interview Guide for Orphan Children	122
APPENDIX B:	Interview Guide for Caregivers (Workers)	124
APPENDIX C:	Introductory Letter	126

ABSTRACT

The study explored counselling needs of orphan children in Bethel orphanage in Gomoa Central district, Ghana. Phenomenological design within qualitative approach was adopted. Purposive sampling technique was used to select 15 (10) orphan children and five (5) workers to constitute the sample for the study. Semi-structured interview was the main instruments that was used to gather the data. The collected data was analysed thematically. It was found that orphan children received social supports such as food, clothing, Covid-19 personal protective equipment and encouragement among others. Also, sadness and rejection among peers were the psychological experiences of orphan children. Further, assistance in the form of food, clothing and pieces of advice orphan children received from friends, individuals in the community and religious groups helped orphan children to cope with their psychological experiences. More so, orphan children had counselling needs such as someone to talk to, show orphan children care and love as well as to listen to their problems. It was concluded that these children were assisted by some individuals and organisations. Besides, they often went through sad moment and rejection from their peers. Again, they received encouragement from their peers, teachers and elderly people as a way of coping. Also, these children had counselling needs, but did not get professional counsellors to help them meet these needs. It was recommended that individuals, groups and religious organizations should frequently supply orphan children with basic needs of life. Again, it was recommended that, teachers and school authorities should do their best to educate and orient students on the need to accept these orphans as friends and colleague. Also, the manager of Bethel orphanage should employ professional counsellors who would help provide counselling needs to these orphan children.



CHAPTER ONE

INTRODUCTION

1.1 Overview

This section of the study presents the background to the study, theoretical framework statement of the problem, purpose of the study, objectives of the study, research questions. It proceeds with the significances of the study and delimitations definition of terms of the research as well as the organization of the entire work.

1.2 Background to the Study

Children are considered the most important members in any country. Whenever “future”-which is probably the most concerned issue for every nation or group of people-is mentioned, children come to mind. This has made it very necessary for every country to focus on the well-being of children. Government and stakeholders are expected to create a good environment for children to develop well, so that they enjoy their childhood. Boyden and Mann (2015) have indicated that when children are exposed to risk, resilience and extreme situations, it affects their adult life. Attention for children due to the above has therefore increased internationally.

With increasing prevalence of HIV/AIDS, children are at a risk globally since it is likely to take away their primary care givers and make them orphans. It is reported that Sub-Saharan Africa has the highest number of orphans due to HIV/AIDS and other contributing factors such as war and migration (UNICEF, 2015). In addition, many children have become vulnerable as a result of indisposition of parents, socio-economic deprivation, child trafficking, child labour, conflicts, disabilities and other various forms of child abuse further increasing their vulnerability (Aryeetey, Afranie, Andoh, Doh & Antwi-Bosiakoh, 2012).

According to the Children's Act 560 (1998) of Ghana, a child is a person below the age of eighteen (18) years. The definition of orphans varies from one country or region to another. UNAIDS defines orphans as children who have been affected by adult morbidity and mortality (Aryeetey, 2011). The Demographic Health Survey (as cited in Aryeetey, Afranie, Andoh, Doh, Antwi-Bosiakoh, Amponsah-Nketia & Dako-Gyeke, 2011) also defines an orphan as a child who has lost one or both parents. The Children's Act 560 classifies a child as vulnerable if the child is exposed to physical, emotional and psychological danger due to activities from his/her environment.

According to Afranie (2017), children have to depend on the older people because at this stage, they are not capable of making sound judgements and hence cannot be held responsible for their actions. Skinner, Tsheko, Mtero-Munyati, Segwabe, Chibatamoto, Mfecane and Chitiyo (2016) are of the view that the causes of child vulnerability are complex, but centres around three areas which are; material problems like, inadequate access to food, clothing, money, shelter, education and health care; emotional problems such as inadequate love, care, support and showing of affection; and social problems including lack of a supportive peer group, risk in the immediate environment and lack of a role model.

Orphans are considered the most vulnerable in a devastating way such that, after experiencing the sickness and death of their parents, there is a high possibility of them being poor and less healthy than their colleagues who are not orphans. The experience of witnessing the sickness and the death of their parents can likely affect their cognitive and emotional development. The possibility of them being educated is also less and they are more likely to be subjects of worst forms of child labour (UNICEF, 2015).

However, the family, which is supposed to take care of these orphans, in some circumstances contribute to the vulnerability of these orphans by taking their inheritance and at times abuse their social support grants (Skinner et al., 2016). Therefore, the term Orphaned and Vulnerable Children (OVC) has been broadened to include children who have no or restricted access to their basic needs (Skinner et al., 2016).

Africa, from the pre-colonial era, has always responded to caring for orphaned and vulnerable children through kin or extended family (Frimpong-Manso, 2014). Formal systems to deal with OVC, such as orphanages and government-sponsored foster care emerged in 1941 with the establishment of the Osu Children's Home (Frimpong-Manso, 2014). Extreme reliance on orphanages as systems for caring for orphans became common more recently around 1998 (Apt, Blavo & Wilson, 1998; Dozier, Zeanah, Wallin & Shauffer, 2012).

In 2010, Ghana had about 1.1 million children who were orphans (UNICEF, 2011). These orphans are children who have lost one or both parents. The number of orphans is expected to keep growing due to the unending cases in HIV/AIDS and economic instability (UNICEF, 2015). Orphans in Ghana are largely supported and cared for by their extended families and the community at large. It should be noted that there are other vulnerable groups of children in Ghana. These include children involved in child labour, trafficked children, those on the streets known as street children, children with disabilities among others. Ghana has a poor record of persons with disabilities, but according to Aryeetey et al. (2012), an estimate of 10 percent of the Ghanaian population has one disability or the other. About half of this percentage

comprises children who may be subject to social exclusion, inadequate care and neglected by their families (Aryeetey et al., 2012).

In Ghana, Voyk (2011) investigated orphan vulnerability, Non-Governmental Organisations (NGOs) and HIV/AIDS. The study found that institutionalised care and high rates of HIV/AIDS increased hardships and vulnerabilities for orphans even as funding agencies and NGOs continue to channel resources to orphanages in the country. But, the current study focused on counselling needs of orphan children as compared to orphan vulnerability, NGOs and HIV/AIDS in Ghana. Also, his study was carried out among orphans who were not staying in the orphanage home. Further, while the current study used orphan children between the ages of 13-18 years, orphan in Voyk's study were between 10-18 years. It was upon this foundation that the study sought to explore the counselling needs of orphan children in Bethel Orphanage in Gomoa Central District, Ghana.

1.3 Theoretical Framework

The study adopted psychodynamic theory (Erikson, 1963) and attachment theory (Bowlby, 1969).

1.2.1 Psychodynamic theory

Erik Erikson developed eight stages of human development across the life span. They are: (1) Trust verses mistrust; (2) autonomy verses shame/doubt; (3) initiative verses guilt; (4) industry verses inferiority; (5) identity verses role confusion; (6) intimacy verses isolation; (7) generativity verses stagnation and (8) integrity verses despair. Erik Erikson's psychodynamic theory aimed at establishing connections between various stages of human development and the relationship between the individual and society. He maintained 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) postulated 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)” (p. 274). Tchombe (2011) further agreed with Erikson where he argues that managing the crisis effectively at each stage of development is key to socialising children in most African cultures, however, as Pillay (2014b) rightly argued, 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 study, it is not the researcher's intention to discuss all Erikson's developmental stages, but to focus on the childhood stage of 12-18 years of age, and the psychosocial crisis of 'identify versus role confusion. This stage was selected because this study focused on basic school children, majority of whom are within this age bracket. Tchombe (2011) argued 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 recognise 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 can be different for orphan children 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 ends 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 orphan children counselling services on their social relationships is critical to enhancing their self-esteem and to developing an understanding regarding how to relate well with others in society. In this sense, counselling services can therefore be provided by workers to orphan children in Bethel orphanage in the Gomoa Central district, Central Region, Ghana.

1.3.2 Attachment theory

Attachment theory is a psychological model that discusses the dynamics of interpersonal relationships between parents and their offspring. Looking at the bases of attachment theory, it was only formulated based on certain specific part of the human relationship (Duschinsky, 2013). The theory focuses on how individuals respond within relationships when hurt, separated from loved ones, or perceiving a threat.

Attachment theory was propounded by John Bowlby in 1969. The attachment theory stated that infants have a tendency of developing mutual and reciprocal relationships with constant and favourable caregivers. This means that an infant gets attached to the immediate caregiver which was named "mother love". Bowlby (1969) argued that the separation of a child from the mother creates discomfort as the child loses that care. Bowlby (1969) believed that the tendency for primate infants to develop attachments

to familiar caregivers was the result of evolutionary pressures since attachment behaviour would facilitate the infant's survival in the face of dangers such as predation or exposure to the elements.

In discussing the attachment theory, one of the most important aspects of the theory is that an infant would have an attachment with the caregiver. There is a need for the child to develop a relationship with at least one primary caregiver. According to Bowlby (1969), any caregiver is equally likely to become the principal attachment figure if they provide most of the child care and related social interaction (Holmes, 1993).

According to Bowlby (1969), the child feels threatened the moment he/she get detached from the mother. In spite of the comfort received from other people, he/she will feel threatened. For instance, a baby would continue to cry when the mother is not around. Not even the cuddle of the father can stop him/her from crying. This scenario denotes the strong attachment between a child and the mother.

Juxtaposing this discussion with the present study, the attachment theory would provide an inkling (a hint) that, orphans children in Bethel orphanage may be faced with certain challenges as they stay in the community. The theory provided the indication that a child does not feel good when he/she leaves the parents. Since the current study is aimed at exploring counselling needs of orphan children in Bethel orphanage in Gomoa Central district, Ghana.

1.4 Statement of the Problem

Orphan children have unique needs in order to have a healthy development and learning experience in school. A child without parents loses their support structure which can hinder their learning. Even in the common situation of extended family

members taking in orphans, there is not enough time, attention, and resources to be divided between their children and the orphans, again isolating orphans. Teachers are in the position to be a strong supporter for orphans and can help them to overcome their emotional struggles due to the traumas they have been through (Ogina, 2010).

Also, orphan children achieve a much lower level of education than other children and feel a need to focus more so on day to day survival than education. The need to work, lack of financial resources, need to care for younger siblings and stigmatisation from teachers and students are all reasons that orphaned children do not attend school (Heard, Kelly & Smart, n.d.). Orphan children who are the head of their family as a result of losing their parents struggle in cognitive development.

These children can be described as resourceful, responsible and moral, but the amount of stress placed on them to now be the provider is too much. Often times, they struggle to appropriately respond to stress and conflict and need to develop their coping mechanisms. Education is sacrificed as making money becomes a greater priority. Other detrimental effects include a loss of a sense of security and neglected emotional and material needs. The negative impact that orphanhood has on children can inhibit their social and cognitive development if the proper care and resources are not provided to them (Ganga & Maphalala, 2013).

Anecdotal evidence from Bethel orphanage home revealed that orphan children are wide-open to dangers. This supports what other researches (Kristiansen, 2009; Voyk, 2011) found. Kristiansen (2009) and Voyk (2011) found that orphan children are exposed to dangers such as sexual abuse, emotional abuse, physical abuse and exploitation. These exposures can interfere negatively with their growing up and later

in their adult life. As Boyden and Mann (2015) have noted that though children would grow tough in the face of hardship and some challenges, it is still unsafe to expose them to these hardships since the toughness may affect their relationship in their adult life or may result in depression. It is upon this basis that this study seeks to explore counselling needs of orphans in Bethel orphanage, Gomoa Central district, Ghana.

The research is nascent and, in some cases, an overly simplistic approach has been taken in which simple correlations are made between orphanhood and enrolment. However, it is obvious that parental death is not the only factor which affects how well a child does at school. Research also needs to include the multitude of intervening factors: counselling needs, psychosocial experiences, poverty; family size; family educational background; and supply side factors. Children's physical and psycho-social health, especially in the context of orphan children, also needs to be considered when investigating the counselling needs of orphan children.

Orphans are different from other vulnerable children in that they have lost a parent. They are grieving. Grieving is a process, and some children never stop grieving. If they are not helped to overcome this grief, it can become psychologically disabling and they are unlikely to become fully functioning members of society and the economy. For this reason, orphaned children need psychosocial help, especially in cultures where adults do not talk to children about death and where children are discouraged from self-expression. The above suggestion attest to the fact that orphans need to be assisted on their counselling needs. With the fact being established that the idea of counselling is a budding one most importantly in our part of the world (Ganga & Maphalala, 2013) there is the need to meet the counselling needs of these orphan children. This is because there is evidence that children whose parents have

died are at a disadvantage educationally, yet it is not known how much of this disadvantage took place before the parent died as well as the counselling need of these children. Various studies have been conducted similar to the one under investigation. For example, De-Bruin (2010), Fedha (2017), Mildred (2017), Johnson and James (2016), Sanfilippo, de Neubourg and Martorano (2012), Nzioki (2014) and Magampa (2014). However, these studies failed to focus on counselling needs of orphan children. Besides, their studies were conducted outside the orphanage home. Again, children used in their studies were beyond 10 years. Furthermore, while their studies focused on orphan and vulnerable children, the current study considered only orphan children. It seems there is a dearth of data on counselling needs of orphan children. It was upon this bedrock that the study sought to explore the counselling needs of orphan children in Bethel orphanage in Gomoa Central district, Ghana.

1.5 Purpose of the Study

The purpose of the study was to investigate the counselling needs of orphan children in Bethel orphanage in Gomoa Central district, Ghana in order to help them achieve the purpose for which they were sent to the Bethel orphanage.

1.6 Research Objectives

Objectives guiding the study were to:

1. Identify social supports received by orphan children in Bethel orphanage in Gomoa Central district.
2. Identify experiences of orphan children in Bethel orphanage in Gomoa Central district.
3. Identify how orphan children cope with their psychological experiences Bethel orphanage in Gomoa Central district.

4. Investigate the counselling needs of orphan children in Bethel orphanage in Gomoa Central district.

1.7 Research Questions

The following questions were formulated to guide the study:

1. What social supports are received by orphan children in Bethel orphanage in Gomoa Central district?
2. What are the experiences of orphan children in Bethel orphanage in Gomoa Central district?
3. How do orphan children cope with their experiences in Bethel orphanage in Gomoa Central district?
4. What counselling needs do orphan children in Bethel orphanage in Gomoa Central district?

1.8 Significance of the Study

- Findings of the research would enable the public, the Government and Non-Governmental Organizations to take concrete measures to help orphan children Gomoa Central district and the entire sub-region.
- Also, the results of this research would unearth counselling needs of orphan children among the Ghanaian populace and possible coping strategies they used.
- Findings of this study would also help Commission on Human Rights and Administrative Justice (CHRAJ), Domestic Violence and Victims Support Unit DOVVSU) of the Ghana Police Service, Social Welfare Department, FIDA, Action Aid International, Plan Ghana and World Vision International to

come out with strategies and framework to help orphan children in Ghana and the world at large.

Furthermore, findings of this study would serve as reference for other researchers who want to study the counselling needs of orphan children in similar district. Finally, findings of this study would also be useful for counselling centres to have deeper understanding of counselling needs of orphan children and plan guidance programmes in that effects.

1.9 Delimitations

The study was delimited to counselling needs of orphan children Bethel orphanage in Gomoa Central district, Ghana. Furthermore, orphan children within the age range 12-18 years were used. Again, the study was delimited to orphan children and workers (caregivers) of Bethel orphanage in Gomoa Central district, Ghana. Besides, phenomenological design was adopted. Again, interviews were used to gather data.

1.10 Definition of Terms

Children: A child, although primarily defined by age, is difficult to define. It is not an absolute state of development and also has cultural, legal and political dimensions. For the purpose of this study it refers to all those who are 18 years and below (UNICEF, 2005).

Orphan: An orphan is a child under 15 years of age who has lost his/her mother (maternal orphan) or both parents (double orphan) to AIDS. Thus, to a child who is bereft of at least one parent to death (UNAIDS, 2006).

Orphans and Vulnerable Children: These are children under 18 years and have either lost at least a parent or are living with HIV/AIDS-infected parents (UNAIDS, 2010).

Psychological Experience: These are the experiences children go through as a result of their surroundings. These experiences sometimes influence their physical and mental well-being and their ability to function optimally (UNICEF, 2006).

Vulnerable Children (VC): These are children who live in a household in which one person or more is ill, dying or deceased; children whose caregivers are too ill to continue to look after them; and children who live with very old or frail caregivers. In the present study the term is used to identify children who are living with HIV/AIDS-infected parent(s) or caregiver(s) (UNAIDS, 2006).

1.11 Organization of the Study

The study covers five chapters. Chapter One presents the introduction which discusses under the following subthemes: Background to the study, theoretical framework, statement of the problem, purpose of the study and research objectives. Moreover, it presents guiding questions, significance of the study, delimitations, limitations and definition of terms. Chapter Two presents the literature review of the study. Chapter Three deals with the research methodology adopted. It discusses the research paradigm, research approach, research design, study area, population, sample and sampling technique and data collection instrument. It further presents the trustworthiness of the data collection instrument, data collection procedures, data analysis and ethical considerations. Chapter Four presented results of the study. Chapter Five presents the summary, conclusions and recommendations and suggestions for further studies.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The chapter deals with the literature review of the study. Subheadings to be discussed are:

1. The concept of orphan children,
2. The concept of orphanage,
3. Social support services for orphan children,
4. Psychological experiences of orphan children,
5. Coping strategies by orphans to deal with their psychological experiences,
6. Counselling needs of Orphan Children,
7. Summary of reviewed literature

2.1 The Concept of Orphan Children

Orphanhood is difficult to define. It is not an absolute state of development and also has cultural, legal and political dimensions. Sherr et al. (2008) noted that the current situation is one fraught with a lack of clarity over definitions of orphanhood within the context of HIV/AIDS. The definition of an orphan varies in the literature, basically with regard to age and parental loss. Generally, an orphan is defined as a child who has experienced the death of both parents. The UNAIDS defined an orphan as a child under 15 years of age who has lost a mother or both parents (UNICEF/UNAIDS, 1999). Most researchers used the UNAIDS definition.

Others have increased the age to 18 years (Atwine et al., 2005; Cluver et al., 2006; Nyamukapa 2006). They argued that the UNAIDS use of 15 years was statistical and methodologically linked to the availability of primary data for that age categorisation

(0-15 years) in most Demographic and Health Surveys. They concluded that this statistical and methodological necessity or convenience should not limit observations that children still have unmet needs beyond 15 years and the fact that most countries have 18 years as the boundary for adulthood. It is also generally accepted among researchers that loss of a father would also place children at heightened vulnerability for psychological distress. Finding shows that paternal orphans (children who lost their fathers) are seriously affected than children who lost their mothers (Monk, 2000). Consequently, UNAIDS revised its definition, and now refer to any child age 18 and below whose mother or father had died as an orphan (UNICEF/UNAIDS, 2009). Several layers and classification systems for orphans have been identified as attempts to understand their situations (Bicego et al., 2003). These include the nature of their careers, namely, extended families, foster parents, child-headed household and institutional care (Nyambedha et al., 2003), between paternal, maternal and double orphans (Hunter, 1991).

Also, there are orphans caused by AIDS and orphans of other causes (Cluver & Gardner, 2006). In the wake of HIV/AIDS epidemic, lack of adequate care service structures and mechanisms led to poor living situations of the increased numbers of children orphaned by AIDS. This prompted academia and service providers to focus on AIDS orphans. However, the nature and dynamic of the HIV/AIDS epidemic and its associated poverty means that focusing on AIDS orphans does not address the full scale of the disease on children (Foster & Williamson, 2000). It is suggested that HIV/AIDS affects families and not individuals and so all children (not only orphans) become vulnerable when the disease enters a household.

The tight definition of orphanhood (or orphan) has limited usefulness within the context of HIV/AIDS epidemic. The construct “orphans and vulnerable children (OVC)” is now used to refer to all children that are affected by HIV/AIDS (UNICEF/UNAIDS, 2009). Richter et al. commented that the term OC allowed for the avoidance of potentially stigmatising labelling (orphans) while ensuring the inclusion of other children in needs and provision (Richter, Foster & Sherr, 2006). An explicit definition of the construct and boundaries of inclusion or exclusion is a contested issue in the literature.

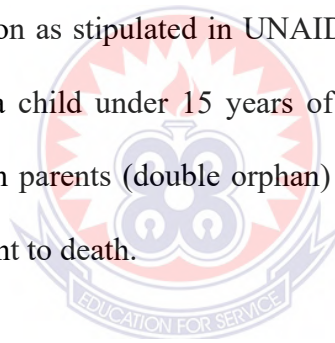
Furthermore, according to Shelly and Powell (2003), the term “orphan” is derived from Greek and Latin meaning, “a child bereaved by the death of one or both parents” (p. 25). According to Hepburn (2001), “orphan” is a socially constructed concept that varies among cultures and countries (p. 3). Community definitions of the orphan child differ from the definitions used by the government and external agencies (Skinner et al., 2006).

In other words, orphan is a social and economic process that goes beyond the biological situation entailed in the demise of a parent or both parents (Chirwa, 2002). Some refer orphans to children who have lost one parent and others reserve the definition to those who have lost both. This implies that orphan children can be defined as children under the age of 18 whose mother, father or both parents or primary caregiver has died.

The main variables are age of the orphan and parental loss. Some define children up to 15 or up to 18 years. In the case of parental loss, some does not consider the loss of one parent; they only consider the loss of both parents (Smart, 2003). All definitions have in common the passing away of one or both parents while the notion of what

constitutes the child as an 'orphan' varies widely in its local application (Meintjes et al., 2003). Parentless children are a particular vulnerable population (Foster et al., 1997b; UNICEF, 1999).

Defining double orphan is complicated by the fact that some children have parents whose where-about status is unknown, or one parent is deceased and the other parent's vital status is unknown to the family, which is taking care of the child (Guarcello et al., 2004). The question of vital status of the parents can cause also a child to be most vulnerable than the child who lost both parents, because parents with unknown vital status, even if they are alive, do not take part in the care, support and protection of their children. Here lies the dilemma of who is an orphan and who is not. In this study, the definition as stipulated in UNAIDS (2006) was used. According to UNAIDS, an orphan is a child under 15 years of age who has lost his/her mother (maternal orphan) or both parents (double orphan) to AIDS. Thus, to a child who is bereft of at least one parent to death.



2.2.1 Needs of orphan children

The orphans' needs have been discussed by comparing orphans' needs with those of non-orphans and by comparing needs within orphan types. Orphans' needs were also assessed in relation to their living-arrangement. The needs of orphans seem to a great extent to be influenced by household dependency ratio (UNICEF, 2004). Dependency ratio was defined as the sum of children under 18 and persons 60 years or older in a household divided by the number aged 18-59 years (UNICEF, 2004). Dependency ratio signifies the proportion of household productive capacity versus the number of people that need to be assisted or s households had more difficulties to provide the needs of the members than a lower dependency ratio household.

Food need

In this subheading, lack of food or food insecurity, has been discussed in relation to mediating factors, coping mechanisms and potential consequences. Research conducted in Sub-Saharan Africa suggested that orphans lack adequate food (Rivers, Silvestre & Mason 2004; Kimani-Murage et al. 2010; Greenbelt & Greenway, 2007). A study was conducted in Blantyre Malawi, based on the Demographic Health Survey and Multi Cluster Indicator Survey (MICS) data sources (Rivers, Silvestre & Mason 2004). The purpose of the study was to identify characteristics of food insecure households. The findings showed that a large number of orphans (40 percent) lived in food insecure households, especially households with multiple orphans and/or orphans living with a chronically sick household member.

Rivers et al. (2010) repeated the study six years later in the same location. Further, they found that households with multiple orphans were 2.42 to 6.87 times more vulnerable to food insecurity than non-orphans' households. These studies might suggest that being an orphan was not the only factor associated with food insecurity, but the number of orphans and household size were other important factors.

Kimani-Murage et al. (2010) analysed data from a World Bank project to explore food security situation of orphans living in urban slums of Korogocho and Viwandani in Kenya. The research sample contained 2,404 children aged 6-14 years, comprising equal numbers of orphans and non-orphans. The orphans were matched by age, gender and location. The findings indicated that orphans were more vulnerable to food need than non-orphans were. Among the orphans, paternal orphans were more food insecure than other orphans. Male orphans were more food insecure than female orphans.

It has been suggested that lack of food resulted in reduced food quality (Hall et al., 2010). Studies done in Nigeria (Enwereji, 2007) and Ethiopia (Hall et al., 2010) suggested that orphans were more likely to eat less nutritious food than did non-orphans. Hall et al. (2010) analysed a national data set of 7752 orphans and non-orphans, to explore the health and nutrition needs of orphaned school children, aged 7-17 years. Orphans were less likely to eat breakfast and a fruit than non-orphans were.

Similarly, Enwereji (2007) reported that 61 percent of orphans had their diet consisting of mainly carbohydrates which included cassava, yams, plantains and potatoes. Orphans rarely ate meat protein or fruits. This was established through interviews with 120 orphans and 30 caregivers and the use of food recall diary assessment with orphans. It has been suggested that not all households who adopted orphans, provided proper care to orphans in rural areas of Ingwavuma in Kwazulu-Natal, South Africa (Schroeder & Nichola, 2006). These authors compared households that adopted orphans with those that did not adopt orphans. The findings suggested that the households that adopted orphans were food insecure.

Mediating factors for food need

It was suggested that HIV/AIDS and chronic illnesses increased the likelihood of orphan's household food insecurity. Indeed, some scholars reported that orphans who lived in households that were affected by HIV/AIDS appear to have higher food insecurity risk than orphans living in household not affected by HIV/AIDS (Wagt & Connolly, 2005; Greenbelt & Greenway, 2007; Ngwira, Bota & Loevinsohn, 2001). It has been established that HIV/AIDS exacerbate food insecurity by decreasing household labour supply in the food production processes (World Bank, 1997;

Yamano, Yayne & McNeil, 2002). For some households, HIV/AIDS depleted household income through death of breadwinner, health care and death expenses (Ngwira, Bota & Loevinsohn, 2001; Madhavan & Townsend, 2007; Mohindra et al., 2010; Hadad & Gillespie, 2001). In Nairobi, Kenya, Yamano, Yayne and McNeil (2002) found that HIV/AIDS related death of the male head of household reduced household food production by 68 percent.

Similarly, in urban Kenya, in Kisumu, Siaya and Ayieko (1997) found that orphans who lived in HIV/AIDS affected households were food insecure and sold assets during illness of parents, to generate some income. Food production labour was diverted to caring for the sick members of the household and household purchasing power declined due to the death of breadwinners.

Further, in Tanzania, a study found that food expenditure and food production among HIV/AIDS affected households declined by 32 percent and 25 percent, respectively (World Bank, 1997). HIV/AIDS affected households invested in short term economic activities. Members of households with orphans were also excluded from social networks because of stigma and discrimination (Ngwira, Bota & Loevinsohn, 2001).

Caregivers caring capacity appear to cause food shortage among some orphans. Wagt and Connolly (2005) argued that food insecurity and poor nutrition status of orphans affected by HIV/AIDS, may be caused by lack of caregivers caring capacity. This was because sometimes foster parents did not have knowledge and skills for looking after orphans. Funkquist, Ericksson and Muula (2007) found that orphans had difficulties finding food due to caring-related factors in Thyolo district, Malawi. Orphans who headed a household reported having no means of finding food, because they had no guardians to provide food. On the other hand, there were some orphans who lived in

food secure households but their guardians and relatives denied them food (Funkquist, Ericksson & Muula, 2007).

There is an apparent gender dimension of food need. Some researchers found that HIV/AIDS related reduction of food production had a gender dimension (Donovan et al., 2003). The authors found that when the father was ill, 42 percent of the households had poor diet, but when the mother was ill, only 34 percent of the households had poor diet. The findings were based on a household survey that sought to find the effects of prime-age mortality and morbidity on households that were affected by HIV/AIDS in Rwanda.

Consequences of food need

Potential negative consequences of food insecurity, leading to malnourished orphans have been documented (Panpanich et al., 1999; Greenbelt & Greenway, 2007). Panpanich et al. (1999) compared the nutrition status of under-five orphans and non-orphans in Blantyre district of Malawi, using anthropometric measures of children and interviews with caregivers. The orphans were drawn from orphanages and villages, while all non-orphans were from the villages. More orphans than non-orphans were found to be under-nourished, especially those from orphanages. The findings showed that 54.8 percent of orphans from orphanages, 33.3 percent orphans from the village and 30 percent of non-orphans were undernourished.

The orphans were found to be more likely to have poor growth than the non-orphans. More orphans were stunted than non-orphans, about 64 percent of orphans and 46.4 percent of non-orphans. Furthermore, in Kenya, Sala (2009) found that 29 percent of orphans from fostered homes had malnutrition because of poor diet. Often they had one meal in a day.

In addition, in Zimbabwe Watts et al. (2007) conducted a quantitative data analysis of 31, 672 children aged 0-17 years (6,753 aged under 5 years). Findings showed that less than five years old orphans and vulnerable children were more likely than non-vulnerable children to be stunted and underweight. However, it was unclear how the author defined vulnerability in the study. Vulnerability has different meanings, which include living with chronic sick parents and having low income, poverty, among others (UNICEF, 2005).

According to studies in Botswana and Malawi, orphans under five years were more likely to be undernourished (Miller et al., 2007a; Pullum, 2008). Using demographic health survey and UNICEF MICS data in Malawi, Pullum (2008) found that double orphans under 5 years were much more likely than non-orphans to be stunted, underweight and wasted. However, Greenbelt and Greenway (2007) argued that studies that are conducted to establish the nutrition status of orphans do not show the whole picture of orphan's situation because often they use national quantitative data sources. This data sources include only orphans aged less than 5 years of age accounting for only 12 percent of orphans' population, leaving out 88 percent of orphans.

2.2.2 Educational need

Since the United Nations Children Rights Commission, education is recognised as a human right need for every child, including orphans, for fulfilling their dreams and aspirations (UNAIDS and UNICEF, 2001; Boler & Carroll, 2003; USAID and Catholic Relief Services, 2008). UNAIDS and UNICEF (2010) and USAID and Catholic Relief Services (2008) suggested that orphans who access quality primary education have a chance of a better future life. This is because children who can read,

write and acquire numerous skills have a solid foundation for continued learning for their entire life and achieve their potential. However, myriad studies that were conducted in Sub-Saharan Africa suggested that orphans struggle to access education and they appear to have a number of poorer education outcomes than non-orphans.

School enrolment

Low school enrolment problems exist among orphans. Analysis of national representative data suggest that orphans in Sub-Saharan Africa are less likely to enrol in school than non-orphans (Case, Paxson & Ableidinger, 2004; Evans & Maguel, 2007; Guarcello et al., 2004; Sharma 2005). Evans and Miguel (2007) conducted a five-year longitudinal assessment of 20,000 primary school children, to assess the effects of parental HIV/AIDS death, on children in Kenya. The findings suggested that maternal orphans were less likely to enrol in school than the other children.

Enrolment comparisons between pre-parental death and post-parental death periods showed that there was poorer school enrolment during the post parental death period than the pre-parental death. This study underscores the significance of the longitudinal, rather than the cross-sectional, methodology for capturing educational enrolment patterns among orphans. However, these studies appear to be rare in Sub-Saharan Africa (Munthali, 2002). This means future studies in Sub-Saharan Africa should endeavour to increase educational longitudinal studies.

Besides, using household survey data from 10 countries in Sub-Saharan Africa, Guarcello et al. (2004) explored the relationship between orphans' school enrolment and child labour. The findings showed that orphans from 9 out of 10 countries were less likely to enrol in school. Orphan status was the key factor for not enrolling in school. Additionally, Case, Paxson and Ableidinger (2004) analysed data from 19

demographic health surveys in Sub-Saharan Africa. The research also found that maternal orphans and double orphans were less likely to enrol in primary school.

Different reasons have been highlighted in literature for orphan low school enrolment. Case, Paxson and Ableidinger (2004) and Evans and Miguel (2007) attributed orphans' failure to enrol in school, to loss of income from the death of the father. Ueyama (2007) found that orphans, particularly, paternal orphans and double orphans were found to be less likely to enrol in school than other children were because they came from poor households and the household head had no education.

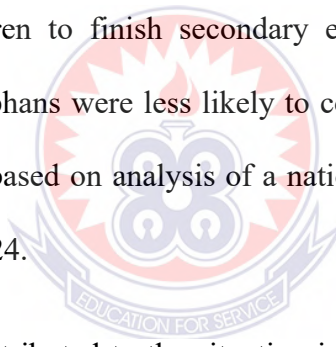
Further, Sharma (2005) and Ayieko (1997) found that orphans failed to enrol in school because of caregivers' attitudes, child labour and lack of psychosocial services to assist the stigmatised orphans. Some caregivers were not willing to invest in the education of orphans, because they felt that educational future benefits would not accrue to them (Sharma, 2005; Ayieko, 1997). Instead, the caregivers expected the orphans to engage in extensive domestic chores. Guarcello et al. (2004) also found that child labour contributed to orphans' low school enrolment. Orphans from 5 out of 10 countries that were studied were at risk of engaging in child labour in a form of paid work.

2.2.3 School attendance and school drop-out

In Sub-Saharan Africa, there seems to be sufficient evidence to suggest that orphans, were more likely to have poor school attendance (absenteeism) and to drop out of school (Operario et al., 2008; Isolde et al., 2009; Oleke et al., 2007; Funkquist, Ericksson & Muula, 2007). Oleke et al. (2007) analysed household survey data of 2337 sample size in Uganda, to explore educational needs of orphans affected by

HIV/AIDS. The findings suggested that orphans were more likely to be absent from school or drop out of school.

Additionally, Isolde et al. (2009) found that in Zimbabwe, double orphans and maternal orphaned girls (aged 15-19 years) had higher school dropout rates than non-orphans of the same age. Double orphans also had lower school attendance rates than other children. Using a case study in Lesotho, Nyabanyaba (2009) also found that orphans were more likely to drop out of school than non-orphans. In South Africa, Operario et al. (2008) found that 23 percent of orphans did not complete school although it was free compulsory education system. This suggested that school fees might not be the only factor causing orphans to drop out of school as compulsory education allowed children to finish secondary education by 16 years old. Both maternal and paternal orphans were less likely to complete their education than non-orphans were. This was based on analysis of a national representative survey data of 10,452 children aged 16-24.



A number of reasons contributed to the situation including lack of food, particularly breakfast and no food at school, child labour, lack of school uniform and lack of good clothes. Teachers were forced to send orphans home because they were dressed in shabby clothes. Further, Funkquist, Ericksson and Muula (2007) and Bennell (2005) reported that orphans had poor school attendance because they lacked food, clothes and soap for washing their clothes.

Robson and Kanyanta (2007) suggested that orphans dropped school because of increased economic stress, changes in household structure and increased domestic responsibilities. The findings were obtained from a qualitative study done in Copper

Belt, in Zambia using focus group discussions with orphans, teachers and document review.

Gender has been reported to have a bearing on orphan's educational outcomes. Two studies that were conducted in rural Zimbabwe suggested that women play a key role in promoting education of orphans (Nyamukapa, Foster & Gregson, 2003; Nyamukapa & Gregson, 2005). In the first study, Nyamukapa, Foster and Gregson (2003) found that orphans failed to complete school when their mothers died, but the death of the father had no effect on orphans' education. The study also found that a disproportionately high number of orphans were living in elderly female-headed and child headed households.

In the follow-up study, Nyamukapa and Gregson (2005) found that maternal orphans had lower primary completion rates than other orphans. Lower rate of school completion was caused by lack of support from fathers, due to negative influence of stepmothers and lack of welfare support. In addition, high level of completion among paternal orphan was attributed to the contribution of female-headed households, where the orphans were fostered. The two studies might reflect limited education support provided by surviving fathers and extended families in rural areas. Indeed, (Munthali, 2002), suggested that surviving fathers seemed to provide limited support to orphans.

2.2.4 School attainment

Using a quantitative regression analysis in Kenya, Ueyama (2007) found that double orphans were less likely to progress to high school grades. Maternal orphans, older than 12 years, had difficulties progressing to higher grades. Similarly, Isolde et al.

(2009) found that maternal orphans and double orphans did not attain form four certificates.

A number of reasons have been highlighted for orphans' poorer school attainment compared to non-orphans (Oleke et al. 2007; Funkquist, Ericksson & Muula, 2007; Ueyama, 2007). Oleke et al. (2007) found that orphans in Kenya had poor education attainment for a number of reasons. Orphans were not able to do assignments because they lacked learning materials, such as mathematical instruments or exercise books. Orphans also had low school attainment because of lack of school fees and lack of counselling when they were stigmatised because of their status. Indeed, Isolde et al. (2009) found that when orphans were assisted with school fees, they completed school and attained the form four certificates. Kasirye and Hisali (2010) found that HIV/AIDS orphans, particularly those from poor households were 3 years behind their appropriate education grade. The findings were drawn from analysis of Ugandan household survey among orphans aged 6-17 years.

In addition, Funkquist, Ericksson and Muula (2007) found that in Malawi, poor performance among orphans was associated with poor diet and lack of food, which distracted orphans' concentration in class. Further, Bennell (2005) found that 70 percent of primary school children had repeated a class because of irregular attendance and poor quality of schooling. Repetition was higher among orphan girls than orphan boys, suggesting a gender dimension to school performance. Isolde et al. (2009) also found that orphans failed to attain form four certificates because they had higher dropout rates than other children.

Furthermore, Kimani, Kodero and Misigo (2009) found that although orphans from households or institutions had low self-esteem, orphaned children from institutions showed positive correlation between self-esteem and academic performance. This was because the institutions adopted strategies for promoting positive attitudes which gave orphans a feeling of being loved and cared for. In contrast, orphans who lived in the households were exposed to child labour and often were absent from school, attending to sick people. This finding underscores the significance of positive nurturing and caring of orphans on their education outcomes.

2.2.5 Health Need

Researchers in Sub-Saharan Africa suggested that orphans could have worse health outcomes, compared to non-orphans, for a variety of reasons. First, orphans appear to have higher risk of HIV/AIDS infection (Palermo & Peterman 2009; Robertson, Gregson and Garnett 2010; Operario et al. 2007; Miller, 2007; Robertson et al. 2010). Miller (2007) conducted a systematic literature review, to explore the living conditions of orphans from highly HIV/AIDS impacted areas in Sub-Saharan Africa. The findings indicated that orphans' HIV/AIDS risk originates from biological infection from mother to child.

Similarly, in Malawi, mortality among the under five years orphans was higher for mothers, who were HIV positive, than mothers who were HIV negative (Crampin et al., 2003). It was suggested that HIV/AIDS infection from mother to child was one of the highest causes of increased mortality among orphans and other vulnerable children under the age of five years in Sub-Saharan Africa (Crampin et al., 2003; Mille et al., 2007),

Apart from infant orphans, Pascoe et al. (2010) found that in Zimbabwe, older male and female orphans had a higher risk of contracting HIV/AIDS. The quantitative study recruited 6791, secondary school children from rural areas. Blood testing was done to establish HIV status. About 60 percent of those with HIV/AIDS were orphans. Orphans were found to have come from poorer households than did other children. Orphans who had lost both parents had higher risk of HIV/AIDS infection, experienced sex early, had experienced forced sex and were less likely to use condoms than were other children.

Similarly, Operario et al. (2011) found that both male and female orphans were exposed to higher HIV/AIDS risk through sex than non-orphans were. This finding was based on 10 systematic studies. Indeed, these two studies may be commended for validating the sero-status of HIV/AIDS among the orphans. Many studies tend to use chronic illness as a proxy indicator of HIV/AIDS death of parents. Consistently, many studies suggest that in Sub-Saharan Africa, female orphans had a higher likelihood of becoming infected with HIV/AIDS than female non-orphans (Palermo & Peterman, 2009; Birdthistle et al., 2008).

Birdthistle et al. (2008) observed that that the prevalence of HIV/AIDS among girls was higher among orphans than non-orphans. Maternal and double-orphaned girls were most likely to initiate sex early, and to have had multiple sex partners. Maternal girl orphans were least likely to have used a condom at first sex. This was established through a random cross-sectional survey in 2004 from a sample of 1283 aged of 15 to 19-year-old living in a high-density suburb of Harare, Zimbabwe.

In Uganda, Ssewamala et al. (2010) found that access to economic assets was an effective strategy for reducing risky sexual behaviour among HIV-orphaned girls. This finding emerged from a random controlled 10 months trial among AIDS orphaned adolescent girls from rural Uganda. The sample had 133 control group cases and 127 treatment group cases. The treatment group had access to savings accounts, training workshops and mentoring programme. Both groups had access to counselling and school supplies. The findings indicated a reduction in sexual risk-taking behaviour among the treatment group after controlling for socio-demographic factors, parental communication and peer pressure. Second, there is a connection between material need and health need (Enwereji 2007; Operario et al., 2008; Isolde et al., 2009; Oleke et al., 2007; Funkquist, Ericksson & Muula, 2007).

Enwereji (2007) suggested that poor health among orphans was caused by living in poor housing conditions. In Nigeria, about 58 percent of orphans reported having lived in conditions that were characterised by poor sanitary environment which included overgrown grass surrounding the houses, lack of toilets, dilapidated houses and lack of proper kitchens. As a result, orphans suffered various forms of illnesses that resulted in hospital admission. The common illnesses were malaria, fever, malnutrition, diarrhoea and injuries.

Third, lack of access to health services may exacerbate orphan's poor health status (Muhwezi, Muhangi & Mugumya 2009; UNAIDS and UNICEF, 2012). Muhwezi, Muhangi and Mugumya (2009) conducted a cross-sectional unmatched case control study of 98 orphans from an area in Uganda with NGO health services support and 98 orphans from a non-supported area. The authors found that fever, skin diseases and diarrhoea were common sicknesses among orphans. Orphans from areas that had no

NGO support had higher prevalence of diarrhoea (85.7 percent) compared to 14.3 percent from the supported areas. About 20 percent of orphans from the supported area had skin diseases, compared to 80 percent from the non-supported areas.

Many caregivers accessed medicine from the village in the supported areas because the NGO provided home-based care while few caregivers from unsupported areas took their children to health centres, and few bought drugs from shops. This study may imply that service provision that is closer to users may be more responsive to the needs of service users and effective in addressing the needs of orphans . However , this study did not explain the geographical location of the control group , nor how they controlled the orphans from accessing other health assistance , for instance , through school health services.

2.2.6 Psychosocial need

There is evidence that some orphans suffer from psychosocial distress. Through a 2004 national survey among 5321 orphans aged 12-17 years in Zimbabwe, Nyamukapa et al. (2008) found that for both gender, all orphan types displayed more severe distress than non-orphans. Psychological distress was measured using Rand Mental Health and Becks Depression Test.

A 4-year longitudinal study was conducted in South Africa to determine psychological problems associated with AIDS-orphaned children (Cluver & Gardener, 2012). In this study, a national representative sample of 1021 children was followed from 2005 to 2009. A standardised scale was used to measure depression. Using regression analysis and controlling for baseline mental health, type of bereavement and socioeconomic factors, they found that being orphaned by AIDS was associated with depression and anxiety. This study may imply the need to identify

the specific cause of psychological distress, because not all orphans had this association. Hence, psychosocial services might need to target those who are affected by the problem.

There are multiple factors affecting HIV orphan's emotional and behavioural wellbeing. According to Cluver and Gardner (2007), the factors that affect orphans included bereavement, dysfunctional family, lack of social support, poverty, stigma, abuse and loss of access to education. These were results of a qualitative study, using semi-structured interviews and focus group discussions among orphans, caregivers and social care professionals in Cape Town, South Africa.

The research may be commended for using qualitative methods that allow respondents to express their experiences, because most studies use quantitative methods. In addition, the approach provided orphans to share their views, by drawing pictures and writing about their feelings, instead of caregivers reporting on behalf of the children (Ngwira, Bota & Loevinsohn, 2001).

In Malawi, it has been reported that children face grief and anxiety as they watch their parents deteriorate through sickness and eventually die (Cook, Sandra & Alaistair, 1999). Children become vulnerable because they lack the support of adults who could talk to orphans about sickness and death (Wood, Chase & Aggleton, 2006). Further, it has been noted that failure to address psychosocial issues of orphans may lead to long term complications for the child's well-being. This may include, poor mental health, illiteracy, poverty, child labour, exploitation and the risk of HIV infection (Foster 2003).

2.2.7 Economic and material needs

Economic need was to do with lack of overall finances in orphan households while material need depicted lack of tangible material or physical items by the orphans or the household.

Economic need

It appears that orphans lived in lower income households than did non-orphans. In Nairobi, Yamano and Jayne (2005) analysed two household surveys, conducted between 1997 and 2000, in high HIV prevalence in Kisumu and Siaya, in Kenya, to assess economic status of orphans. The study found that death of a father was associated with a reduction in household income, because of reduced cultivated land, reduction in production of cash crops and off-farm businesses.

Besides, a quantitative study was conducted in Malawi to identify social-economic status and vulnerability factors of households, through a nation-wide Integrated Household Survey that contained both orphans and non-orphans (Malawi Government, 2006b). Findings indicated that chronic illness had a double impact on the household income. First, income declined because labour was diverted from productive activities to care services of the sick persons.

Secondly, there were expenses incurred directly to provide nurturing and care. Orphans from chronically ill households therefore experienced a decline in income and they lived in deprivation. The authors concluded that the inverse relationship between resources demand and supply drove households and poor communities into chronic financial instability (Malawi Government 2006b). The study also found that death of a father was associated with land loss of 1.5 times more than land loss due to death of a mother (Malawi Government 2006d).

Material needs

There is evidence that support the views that orphans lacked material things, including shelter, clothing and other items. Sala (2009) carried out a mixed study in Kibera, Kenya to examine the quality of life among fostered orphans. They found that orphans from 90 percent of the households lacked adequate shelter. On average, six people lived in small crowded houses among the orphans. Further, some studies suggest that double orphans lacked clothes, shelter and beddings more than did other types of orphans (Mogotlane et al., 2010; Dalen, Nakitende & Musisi, 2009).

Ayieko (1997) found that the reasons why orphans lacked housing and household assets were due to cultural, legal and age factors. The study found that, in Kenya, orphans lived in dilapidated houses that were left by the parents. Culturally, if the deceased parents were not married through customary law, the houses were not repaired. In addition, the orphans often lost assets because they were ignorant of legal procedures for safeguarding deceased estate, while other orphans had their property taken by relatives.

The consequences of lack of shelter, clothes and beddings among orphans varied between the studies. Mogotlane et al. (2010) and Funkquist, Ericksson and Muula (2007) found that lack of clothes and books often prevented orphans from going to school. Dalen, Nakitende and Musisi (2009) through narratives and observations of 43 household heads of double orphans in Uganda found that lack of food and clothes had psychological effected on orphans. The orphans felt ignored, excluded from the community and eventually dropped out of school. Further, Sala (2009) found that orphans who lived in small crowded houses suffered from respiratory infections including pneumonia, coughing and cold.

2.2 The Concept of Orphanage

If orphan children are not living on the streets, then they are either with a family member who has the means to support them, or in an institution operated by a community based organization, local government, or a charitable institution. It is important that this institution meets a number of needs for the children in order to support a holistic approach to development. The US government supports programs that cover the areas of healthcare, food security and nutrition, psychosocial support, shelter, economic strengthening, and education (Senefeld, 2011). This program structure not only cares for the children's basic needs but also helps to prepare them to be independent when the time comes.

Children's homes opened to provide care and support to orphans but often times run into issues ranging from a lack of finances to inadequate staffing. A case study of a Zimbabwe orphanage revealed many of these problems. A partnership was established with a university with the goals of protecting children's rights, increasing sustainability of basic necessities, better education, youth participation in orphanage governance, preparing children for their futures, and educating staff members about child development policies and practices. Based on these goals, recommendations were made and action taken to improve the current status of the orphanage (Dee, 2004).

A study conducted in NGOs in Kenya expanded on these issues in looking at the strengths and weaknesses of NGOs created to care for at risk children and orphans. The purpose of the study was to improve the design, implementation, and evaluation of programs working with youth. The strengths reported were staff commitment, the surrogate family structure of many children's homes, staff members being attentive to

the needs of children and staff acting as role models. NGOs meet the basic needs of children and additionally provide education, health services, vocational training, counselling, and social skills training. The outcomes that were discovered as a result of these resources are an increase in academic achievement and self confidence in the children (Ferguson & Heidemann, 2009).

Challenges of NGOs in Kenya remain a key issue to consider. A lack of staff, lack of staff services for children with special or extreme needs, and lack of female sexual education trained staff are some issues faced by the staff members of NGOs. A problem of ethnic differences exists when Western staff members are trying to connect with Kenyan children. This can also lead to a loss of traditional values in local children if the program is run entirely by foreigners. Funds typically come from church support, private donors, and merchandise programs, but NGOs constantly are facing a rising budget and lack of funds to cover the expenses of children.

Children with medical conditions such as HIV/AIDS especially present a tough expense to NGOs. Land and building structures are another high cost that NGOs struggle with. As a result of this, children's homes often take in too many children for the amount of space that they can afford leading to cramped living conditions. Community support can be difficult due to a lack of collaboration between organisations, poor infrastructure in rural areas, and an absence of awareness regarding street children (Ferguson & Heidemann, 2009).

Reviewing the literature regarding education, health, financial, and staffing structures and policies of children's homes can help discover the ideal model of a children's home. This model should be not only effective but also efficient in order to provide high quality care to orphans. Research surrounding the needs of orphans and the

resources provided to them can help construct a model of best practices in children's homes.

2.2.1 Education

Education provides an opportunity for development and growth in children that prepares them for their futures and can help them to support themselves independently. A quality education is crucial for orphan children who receive limited support in their lives and need the resources and services that school can provide to them. This section will explain education systems in the developing world, educational needs of orphans, and challenges that schools face in educating orphans.

Education in the developing world has greatly improved since the 1960s but still has a lot of progress that must be made. Enrolment rates have increased over time through policy implementation, but the quality of education and learning that occurs in school has not advanced as quickly. Thus, 80% of children in the world live in developing countries and are going through these weak school systems. A high quality education system is crucial to the development of these nations and includes benefits such as an increase in the adoption of agricultural technologies, improved health, and lower fertility (Glewwe & Kremer, 2006).

Education systems in developing countries struggle with many issues like grade repetition, leaving school early, teacher absenteeism, and less learning than the curriculum standards suggest. Schools have improved over time but as recently as the 1980s and 1990s serious issues in the education systems of developing countries still existed. In 1998, 39% of schools in Vietnam's rural areas did not have blackboards in primary school classrooms. Even more extreme, in India in 1987, over eight percent of schools did not even have a building to hold classes in.

Vietnam still faces the issue of limited teachers and school buildings so they have compensated for this by having two to three school shifts per day where students only attend one shift. This is a tremendous loss of education for students as the average shift lasts about three hours. For Vietnamese students living in rural areas, about 90% of them attend a school that operates in shifts. In Tamil Nadu, India, literacy rates are low and the average class size in primary schools is 78 students (Glewwe & Kremer, 2006).

Orphaned children have unique needs in order to have a healthy development and learning experience in school. A child without parents loses their support structure which can hinder their learning. Even in the common situation of extended family members taking in orphans, there is not enough time, attention, and resources to be divided between their children and the orphans, again isolating orphans. Teachers are in the position to be a strong supporter for orphans and can help them to overcome their emotional struggles due to the traumas they have been through (Ogina, 2010).

In South Africa, the South African Department of Education Norms and Standards for Educators included the pastoral role as one role they expect from educators. This was as a reaction to the large population of orphan children in Africa. Teachers in South African schools are supposed to support the development of children intellectually, emotionally, and socially. Some teachers felt that they were unable to know when students were dealing with emotional issues, implying that more training in this area could be beneficial to both teachers and students (Ogina, 2010).

In 2008, the Department of Education in South Africa offered four programs to teachers designed to help combat HIV/AIDS and train teachers on how to handle students infected or affected by this illness. These programs target children with

HIV/AIDS and include themes like abstinence education, peer education, a health advisory committee, and counselling. In the peer education program, training focuses on life skills, leadership, and how to identify any peers who may be struggling and need support services. The Health Advisory Committee is a government mandate and draws together various representatives from the school to setup school policies to protect the health of students and teachers. A balance between preventative measures and treatment/support can be found in these programs designed to care for students affected by HIV/AIDS (Wood & Goba, 2011).

Orphan children achieve a much lower level of education than other children and feel a need to focus more so on day to day survival than education. The need to work, lack of financial resources, need to care for younger siblings, and stigmatization from teachers and students are all reasons that orphaned children do not attend school (Heard, Kelly & Smart, n.d.).

Schools have the opportunity to improve the lives of orphaned children and can provide a number of resources to these underprivileged children. Provision of a daily meal, after school supervision, and other services for special needs are all benefits that children can receive from attending school. Schools helps vulnerable children to avoid the risky situations that they put themselves in to seek resources necessary for survival. An education prepares students to get a good job and eventually provide for themselves. The feeling of being a member of a community is good for orphan children who are otherwise alone. School can be a normalizing factor and social opportunity that orphan children do not have elsewhere (Heard et al., n.d.).

School is the ideal way for orphaned children to stay connected to the community, but the interaction between orphans and the community should not be limited to this.

Large international organisations play a significant role in care for orphans and other causes in developing nations. These organisations must be cautious of working in a different culture and should respect the norms of this country so as not to take away the national identity from orphans.

Community organisations or members can help these nongovernmental organisations to know how to best help the orphans and meet the needs of the community. There should be a partnership developed so that the powerful organisation can provide professional expertise and capital, while the community can complement this with local knowledge. External organisations should avoid undermining any local coping mechanisms so as not to create a dependence on outside help. Communities and external aid organisations should work together to provide care and support to orphans (Annan, 2002).

The Convention on the Rights of the Child, ratified by the United Nations in 1990, is a binding treaty focusing on child development and rights in all aspects of life. The right to education is defined in article 28 and explains that all children should be provided a free primary education and should be encouraged to complete the highest level of education possible. The goals of education, elaborated on in article 29, discuss the necessity of education to expand beyond just academics and that education should also develop personality, talents, and abilities. The treaty encourages children to live peaceful lives respecting other cultures, other people, the environment, and human rights (United Nations, 1990).

The rights defined in the Convention for the Rights of the Child should especially pertain to orphan children who are living underprivileged lifestyles as independent and vulnerable youth. A school in Orissa, India is the perfect example of what these

children need to meet their requirements for holistic development. Hariharananda Balashram was founded in 2004 to care for the poor and needy children of Orissa whose lives were devastated following the 1999 cyclone. 19.5 million people were affected by the destruction of this super-cyclone leaving many children orphaned or in poverty or homelessness. The home is non-biased and provides care and education to children regardless of their caste, religion, or gender. By 2015, 480 needy children are expected to be enrolled, and the first class of students will graduate-a sign of the success of this home (Bathina, 2013).

Hariharananda Balashram is a model home and provides children with free housing, education, books, medical care, and food. The leaders of this school value a holistic developmental approach and focus on a healthy development of mind, body, and soul. To meet this goal child are given the opportunity to pursue extracurricular passions in sports, music, dance, and art. The curriculum meets the standards of the Central Board for Secondary Education and is an English Medium school. Children are also educated in native languages, technical studies, life-skills training, and scriptural teachings (Bathina, 2013).

This successful residential school model has a mission “to foster, educate, and empower the poorest and most disadvantaged among Orissa’s children.” One of the education goals of the school is to prepare students to succeed on the annual examinations from the national board curriculum so the importance of education is emphasised. Following their school day, children later have a tutorial session with their teachers for review and homework time. The children work hard because they know they have been given a special opportunity and want to use this to be successful and promote positive change in their community and the world (Bathina, 2013).

Many children's homes are religiously based and use the morals and values of their religion to develop the character traits and emotional health of the children, Hariharananda Balashram is no different. Bathina (2013) used the model of Joseph and Efron to explain moral education. These 7 practices were observed in the home and promote moral education. A focus on character education, cultural heritage, a caring community, peace education, social action, a just community, and ethical inquiry is the model of this home (Joseph & Efron, 2005). They are striving to raise future leaders of Indian who value peace, compassion, and social transformation (Bathina, 2013).

Orphans who are the head of their family as a result of losing their parents struggle in cognitive development. These children can be described as resourceful responsible, and moral, but the amount of stressed placed on them to now be the provider is too much. Often times, they struggle to appropriately respond to stress and conflict and need to develop their coping mechanisms. Education is sacrificed as making money becomes a greater priority. Other detrimental effects include a loss of a sense of security, and neglected emotional and material needs. The negative impact that orphanhood has on children can inhibit their social and cognitive development if the proper care and resources are not provided to them (Ganga & Maphalala, 2013).

The decision between public government and private schools is one that not all children have the luxury of making. A good education system is crucial in the advancement of a developing country, but increasing populations and tight budgets make it difficult to provide a high quality government education to children free of charge. Education systems in developing countries face the similar issues of inefficient budgets, the building of unnecessary schools, paying inadequate teachers,

and buying school supplies that are not needed. In developing countries, the predicted academic performance of students in private schools is higher than students attending government schools. Poor households who may struggle to afford private school consider many factors such as school fees, proximity, and quality. Despite the cost of private school, poor families value the high quality education that this provides to students and strive to afford this opportunity (Alderman, Orazem & Paterno, 2001).

Private schools do not play a large role in the education systems of developing countries, as enrollment in public schools is 90% for primary students and 70% for secondary students. In a study based in Indonesia, private non-religious schools were found to be the most effective. According to Bedi and Garg (2000), private schools are more attentive to the needs of students and parents and had a greater school level of autonomy. This autonomy led to principals striving to create a school atmosphere conducive to learning and teaching and incentivized teachers to be good educators. Although they are more effective and efficient, private school education in developing countries can be limited or prohibited entirely (Bedi & Garg, 2000).

In furtherance, private and public schools in developing countries face the issue of teacher absenteeism. In India, teachers were discovered to be absent from government primary schools 25% of the time, with only about 50% of the teachers present actually teaching. Teacher absence rates are higher in rural areas and in government schools compared to private schools. Only 1/3,000 head teachers in government schools in India fired a teacher for frequent absences. When teachers are absent from school, students go home or join a different class that is not at their grade level. Often times, when a teacher is not present, a school is forced to close. Even more shocking, is that

in 45% of Indian classrooms in government-run schools, only 45% of teachers participate in teaching activities.

Private school teachers make less money than government school teachers and are more frequently reported for absenteeism as 35/600 surveyed schools have fired a teacher for absenteeism. This sanction for absenteeism leads to a lower rate of absenteeism in private schools. Developing countries need to implement policies to ensure that teachers are not only attending school but are providing students with instruction and an education (Chaudhury, Hammer, Kremer, Muralidharan & Rogers, 2006).

India has seen an increase in private schools opening in recent years. Even though school enrolment has increased, government school quality is still lagging and has led to the private school movement. Schools need to focus on improving quality, because academic development influences earnings, productivity, and economic growth. In 2005, only 66% of government primary schools had water and only 42% had toilets. This lack of basic resources does not create an environment conducive to learning. Additionally, furniture, teaching aids, books, computers, playgrounds, and musical instruments were not provided to schools. Not only does this inhibit academic learning but also any extracurricular activities as well (Kingdon, 2007).

There was a shortage of secondary schools, and in 2002, there were only 1/5 as many secondary schools as primary. The lack of available secondary schools resulted in around 20% of 15-16 years old students not being in school. Private schools responded to the poor quality government schools by opening as a better option for students in mostly urban areas. Despite difficulties in affording private school tuition, poor families also send their children to private schools. Of children attending

primary school who are ages 5-10 living below the poverty line, almost 15% attended private schools. This is seen more commonly in urban areas (36%) than in rural areas (8%), but no matter their income level, families would prefer to send their children to a private school over a low quality government school (Kingdon, 2007).

2.2.3 Health

The health needs of orphans are a crucial aspect of care in children's homes due to the trauma that the children have lived through that has strongly impacted them. Health needs of children include physical, mental, and emotional concerns. These needs present large expenses which must be met in order to maintain the health of the children. Children's homes use a variety of strategies and methods to care for health needs of children.

2.2.4 Mental health

Issues with mental health can stem not just from the children's trauma of losing their parents and living a difficult life, but also from orphanage conditions. In their study examining a large orphanage in Ethiopia from 1981-1984 depression and low appetite increased over time. This is concerning and children should be making improvements during their time living in a children's home. Relationship building between caretakers and children was recommended as a result of this study. This provides children someone to talk to and rely on (Aboud, Samuel, Hadera & Addus, 1991).

Children living in orphanages or foster care have more mental and developmental problems than children raised in a home with parents or adoptive parents. Crises in low resource countries causes even further emotional damage. Children can be going through feelings of rejection, guilt, shame, anger, and abandonment through their emotional distress. In the US, less than 50% of facilities that assess children's health

provide a mental or developmental health examination. It is assumed then, that even fewer facilities in developing countries provide this important service (Debiasi, Reynolds & Buckner, 2012).

Orphans in Tanzania were studied to observe if there were differences in psychological health between orphans and non-orphans. It was found that orphans are less likely to attend school but more likely to go to bed hungry. Orphans face a lack of food and money for school needs such as fees, books, and uniforms. Orphans and nonorphans reported being physically punished in school frequently which is detrimental to their development and can lead to low self-esteem, poor academic achievement, anxiety, depression, suicide, and physical injuries. Orphans internalize their emotions because they often times feel alone in dealing with their problems and grief due to past difficulties. Orphans have little assistance and support to overcome grief and typically grow to be more depressed overtime. Internalising problems can lead to long term damage in the emotional/mental health of children. It was recommended that intervention programs offer psychosocial support, counselling, and training to caretakers (Makame, Ani & Grantham-McGregor, 2002).

Similarly, in Uganda, orphans struggle with their psychological health. The process of death that the parents of AIDS orphans go through is difficult because although they struggle to grasp what is occurring, they do notice a difference in their quality of life. Children cannot immediately come to terms with death which causes them to extend their grieving process and encourage long term damage. Orphanhood can lead to the necessity to move, separation from siblings, or dropping out of school to focus on survival or work. These changes further damage orphans physically and psychologically (Sengendo & Nambi, 2007).

Emotional and psychological problems are ignored because there is a lack of awareness and understanding, there is a cultural belief that children do not experience these problems, and adults do not know how to identify these problems. When children do display negative emotions as a reaction to what they have been through or are struggling with, they are punished for “bad behaviour.” Examples of actions that result from negative emotion and lead to punishment are a loss of appetite, sluggishness in school or chores, and inability to focus on a task at hand. This leads to further damage in youth and the necessity to internalise their feelings which can cause negative long term effects (Sengendo & Nambi, 2007).

In addition to basic necessities, many organisations provide students with school sponsorship. Teachers must be taught on how to identify psychological problems in students in order to refer them to the necessary resources. Orphan students struggle with focusing in class and can demonstrate warning signs of depression to their teacher, only if teachers are aware of what to be looking for. Many orphan students do not benefit from the current structure of their schools and need further assistance to help them recover and focus on excelling academically. If funding permits, it is recommended that schools hire a district social worker or child psychologist (Sengendo & Nambi, 2007).

Two methods are suggested that can efficiently and effectively assess mental health. Human Figure Drawings can help to figure out any fear or hostilities that children ages 6-12 may possess through analysing their drawings of people using a 30 item analysis tool. Drawing encourages children to feel comfortable and allows them to express their feelings in a nonverbal way. This can uncover emotions, events, or memories that need attention but children may struggle to share. Children whose

results indicate that they need further help can then go through a more in-depth mental health assessment. The Revised Children Manifest Anxiety Scale is an appropriate tool to measure anxiety in children ages 6-19. This assessment has children answer 37 yes or no questions and can then be scored and analysed using the key. These tools are easy to use, require minimal resources, and can help determine whether children are struggling with mental and emotional health issues (Debiasi et al., 2012).

Nutritional status, psychological wellbeing, and quality of life of AIDS orphans in China was studied to get a comprehensive look at what the health situation of these orphans is like. It was found that AIDS orphans are more likely than non-orphans to suffer from poor growth and nutritional status in addition to depression, low self-esteem, anxiety, anger, pessimism, hopelessness and suicidal thoughts. These feelings can lead to the common scenarios of orphans being less satisfied with their lives, having less motivation to study, and less pocket money.

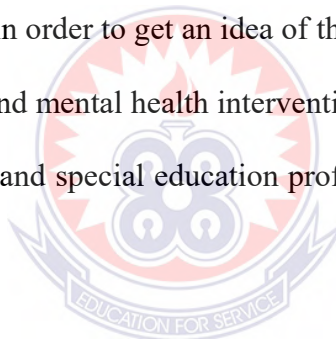
A poorer quality of life and poorer psychological health were also found in AIDS orphans in comparison to non-orphans. In terms of physical health, orphans are at a greater risk of infectious diseases due to a lack of parental care. They are also less likely to be taken to the doctor when sick. It was recommended that schools increase their education of topics such as life skills, sexual health, and psychological counselling in order to provide much needed services to AIDS orphans (He & Ji, 2007).

2.2.5 Physical health

Disabilities are present in 10-31% of children raised in residential care which can lead to even further issues such as behavioural, mental health, and educational problems. Instigators of many of these disabilities can be family instability; substance, sexual,

and physical abuse; neglect; or high-crime neighbourhoods. These disabilities can be treated through medication, group therapy, psychoanalytic and psycho-educational approaches, and behaviour therapy (Trout, Casey, Chmelka, DeSalvo, Reid & Epstein, 2009).

Residential care can initially aggravate the issues that children with disabilities face due to the change in environment, new expectations, and different social norms. Disabilities hinder educational progress and can cause symptoms such as problems focusing, sustaining effort, following rules, organising and focusing on a task, comprehending directions, and even handicapping of motor activity. Several suggestions can help to improve the lives of disabled orphans. Screening processes should be more complex in order to get an idea of the mental state of orphans entering an institution, academic and mental health interventions should be conducted to assess what a child's needs are, and special education professionals should be added to care teams (Trout et al., 2009).



2.2.6 Finances

Children's homes are presented with an abundance of needs that they should provide orphans with in order to promote holistic child development. Childcare is expensive and there are many high costs that need to be covered. A variety of strategies are used in the non-profit world to fundraise and these options will be explored in this section in specific reference to orphanages.

Cost effectiveness of 6 types of orphan care was observed in South Africa to attempt to determine the most efficient and effective model that could be recommended as a high quality solution to caring for orphans. The 6 approaches explored were statutory residential care, statutory adoption and foster care, unregistered residential care, home

based care and support, community-based support structures, and informal fostering/non-statutory foster care. Minimum standard of care was defined as providing for the realisation of survival rights. Some of the models examined did not meet or barely met this low benchmark. Less formal care arrangements are less expensive so every attempt is made to place children in these care models. For many children, the more expensive residential care is the only option they have of survival and getting away from life on the streets. Medical expenses seem to be the highest cost for children's homes (Desmond, Gow, Loening-Voysey, Wilson & Stirling, 2002).

The most cost effective care was community based models but they needed additional resources to help them provide material resources. Government grants and income generating projects help to alleviate this need in the budget. The comparison of not only the costs but also the benefits of each model shows that it is necessary to have a variety of care models in order to meet the needs of all orphans (Desmond et al., 2002).

Assessing the effectiveness of children's homes can be difficult, but this is important, especially when government funding is available. The US provided funding for orphans and vulnerable children (OVC) programs in 2006-2008 through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) which allocated \$1 billion to these programs. The operating costs and the effectiveness of the programs being aided is information that is not available, making it difficult to know how to best allocate this funding. The OVC programs need to make improvements in making this information available.

The population of children being cared for by the home should also be documented in order to best understand how they can be assisted. Core needs that should be provided according to PEPFAR include food, shelter, protection, health care, psychosocial support, education, and economic strengthening. There are many differences between OVC programmes in relation to the population being served, type of support, and outcomes of the program so this must be made clear in order to provide funding from governments (Larson, 2010).

On a cost and quality analysis of children's homes in South Africa, nine rural and urban non-profit organisations were visited. In this study, all nine homes were found to have an unacceptable level of quality but six were found to have acceptable costs for their organisation. Rural homes were found to be caring for many more orphans than urban homes, demonstrating the uniqueness of not just each home but also different regions. It was recommended that there are different expectations from rural and urban organisations and that their assessment is more region specific. In addition to this, three conclusions were made regarding the costs of care for OVC. Using the labour of volunteers in the home is less expensive than hiring professionals. Facility based care (a children's home) has higher costs than home community-based care. Delivering services such as medicine costs more for rural organisations than urban. Again, this demonstrates the differences that rural and urban non-profit organisations face (Naidu, Aguilera, De Beer, Netshipale & Harris, 2008).

The World Bank observed costs of orphanages in Eritrea and Benin and released findings related to costs. There could be inconsistencies between cost analyses because costs can be broken down into economic and financial costs. Financial costs include salaries, equipment, consumables. Economic costs take into consideration the

donations of food, voluntary labour, and services that bring down the operating costs of an orphanage. Start-up costs for orphanages are pretty high as they must cover the expenses of construction, vehicles, office equipment, staff training, identifying beneficiaries etc. Comparison of children's homes is complicated by the differences such as characteristics of the children, quality of services, and benefits received by the children. Institutional solutions were found to be more expensive than family based options, but family based care is not always a possibility (Prywes, 2004).

2.2.7 Staffing structure

The staff of a children's home can be crucial to the development of orphans. These children are vulnerable and need the supportive care of a dependable adult in their life. The staff to child ratio, reliability and consistency of staff, and support that staff provides are all important considerations to be made in a children's home. This section will explore the training, staff structure, and child-caregiver relationship to explain what seems to best meet the needs of orphan children.

An intervention was conducted in three St. Petersburg, Russia orphanages using the Home Observation for Measurement of the Environment Inventory. This study showed that children's homes cannot simply focus on providing care and resources to orphaned children, but sustainability of the organisation as well in order to offer a permanent solution to the problem. In the early planning stages of opening and operating a children's home, maintenance and sustainability should be well planned out. Often times, a successful children's home will attempt to open multiple homes after success in the first one. Sustainability can help to not only keep the first home operating smoothly, but also to promote an easier transfer of this structure into a

different context to open more homes (McCall, Groark, Fish, Muhamedrahimov, Palmov & Nikiforova, 2013).

Caregiver training and structural change to encourage warmer and more supportive relationships with children were implemented at various levels in the Russian orphanages. Structural changes included smaller group sizes with more age and disability diversity of groups, the assignment of primary and secondary caregivers, the elimination of possible graduation to a ward, and consistent and reliable relationships with caregivers. The orphanage with the most interventions showed the most positive change as children's physical, cognitive, and social-emotional development improved. This was measured using a multiple item questionnaire of the HOME Inventory (McCall et al., 2013).

Aspects of this intervention allowed it to be maintained and promoted the long term stability of the orphanages. Rather than implementing programs, this intervention was focused on changing the behaviour of the staff to be more supportive of the children. This led to the children becoming more responsive and expecting to be treated more warmly from the staff. The researchers trained the caregivers on the actual process of the intervention so that they would have a better understanding of how to continue this maintenance in the future. The director's cooperation is crucial in order to make components of the intervention mandatory and to motivate caregivers to want to have a change in the culture of the children's home. A monitoring system was established and researchers occasionally checked in overtime to ensure that the intervention had maintained its improvements successfully (McCall et al., 2013).

Orphanage staff demonstrated high turnover rates in the Russian study which shows a problem that is common in many children's homes worldwide. Having an inconsistent

staff can be detrimental to children development in the lives of children who have already lost their primary caregivers. In Saint (St.) Petersburg, the turnover rate was found to be 13% per year. This is an issue that must be improved to ensure more reliable relationships for children. Even though government funding is financially supportive of caregiver pensions in orphanages in Russia, the career of a caregiver is low-status and low-paying. This could be what contributes to the high caregiver turnover rate in St. Petersburg (McCall et al., 2013).

In Central America, being a children's home caregiver is actually a government job which provides higher respect and stability to this occupation than in Russia. This career provides an acceptable but not lucrative salary which is good because that way it does not attract people who are motivated simply by salary. This difference suggests that perhaps offering a better salary and more stability to caregivers can lower the turnover rate of orphanage staff (McCall et al., 2013).

The difference between institutional and family-style children's homes is that institutional care is more of a mass home for many more orphans than would be found in a typical family, which is what family-style care is modelled after. There are many consequences for children raised in institutional care and this is detrimental to their development. Emotional, behavioural, and cognitive impairments are observed in institutionalised children in examples like difficulty in language development, concentration, and relationship formation (Johnson, Brown & Hamilton-Giachritsis, 2006).

Attachment theory can explain the negative impact that institutional care can have on children. Not having a close relationship with a caregiver leads to children being desperate for love and attention. A large number of children, small staff, and frequent

staff rotations all are aspects of institutional care that cause children to struggle to have a primary caregiver in their life. Behaviour and social incompetency result from this and children have difficulties with play and other peer interactions (Johnson et al., 2006).

Recommendations that result from this research can help to end the problem of institutional care. It is known that institutional care can lead to developmental delays so this type of orphanage must be avoided. Policy should support the growth of family based orphanage care rather than institutional care and should promote the human rights of all children. Research has shown that institutional care is not good for healthy child development, so the next step is exploring how to deinstitutionalise children who have been raised in this type of setting (Johnson et al., 2006).

Neimetz's study regarding a Chinese orphanage that uses the family structure style demonstrates the importance of family based care on child development. This private Chinese orphanage is an institutional home, meaning many orphans live there, but after realising the importance of a family structure, they implemented that within their institution. This orphanage was inspired by the success of the transformation that St. Petersburg orphanages went through when they transitioned from institutional to family-based care (McCall et al., 2013). For many nations, institutional care is necessary based on the large number of orphans who need a home. The St. Petersburg study showed that family style care within institutional homes was possible and would be effective and efficient for orphan care (Neimetz, 2010).

There are many benefits to family style care including greater academic achievement, better social outcomes for children, and overall healthier child development. In a home where the staffing structure is modelled after a traditional family, caregivers and

directors act as parents with specific roles and daily routines. Children pickup on the commitment and responsibility that caregivers feel as “parents” to the orphans and much more meaningful relationships develop. Serving meals to the orphans is one way that caregivers demonstrate their genuine support of children and put the needs of the children before themselves. The consistency and stability that orphans get from a routine lifestyle allows them to thrive physically, mentally, emotionally, and spiritually (Neimetz, 2010).

This literature review explored the topics of education, health, finances, and staff structures within orphanages worldwide. In order to study these topics in South Asian orphanages, it is important to know what practices are most commonly reported and why these practices are used. The literature also provided background information regarding the needs of orphans and how orphanages attempt to fulfil the great need for orphan care and support worldwide.

2.3 Social Support Services for Orphan Children

The number of orphan children in need of public support is not known precisely. UNAIDS, UNICEF and USAID have jointly prepared estimates of the number of orphans by country and type for 2003 to 2010 (UNAIDS, 2004). However, not all of these children need public support. Some may be living well with their surviving parent while others may be living with relatives who can afford to support them. Our definition of orphans in need includes only those living in households with incomes below the national poverty line (World Bank, 2002). Of course, many children who are not orphaned are also in immediate need of assistance. The identification of children in need of assistance can best be done through community assessments.

Many countries have adopted their own definitions of orphans that differ in important ways from the standard definition used by UNICEF and other international organisations (a child under the age of 18 who has lost at least one parent) (POLICY Project, 2004). After limiting the target population to orphans living under the poverty line, for the purposes of this analysis we use three further definitions of need as proxies for these community assessments. They are double orphans (children under the age of 18 who have lost both parents), double and near orphans ('near orphans' refers to children with a chronically ill parent who will become orphans in the next year), and double orphans and near orphans plus one-half of maternal and paternal orphans.

These definitions refer to all orphans not just those children orphaned because of AIDS. (These estimates are based on current levels of anti-retroviral treatment (ART). If the number of people treated expands very rapidly in the next few years, fewer parents will die and the number of orphans would be about 5% less.) Near orphans are especially vulnerable since they may receive inadequate care if they have a chronically ill parent and they will shortly become new orphans, requiring significant adjustments in their living arrangements.

Community workers can identify families with chronically ill adults. In our projections we estimate this number as the children who will become single orphans the following year. These definitions are intended to serve as proxies for orphans and vulnerable children in need of public support and are used only for the purposes of estimating resources needed. It is not intended to suggest that programmes use these rules to identify children in need of support. The total number of orphans is projected to grow from 21.6 million in 2005 to 23.5 million in 2010. In 2010 there will be an

estimated 6.4 million maternal orphans, 8.4 million paternal orphans and 4.4 million double orphans, plus an additional 2.5 million children would be orphaned in the coming year (near orphans).

Using the definitions of need presented above, the number of children in need of public assistance grows from 2003 to 2010 as follows: 3.6 to 4.4 million double orphans, 6.1 to 6.9 million double orphans and near orphans, and 16.3 to 18.7 million double, near, maternal and paternal orphans. The distribution by age is heavily weighted towards older children, since they are composed of children newly orphaned and those orphaned some years ago at younger ages who have subsequently aged into their teenage years. For example, the distribution of single and double orphans living below the poverty line in 2010 is 400000 aged 0–4, 2.2 million aged 5–11 and 4.2 million aged 12–17.

Moreover, children need various types of support ranging from those things necessary for survival, such as food and health care, to those interventions that will provide a better quality of life in the future such as education, psychosocial support and economic self-sufficiency. In an ideal world all children would have access to all types of high quality services. In the real world many children, orphaned and not, are malnourished, sick and without shelter. Some argue that a comprehensive programme to support children should include all essential elements including food, health care, education, clothes, shoes, bedding, psychosocial support, economic self-sufficiency and many others.

Others hold that some of these elements are not ‘essential’ or far exceed the situation of most children living in poor households with both their parents. Each country will make its own decisions about what types of support to provide in light of the

availability of funding, level of need and socio-economic situation. In this analysis we provide estimates of resources needed for six categories of support:

Food: Food and clean water are the most basic need for all children. Food supplied from external sources could actually reduce food security in the long run if it disrupts the local market, but food procured locally or produced through community gardens can contribute to local food security. Food may be provided as either bulk grain needing preparation or as cooked meals.

Health care: The need for health care includes childhood immunisations and vitamin supplements for children under five, routine health care for all and reproductive health services for older children aged 10–17. In some countries health care is free for all children or for the youngest children. However, patients often have to pay for drugs and supplies. Some have argued that orphan-related programmes should advocate for free health care for all children rather than focus on providing funding to pay for care for children. However, in that case additional resources would need to be made available to governments to provide free care to families.

Education: This includes school fees where they exist, funds required for uniforms, books and other supplies, and special fees. Many countries have eliminated school fees and additional advocacy efforts could help to eliminate them in other countries as well, but the extra costs of uniforms, supplies and special assessments can still be substantial.

Family/home support: This category includes clothes, shoes, bed nets and economic self-sufficiency. The need for bed nets will vary depending on local climate and other conditions. In many cases donated clothes and shoes are available at no cost, but reliance on donated goods may not be sustainable as programmes scale up

considerably. Economic self-sufficiency refers to programmes to provide older children and/or their families with economic support such as microfinance loans, skills training, grants or seeds.

Community support: This includes identification of vulnerable children and funding for community workers who can assess needs, organise support and provide some counselling and individual support. Many community workers will be volunteers but significant funds may still be required for training and transportation.

Other services: We have not explicitly included costs for national-level advocacy and legislative reform. These may be needed in many countries to address specific issues such as school fees, the cost of health care or child protection. Also many important activities such as memory books, camps etc. are assumed to be covered under community support but these may require additional resources beyond the community worker training and support included here. We have included an estimate of the costs of administering support programmes including fund raising, planning, research etc. This category applies to the organisational costs of non-governmental organisations (NGOs) providing support or central administration costs for government-run programmes.

2.4 Psychological Experiences of Orphan Children

A psychological experience is one of the important elements of children's health and development. Psychological experience is "a state of experiences in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". The exposure to a number of stressors associated with parental HIV/AIDS is likely to threaten children's psychological experiences. Thus,

psychological experiences refer to the possession of emotional, behavioural and social competence appropriate to their developmental stages and the resilience in the adversity of parental illness and death.

Several cases in Malawi provide evidence that various forms of child abuse do occur among orphans and non-orphans. These abuses include rape, prostitution, child labour and child trafficking, particularly for females (Malawi Government, 2004b; Malawi Government, 2007b; Phiri 2007). The limitations of some of these studies were that they were based on unpublished literature; hence their quality was not established.

There appears to be evidence that orphans in Sub-Saharan Africa, may be exposed to more abuse than non-orphans (Kang et al., 2009; Robertson, Gregson & Garnett, 2010; Foster & Williamson, 2000; Cluver et al., 2011). Based on a 4-year quantitative longitudinal study from 2005-2009, Cluver et al. (2011) found that in Cape Town, South Africa, AIDS, orphan-hood and parental sickness determined an orphan's risk to emotional and physical abuse.

Similarly, two separate quantitative studies that assessed 10 demographic health surveys in Sub-Saharan Africa, among 15-17 years children, found that, indeed, orphans were at risk of starting sex early, early pregnancy and early marriage (Palermo & Peterman, 2009; Robertson, Gregson & Garnett, 2010). Using mixed method in Malawi, found that orphans were less likely to undertake voluntary HIV tests, started sex at an early age and engaged in high-risk sexual behaviour than non-orphans. Female orphans were less likely to use condoms.

Researchers are reporting an increase in the number of girls at risk of sexual abuse, including rape and sexual assault (Cluver et al., 2011; Birdthistle et al., 2011). Kang et al. (2009) conducted a quantitative regression analysis of 2000 HIV/AIDS positive

girls, aged 16-19 years in peri-urban areas of Zimbabwe, to explore the reproductive needs of girl orphans. The findings suggested that both maternal and paternal orphans lacked protection from sexual abuse.

However, Kang et al. (2009) suggested that there were different patterns in the nature of needs between paternal and maternal orphaned girls. Maternal orphans were likely to be found in child-headed households, to be sexually active, to have STI, to have been pregnant and to be infected with HIV. On the other hand, paternal orphans were more likely to be homeless and be out of school. The study suggests the need to conduct thorough needs assessments, to identify the variations of need within orphan types and address them accordingly.

There seems to be a gender dimension on the need for protection between boys and girls. Using a qualitative study based on interviews and focus group discussions (FGDs) with orphans and non-orphans, Mmari et al. (2006) compared the risky sexual behaviour between boy and girl orphans in Tanzania. The research suggested that more girl orphans engaged in unsafe sex than did the other children. While girls consistently felt that being in school or earning income was a protective factor against risky sexual behaviour, earning some income was perceived as a risk factor for boys, because it increased their temptation to engage in transactional sex. Girl orphans engaged in sex because they lacked food, clothes and because the caregivers did not provide adequate supervision or guidance.

Further, it has been suggested that orphans engage in harmful and unsafe coping mechanisms, which create the need for protection. It has been reported that orphans engage in child labour, in the form of paid work, as well as domestic chores more than non-orphans (Enwereji, 2007; Ayieko, 1997). Enwereji (2007) reported that in

Nigeria, often orphans were fostered within the extended family, but that caregivers made orphans work strenuously. The orphans did paid work outside the home, in the garden and domestic chores. The orphans described the work as slavery, hence this posed a threat to the orphans' health and development.

In addition, Ayieko (1997) found that, in Kenya, both boys and girls were involved in domestic child labour. Girls assumed maternal roles, to provide care for the younger siblings and they worked in the gardens as young as 9 years old. Male orphans assumed paternal, income earning roles. However, Miller (2007) suggested that capturing of child labour data appears to be difficult. Hence, the full extent of the child labour problem may be more serious than reported. This was because often orphan caregivers hide information about child labour and a lot of domestic work was not considered as child labour, hence remain undocumented.

2.5 Coping Strategies by Orphans to deal with their Psychological Experiences

Households with orphan reported different coping strategies orphan children use. For example, Maxwell and Cardwell (2008) described a Food Security Coping Strategy Index that is used to measure frequency and severity of food insecurity. According to their experience, most of the households adopt the following strategies to cope with food shortages; consuming cheaper foods, borrowing money for buying food, reducing the number of people eating from home (send children to eat at the neighbours' house) or reducing number of meals per day.

Kaschula (2011b) suggested that coordinated social networks could help food insecure household from high poverty and high HIV/AIDS affected areas. This was established through mixed methods and observation research that was done in Kwazulu-Natal, in South Africa. The results showed that households that had severe

food insecurity survived the hunger period, through food donations from social networks in the form of cereals, legumes, fruits and fish from relatives and friends. Similarly, in Nigeria, Enwereji (2007) reported that communities used pot-logging to cope with food insecurity. Pot logging was a system where food and other items donated to orphans were brought to one central point, where orphans accessed them according to their need.

In addition, in South Africa, it was established that wild foods helped to provide nutrition to HIV/AIDS infected and food insecure households that had orphans (Kaschula, 2011a). Challe, Niehof and Struik (2011) reported that orphans from child headed household collected and sold wild orchid tubers, to find money for buying food throughout the year. However, this was merely a survival strategy that did not help them to meet other financial needs.

Moreover, scholars (Munthali, 2002; Monasch & Boema, 2004; Foppena, 1996) have highlighted different strategies adopted by orphans to satisfy financial need. Studies done in Malawi suggested that when parents died, a bulk of orphans were fostered by the extended family members particularly the grandparents (Munthali & Ali 2000; Mastwijk, 2000). However, due to lack of income, orphans engaged in economic activities for example selling of charcoal and food items. In some instances, the remaining parent arranged early marriages for girls. These measures taken by some families to cope with the economic effects of HIV/AIDS had serious repercussions on children, such as early marriage for girls at the expense of schooling (Foppena, 1996; Cook, Sandra & Alastair, 1999; Munthali & Ali, 2000; Mastwijk, 2000).

Furthermore, households that lost parents to HIV/AIDS failed to cultivate the whole garden, due to reduced labour. This resulted in declining crop yields (Munthali & Ali,

2000). Other orphans were cared for by the community through community-based organisations. Additionally, Monasch and Boema (2004) reported a migration of surviving mothers, with their children, from rural to urban areas, in search of better income opportunities. These strategies, which were meant to address orphans' problems, appear to have driven them into further vulnerability. More detailed information regarding the results of economic effects on orphans are discussed in the next section. Furthermore, Yamano, Yayne and McNeil (2002) reported that in response to declining income resulting from parental death, some daughters were married off to gain some income through dowry payment.

In contrast, Tamasane and Head (2012) found that in Free State, South Africa, orphans, fostered by grandparents, coped with material needs better than those fostered by other relatives. This was because, apart from receiving grants from Government, grandparents had a pension. Orphans from all fostered households had problems with access to education, and with access to meals. Although all caregivers received child and fostering grants, the grants were not sufficient to cover all orphans' needs.

Donahue (1998) grouped family strategies, for addressing financial insecurity into three categories of increasing vulnerability. These categories were reversible strategies, disposal of productive assets and destitute strategies. Reversible strategies that were cited included reducing expenditure patterns and seeking relief from others. Destitute strategies included breaking up families and prostitution. Overall, orphans seem to lack finances or income and material items, and use different strategies to address those needs. However, the strategies used to cope with their needs increased orphans' vulnerability hence the need for supportive services.

Ghana has no working policy on care arrangement for orphans and vulnerable children, especially those affected by HIV/AIDS. The department of Social Welfare developed a Care Reform Initiative (CRI) plan in 2006 that aimed to provide integrated and comprehensive care for OC and OVC and families in Ghana but this has never seen the day of implementation.

It is part of the Ghanaian cultural set-up that children are cared for by traditional kinship systems, fostering and adoption. But increases in their numbers, the nature and dynamics of the HIV/AIDS epidemic and AIDS stigmatisation mean that these traditional systems are possibly being overstretched and collapsing (Mensah & Lund, 2008). Lack of response from government and the non-existence of policy and regulation have led to the proliferation of orphanages as quick-fix solutions that often lack even basic amenities.

However, in the Gomoa Central District, the location for this study and one of the hardest hit zone in the Central region of Ghana, there exist a prominent example of traditional care for orphans offered by the assembly members in the area. An assembly member is a male/female who is responsible for advocating and lobbying from the central government in terms of developmental projects. The assembly member sometimes provides food and other basic needs to the orphan children. These efforts integrate orphan children into the society, avoids stigma and provides the children with a family for their whole lives as opposed to orphanage care (Mensah & Lund 2008). However, since there can be just a few assembly members per a geographical area it suggests that not many orphan children are likely to be left out in this direction.

2.6 Counselling Needs of Orphan Children

Counselling services under this subheading was discussed under the following subheadings: advocacy; strengthening families and communities; material and service support; emotional and spiritual support; educational support.

Advocacy: This counselling service provides Orphan Children with legal representation and tackle stigmas against them (Christian Aid, 2016; CRS, 2008; The Framework: For the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS, 2014). Given the findings that child labour is a significant predictor of psychosocial distress, guidance and counselling coordinators should organise guidance and counselling services that focus on tackling exploitative child labour practices.

Strengthening families and communities: This counselling service helps to prevent the breakdown of nuclear families (CRS, 2008; The Framework: For the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS, 2004). Given the findings that living with a grandparent or aunt or uncle are protective factors against psychosocial harm, this intervention can be expanded by guidance coordinators to empower extended families as a social support network.

Material and service support: This counselling service help parents and caregivers to provide income generating activities for families and communities, provision of food and material aid, provision of subsidies and vouchers, and enhancing access to social services and medical care (Better Care Network, 2009; CRS, 2008; Klaus and Denninger, 2013). Given that the caregiver's capacity to care for the vulnerable children plays a large role in his or her psychosocial well-being, this study suggests

that governments and individuals should expand these services and couple food and material aid with psychosocial support for both the caregiver and vulnerable children.

Emotional and spiritual support: This counselling service already address psychosocial support (Christian Aid, 2016; CRS, 2008; The Framework: For the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS, 2014). Governments should supplement these existing programmes.

Educational support: These interventions include provision of school-fees, uniforms, and scholastic material, incentivising attendance by providing meals, vocational training and life skills programs (Christian Aid, 2006; CRS, 2008; The Framework: For the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS, 2014). Given that this study shows that orphans have higher levels of behavioural and emotional difficulties, governments should mandate curriculum in reproductive health, emotional health, youth-empowerment to build the resilience of VC through education.

Gitobu (2012) studied implications of cash transfer programmes for social relations: Kenya's Cash transfer for orphans children. The study found that the programme has resulted in social capital gains within beneficiary communities; it has also had perverse effects that have simultaneously engendered threats to social cohesion. The negative outcomes are largely seen to emanate from programme processes, particularly the small percentage of households targeted. Ultimately the study highlights the necessity for directing focus towards a comprehensive social protection system with a universal orientation to maximise benefits of transfer programmes.

Meanwhile, there is need to expand the evaluative space to take cognisance of the range of impacts engendered by such programmes, including relational outcomes. From these discussions, it seems there is no local study done on guidance and counselling services for vulnerable children in the Ghanaian perspective.

2.7 Summary of Reviewed Literature

The review covered the following subheadings: The concept of orphanage, the concept of orphan children, the concept of social support services for orphan children, the concept of psychological experiences of orphan children, coping strategies and orphan children's psychological experiences, counselling needs of orphan children and summary of reviewed literature.

From the review on concept of orphan children, it came to light that different scholars have given difficult definitions to the term "orphan children". However, one thing that stood tall in all the definitions was that orphan children are the kind of children who had lost either a parent or both. Also, these children are within the age bracket 0-18 years. Similarly, it was deduced from the definitions that these children lacked basic needs such as food, clothing and shelter. The review further show that when these children are unable to get their basic needs, they rely on their extended family members.

The review further looked at the concept of social support services for orphan children. In discussing this theme, it came to light that orphan children received some form of support from NGOs, friends, family members, the community and the government at large. These support some in the form of education, basic needs (food, clothing and shelter), health, and sometimes guidance and counselling.

The concept of psychological experiences of orphan children was also discussed under the review. It implies from the review that orphan children go through various forms of child abuse. These abuses include rape, prostitution, child labour and child trafficking, particularly for females. It was identified from the review that they also experience emotional and physical abuse.

The review again focused on coping strategies used by orphan children for their psychological experiences. The review connotes that orphan children had strategies they use to cope their psychological experiences. Some of them included: consuming cheaper foods, borrowing money for buying food, reducing the number of people eating from home (send children to eat at the neighbours' house) or reducing number of meals per day.

Also, a bulk of orphans were fostered by the extended family members particularly the grandparents which served as other coping mechanism. Again, the review indicated that orphans sometimes engaged in economic activities for example selling of charcoal and food items. Besides, other orphans were cared for by the community through community-based organisations. Lastly, the review discussed counselling needs of orphan children. The review showed that advocacy; strengthening families and communities; material and service support; emotional and spiritual support; educational support were the key counselling needs of orphan children.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter study focuses on the research methodology. It covers the following subheadings: Research paradigm, research approach, research design, study area, population, sample and sampling technique and data collection instrument. It further presents the trustworthiness of the data collection instrument, data collection procedures, data analysis and ethical considerations.

3.1 Research Paradigm

The study adopted social constructivism paradigm. Constructivists believe that there exist diverse, constructed realities (known as the relativist position), rather than a single true reality. The reality, according to the constructivist position is subjective and influenced by the individual's experience and perceptions, as well as the social environment. Constructivists are lean to the use of qualitative methods in gathering those multiple realities (Cameron, 2011).

Constructivism paradigm was adopted because the researcher wanted to find out how orphan children understand their situation as orphans and also how they make meaning out of their life situations. This support what Neuman (2011) argued about that social constructivism acknowledges the social context and thus embraces multiple realities, making "uncertainty" a key principle of this paradigm. Neuman (2011) further argued that researchers that adopt this paradigm aim to understand how people construct their own reality based on their personal narratives, experiences, values, beliefs and the way they make meaning in their lives. Hence, social constructivism promotes negotiated meanings. In this sense, it is regarded as communal within the

social context. This study sought to explore counselling needs of orphan children by interviewing different orphan children and their caregivers in the realisation of this goal. The use of the social constructivism paradigm was befitting since it was premised on the understanding that reality as we know it is socially constructed. Also, the social constructivist paradigm was relevant in a study of this nature since the aim was to have a better understanding of the counselling needs of orphan children.

3.2 Research Approach

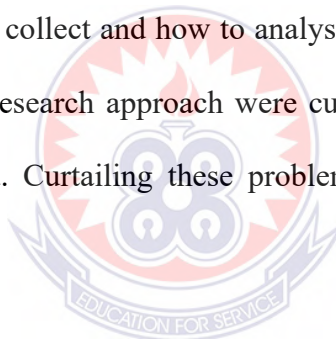
The study used qualitative research approach. According to Scott (2018), qualitative research is defined as the study of the nature of phenomenon and is especially appropriate for answering questions of why something is (not) observed, assessing complex multi-component interventions and focusing on intervention improvement. This suggests that qualitative research is the study of things in their natural settings where the research endeavours to interpret a phenomena based on the meaning ascribed by the people under investigation. The study used qualitative research approach because it aimed at exploring the counselling needs of orphan children in Bethel orphanage in Gomoa Central district in its natural setting.

Also, it helped the researcher to better understand the reasons, opinions and motivations of orphan children in Bethel orphanage in Gomoa Central district as indicated by Hammersley (2018). Similarly, Creswell (2012) postulated that the use of qualitative research approach enables researcher to have an in-depth understanding of research problem and the core phenomenon of the study.

Again, the use of this research approach enabled the study to uncover thought and opinions and also dived deep into the problem under investigation. This is in line with what Dudovskiy (2017) explained. According to Dudovskiy (2017), qualitative

research approach provides first hand insights into unchartered grounds. Review of literature suggested that little is known about the real counselling needs of orphan children in Bethel orphanage in Gomoa Central district. Thus, orphan children were, often than not, generalised to face same counselling needs as many other Ghanaian and African orphanages. In addition, there had not been adequate empirical studies exploring counselling needs of orphans in orphanage homes. Hence, the use of qualitative research approach in conducting the study.

Based on the recommendations of Yin (2013) for a qualitative study, attention was paid on ensuring that the four major problems of research approach were curtailed. These problems as explained by Yin (2013) were: “what questions to study, what data are relevant, what data to collect and how to analyse the results”. In ensuring that the four major problems of research approach were curtailed, the “Criteria for judging” by Yin (2013) was used. Curtailing these problems started from the onset of the research approach.



3.3 Research Design

The study adopted phenomenological design which seeks to interpret the meaning of the lived experience of orphan children. Scott (2018) argued that a phenomenological study is one that focuses on descriptions of what people experience and how they experience what they experience. A dimension of phenomenological approach is the assumption that there is an essence to shared experience (Yin, 2013).

Furthermore, Gall, Gall and Borg (2010) asserted that in a phenomenological study, there is the need to conduct an analysis of the experience so that the rudimentary elements of the experience that are common to members of a specific society can be

identified. Durrheim and Terre Blanche (2002) also posited that phenomenology aims at gaining a deeper understanding of the everyday experiences of a group of people.

The phenomenological design was considered the most appropriate for the study because it helped the researcher detach her own assumptions from the study (Yin, 2014). Also, the intention of this research, at the outset (preliminary focus), was to gather data regarding the perspectives of orphan children about the phenomenon of under exploration (Connolly (2007). Since, this study sought to gather data on lived experiences on social supports received by orphan children, psychological experiences of orphan children, how orphan children cope with their psychological experiences, and counselling needs of orphan children in Bethel orphanage in Gomoa Central district, phenomenological design was found to be the appropriate design for the study.

3.4 Study Area

Gomoa Achiase is a community within the Gomoa Central District in the Central Region of Ghana. It is one of the oldest traditional communities in the Gomoa Central District. However, it is densely populated, where the population is made up of indigenous peasant farmers. Due to low income nature of the farmers, taking good care of their wards and providing them with their basic needs such as food, clothing, shelter, quality education and healthcare is a major challenge, so most children in the area struggle on their own to care for themselves.

Bethel orphanage was established by Mr & Mrs Sam in the year 2007. The orphanage is located at Gomoa Achiase in Gomoa Central District of Central Region, Ghana. The couple realised that there were a lot of children in Gomoa Achiase community and its environs without proper care so they saw the need to assist to unearth their

potentials, hence the establishment of the orphanage. The couple also own a private school called Bethel Academy which the orphans and the needy children are enrolled but it is opened to the general public which they collect school fees to pay for the teachers and rest of the money to fund the orphanage which is woefully inadequate. Madam Joedee Robertson, a citizen of the United States of America also supports the orphanage financially. How to feed the children at the orphanage home three balanced meals a day is a major challenge, at times the couple buy food items on credit in order to feed the children.

3.4 Population of the Study

Population of the study was orphan children and their caregivers in the Bethel orphanage in Gomoa Central District, Ghana. They comprised of 52 orphan children; 33 (males) and 19 (females) and 5 (caregivers) which 2 were males and 3 females. These individuals were used for the study because it was believed that they had knowledge about the topic under investigation and for that reason can help gather needed information in order to address research questions.

3.6 Sample and Sampling Technique

Homogenous purposive sampling technique was used to select 15 participants for the study. Bernard (2006) defined a purposive sampling as a technique whereby the researcher relies on their own judgement to select members of the population to be part in the study under consideration. Homogenous is a type of purposive sampling technique used by researcher who wish to select participants having shared characteristics or set of characteristics (Patton, 2002). With the help of this sampling technique, the researcher was able to select orphan children and their caregivers who have knowledge related to the topic under investigation.

Five caregivers (workers) at Bethel orphanage and ten orphan children were sampled. This sampling technique helped in selecting participants for information. Workers at Bethel orphanage was selected because they had worked with the orphan children for more than 5 years and had gotten some form of experience in working with these children. Their experiences were relevant in responding to the research questions; hence, their inclusion into the study. Also, orphan children within the age bracket 12-18 years was that it was conceptualised that these children would be able to communicate better and also to express their opinions satisfactorily with regards to the topic under investigation. Moreover, these children were residents of orphanage home; hence, it was simple for the researcher to reach out to them.

3.7 Data Collection Instrument

Semi-structured interview guide were used for data collection. Semi-structured interviews are used in almost all kinds of qualitative research (interpretive) and are the techniques of choice in most qualitative research methods (Myers, 2009). Rubin and Rubin (2005) argued that semi-structured interviews are like night goggles that allow us to see. Patton (2014) suggested that the purpose of semi-structured interview is to allow researchers to enter into the other person's perspectives.

Thus, qualitative interviewing begins with the assumption that the perspective of others is meaningful, knowable, and able to be made explicit (Patton, 2014). Sekaran (2003) also suggested that semi-structured interviews are a basic source of obtaining qualitative data aimed at a purposeful discussion involving two or more respondents. Semi-structured interview can be defined as a method for collecting primary data in which a sample of interviewees are asked questions to find out what they think, do or feel (Collis & Hussey, 2009).

This instrument was used to capture respondent's voices and stories. It also served as an important method in sensitive issues that require confidentiality (Hennink, Hutter & Bailey, 2011). Semi-structured interview further allowed the respondents to elaborate themselves. The study used semi-structured interview guide to collect the opinions of orphan children and workers at the Bethel orphanage in relation to the topic under investigation. Semi-structured interview was further used because it had the ability to give in-depth comprehension of the data under data analysis (Patton, 2014). Phopalia (2010) also indicated that the use of semi-structured interview helps researchers to develop an accurate interpretation and understanding of a given situation.

Semi-structured interviews, was adopted because according to Howell (2013), it can provide data collection mechanisms that enable description, interrogation, evaluation and consideration of personal accounts or biographical and historical data. Besides, semi-structured interview can be confrontational and allow an environment for storytelling (Howell, 2013). Semi-structured interview guide was adopted because it helped the researcher probe further for more detail on experiences of respondents with regards to the topic under investigation.

The interview guide had four sections: Sections A, B, C and D. Section A had four statements aimed at soliciting responses on social supports received by orphan children in Bethel orphanage in Gomoa Central district, Ghana. Data provided in this section helped in answering research question one. Also, Section B had four questions aimed at soliciting responses on the psychological experiences of orphan children in Bethel orphanage in Gomoa Central district, Ghana. Data provided in this section helped in answering research question two.

Further, Section C had three questions which aimed at soliciting responses on how orphan children in Bethel orphanage in Gomoa Central district cope with their psychological experiences. Data obtained in this section was used to answer research question three. Moreover, Section D had three questions that solicited responses on counselling needs of orphan children in Bethel orphanage in Gomoa Central district. Data acquired in this section helped in answering research question four.

3.8 Trustworthiness of the Data Collection Instrument

Trustworthiness in qualitative research refers to the accuracy of the results a research study, data and findings (Connelly, 2016). This suggests that the degree of confidence in data, interpretation, and methods used to ensure the accuracy of the study held on by a researcher. A study is trustworthy only if the reader of the research report judges it to be so. The study employed criteria for establishing trustworthiness proposed by Lincoln and Guba and cited in Connelly (2016). The criteria were: Credibility, dependability, transferability and conformability.

3.8.1 Credibility

Credibility is how confidence the qualitative researcher is in the trust of the research study's findings (Connelly, 2016). Credibility is a significant feature in establishing trustworthiness. The reason had been that it fundamentally asks the researcher to clearly link the findings of the study with reality in order to validate the truth of the findings of the study. Credibility also has the most techniques available to establish it, compared to the other three aspects of trustworthiness. Credibility was established in this study through member checks and triangulation of sources.

Member checking was the first technique the researcher used to establish credibility. In using this technique, the data, interpretations and conclusions of the study were shared with respondents. This allowed respondents to clarify what their intentions were, corrected errors and provided additional information where necessary.

Also, triangulation was the second technique used to check for the credibility of the interview guide. Triangulation of sources in this study involved applying different data sources within the same method. This is where the researcher used of two different set of respondents (orphan children and caregivers) in the study. Thus, the study interviewed orphans and caregivers and compared their views. In this study, the researcher used orphan children and caregivers for data collection. This connotes that the study used two sources of data collection. This approach helped in checking the consistency of the findings or results of the study. It also made it possible for the study to gain a more complete understanding of the phenomenon being explored. Furthermore, the use of orphans and caregivers made sure that the research findings were robust, rich, comprehensive and well-developed.

3.8.2 Dependability

The idea of dependability emphasises the need for the researcher to account for the ever-changing context within which research occurs (Connelly, 2016). To achieve dependability, researchers can ensure the research process is logical, traceable, and clearly documented (Tobin & Begley, 2004). When readers are able to examine the research process, they are better able to judge the dependability of the research (Lincoln & Guba, 1985).

To attain this, the study described the changes that occurred in the setting and how these changes affected the way the researcher approached the study. Also,

processes within the study was reported in detail, thereby enabling future researchers to repeat the work, if not necessarily to gain the same results.

3.8.3 Transferability

This means to extend the degree to which the results can be generalised or transferred to other contexts or settings. Transferability refers to the generalisability of inquiry (Connelly, 2016). In qualitative research, this concerns only to case-to-case transfer (Kothari & Carg, 2014). The researcher cannot know the sites that may wish to transfer the findings; however, the researcher is responsible for providing thick descriptions, so that those who seek to transfer the findings to their own site can judge transferability (Lee, 2013).

Purposeful sampling was one of the procedures used in this study in achieving transferability of the interviews. For this reason, purposive sampling precisely homogenous sampling technique was used to select orphan children and caregivers for data collection. Thick description of results was another way to ensure transferability. The study described not just the behaviours and experiences of orphan children, but the contexts as well. In this sense, the researcher believed that the behaviours and experiences of orphan children became meaningful to an outsider.

3.8.4 Confirmability

Qualitative research tends to assume that each researcher brings a unique perspective to the study. Thus, transparently describing the research steps taken from the start of a research project to the development and reporting of the findings. The records of the research path are kept throughout the study. Confirmability deals with the degree to which the results could be confirmed or corroborated by others (Connelly, 2016). Connelly (2016) further postulated that this aspect means to

extend the confidence that the results would be confirmed or corroborated by other researchers. This infers that confirmability is the degree to which findings of the study can be confirmed by other researchers.

The researcher documented the procedures for checking and rechecking the data throughout the study. Another approach adopted was “devil’s advocate”. With this approach, the researcher actively searched for and described the data and *negative instances* that contradict prior observations or data. Also, after the study, the researcher conducted a “*data audit*” (audit trail). Thus, the researcher explored the data and analyse procedures and made judgements about the potential bias or distortion. Again, the researcher detailed the process of data collection, data analysis and interpretation of the data. Also, the study recorded issues that were unique and interesting during the data collection. Besides, the researcher explained what the themes meant (Denzin & Lincoln, 2013).

3.9 Data Collection Procedures

An introductory letter from the Head, Department of Counselling Psychology, University of Education, Winneba was obtained to enable approval from the gate keepers and respondents. Respondents were met and given explanations to the purpose of this research, aspects of confidentiality and the anticipated use of the data. Measures were taken to ensure that the settings for the interviews helped in promoting confidentiality by way of ensuring that the respondents were not overheard. English and the local languages (Fante-Gomoa) were used for the interviews. This gave the respondents the ability to express themselves thoroughly; hence, enabling the study to obtain rich information.

The researcher personally conducted the face-to-face interviews with all the participants. Thus, the face-to-face interviews were done until data saturation was realised. Interviews were audio recorded after permission had been granted by the participants. The recordings helped to ensure a more accurate picture of the questions and answers. It also helped to improve the credibility of the interviews since consistent approach was used. In the same way, the recorded interviews helped the researcher to focus more on the participants' non-verbal utterances, attitudes and even body language instead of pausing to take notes. Interviews lasted 25 minutes for each participant. Further, key information (field notes) were written as backup in case the recorder develops a fault.

3.10 Data Analysis

The researcher followed the following processes in analysing the data in themes:

1. Data familiarisation: At this stage, the researcher organised data from field notes and recordings of interviews from respondents into transcripts and reread the transcripts several times.
2. Code formation: After the transcription of the data, researcher organised the data by coming up with codes which imaged the transcripts.
3. Identification of Theme: At this stage, researcher transformed the codes into specific themes or categories.
4. Refining the themes: At this stage, researcher sorted out the themes. Also, the researcher checked for repetitions, similarities and differences that emerged so as to refine the data.
5. Defining and naming themes: During this stage, the researcher finally refined and defined the themes for the analysis.

6. Reporting: At this final stage, the researcher went through the defined and named themes which were used in the findings and discussion section under Chapter Four of the study.

3.11 Limitations

Data collection for the study was done using interview guide. It was recognised at the preliminary stage of the interviews that some of the orphan children were anxious to share their life stories. Nevertheless, after they were given explanations on confidentiality and anonymity, they were then willing to share their life stories. Also, orphan children and caregivers used for the study were selected from the Bethel orphanage in Gomoa Central district. This suggests that results of the study should not be generalised to other orphan children outside this study area with caution.

3.12 Ethical Considerations

One of the primary responsibilities of researchers is that those who participate in a study should not be harmed in any way. This is the reason for the need to obtain informed consent and why measures should be taken to protect participants' privacy (Collins et al., 2010). In this study, the respondents were informed that their participation was voluntary. Verbal consent was obtained from all the respondents. Durrheim and Terre Blanche (2012) asserted that "obtaining consent from participants does not merely involve signing a form; consent should be voluntary and informed" (p. 66).

Participants were further assured of confidentiality of the information they supplied. In cases where the researcher used a voice recorder for data accuracy purposes, participant's consent was requested. Where a participant was not willing to be recorded, his or her right was respected. Participants were also assured of

confidentiality of their personal identity, especially when publishing the research findings and that all the data collected, recorded and stored, would be destroyed one year after the researcher had successfully completed the course.

Bougie and Sekaran (2009) stated that “treating the information given by the participant as strictly confidential and guarding his or her privacy is one of the primary responsibilities of the researcher”, and add that “whatever the nature of the data collection method, self-esteem and self-respect of the subjects should never be violated” (p. 221). Collins et al. (2010) stressed the need for participants to understand what the research involves, and that direct consent must be obtained from those who will be personally involved in the study. For that matter, participants were informed prior to the interview that they were free to withdraw at any time.

Another ethical consideration was not to interview the orphan children themselves because they were vulnerable, more sensitive than adults, and also unable to make informed decisions about divulging sensitive information. Neuman (2011) noted that “it is unethical to involve ‘incompetent’ people (for example, children and the mentally disabled) in a study unless the researcher fulfills two conditions: A legal guardian grants written permission and all ethical principles against harm to the participants are adhered to” (p. 123). In this study, permission was sought from parents/caregivers to orphan children. Besides, permission was sought from orphan children sampled for the study. Again, these children were not harmed in the course of data collection.

According to Neuman (2011), “a core ethical principle is that researchers should never create unnecessary stress for respondents. ‘Unnecessary’ means beyond the minimal amount required to create the desired effect, or stress without a direct,

legitimate research purpose” (p. 146). Apart from respecting other people’s values, and doing no harm, researchers also have the responsibility to meet the requirements of justice, meaning that participant or respondents should be treated equally (Collins et al., 2010). Therefore, in this study all the participants were given same treatment; hence, no bias from the researchers’ point of view.

Also, in discussing the themes, participant’s identities were hidden by using pseudo names. For instance, orphan children were referred to using the letters OC 1 to OC 10. Likewise, workers at the orphanage were represented with codes such as: WK 1 to WK 5. For this reason, no names were attached to any responses. These pseudo names helped to promote confidentiality and anonymity of participants.



CHAPTER FOUR

RESULTS

4.0 Introduction

This chapter presents the results of the study. The purpose of the study was to explore counselling needs of orphan children Bethel orphanage in Gomoa Central district, Ghana. In this chapter, the researcher presents the data gathered qualitatively. Data were gathered for the purpose of answering four research questions: (1) What social supports are received by orphan children in Bethel orphanage in Gomoa Central district? (2) What are the psychological experiences of orphan children in Bethel orphanage in Gomoa Central district? (3) How do orphan children cope with their psychological experiences in Bethel orphanage in Gomoa Central district? (4) What are the counselling needs of orphan children in Bethel orphanage in Gomoa Central district?

In answering these research questions, ten major themes emerged based on the thematic analysis of the data. These themes included: Physical and emotional supports; sadness and rejection by peers; assistance in relation to basic needs (food, clothing and shelter), advice from some peers, community members and religious groups; someone to talk to, show orphan children care and love as well as to listen to their problems. These themes were described with supporting quotes from the participants. The chapter has one section: Section A which presents the themes and discussions.

Section A

4.1 Social Supports Services received by Orphan Children in Bethel orphanage in Gomoa Central District

Objective one of the study sought to explore social supports received by orphan children in Bethel orphanage in Gomoa Central district. Themes identified within the data analysis were: Physical and emotional supports.

4.1.1 Physical support

Comments from some of the participants indicated that orphan children received physical support from some teachers, peers, elderly people in the community, churches and workers at Bethel orphanage in Gomoa Central district. For instance, one of the orphan children said:

“Sometimes when I go to school, some of my teachers buy exercise books for me. They give me money to buy food. Also, some elderly people in my community sometimes give me dress to wear [OC 9].”

Similarly, orphan child 2 said:

“At times, some of my teachers will send me to buy something for them. When I come back, they sometimes give me money” [OC 2].”

Another worker shared a similar view by saying:

“Most of the time when their teachers realise that these children need help, they easily give them such assistance. This has helped to sustain them at school [WK 1].”

It could be deduced from these comments that these orphan children received support from some of the teachers. Other participants revealed that sometimes orphan children received support from their peers. For example, one participant said:

“Sometimes, I find it difficult to get money to buy certain things such as exercise books, pens and pencils. However, with the help of some of my friends at school, I am able to get money to buy these items” [OC 6].”

From these comments, it proposes that sometimes this orphan child sometimes battles with how to get money to buy learning materials. Fortunately for this child, some friends at school supported her in dealing with the financial problem. It was also realised from the comments that some of these orphan children received support from workers at the Bethel orphanage. For instance, one respondent said:

“I have personally assisted some of these children on so many occasions. Frankly speaking, it will be very difficult for some of them to have survived without our supports in the form of food, and clothing” [WK 2].

Likewise, one worker said:

“We have been supporting these children day-in and day-out. This support comes in the form of food or clothing” [WK 5].

It could be reasoned from these comments that these workers believed that they had supported these children in one way or the other. The comments further indicate that these workers had taken a step forward to help these children in areas of food and clothing. Again, the comments revealed that individuals in the community also supported these orphan children. For example, one respondent said:

“I have one woman in my area who often gives me food to eat. This has helped me to manage my problems [OC 1].

Besides, orphan child 5 also shared the experience by saying:

“There is a man in my community who most of the time support me. He often gives me food and at other times too dresses to wear” [OC 5].

Similarly, one worker said:

“There are some individuals in the community who help some of these children in the form of gifts. For instance, they sometimes give them food and clothes” [WK 4].

Further, orphan child 7 said:

“The assembly member also come here to give us nose marks to protect ourselves from Covid-19 virus” [OC 7].

These comments signify that some individuals within the community where Bethel orphanage was located have taken it as a responsibility to assist orphan children in this orphanage. Notwithstanding, the comments further suggested that some non-governmental organisation such as the church gave physical support to orphan children. For instance, one of the respondents said:

“We sometimes receive donations from some churches. This form of support often comes in the form of clothes, food, nose marks, veronica buckets, and many others” [WK 5].

Similarly, worker 3 said:

“Some religious groups often come to our aid. For example, both Christian and Islamic groups come to support these children. Just last week, we received some Covid-19 PPEs from both Christian and Islamic groups” [WK 3].

Again, worker 2 said:

“We also receive some building materials from both Christian and Islamic groups. Through their support, we have been able do some expansion works in this orphanage” [WK 2].

These comments from participants indicate that some individuals as well as religious groups had come to give physical support orphan children at the Bethel orphanage.

4.1.2 Emotional support

Explanations given by some participants point to the fact that orphan children received emotional support in the form of encouragement and pieces of advice from some teachers, peers, elderly people in the community, church members and workers at Bethel orphanage in Gomoa Central district. For instance, one of the orphan children said:

“I have seen and heard some of these children encouraged by their peers. Few of these friends who do so help them to overcome some of the challenges they face [WK 1].

Also, one orphan child said:

“One day, I decided to stop schooling. So, for some weeks when I leave the orphanage, I don’t go to school. I rather go to the road side and beg for money. I was in the orphanage one day when one of my teachers come to visit me. When I told him because of the situation I find myself, I planned not to go to school again. But, my teacher encouraged me to believe in God and that one-day God will give me a helper. This message from my teacher gave me hope. So, I started schooling from that day” [OC 5].

Also, orphan child 3 said:

“Sometimes some of my friends encourage me using words. For example, “it shall be well” [OC 3].

Another worker said:

“Some family members of these children at times visit us to have interactions with their relatives. Through that some of these children become happy and receive hope again that all is not lost” [WK 2].

These comments signify that orphan children received social support from individuals and religious groups. Thus, friends are able to support these orphan children through their words of encouragement. Based on these responses, it was concluded that orphan children in Bethel orphanage in Gomoa Central District received social supports. They included physical support such as food, clothing, Covid-19 personal protective equipment (PPEs) and emotional support such as encouragement and advice among others.

The finding harmonises with that of Sanganyi (2012) who explored challenges facing cash transfers for orphans and vulnerable children programme: The case of Kasarani, Nairobi, Kenya. The findings show that orphans and vulnerable children are more

likely to be cared for by individuals' household. Thus, those that have the means to take on, feed and educate additional members if there is a guarantee of additional support, like the OVC-CT programme.

Moreover, MoWA and FHAPCO (2010) discovered that food and nutrition services aim to ensure that vulnerable children have access to similar nutritional resources as other children in their communities. These are important components of OVC support since malnutrition underlies the major causes of deaths in children under five in developing countries. Food-security issues are extremely complex, and other organisations and international partners have strong comparative advantages in providing food assistance.

Again, PEPFAR (2006) found that children and their caregivers need love and emotional support, and the opportunity to express their feelings without fear of stigma and discrimination. Programs should provide children with support that is appropriate for their age and situation, and recognise that children often respond differently to trauma and loss. OVCs sometimes turn to drugs and alcohol as a means of coping with this trauma so programs must provide support to avoid these counterproductive activities.

4.2 Experiences of Orphan Children in Bethel Orphanage in Gomoa Central

District

Objective two of the study sought to explore psychological experiences of orphan children in Bethel orphanage in Gomoa Central district. Themes found within the data regarding this objective were: Sadness and rejection by peers.

4.2.1 Sadness

Responses from some of the participants revealed that orphan children sometimes become sad because of the situation they find themselves. For instance, one orphan said:

“I am not happy any time I see some of my friends who have all the learning materials we use in school” [OC 5].

One of other child said:

“I sometimes become sad when I see that my friends have something I don’t have. For example, nice dresses” [OC 4].

Again, orphan child 9 said:

“At time I become sad in school. This occur when I don’t have money to buy food. I even cry at times because of this problem I have” [OC 9].

Likewise, one worker shared a similar view by saying:

“Some of these children sometime become sad when they meet their peers from a rich home at school” [WK 5].

Also, workers 4 had this to share:

“Sometimes while interacting with these orphan children, I realise that some of the children are not happy at all. When I try to find out from them what is wrong, it comes to light that they perceived that their colleagues who are not in the orphanage have things they do not have. This condition makes them sad” [WK 4].

Comments from these participants suggests that orphan children have been experiencing sadness sometimes. The comments further suggest that these orphan children sometimes go through emotional challenge as a result of the situation they currently find themselves in.

4.2.2 Rejection by peers

In sharing the psychological experiences of orphan children, some of the participants were of the view that friends to orphan children sometimes do not respect these children. This was obvious from the comments some of them gave. For example, an orphan child said:

“I go to school without money. So, when is break time, I ask for money from some of my friends. Some of my friends sometimes insult me and this makes me sad” [OC 10].

Another orphan child shared a similar experience by saying:

“I always go to school without having money to buy food. But, the government gives us food to eat at school. But, this food given to me at school is too small. So, I sometimes ask for money from some of my friends. Sometimes, these friends will say bad things about me and will not even give me the money I asked for. When it happens like that I will become sad and sometimes start crying” [OC 7].

Moreover, OC 3 said:

“Some of my friends do not respect me. This is because of the way I keep asking them for money and other things” [OC 3].

Emphatically, one orphan child said:

“There are some friends in my class who do not want to meet me when they see me coming. This is because they think I will ask for money from them. This is because of the way I always ask for money from them” [OC 8].

These comments support what one of the worker declared:

“I have been in this orphanage for close to six years. One thing I have observed critically in this orphanage is that most of the children find it very difficult to get money for their personal needs. This condition at times make them very sad” [WK 1].

Similarly, one worker said:

“Sometimes while these children are playing, you will realise that some of them will be insulting others” [WK 2].

Comments from these participants connote that some orphan children lacked cordial relationship with some of their friends due to the way these children regularly ask money from their peers. The comments further infer that this has gotten to the extent that some of these friends do not want to associate with these orphan children any longer. It can be deduced from these comments that orphan children sometimes lose respect from their friends because of the money they regularly ask from them. As a result of these comments, it was concluded that sadness and rejection among peers were the psychological experiences of orphan children in Bethel orphanage in Gomoa Central District.

This finding is in line with that of UNICEF (2001). UNICEF found that loss of close relatives, especially parents and guardians, due to HIV/AIDS is highly correlated with negative impacts on psychosocial well-being including mental health, and emotional functioning. Similarly, Andrews, Skinner and Zuma (2006) found that for children with parents who are HIV-positive, the psychological impact of witnessing parents cope with or perish to the disease are equally detrimental.

Further, the results support that of World Bank (2004) who found that a vulnerable child is one whose safety, well-being and development are threatened, with major dangers including “lack of care and affection, adequate shelter, education, nutrition, and psychological support” (p. 1). Also, some researchers (Cluver, Gardner & Operario, 2009; Cluver, 2011; Kuo & Operario, 2009; Onuoha & Munakata, 2010) discovered that whether children have been made more vulnerable due to sexual, physical or emotional abuse, or because they were orphaned by a serious illness such

as HIV/AIDS or TB, research indicates that separation from biological family, systemic problems with child protective services and traumatic or stressful experiences from their childhood put orphan and vulnerable children at a much higher risk for a range of developmental problems and mental illnesses.

Also, Doku (2010) found that in Ghana, orphans in general and children living with HIV-infected parents consistently demonstrate poorer psychosocial adjustment than their child comparison group in the same community. Doku (2010) further found that orphaned children also score worse on measures of emotional symptoms, conduct problems, hyperactivity, peer relationship problems and behavioural problems. Moreover, in South Africa, Cluver, Gardner and Operario (2009) reported that orphan and vulnerable children demonstrate higher levels of depression, peer problems, post-traumatic stress symptoms, and delinquency than control groups.

4.3 Coping Strategies used by Orphan Children in Bethel Orphanage for their Psychological Experiences

Objective three sought to explore how orphan children cope with their psychological experiences in Bethel orphanage in Gomoa Central district. Themes found within the data regarding this objective were: Assistance in relation to basic needs (food, clothing and shelter), and advice from some peers, community members and religious groups. The following comments were advanced by some of the participants to support these themes. For example, one of the workers said:

“I can boldly say that some of these children have been able to withstand the challenges they face because of the good company they have at this orphanage home [WK 4].

Moreover, worker 1 said:

“I have observed on number of times that some friends to these orphan children help them to deal some of the problems they go through. For instance, they encourage them” [WK 1].

Again, worker 3 had this to share:

“One unique thing I have seen about some members in this community is that, they sometimes use their own pocket money to buy food and other items for orphan children” [WK 3].

One worker categorically said:

“At times, some religious leaders gather all the orphan children in this orphanage and give them food, clothing and learning materials. At other times too, they give them toys to play with” [WK 2].

An orphan child also said:

“If I feel sad, then, I look for my friends and be with them. This has helped me a lot” [OC 4].

Another orphan child said:

“Anytime I become sad, I get closer to my best friends. This helps me to overcome this problem” [OC 10].

Another orphan child said:

“Anytime I feel sad, I look for friends and play with them. Through that I will be forgetting the challenges I will be facing” [OC 3].

One orphan child also said:

“The assembly woman in this area sometimes give us food and clothing. I become happy anytime she does that” [OC 2].

These comments suggest that some friends, individuals and religious groups in the study community served as source of joy to these orphan children. It was then concluded that assistance in the form of food, clothing and advices orphan children received from friends, individuals in the community and religious groups helped them

in coping with their psychological experiences in Bethel orphanage in Gomoa Central district.

The finding support that of Jacobs (2011) who found that orphans from disadvantaged backgrounds were more positive about life orientation, although it was not clear whether they applied the learned skills to their lives. This indicates that there is need for teachers to closely monitor and support learners to practice the life skills they learn at all times in school and at home. Moreover, Wood and Goba (2011) found that teachers' training in life orientation is critical in equipping them with knowledge and skill, and improving their attitudes towards dealing with orphan children. The trained teachers however, felt marginalised, where, as they were the only ones targeted for HIV training by the Department of Education, they found it challenging to involve their colleagues in the initiative. This is a clear indication that for all teachers to be involved in supporting orphan children there is a need to have them trained in life orientation.

In furtherance, the findings concur that of Heath et al. (2014) and UNICEF (2009). Heath et al. maintain socio-emotional support to be key in addressing children's grief in addition to the stigma and challenges associated to living with HIV/AIDS. UNICEF identifies three domains of psychosocial aspects considered most helpful in evaluating children's lives and experiences. Similarly, according to UNICEF, the domains include: a) skills and knowledge such as life skills, using culturally appropriate coping mechanisms; b) emotional well-being such as feeling safe, trust in others, self-worth; and c) social wellbeing, such as relationship with peers, sense of belonging, and access to socially appropriate roles (UNICEF, 2009, p. 10).

Also, the findings agree that of Richter et al. (2006) who found that there is the need for a combination of positive social and material environments in addition to children's own capacities to attain positive age and stage appropriate outcomes in children's physical, social and psychological development. Similarly, UNICEF (2001) found that children exposed to extreme conditions of poverty, orphan children are increasingly involved in domestic and labour responsibilities. Also, IRIN (2017) found that even though orphans often have access to more material goods than their community peers, a study conducted by the IRIN revealed as little as 30% of an orphanage's funds actually go to childcare in Ghana because of the help they sometimes received from friends and other individuals.

4.4 Counselling Needs of Orphan Children in Bethel Orphanage in Gomoa

Central District

Objective four of the study sought to explore counselling needs of orphan children in Bethel orphanage in Gomoa Central district. Themes found within the data regarding this objective were: Someone to talk to, show orphan children care and love as well as to listen to their problems. The following responses were given by some participants to affirm this declaration. For example, one participant said:

"I most of the time realise that they need advice but in most cases they find it very difficult to get. For this reason, if we can get someone who will devote himself or herself to come and talk to them, it will help them a lot" [WK 3].

One of the orphan children also said:

"Some teachers give me advice when I go to school. Their advices always give me hope that one day I will become an important person" [OC 4].

Another orphan child said:

“During worship time, some of the teachers use their life style to advise us. At times too they preach to us during school worship in the form of advice” [OC 8].

However, orphan child 1 said:

“I have not received any advice from any of my teachers. Rather, some elderly men and women in my community who sometimes advise me” [OC 1].

Participant 5 who is a worker also said:

“I see them lack affection from the orphanage home. For that reason, when they go to school, they wished they stay there throughout the day because of the friendship they have with their peers at school” [WK 1].

One of orphan children also said:

“I sometimes wish to get someone to talk to but I don’t get it so. This makes me become sad sometimes” [OC 2].

Also, a participant said:

“In fact, I want someone who will care for me and also understand me as my parents used to do when they were alive” [OC 5].

From these comments, it implies that these orphan children do not get someone to share their life stories with. From these comments, it also denotes that through the advices given by the head teacher and some teachers during assembly and worship time, these orphan children perceive it to be beneficial to them. These comments from the orphan children reveal that aside teachers in the school, some other individuals (elderly men and women) in the community gave these orphan children some advices. These comments from these participants disclose that because orphan children do not get warmth from the orphanage home environment, they anticipated to get it when

they go to school. These comments suggest that these children used to have parental care for her while the parents were alive. However, this affection and love had stopped because the parents had passed away. In concluded, orphan children in Bethel orphanage in Gomoa Central District had counselling needs such as someone to talk to, show orphan children care and love as well as to listen to their problems.

The findings confirm that of Robson, Ansell, Huber, Gould and van Blerk (2016) who found that there are lack of available family and community support to vulnerable children. Also, some researcher (Hosegood, Floyd, Marston, Hill, McGrath, Isingo, Crampin & Zaba, 2017; Hong, Li, Fang, Zhao, Zhao, Zhao, Lin, Zhang & Stanton, 2011) found that some families in low prevalence regions find it difficult in absorbing vulnerable children. Nevertheless, difficulties in expanding social support services by family members and unwillingness on the part of relatives to offer support when needed is indirectly affecting the psychological well-being of vulnerable children (Niang & Van Ufford, 2012; Delva, Delva, Vercoutere, Dehaene, Willems, Temmerman & Annemans, 2015).

Bicego, Rutstein and Johnson (2013) documented a decrease in care-giving for AIDS orphans and vulnerable children in both Kenya and Ghana. Clearly, vulnerable children may lack social support compared to non-vulnerable children (Cluver & Orkin, 2017). Delva et al. (2015) also confirmed the sparse social network of friends and low social support from the family for orphan and vulnerable children in Guinea. Social support is located within local cultural and social contexts and is often impacted by education, church activities, extended family and community members (Okawa, Yasuoka, Ishikawa, Poudel, Ragi & Jimba, 2011).

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

The chapter presents the summary, conclusions, recommendations and suggestions for further studies.

5.1 Summary

The study explored the counselling needs of orphan children in Bethel orphanage in Gomoa Central district, Ghana. Objectives guiding the study were to:

1. Identify social supports received by orphan children in Bethel orphanage in Gomoa Central district.
2. Identify psychological experiences of orphan children in Bethel orphanage in Gomoa Central district.
3. Identify how orphan children cope with their psychological experiences in Bethel orphanage in Gomoa Central district.
4. Investigate counselling needs of orphan children in Bethel orphanage in Gomoa Central district.

The study adopted social constructivism paradigm. Also, the study used qualitative research approach together with phenomenological design. Homogenous purposive sampling technique was used to select 15 participants. It comprised 10 orphan children and 5 workers at the Bethel orphanage in Gomoa Central district. Semi-structured interview guide was used for data collection. Data were analysed in themes.

The study found that:

1. Orphan children in Bethel orphanage in Gomoa Central District received social supports. They included physical support such as food, clothing, Covid-19 personal protective equipment (PPEs) and encouragement among others. However, these social supports were insufficient to meet the needs of these children.
2. Sadness and rejection among peers were the psychological experiences of orphan children in Bethel orphanage in Gomoa Central District.
3. Assistance in the form of food, clothing and pieces of advice orphan children received from friends, individuals in the community and religious groups helped them in coping with their psychological experiences in Bethel orphanage in Gomoa Central District.
4. Orphan children in Bethel orphanage in Gomoa Central District had counselling needs such as someone to talk to, show orphan children care and love as well as to listen to their problems.

5.2 Conclusions

Based on these findings it was concluded that: Firstly, orphan children were assisted by some individuals and organisations. The assistance included food, clothing, Covid-19 personal protective equipment (PPEs) and encourage. This denotes that these support is likely to help reduce the burden on these children with regards to the provision of basic needs of life.

Secondly, orphan children went through sadness and rejection in Bethel orphanage in Gomoa Central District. This connotes that orphan children did not receive the

affection they wished they had gotten. That is to say these children may feel insecure at the Bethel orphanage in Gomoa Central District.

Thirdly, orphan children had strategies they used in coping with their psychological experiences. These strategies included: Receiving encouragement from their peers, teachers and other elderly persons. From this, it can be deduced that these children had strategies they used to manage their psychosocial experiences. Fourthly, as someone to talk to, show orphan children care and love as well as to listen to their problems were the counselling needs of orphan children in Bethel orphanage in Gomoa Central District. Thus, though these children had counselling needs, they did not get professional counsellors to assist the deal with their counselling needs. This signifies that individuals without counselling background perhaps provided counselling needs to orphan children.

5.3 Recommendations

As a result of these findings and conclusion, the following recommendations are made:

1. Individuals, groups and religious organisations should regularly visit orphan children in Bethel Orphanage in Gomoa Central District. As part of their visits, they should supply them with some basic needs such as food, clothing, PPEs and others.
2. Caregivers, individuals and religious groups should spend some time with these orphan children to motivate them that they still have the chance to become who they want to become in future. Through their motivational words, these children would feel released and assurance that they have people who are solidly behind them in achieving their aims.

3. Caregivers, teachers, school counsellors and religious leaders should educate people around orphan children on the need to show them warmth. Through this warmth, orphan children would feel safe and happy. Similarly, they should educate people on the need to uphold orphan children with dignity. As a result of this education, it would pave way for people to respect orphan children which can add to their source of joy.
4. Manager of Bethel orphanage in Gomoa Central District should employ professional counsellors. With the help of these counsellors, guidance services can be organised for orphan children which would help meet some, if not all of their counselling needs.

5.4 Suggestions for Further Studies

Future researchers can consider the following areas:

1. Challenges facing in the provision of counselling needs for orphan children in Bethel orphanage in Gomoa Central district.
2. State of counselling for orphan children at public basic schools in Gomoa Central district.
3. Emotional experiences and coping mechanisms adopted by orphan children in Gomoa West district, Ghana: Implications for practice.

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APPENDICES

APPENDIX A

Interview Guide for Orphan Children

UNIVERSITY OF EDUCATION, WINNEBA

FACULTY OF EDUCATIONAL STUDIES

DEPARTMENT OF COUNSELLING PSYCHOLOGY

Dear Sir/Madam,

This interview guide is meant to collect data for a study being conducted by Joyce Turkson, a student from the above mentioned university in connection with a Master of Philosophy (Counselling Psychology) thesis titled **“Counselling needs of orphans in Bethel orphanage in Gomoa Central District”**

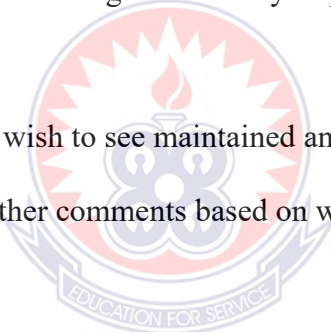
The information you would provide would help the researcher management and other stakeholder to understand the extent to which children in the orphanage are being catered for in order to provide data for improving the situation through counselling.

You are assured that information you would provide would be given the utmost confidentiality in addition to non-disclosure of your identify should the data be published. Taking part in this study is however voluntary.

Than you.

Interview Questions

1. Briefly describe your experience in this orphanage?
2. What are some of the supports you have received so far in this orphanage?
3. How beneficial has the support offered to you be?
4. What are some of the challenges you are facing in relation to your present condition?
5. How do your friends perceive you as a result of your present condition?
6. How do the community members perceive you?
7. What did you do when you found yourself in this condition?
8. What did you do after realising your present condition in life?
9. What are some of the things/activities you performed that has sustained you till now?
10. What areas do you wish to see maintained and or improved?
11. Do you have any other comments based on what we have discussed so far?



APPENDIX B

Interview Guide for Caregivers (Workers)

UNIVERSITY OF EDUCATION, WINNEBA

FACULTY OF EDUCATIONAL STUDIES

DEPARTMENT OF COUNSELLING PSYCHOLOGY

Dear Sir/Madam,

This interview guide is meant to collect data for a study being conducted by Joyce Turkson, a student from the above mentioned university in connection with a Master of Philosophy (Counselling Psychology) thesis titled **“Counselling needs of orphans in Bethel orphanage in Gomoa Central District”**.

The information you would provide would help the researcher management and other stakeholder to understand the extent to which children in the orphanage are being catered for in order to provide data for improving the situation through counselling.

You are assured that information you would provide would be given the utmost confidentiality in addition to non-disclosure of your identify should the data be published. Taking part in this study is however voluntary.

Than you.

Interview Questions

1. Briefly describe your experience in this orphanage?
2. What training have you received towards working with children in the orphanage?
3. What supports do orphan children in this orphanage receive?
4. How beneficial had the supports offered to orphan children be?
5. What do you say about the quality of support orphan children in this orphanage receive?
6. What are some of the challenges you think orphan children are facing in relation to their present condition?
7. What mechanisms do orphan children use to manage these challenges?
8. How do you help them in coping with these challenges?
9. How do their friends perceive them as a result of their present conditions?
10. How do community members perceive orphan children?
11. What areas do you wish to see maintained and or improved?
12. Please, do you have any other comments based on what we have discussed so far?

APPENDIX C

Introductory Letter



UNIVERSITY OF EDUCATION, WINNEBA

FACULTY OF EDUCATIONAL STUDIES

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✉ P. O. Box 25, Winneba, Ghana

✉ psychology@uew.edu.gh

☎ 030 298 0904

30th July, 2021.

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

LETTER OF INTRODUCTION

I write to introduce to you, JOYCE TURKSON, the bearer of this letter who is a student in the Department of Educational Foundations of the University of Education, Winneba. She is reading Master of Philosophy in Counselling Psychology with index number 200030848.

She is conducting a research on the topic: COUNSELLING NEEDS OF ORPHAN CHILDREN IN BETHEL ORPHANAGE IN GOMOA CENTRAL DISTRICT, GHANA. This is in partial fulfillment of the requirements for the award of the above mentioned degree.

She is required to administer questionnaire to help her gather data for the said research and she has chosen to do so in your outfit.

I will be grateful if she is given permission to carry out this exercise.

Thank you.

Yours faithfully,

DR. PETER ESHUN
AG. HEAD OF DEPARTMENT

