

**PSYCHOSOCIAL CHALLENGES FACING ORPHANS: A CASE OF  
INSTITUTIONALIZED CENTRES IN UBUNGO MUNICIPALITY, DAR ES  
SALAAM, TANZANIA**

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and Counseling

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## DECLARATION

I, **Theophil Christopher**, hereby declare that this dissertation on Psychosocial challenges facing orphaned children: A Case of Institutionalized Centres in Ubungo Municipality Dar es Salaam, Tanzania is my original work and has not been presented for a degree or any other academic award in any other university or institution of learning.

**Name of Candidate: Theophil Christopher**

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**Signature**

Date \_\_\_\_\_

## APPROVAL SHEET

We confirm that this dissertation entitled “**Psychosocial Challenges Facing Orphaned Children: A Case of Institutionalized Centres in Ubungo Municipality Dar es Salaam, Tanzania**” was carried out by the candidate **Theophil Christopher** with reg. no. MCP/18464/602/DT under the guidance of his supervisors.

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## **LIST OF ABBREVIATIONS**

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
KIU	Kampala International University in Uganda
NBS	National Bureau of Statistics
NGO	Non-Governmental Organisation
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
REPSSI	Regional Psychosocial Support Initiative
USA	United States of America
UNICEF	United Nations Children's Fund

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## **ABSTRACT**

The study investigated psychosocial challenges facing orphaned children residing in institutions in Ubungo Municipality, Dar es Salaam region. The study was guided by the following three specific objectives: to determine psychosocial services provided to the orphaned children; to identify psychosocial challenges facing orphaned children; and to explore challenges facing caregivers to the orphaned children. Qualitative research approach was employed. Data were collected using unstructured personal interviews and observation methods. Thematic method was used to analyze data. Findings from the study revealed that orphaned children were supported with various psychosocial services that included food, clothes, accommodation, health services, spiritual support, educational support, life skills, sports and games. It was found further that the orphans were faced with various social challenges including shortage of health facilities, shortage of sports gears, lack of recreational opportunities, shortage of spiritual leaders and education materials. Moreover, psychological challenges included physical punishment from care givers, stigma, bullying behaviors and verbal abuse. Other identified psychological challenges included sadness, anxiety, anger and burnout, isolation, depression, grief and trauma. The challenges were influenced by lack of counseling knowledge and skills in caregivers. Furthermore, the study found out that in caring for orphaned children, caregivers were faced with some challenges like children's misbehaviors, water shortage, children's laziness, shortage of basic needs and substance abuse among the orphans. The study recommends directors to employ caregivers who are trained in the field of psychology, counseling and parenting or train the in-service caregivers.

## **CHAPTER ONE:**

### **INTRODUCTION**

#### **1.1 Background to the Study**

An orphan is a child who, for whatever cause, has lost his or her mother, father, or both parents (UNICEF, 2008). (Report on the World's Orphans, 2014) The death of a child's parents can be a life-changing event. Children will feel uncomfortable, rejected, aggressive, idolized, and guilty in the majority of cases. The death of one's parents has an impact on the living system of their offspring (Mchau, 2010). As a result, when their parents die, orphans lose affection, protection, care, and support (Vedasto, 2015). According to UNICEF (2018), orphans are more likely than their peers to suffer from psychiatric problems. Some of the psychological issues include depression, wrath, anxiety, and a sense of melancholy (UNICEF, 2018). The loss of a parent is said to have a negative impact on a child's psychological well-being, with some orphans being adopted by extended family members or placed in orphanages by caregivers who are inexperienced or unable to do the job (Davids, Nkomo, Mfekane, Skinner, and Ratele, 2006).

Psychosocial well-being, according to Eiroa Orosa (2020), should not be jeopardized. Emotional and psychological well-being, as well as social and collective well-being, are all aspects of psychological and social well-being in children's lives. Psychosocial well-being is associated with quality of life since it comprises emotional, social, and physical well-being. Fitzgerald et al. (2019) proposed that psycho-social well-being can be measured using three dimensions: psychological, social, and spiritual factors. These components are based on how people perceive and feel about their life.

Poverty is increasingly extending into places where orphan children live, according to Huynh et al. (2019) in Sub-Saharan Africa (SSA), robbing them of security and institutions that allow them to grow, prosper, and develop. As a result, orphans require living situations that are safe and supportive of their mental well-being. Culture is a crucial role in helping such children, according to Kayombo et al. (2005).

Traditional methods are regarded to be important for a child's general health. Orphan children require assistance in four areas: first, their physical needs (housing, food, school

uniforms, clothing, fees, and basic health care); second, their educational needs (hygiene, food preparation, nutritional diet, health-care decision-making models, and other skills); and third, their emotional needs (hygiene, food preparation, nutritional diet, health-care decision-making models, and other skills); and third, their emotional needs (hygiene, food preparation, nutritional diet, and other (security, seclusion, and other skills) (Kayombo et al., 2005). Children's psychological needs, such as formal education (school education), non-formal education (indigenous knowledge acquired through observation, adaptation skills, and gaining active reinforcement), and general skills (such as life and general skills), as well as social needs, such as assisting children in integrating into the community, forming attachments and community bonds, acceptance, identification, peer recognition, and so on, were also discussed. Finally, there are spiritual considerations, such as supporting children in forming a feeling of future hope (Kayombo, et al., 2005).

In Tanzania, as in other Sub-Saharan African countries, orphans and vulnerable children are a problem, and the government is concerned about their safety and well-being. One of the things that influences children becoming orphans is the impact of HIV/AIDS on families. According to estimates, HIV/AIDS has left 3 million Tanzanian children orphaned (REPFAR, 2015). They lack the financial means to ensure their long-term survival. It is believed that Tanzanian children have difficulties in terms of care, security, and safety. Orphaned and fragile children have faced tremendous prejudice, stigmatization, abuse, and general neglect (Makuu, 2019).

According to Mdamu (2017), the number of orphans in Tanzania is quickly rising due to a variety of factors including HIV and AIDS. Mdamu emphasizes that orphans outnumber extended families and orphanages' capacity to care for them. The living conditions of orphans in orphanages are, on the whole, deplorable. According to statistics, 18% of orphans live with their mothers solely, 6% with their fathers, and 16% do not live with their original parents. Mdamu (thank you) (2017). Children under the age of 18 living in urban regions are more likely than those living in rural areas to have neither biological parent. According to Makuu (2017), the number of orphans in Tanzania is due to HIV/AIDS, poverty, urbanization, and unemployment. Residential care, on the other hand, is a type of orphan care in which an orphan is separated from his or her birth parents. According to Makuu, the bulk of these sorts of care were held by faith-based organizations (FBOs), individuals, and non-governmental organizations (NGOs) (2017).

Tanzania performed a census in 2012, with the results estimating the number of street children to be between 3,000 and 5,000. Markou et al., 2019. According to the most recent data, Tanzania was caring for 24,067 orphans in at least 140 orphanages around the country as of December 2019, with 11,925 men and 12,142 girls (Majaliwa, 2020). There are 40 of them in Dar es Salaam (28.6 percent ). The majority of the centers are run by religious and non-governmental organizations (Makuu, 2017). It is important to note that orphans' misery is aggravated by caretakers' or extended family parents' failure to generate enough money to feed them. Orphans and vulnerable children are disproportionately harmed by a lack of resources to preserve their social and mental health (Makuu, 2019). Orphans are more vulnerable as a result of this element, and they seek safety, care, and protection in three areas (Makuu, 2017).

In Tanzania, particularly in Dar es Salaam, national and international partners have adopted a variety of measures to increase orphans and vulnerable children's (OVC) access to health care, education, shelter, nutrition, clothing, and other psychosocial needs of safety care and protection. Orphans in Tanzania are adopted or institutionalized (Kessy, 2012). Tanzania is expecting to have more than 140 orphanages by the end of the year (Majaliwa, 2020). Dar es Salaam is home to 40 of the facilities, making up 28.6% of the total (Makuu, 2019). The bulk of these centers are run by religious and non-governmental organizations. However, it has been claimed that Tanzania's orphan initiatives have not achieved their objectives.

Socioeconomic variables such as extreme poverty and illnesses, particularly HIV and AIDS, have harmed traditional orphan care systems (UNICEF, 2012). As a result, orphaned children experience difficulties acquiring basic necessities, attention, and help after their parents die (MoHSW, 2009; UNICEF, 2009). As a result of numerous socioeconomic activities and challenges, family members caring for orphaned children are under a lot of stress (MoHSW, 2009). Orphaned children continue to be vulnerable in terms of basic needs and other types of care in various civilizations (Mutiso and Mutie, 2018).

In Tanzania, orphans have been cared for by extended families made up of relatives and neighbors. According to UNICEF (2015), the majority of orphaned children rely on a

living parent or family member to survive. Currently, the number of orphans exceeds the capacity of families and society to care for them (MoHSW, 2009; UNICEF, 2012). To address these challenges, the government and other parties, such as non-governmental organizations and religious organizations, are providing assistance to orphaned children in a variety of ways, including the establishment of institutions that provide basic care, assistance, and protection (MoHSW, 2009). Although orphaned children have received extraordinary care, support, and protection, much emphasis is placed on giving material assistance such as food, shelter, clothes, and health care, with psychological treatment receiving minimal attention (Huynh et al.; 2019).

Food security refers to ensuring that children have access to adequate, dry, and safe living quarters at home or in institutions throughout the year, whereas shelter refers to ensuring that children have adequate, dry, and safe living quarters at home or in institutions throughout the year (Huynh et al.; 2019). Furthermore, by law, all licensed institutions must ensure that every child in a children's home receives appropriate and acceptable nutrition for their age, as determined by the Commissioner of Social Welfare (URT, 2012). Orphans encounter a variety of obstacles posed by financial aid, according to many sources of information (such as UNICEF, 2009; UNICEF, 2011; Vedasto, 2015, Makuu, 2017; UNICEF, 2018; Makuu, 2019; and Huynh, et al., 2019).

## **1.2 Statement of the Problem**

Despite the government's efforts to improve the lives of impoverished children, Tanzania's orphan population is growing. Tanzania is predicted to have 2.6 million orphaned children as a result of HIV and AIDS, as well as other socioeconomic issues (Vedasto, 2015; Makuu, 2019). According to Makuu, statistics have motivated the formation of several groups to defend orphaned children's well-being (2017).

Government agencies, non-governmental organizations, the commercial sector, civil society, and religious-based organizations own the bulk of the institutions (Msoka and Holroyd, 2018). On the other side, the psychosocial challenges that persons confront while in these institutions are rarely reported. Carserta (2017) and REPPSI (2016), for example, have concentrated on the financial concerns that institutions face while ignoring the emotional challenges that orphaned children suffer in orphanage institutions. Orphaned

children in Tanzania encounter a number of psychosocial challenges, according to Msoka and Holroyd (2018), which are not addressed by empirical investigations.

As a result, this research looked into the psychosocial challenges that orphaned children encounter in Dar es Salaam's care centers, focusing on the Ubungu Municipality. Ubungu Municipality is home to around 42% of Dar es Salaam's street children (Kihombo, 2018; Ismail, 2020). The primary purpose of institutions is to care for and support children. Most institutions, however, lack sufficient capital and human resources (Caserta, 2017). As a result of these flaws, orphaned children do not receive enough psychosocial support (REPPSI, 2016). The cornerstones of their assistance are food, shelter, clothing, and educational opportunities. As a result, orphaned children who do not receive psychosocial support are more likely to develop emotional and behavioral problems such as low self-esteem, depression, stress, anxiety, and traumatic infections.

#### **1.4 Objectives of the Study**

The overall goal of this study was to look into the psycho-social challenges that orphaned children face in institutionalized centers in Ubungu Municipality in Dar es Salaam, Tanzania.

##### **1.4.1 Specific Objectives**

This study was guided by the following specific objectives:

- i. To assess the psychosocial services provided to orphaned children in institutionalized settings;
- ii. To investigate the social and psychological challenges faced by orphaned children in institutionalized settings; and
- iii. To investigate the challenges faced by caregivers of orphaned children in institutionalized settings.

#### **1.5 Research Questions**

- i. What psychosocial services are provided to orphaned children in institutionalized orphanages?



- ii. What are the social and psychological challenges that orphaned children face in institutionalized orphanages?
- iii. What are the difficulties that caregivers face in orphanage institutionalized centres?

## **1.6 Significance of the Study**

The findings of this study will provide light on the current psychosocial problems that orphaned children in institutions face. As a result, the findings of this study can be used by the Ministry of Health, administrators, social workers, politicians, health experts, lawmakers, and educators to make decisions and manage the psychological needs of orphaned children in institutions. The outcomes of the study will also serve as a point of reference for future research on the topic.

## **1.6 Scope of the Study**

### **1.6.1 Geographical Scope**

The research was carried out in the Dar es Salaam region, with a focus on the Ubungo Municipality. Ubungo is one of the Dar es Salaam localities with nine institutionalized orphan care units. SOS Children's Village, Umra, Children in the Sun, Huruma Children's Home, Watoto Wetu Tanzania, and DMI Spring of Hope are among the centers surveyed. These facilities were chosen with care.

### **1.6.2 Theoretical Scope**

Four theories were used in this study. Shaw and McKay founded the Social Disorganisation Theory in early 1929 at the Chicago School of Sociology (Carlin, 2002); Social Network Theory was developed from the premises of Social Disorganisation Theory; Bowlby proposed Attachment Theory in 1969; and Erickson proposed Psychodynamic Theory in 1963. The theories helped to create the necessary environments for orphaned children.

### **1.6.3 General Scope**

The scope of this research was limited to psycho-social issues affecting orphans cared for at institutional centers in Dar es Salaam's Ubungo Municipality.

#### **1.6.4 Time Scope**

The research was carried out between September 2020 and September 2021. This time was dedicated to tasks such as data collection, data analysis, dissertation writing, and dissertation submission.

#### **1.7 Operational Definitions of Key Terms and Concepts**

**An institution:** The government, individuals, or religious institutions own this organization, which is responsible for caring for orphaned children (Caserta, 2017).

**Psychological challenges:** Physical aggressiveness, melancholy, worry, stress, stigma, isolation, verbal abuse, bereavement, and trauma are all challenges that orphans confront when they are placed in institutions (Voisin et al., 2011).

**Social challenges:** Spiritual, health, sports, and recreation services, as well as educational services, are all provided (Voisin et al., 2011).

**Caregiver:** This is the person in charge of the facility's orphaned children (Florida abuse hotline, 2013).

**An orphan:** is a child under the age of 18 who is confined to an institution due to the death of one or both parents (Mbangwa, 2013).

**Physiological needs:** refers to the most basic, intense, and unrelenting need for all other needs to be met. Caserta mentions the basic physiological demands of oxygen, water, and temperature regulation (Maslow, 1943). Others include food, housing, and clothing, as well as cleanliness, elimination, sleep, activity, and sex. They are required for humanity's survival.

**Psycho-social** is the study of how psychological factors interact with social development, with the idea that mental health is intricately linked to culture, customs, and relationships (Caserta, 2017).

#### **1.8 Structure of the Dissertation**

This dissertation is divided into five chapters. The problem and its background are discussed in the first chapter. In this chapter, the study introduces the study's backdrop, problem definition, and study objectives. The second chapter is a literature review, which

contains both theoretical and empirical research. The methodology and research design are discussed in the third chapter. The results analysis and discussion are presented in the fourth chapter. The study's summary, conclusions, and suggestions are presented in Chapter 5.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

The review of literature for this topic is presented in this chapter. It begins with orphan issues, a theoretical overview, as well as the empirical review.

#### **2.2 Issues on orphans and vulnerable children in general**

##### **2.2.1 Orphans phenomenon**

For a long time, being an orphan has been a problem. Orphans were nonetheless cared for, protected, and supported by family members during the communist era. This issue has grown in prominence as a result of the rise in orphans caused by HIV/AIDS and other circumstances. Orphans and vulnerable children are cared for, supported, and protected by international organizations, non-governmental organizations, and religious institutions (Ntuli et al., 2020).

##### **2.2.2 Factors leading to orphans**

During the HIV/AIDS epidemic, the issue of orphans and vulnerable children (OVCs) became more important. This is due to the fact that the parents died and the children were left to care for them. Orphans are being supported in a number of ways by national and international organizations. Vulnerable children, according to the World Bank (2004), are those who experience a high rate of negative effects. Street children, children in the worst types of child labor, children affected by armed conflict, children afflicted by HIV/AIDS, children with disabilities, and children defined as a local OVC category have all been designated as vulnerable children by the World Bank (2004).

Health difficulties such as HIV/AIDS, poverty in which parents fail to provide for their children, resulting in them becoming street children, and child maltreatment such as neglect, prejudice, and domestic violence, according to Pillay (2016), cause children to become orphans. According to Makuu (2019), poverty is one of the factors that leads to orphaned and vulnerable children. As a result of their poverty, they become child laborers and street children. The majority of children become orphaned as a result of HIV/AIDS (Utan, 2005). Civil conflicts, terrorism, natural catastrophes, and diseases like Ebola and Malaria are all contributing factors to the growing number of orphans in Sub-Saharan Africa (UNICEF, 2006; Christian Alliance for Orphans, 2014). Orphans have become

increasingly vulnerable as a result of these situations, and they are now battling for stability, care, and protection (Makuu, 2017). Orphans and vulnerable children have been subjected to severe discrimination, stigmatization, exploitation, abuse, and general neglect as a result of these conditions (Save the Children, 2013).

### **2.2.3 Care practices and support to orphanage centres**

Mgeni (2013) researched orphaned children's care and aid in Morogoro and Dar es Salaam. Cereals (rice and hard porridge) and beans were the most commonly consumed foods at the institutions, according to the research. Furthermore, eating fruits and vegetables was unusual. Mgeni (2013) also discovered that the majority of the orphans investigated had poor living circumstances, with some of them having insufficient health care. Furthermore, there is a dearth of monitoring and information of developmental difficulties among children. Finally, when compared to Faith-Based Organizations, Government-owned and NGO-owned orphanage centers performed poorly in terms of care processes (Makuu, 2017).

According to Kumar, children who are orphaned owing to HIV/AIDS have broad unease, behavior, and peer connection concerns when compared to children who are orphaned due to other causes (2016). According to Mbangwa (2013) in his work "Assessment of psychosocial well-being of orphans: a case of three orphanage centres in Moshi Municipality," counseling services, health care, education, and food are psychological needs for orphans aged 12 to 15 years old. Makuu (2017) claims that a substantial proportion of orphans lack fundamental needs such as education, health care, and nourishment, signifying inadequate care, security, and safety. In their study, they wrote, "Psychosocial assistance for orphans and vulnerable children in public primary schools: problems and intervention alternatives." Children received relatively little psychosocial treatment, according to Mwona and Pillay (2015). This is due to a scarcity of skilled people to provide advise and counseling, as well as a dearth of life orientation teachers and parental/guardian support.

The ability of orphanage centers to assist in those three areas was limited (Meli, 2015). Only other management operations are supported by the few funds available, such as the provision of basic necessities, medicines, and the like (Makuu, 2017). The bulk of the

facilities are gender-segregated, with some catering to both males and females and others catering exclusively to males or females; management is required at the facility.

According to Ismail and colleagues (2018), management is necessary at orphanage centers for planning, organizing, leading, and controlling the orphanage centers' affairs. Managers and carers must have management skills in order to maintain effective coordination and leadership. At the majority of the centers, caregivers look after the orphans (ibid.). Because they interact with orphan children on a regular basis, they have a stronger impact on their lives. Child care centers in Jordan, according to their research, have inexperienced administrators and workers.

In orphanage centers, orphans are helped in a variety of ways. According to Kessy, orphans are offered instrumental, emotional, and informational help (2017). Instrumental assistance is most common, followed by informational assistance, while emotional assistance is the least common. According to Mears, Singletary, and Rogers (2011), child care centers provide orphans with mental and material assistance, as well as health care, education support, and protection from gender discrimination, abuse, and labor exploitation.

### **2.3 Theoretical Review**

A variety of theories have been developed to address psychosocial issues. Theories serve as a framework for analyzing a certain social phenomenon (Yin, 2009). A theory examines the relationship between factors while describing the phenomenon. The main goal of the theory is to explain why something happened (Yin, 2009). In this investigation, four theories are investigated before the best-suited theory is chosen and the study is altered. Among them are the theories of social disorganization, social network theory, psychodynamic theory, and attachment theory.

#### **2.3.1 Social Disorganisation Theory**

In the early 1930s, at the Chicago School of Sociology, Shaw and McKay created Social Disorganisation Theory (Carlin, 2002). The theory describes orphaned and vulnerable children's situation. Social disorganization, according to Carlin (2002), is the failure of established organizations to keep control over individuals. The term "social disorganization" refers to a group's common behavioral guidelines having less of an impact on an individual. As a result of Social Disorganization, effective social control

within society is harmed. According to this theory, breaking the law is the result of societal conditions rather than something that occurs on a personal level (Carlin, 2002).

Kamau (2015) discovered that when families are disrupted, youth are scarce, adults plan events, and religious attendance is low. This suggests that adults have failed to regulate adolescences or have been unable to prevent the establishment of competitive criminality and criminal groups (such as gangs). As a result of this situation, young people seek refuge from adult authority on the streets, where they meet other young people who teach them criminal principles and skills (Kamau, 2015).

Wong (2002) discovered that rivalry and dominance influence the effectiveness of social institutions, as well as the appeal of residential and commercial regions, and that this is in harmony with nature, ecology, and principles. Nonetheless, crime thrives in places where people are socially disorganized. These crimes and traditions are usually utilized to substitute predictable and repeatable conduct. This theory essentially addresses the socioeconomic challenges that are the focus of this study.

A number of academics have questioned the social disorganization theory for a variety of reasons. The relevance of ethnic and cultural factors in delinquency theories based on social disorganization has been disputed in this theory. Ethnicity may support criminology in such circumstances because such behavior is not regarded criminal by them (Wong, 2002).

Furthermore, where the economy is deteriorating and unstable, delinquency is high. It could be claimed that the theory does not account for all cases of delinquency. The concept has a flaw in that it ignores the mechanisms that influence community characteristics (Kamau, 2015). Despite the fact that it specifies how a child becomes estranged from his or her family, the theory does not account for all factors that contribute to orphanhood.

Despite its shortcomings, this theory properly depicts the situations that lead to orphans and other vulnerable children (Kamau, 2015). Social control, according to The remedy to social disorganization is social disorganization theory (Sampson, 2006). Non-Governmental Organizations' answer to the issue of OVC is social control. This theory is

applicable to this research since it tackles the societal issues that orphaned and vulnerable children confront in general, which is the study's focus.

### **2.3.2 Social Network Theory**

Scott created the Social Network Theory on the grounds of social disorganization theory (1991). Interpersonal interactions are highly valued in this strategy. The essential premise of this theory is that in socially disordered areas, there are a lack of social interactions, which leads to the creation of informal social control mechanisms. Strong social relationships that bind residents to one another, according to this view, are required for the establishment and maintenance of informal social regulations. Social ties are counted in terms of both quantity and content.

According to this idea, OVC become imprisoned in their situations as a result of social structure difficulties, particularly the breakdown of key social cohesion values such as family. Another issue is families' failure to safeguard and care for their children (Scott, 1991). Historical, economic, social, political, and historical circumstances all have a role in the disintegration of family values and the activation of social disparity, which disadvantages other groups (children and widows) (Cutter et al., 2003).

Social network theory works on a variety of levels, from the individual to the national level. The way in which people attain their objectives is influenced by their social network. Problem-solving methods, organizational procedures, and how individuals attain their goals are all governed by it. In this study, the social layer is used to describe how communities, through orphanages, identify and address numerous difficulties faced by OVC in such institutions. The idea describes society's role and the impact of societal reactions on the status of orphaned and vulnerable children in general, with a focus on the role of children's homes in resolving these concerns in particular (Evans, 2005). This concept could be a reflection of the examined area's institutionalized centers. The approach, in general, addresses the societal constraints that underprivileged children encounter every day.

### **2.3.3 Psychodynamic Theory**

In 1963, Erickson proposed the Psychodynamic Theory. The theory explains the stages of human development. According to Erickson, people go through eight (8) stages of life,



each of which describes how they interact with society. Family, school, peer groups, and society all have an impact on an individual's behavior and expectations at each stage. According to Batra (2013), failure to achieve a desired goal at a certain level causes emotional discomfort, which might impede current and future stages of development.

This concept was adopted in our study because of the circumstances of orphans in care centers. As orphans grow older, their needs may change, and the institution may be unable to accommodate those expectations. As a result, Erikson's psychodynamic theory was judged relevant to this research since it aided in the understanding of care givers' guidance on orphans' needs at various phases. This theory is particularly essential since it takes into account psychosocial aspects, which are crucial for children's growth. The idea is also relevant since children are treated differently depending on their developmental stage. From infancy to adolescence, Erikson recognized eight stages of life, five of which are crucial in a child's development. The notion also includes elements that a child requires at different phases of development.

#### **2.3.4 Attachment Theory**

The dynamics of a parent-child relationship are described by attachment theory, a psychological concept. The notion was proposed by Bowlby (1969), according to Scharfe (2017). It was born out of a series of human interactions. This concept was motivated by psychoanalyst theory and ethology. The idea focuses on how an individual responds inside relationships when he or she is harmed, away from loved ones, or detects a threat (Bowlby, 1969; Scharfe, 2017). According to Scharfe, John Bowlby described how insufficient child care influences the conduct of a group of juvenile robbers (2017).

An infant has a tendency for building a mutual and stable relationship with favorable caregivers, according to the theory. It signifies that the infant forms a 'mother love' attachment with a primary caregiver (Bowlby, 1969). Separating a child from his or her mother, he believed, creates grief because the child loses care. One of the most important components of this theory is that the infant will build ties to the caregivers and will strive to stay with them whether they are anxious, ill, or scared (see Scharfe, 2017).

Any caregiver who provides the most child care and other relevant social connections, according to Bowlby (1969), is more likely to become a key attachment figure. The

youngster feels endangered when the mother is separated from the child. Even if another person is around to provide comfort, the kid will be uncomfortable. When the child's mother is not around, the child will continue to cry. According to this theory, orphans may have difficulties while living in temporary housing. According to this viewpoint (Bowlby, 1969; Scharfe), children do not feel glad when they leave their parents (2017). Because the current study aimed to investigate psychological challenges faced by orphaned children in institutionalized settings, attachment theory was an acceptable theoretical framework to employ for directing and supporting it.

Bowlby (1969) also asserts that newborns use a variety of actions, such as crying, vocalizing, and following, to search for nearness connection figures. Other behaviors, such as smiling and gripping, are also used to maintain proximity. When children are linked to their caregivers, they feel safe, and they will seek out those caregivers for protection if they are threatened (Bowlby, 1969). The attachment theory is used to investigate the effects of child care and caregiving.

This theory has been criticized for failing to explain how children behave when away from their parents as opposed to when they are not (Lee, 2003). To understand the needs of the attachment theory, one must observe how caregivers interact with children in non-stressful situations. Attachment theory also has a fault in that it is based on a list of attachment behaviors. The theory describes how children act in the presence of their primary attachment figure, who is usually their mother. The theory goes that identical behaviors aren't always linked to other attachments. Children build ties with people other than their mothers, it's worth emphasizing. The mother is the primary attachment figure, although there is also attachment to the father or siblings (Lee, 2003).

This theory is important in this study because it encompasses aspects of orphans' relationships with caretakers, which are critical to children's experiences in orphanages. The attachment aids in the formation of a connection with society and its social institutions. Attachment is necessary for coping with fear, anxiety, stress, and discontent (Lee, 2003). Children who form strong attachments at orphanage centers, according to the researcher, are more likely to develop high levels of respect, love, care, and trust for the caregivers. The researcher found that this theory was relevant, and it influenced the study,

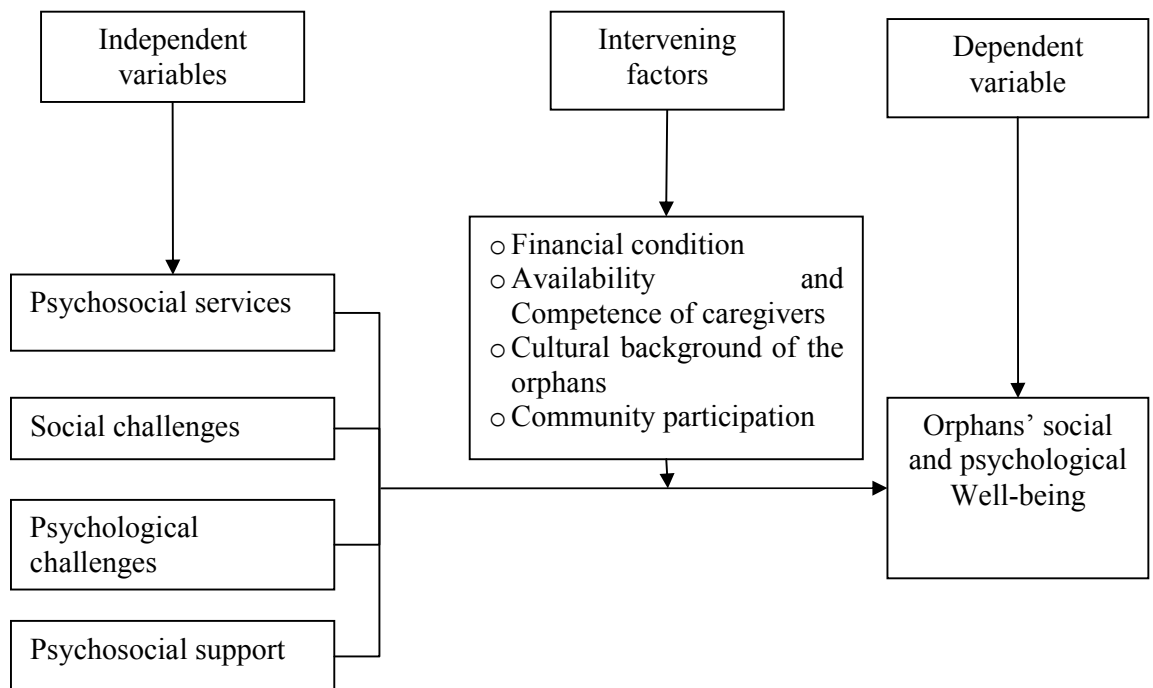
particularly when dealing with aspects of the challenges that orphans experience in orphanage centers.

## 2.4 Conceptual Framework

A Conceptual Framework is an abstract idea construct that can be used to create new concepts or reinterpret existing ones. The conceptual framework explains the relationship between the dependent and independent variables (Kothari, 2010).

The dependent and independent variables in this study are depicted in Figure 2.1. According to the conceptual framework, the dependent variable is orphans' psychosocial well-being, while the independent variables are psychosocial services, social challenges, psychological challenges, and psycho-social assistance. It is the obligation of the centers to ensure the well-being of orphaned children. However, other factors influence orphans' well-being, such as caregiver availability and competency, socioeconomic circumstances, orphans' social and cultural backgrounds, and community participation.

**Figure 2.1: Conceptual Framework**



Source: Mbangwa (2013). Assessment of Psychosocial Well-being of Orphans in Tanzania: A Case of Three Orphanage Centres in Moshi Municipality.

## **2.5 Empirical Review**

### **2.5.1 Psychosocial services provided to the orphaned children**

Psychosocial services include mental health services, social adaptation services, or a combination of the two. Psychological difficulties include emotional symptoms, behavioural disorders, hyperactivity/inattention, and peer interactions, to name a few (Goodman, 1997).

Psychosocial services are defined by REPSSI (2009) as "services linked to the establishment of relationships between persons and others in the community and society ("social")," as well as how each individual, adult or kid, feels and thinks about himself and life" ("psycho"). As a result, psychosocial services concentrate on the physical, material, psychological, social, cultural, and spiritual aspects of orphans' lives. Participation is one of the most important aspects of psychological treatment since it aids orphans in developing a sense of self and connections with others and society.

According to Vedasto, orphaned children in Kinondoni Municipality in Dar es Salaam Region were largely provided with food, clothing, and shelter (2015). Others received words of encouragement, religious instruction, medical treatment, and educational help. Similarly, health treatments, counseling, and educational materials such as uniforms and stationery were provided to institutionalized orphaned children in Arusha District (Kichonge, 2007). Others received hands-on training in areas including art, welding, masonry, carpentry, and sewing (Kichonge, 2007).

Most impoverished male children, according to Ng'ondi (2014), have better access to basic essentials. They are, on the other hand, less likely than women to receive psychosocial support. Similarly, when compared to other situations, children who are most susceptible are more likely to undergo psychotherapy at school (Kessy, 2012). As a result, most orphan care in separate facilities are purely medical and have minimal impact on their social and emotional health.

Moeijis et al. (2018) observed a positive association between children's sports participation and their psychosocial health in their study on sports participation and psychosocial health. According to the study, being a member of a sports club, engaging in

sports, and competing in sports are all connected to fewer psychological disorders in children.

Similarly, children who participated in athletics had fewer internalizing problems and improved social behavior, according to the study. Participation in certain activities is also linked to fewer internalizing issues, such as participating in outdoor sports (Janet et al., 2018). Children who participate in sports had fewer emotional and behavioral difficulties than children who do not participate in sports, according to Child Mind Institute (2015).

Huynh et al. (2019) also conducted research on factors impacting orphan and separated children's psychological well-being, with the purpose of evaluating the significance of care quality and care environment. The study included Cambodia, India (Hyderabad and Nagaland), Kenya, Tanzania, and Ethiopia. Food security, shelter, health-care services, and caregiving, all four dimensions of care quality, had a significant impact on a child's psychosocial well-being, according to the findings. The findings demonstrated that a child's well-being is determined by the quality of care provided rather than the setting. The findings corroborate earlier studies from a variety of cultural and social situations, suggesting that children in residential care facilities are happier than children in community-based settings. Orphaned children's psychological well-being can benefit from psychological treatment, especially during tough times (Campbell et al., 2014).

Chitiyo et al. (2008) looked into the provision of psychosocial assistance to special needs children in Zimbabwe, with a particular focus on determining how successful it is for children orphaned by AIDS to receive psychosocial care in order to enhance their schooling outcomes. All children who showed signs of emotional need fared poorly in school, according to the study's findings. An intervention program was executed over the course of eight months, with the result that academic performance improved during and after providing psychosocial support to such youngsters.

Inadequate psychosocial treatment, according to Caserta (2017), is predicted to have a major impact on emotional well-being and mental health, some of which may be permanent. Positive psychosocial well-being occurs when an individual's emotional state and social interactions are primarily healthy and adopting (Caserta, 2017).

Pillay (2016) investigated the factors that lead to the presence of orphans and vulnerable children in community-based homes in a follow-up study. The study's purpose was to explore how orphans and vulnerable children (OVC) at a community-based home in Johannesburg, South Africa, were affected by their living situations. According to the findings, ills such as poverty, health issues, experiences of child abuse and neglect, discrimination, and domestic violence influenced orphaned children's decisions to reside in the community. This, in turn, generates a psychosocial condition that is detrimental to their growth.

Tadez et al. (2014) conducted research in an orphanage in Gondar Township, northwestern Ethiopia, on the psychosocial well-being of orphans and underprivileged children. According to the findings of the study, the organization's OVCs can access all of the fundamental services they require to survive. Orphans have a variety of psychosocial issues, according to the study, which are rarely addressed in orphanages. As a result, the study recommended intervention measures to improve the psychosocial well-being of the youngsters. Psychological problems must be addressed, socialization skills must be enhanced, extracurricular activities and entertainment must be planned, and coping strategies must be increased.

### **2.5.2 Social challenges facing orphaned children**

Orphaned children in institutions (orphanages) experience a number of social challenges, including inadequate health care, a lack of educational support, a lack of sports equipment, and a shortage of food, all of which are influenced by economic constraints (Vedasto, 2015). In his study "Providing education to orphans for poverty eradication: The instance of Life-skills in Temeke District," Ngamesha (2007) discovered that families caring for orphaned children face a lack of educational materials. He also mentioned that students usually fail to complete their studies due to a lack of cash to cover tuition and other educational expenses.

Orphaned and vulnerable children experience a range of obstacles in school, according to Majanga et al. (2015), including absenteeism, a lack of physical infrastructure, instability, and psychological trauma, to mention a few. This thesis is based on a research of orphaned and vulnerable children's socio-pedagogical concerns following the 2007-2008 election

violence in Nakuru, Kenya. The issues that were highlighted reflected the post-election climate.

Moyoet al. (2015) reported that institutionalized orphans face challenges such as a lack of resources and parental attachment in a study titled "Impact of institutionalization of orphaned children on their wellbeing in Mtoko area, Zimbabwe." It was also proposed that the caregivers or teachers of orphaned children be more emotionally available to them. This suggests that orphaned children can be healthy and socially well-adjusted in other aspects of their life, but that their social lives will suffer if caretakers are not around to aid them emotionally.

Furthermore, according to Fauk et al. (2017), most adoptive families have financial constraints as a result of increasing responsibilities to assist their children with basic necessities such as care, education, and food supplies as a result of social issues. I agree that I was confronted with that challenge. As a result of these problems, orphaned youngsters enter the workforce to help support their families.

In Tanzania, REPOA (2016) conducted a social protection study focusing on the most vulnerable children. However, substantial obstacles to the community-based alignment's implementation have been discovered, including a lack of transparency, redundancy, and poor child and caregiver engagement. Finally, the study discovered that the majority of the organizations and individuals investigated were concerned with protecting orphans and vulnerable children (OVC) and their families.

UNICEF (2011) advised that the education system address the expenses of child protection, education, and service supply, as these prices can prohibit children from attending school. This will demonstrate that governments care about the needs of children. Orphaned children suffer a huge social difficulty in the form of a lack of educational resources, in compared to the other social challenges mentioned in this study. As a result, saving orphaned children's lives will require a concentrated effort from a number of parties.

"All (n= 6, 100 percent) of the orphaned youngsters claimed  
that they were abandoned and marginalized by the school

community," Alem (2020) said when addressing the social issues faced by orphans. They also stated that the majority of orphaned youngsters were raised by their grandparents and other relatives. Participants in the study also mentioned that orphan children experienced a variety of societal issues in addition to their direct experience of losing their parents. Orphan children were also noted as having battled with teachers, pupils, siblings, and other children on occasion as a result of the harsh treatment they received in and out of school. Similarly to the preceding concept, all participating teachers and non-governmental officials stated that orphan children were mistreated and discriminated against by the school community. As a result, most orphan children lacked interest in playing with other children and had little fun in their lives. Orphan children were also not regarded members of society by the school community and other community members, according to the participants" (p, 53)

Besides, Saraswat and Unisa (2017) said:

“Results revealed huge psychological torment among orphan children. Majority of children yearned for parents and longed for love and affection. Apart from low self-concept and lack purpose in life long term bereavement had resulted in depression and anxiety issues among these children. Trying to forget parents, avoiding crowded places, making new friends and finding their family among inmates of orphanage



were the coping mechanisms adopted by orphan children.”(p,

1)

### **2.5.3 Psychological challenges facing orphaned children**

Segregation, stigma, seclusion, physical punishment, and a lack of attachment and affection are all challenges that orphaned children in institutions endure (Vedasto, 2015). In a study conducted in Kinondoni Municipality, Dar es Salaam region, Vedasto (2015) found that orphaned children in orphanages were subjected to physical punishment by carers and that caregivers were overworked. Orphaned children at the facilities also experienced segregation, stigmatization, bullying, and isolation. Stigmatization is one of the problems that orphans encounter. Orphans who have been stigmatized may have internalized other negative information about themselves and blamed their abuse on their (false) orphan status (Hermenau et al., 2015). If an orphan is aware that he or she is stigmatized, the degree of unpleasant experiences and sadness will increase.

According to Juma (2008), the support provided to institutionalized orphaned children in Zanzibar was insufficient since it failed to address the social and psychological needs of orphaned children. He adopted this position due to a lack of affection, attention, social networks, and security. As a result, orphans developed mental diseases such as depression.

A lack of financing, the institutional climate, and caregivers' ineffectiveness in dealing with orphaned children's psychological feelings may be the root of the bulk of psychological disorders faced by orphaned children in institutions (UNICEF, 2006). Makuu (2017) and Mulaa (2018), for example, found that some barriers for children in institutions, such as personal care, attention, affection, and motivation, were lacking. Furthermore, there was widespread child neglect, severe and inflexible discipline, mistreatment, and abuse, even in well-resourced facilities.

Daniel and Rukundo (2016) found that orphans in Uganda lamented their parents' deaths, resulting in emotional grief. In the same study, they noticed that orphans who joined the institutionalized center were relatively young. In addition, as kids get older, they realize that their caregivers are not their biological parents and desire to understand the truth. Some of them appear to have difficulty referring to their caregivers as mothers or fathers. Furthermore, according to Albert and John (2017), the key signs and symptoms of

psychological issues include a lack of affection, a loss of attention, and a sense of alienation from society. They went on to advise that as soon as those indications and symptoms surfaced, fast action should be taken to treat the psychological concerns in their study "psychological challenges impacting primary school going orphans in Wanganui Community in Zimbabwe." This is owing to the fact that the majority of children, particularly those who have already lost their parents or those who live on the streets, are at greater risk of developing such issues.

Mulaa (2018) investigated the psychological barriers that OVC face in primary schools in Kenya. According to the study, the orphans were found to be suffering from psychological problems, as demonstrated by signs such as mistreatment, neglect, a lack of parental care, and stigmatization at school due to a lack of neat uniforms. These hurdles produced emotional stress in the kids as a result of the trauma, making it harder for them to concentrate in the classroom.

Orphaned children, according to Erango and Ayka (2015), are more prone than other children to have low self-esteem. This is due to a lack of social and psychological support, as well as their parents' poor social lives and the death of their parents. Psychological variables such as good supervision and counseling, physical safety, and mutual love influence self-esteem. Other factors that influence orphans' self-esteem include financial and material aid, as well as fellowship with other youngsters. The risks of having low self-esteem are reduced when parents live together before they die and display a healthy connection while generating a good monthly income. In a research on the links between sadness and trauma, Regehr and Sussman (2004) looked at the scientifically based paradigm for treating traumatic grieving in Canada. The authors identified evidence that therapeutic procedures can aid those who are suffering from traumatic sadness and seeking treatment for it.

In explaining psychological challenges facing orphans Alem (2020) said:

“Orphaned students were asked during the interview sessions about the psychological problems they faced after loss of their parents; all of the interviewed orphan children stated that their parental illness and death caused them to bottomless sadness and pain in their life. They were also

explained that loss of parents generates a lot of anxieties, fears, loneliness, emotional shock and produce long lasting effects on their life. All (n=6, 100%) of the interviewed orphaned children responded that they suffered in one or more emotional experiences following the death of their parents such as felt pain, discomfort in body or mind and exposed to extremely distressing experiences that cause their overall development. Likewise to the above idea, all the interviewed teachers also reported that orphaned children faced many psychological challenges because of being orphan hood after the death of their parents. They also indicated that orphan children tried to solve many of their own problems, but sometimes they became swamped by facing too many psychological problems at the same time. They also reaffirmed that most of the orphan children complained of a headache in the classroom, lacked interest to attend their education effectively, most of them disliked themselves and felt discomfort in the classroom” (p, 52).

#### **2.5.4 Challenges facing caregivers**

According to the President's Emergency Plan for AIDS Relief (EPFAR), the death of a parent is a traumatic event for children, leaving the majority of orphans despondent, afraid, anxious, and furious. Children's wounds must be healed by qualified carers in the absence of their biological parents. The caregivers are expected to fully assume the roles of parent and counselor while giving such a delicate service to such children. This is a difficult chore that any caregiver must do, and it is a noble responsibility. According to statistics, senior caregivers care for over 80% of orphans in Sub-Saharan Africa, the majority of whom are elderly women who also require care and comfort from their grandchildren and other members of society (REPSSI, 2011).

Caregivers' obstacles in delivering services to orphaned children in research facilities were also observed to be significantly different from those faced by the general public. According to Vedasto, orphaned youngsters in caretaker institutions experience water shortages, insufficient modern cooking fuel, low salary, and a lack of time off (2015). He

argued that a lack of cash was the biggest hindrance to caregivers receiving fair compensation. To pay caretakers' salaries, the organizations had to rely on temporary benefactors.

Bettmann et al. (2015) investigated orphanage caregivers' assessments of children's emotional needs in Ghana. It was revealed that orphans' institutionalized center caregivers had difficulty when children entered the institutions for the first time. Children screamed a lot and were uneasy in their new surroundings, making carers' tasks harder. As a result, caregivers needed to be related to their charges and take great care in building deep bonds with them. They also discovered that the caregivers are aware of the essential responsibilities of caring for orphans in orphanage institutions, especially in terms of emotional and interpersonal requirements. Caregivers lacked the necessary training and support to care for orphans, according to the study, particularly in terms of emotional and interpersonal needs in order to maintain connection.

The study of "behavioral and emotional difficulties in orphans and other vulnerable children staying in institutional homes," according to Kaur et al. (2017), indicates the link between behaviors and emotions in orphans, particularly for children in institutional homes. According to the study, OVC in institutional families are more likely to have troubles with their conduct and feelings.

### **2.5.5 The legality of taking orphans to orphanage centres**

The police interrogate the child, perform an investigation, and, if necessary, arrange for a medical examination and transport the child to a safe area. When the child is in danger, the police write a report on the social investigation, and the social officer submits a care order with the court (children's homes) (Brizay, 2008). The Children Homes (Regulations) Act of 2012 was the legislation that put the homes in place. The building of orphanage centers was prompted by the National Child Development Policy of 1996, which prioritized the development of centers and the provision of basic necessities for the impoverished. The major objective is to ensure and protect the orphans' well-being.

### **2.5.6 Challenges orphans face in the orphanage centres**

Although stakeholders (governments, international agencies, non-governmental organizations, and people) work tirelessly to aid orphans in orphanages, the majority of assistance is centered on physical care (Vedasto, 2015). Food, clothing, soap, toothpaste, lubricating oil, milk powder, medical care, uniforms, and tuition are all provided, but spiritual assistance is lacking (Juma, 2008). The majority of orphans, on the other hand, suffer from psychological issues such as worry, despair, stress, and wrath.

Another issue is the difficulty of reintegrating into the family after leaving the orphanage, which is caused by the nursing staff's lack of ongoing care, skill level, and health in some cases (Vedasto, 2012). Despite orphanages' best attempts to address their physical needs, Tanzanian orphans continue to lack basic necessities, educational materials, bad health, and nutrition. All of these obstacles obstruct the formation of a better and more conducive environment for orphans in these facilities (Mchau, 2010).

### **2.6 Research Gap**

The empirical research examined lacked significant evidence of social and psychological concerns, as well as how institutions handle or deal with them. For example, the literature analysis did not reveal if orphan counselors were employed at each hospital or what amount of training they got. They also don't say whether the orphanages had separate counselors for male and female youngsters, hinting that the orphans' Psychosocial Challenges were not appropriately addressed (Juma, 2008; Vedasto, 2015; Hermenau et al., 2015; Rukundo, 2016; Albert and John, 2017; Huynh et al; 2019). As a result, the psychosocial challenges that orphaned children suffer were the research gap that this study investigated.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

Research philosophy, research design, research approach, study area, study population, sample size, and sampling processes are the sections of this chapter. Data collection methods, validity and reliability, data analysis plans, and ethical considerations are all covered in this chapter.

#### **3.1 Research philosophy**

This research was directed by an interpretive paradigm in which new knowledge was generated by analyzing social reality in light of orphans' psychosocial challenges. Philosophers have been able to concentrate on deriving meaning from social settings as a result of their work. Because it used a small sample of orphanage children and a detailed investigation at an institutionalized center in Ubungo, Dar es Salaam, this study was largely inductive.

#### **3.2 Research design**

The research design is the basic concept for how the researcher would approach answering the study questions (Churchill, 1979). On a very basic level, research design is the investigation's system or method, and it addresses four major issues: what questions to consider, what information is relevant, what information to gather, and how to evaluate the results (Saunders et al; 2009). Because research design affects the speed with which many research processes can be conducted, it is necessary. This can help to refine the research, resulting in the most accurate facts with the least amount of effort, time, and money (Burns and Bush, 2006).

A case study research design was used in this investigation. The purpose of this design was to gather in-depth and comprehensive data on the phenomenon of orphaned children's Psychosocial Challenges. According to Ary et al. (2010), case studies are conducted in fixed conditions in real life in order to provide thorough information on a phenomenon. A case study also allows for a detailed assessment of elements that describe the current condition and may impact change over time. A case study design was employed in the five

institutionalized centres in Ubungo Municipality to obtain in-depth information, which included interviews with orphaned children, institution carers, and directors.

### **3.3 Research approach**

Qualitative research method was used in this study. The qualitative research approach was appropriate for this study since the researcher needed to acquire the informant's ideas and viewpoints directly from the natural circumstance due to the nature of the research objective. Studies employing qualitative methodologies were conducted in the natural environment, according to Omari (2011), implying that researchers acquired primary data from the field. Data can be gathered from various organizational functions, such as people's lives, stories, behaviors, and social movements. Qualitative research is better for understanding about group views, values, behaviors, and social issues than quantitative research (Family Health International, 2014). When utilizing a qualitative technique, researchers acquire data through their own sensory organs, such as their eyes, ears, nose, and intelligence, according to Crossman (2020). This provides researchers with a thorough understanding and explanation of the study populations, locations, and occurrences.

### **3.3 Study area**

The study area is defined as the geographical borders that define the scope of the research analysis (Crossman, 2020). The research was carried out in Ubungo City's six (06) institutionalized orphan care centers. SOS Children's Village, Umra, Children in the Sun, Huruma Children's Home, Watoto Wetu Tanzania, and DMI Spring of Hope are among the participating organizations. Ubungo was chosen for this study because it is one of Dar es Salaam's five zones, and there are few studies on orphans there.

Ubungo Municipality is also a popular destination for migrants from all around Tanzania and beyond because it is home to Dar es Salaam's main bus station. Ubungo Municipality is home to more than 42 percent of Dar es Salaam's impoverished youngsters, according to Kihobo (2018) and Ismail (2020). Furthermore, of all the districts in Dar es Salaam, Ubungo has the most street children from all across Tanzania, with the bulk of them ending up in orphanages.

### **3.4 Study Population and Sample Size**

#### **3.4.1 Study population**

Orphaned youngsters living in Ubungo Municipality's institutional centers, as well as their caregivers and the institutions' administrators, took part in the study. According to information from the Ubungo Municipality's Department of Social Welfare in 2013, the district had more than nine registered facilities with 321 orphans living in them in 2013 (Kessy, 2013).

#### **3.4.2 Sample size**

The study enlisted the help of 43 people in all. The 43 participants included thirty orphans, six caregivers, six directors, and one social welfare officer. These volunteers were chosen because they would be able to provide detailed information on the research problem. The responders were picked based on their experience and understanding of dealing with street children, as well as when they started working. The street children are chosen depending on their age and period of residence in the center.

### **3.5 Sampling procedures**

The two categories of sampling techniques/procedures, according to Saunders et al. (2009), are probability sampling or representative sampling and non-probability sampling. Each element's probability of being chosen from the population is predefined, and in the vast majority of circumstances, the probability sample has the same probability. A focused sampling from the non-probability technique was chosen for this inquiry.

#### **3.5.1 Purposive sampling procedure**

Purposive sampling is a technique for choosing a sample from a population depending on how representative it is of the overall population (Pandey and Pandey, 2015). Because the researcher wanted to answer the research questions by focusing on specific features of the target demographic, this strategy was chosen. Purposive sampling, according to Pandey and Pandey (2015), is appropriate for controlling some variables on which the researcher wishes to focus more.

Purposive sampling was used to recruit thirty orphans, six caregivers, six directors, and a social welfare officer for the study. Purposive sampling, according to Churchill et al.



(2002), allows the researcher to choose the cases that best answer the research questions and meet the study objectives.

### **3.5.2 Inclusion criteria**

For the study, orphaned children ages 10 to 17 were chosen from six facilities. Furthermore, orphaned pupils who accepted to be interviewed were included in the study.

### **3.5.3 Exclusion criteria**

The study did not cover orphaned children under the age of ten. Students with health problems, such as mental diseases, were also not allowed to participate in the study. They were not let in because they were suspected of providing fake information.

## **3.6 Data collection methods**

Data collection methods are the methods used by the researcher to acquire information from respondents/participants (Kothari, 2004). The data can be primary or secondary. Data must come from a reputable source in order to be real and reliable.

### **3.6.1 Interviews**

Unstructured interviews are face-to-face interactions between researchers and participants that do not have preset questions or standardized recording processes (Kapur, 2018). Unstructured interviews were undertaken in this study to learn more about the psychosocial services provided to orphans and the obstacles faced by carers in caring for them (see Appendix 1). Researchers employed unstructured interviews because they allowed them to ask individuals for more information.

### **3.6.2 Observations**

Observation is a way of attentively and deliberately observing occurrences in mutual relationships in terms of cause and effect (Kapur, 2018). It is a methodical eye examination. Observation was also used to collect data on the psychosocial challenges that orphaned children in institutionalized centers confront.

Observation was used to get information on a variety of psychological difficulties that could not be gathered only through interviews. The researcher employed non-participant observation to investigate factors such as sadness, fear, solitude, and a caring atmosphere. "Observation allows the researcher to learn about movements and gestures that participants are unwilling or unable to reveal in an interview," according to Ary and colleagues (2010). (p, 33).

### **3.6.3 Documentary review**

Documentary review, according to Kapur (2018), is the process of reviewing and analyzing existing information that is pertinent to the topic. A number of papers that were pertinent to the investigation were examined during the investigation. This data was compiled using journals, official papers, books, the internet, policies, the Open University Library, and the University of Dar es Salaam Library. This study also looked at the major source of secondary information, which includes policies, reports, and government circulars.

### **3.7 Instrument validity and reliability**

It was the researcher's responsibility to make sure the study gathered and maintained high-quality data. Prior to data collection, the research equipment was put through a series of testing, as well as data scanning and examination. The study tools were also reviewed several times to ensure content validity and dependability.

#### **3.7.1 Instrument validity**

According to Saunders et al., validity refers to the extent to which the measuring questions accurately measure the presence of the constructs that are supposed to be measured (2009). To ensure validity, the researcher produced study equipment such as interview guides and observation kits in accordance with the research objectives. The researcher did a pre-test with the coworkers through interviews. Thanks to the pre-test, the researcher was able to eliminate ambiguity, and the participants' questions that were ambiguous were reshuffled and made easy and straightforward.

The project's pilot stage had six orphaned children, one director, and one caretaker. According to Kombo and Tromp (2006), researchers must assess data collection tools once

they have been designed to address word clarity, researcher bias, participant replies, and determine if the instruments can offer appropriate information.

### **3.7.2 Instrument reliability**

Reliability refers to the degree to which variables or sets of variables are consistent in what they are designed to assess (Saunders et al., 2009). It has to deal with how consistent and dependable the results of a phenomenon measurement are (Bricki and Green, 2007). It is primarily concerned with maintaining uniformity. By comparing the results to those obtained in the pilot study, data reliability was ensured in this investigation.

### **3.8 Data analysis**

Data analysis, according to Sekaran (2005), is the sum of a number of closely related operations carried out with the purpose of summarizing and organizing the collected data in such a way that it answers the research questions. Some of the operations include editing, coding, categorizing, and tabulating. It's also necessary to categorize, arrange, change, and summarize data in order to get answers to the study's questions.

The qualitative data collected in this study was analyzed using thematic analysis. This analysis allows the researcher to piece together interpretations from the respondents' comments in light of Joffe and Yardley's viewpoint (2004). Thematic analysis has the advantage of producing more outcomes when reviewing interviews. Because it is a multipurpose tool, this is the case (Mohammed & Ragab, 2016). Verbatim extracts were categorized into themes and patterns for further inquiry and thought.

### **3.9 Ethical considerations**

The researcher followed the research clearance procedures and acquired a research permit from the Directorate of Postgraduate Studies and Research at Kampala International University. A letter from the Regional and District administrative organizations approving the research was also obtained by the researcher. According to Ryan et al., (2007), the researcher must seek permission to conduct the research before traveling to the study area. The children were interviewed in a straightforward manner. The researcher double-checked the phrasing to make sure it wasn't discriminating, degrading, insulting, or cruel

to the orphans. Similarly, the researcher acquired the children's permission to interview them and explained the study's procedures. Children who refused to take part in the study were withdrawn from the study. During data collecting, the researcher eschewed kissing, embracing, fondling, stroking, and caressing. Participants were also told that any information they submitted would be kept confidential and used strictly for academic purposes.

### **3.10 Limitations of the study**

- a) This study's participants were not picked at random. This could have had an impact on the outcome. The researcher attempted to speak with orphaned youngsters aged 12 and up. Because they were chosen by the carers, there is a risk of bias.
- b) The sample was age-specific and homogeneous. This may reduce the representativeness of the results. To get over these limitations, the researcher looked to see if the reactions might be applied to children.
- c) Because each municipality has its own characteristics, the findings cannot be applied to other municipalities.

## CHAPTER FOUR

### DATA PRESENTATION, ANALYSIS AND DISCUSSION

#### 4.1 Introduction

The Psychosocial Challenges Facing Orphanages in Ubungo Municipality are discussed in this chapter.

#### 4.2 Psychosocial services provided to orphaned children

The study's first purpose was to find out what kinds of psychosocial assistance orphaned children in care giver facilities could access. At each center, interviews were done with orphans, caretakers, and directors. Orphaned children in institutions received a variety of psychological services, including food, educational assistance, spiritual support, life skills, sports and games, health services, love and care, accommodation/shelter, and security, according to the findings.

##### 4.2.1 Food

Meat, beans, potato chips, and roast chicken were among the other culinary alternatives, according to the findings of interviews with the directors, caretakers, and orphaned children. Although tough oatmeal, beans, pork, and rice were served in the majority of the centers. The following extracts from several interviewees demonstrate this. "During the day, we're usually fed beans and rough porridge." At night, we have rice and beef. On some days, vegetables and fruits are provided. One of the Huruma Youngsters's Home children interviewed, for example, said:

“For breakfast, we take tea and sweet potatoes, chapatti, or burns. The truth is we get enough food always and if I am happy with what I eat, then the majority here are happy too. However, most of the times we get help from different people and charitable organizations”

Another youngster interviewed from the Huruma Children's Home said:

“I am happy to be here because now I have some hope of not dying tomorrow. I am sure that at least every day I can get some food to eat. More importantly, I have somewhere to sleep, I don’t have to sleep on street anymore, and I don’t have to worry about endless cold during night, so in short I am in heaven here compared to where I can from.”

In some other facilities, SOS was eating delicious foods like meat, milk, and eggs, and they were able to get the three meals a day. The findings show that the food provided to orphaned children varies depending on the center. The discrepancies in aspects between one center and the other were to blame for this. Each center's resources, type, and number of children cared for differ. The centers with more resources were more likely to be able to deliver higher-quality food than the centers with fewer resources. Furthermore, centers with a majority of children under the age of five were more likely than centers with a majority of teenagers to serve low-quality food. Some centers, on the other hand, had a large number of supporters who donated money for children's services as well as material donations such as food. Other centers, on the other hand, had a small number of long-term and stable patrons.

When orphaned youngsters at the research facilities were asked if they liked the food they were given, the results revealed that more than two-thirds (63 percent) of them did. This is what a 16-year-old female adolescent from Watoto Wetu, Tanzania, had to say about the situation:

“The caregiver provides us with stiff porridge, tea, rice, fried rice and beans. I am always satisfied with the food I am provided by him. I feel happy staying at this centre, enjoying my life despite loss of parents”

Another 14-year-old male boy from Watoto Wetu, Tanzania, expressed his dissatisfaction with the situation:

“I am not a picky person, I eat everything given to me. The center is very caring and all the caretakers are kind and lovely. This is my fifth year since I arrived here I have never faced any irresolvable challenge or problem. Eating, sleeping

and doing other social related works here is all fair. However, I can't generalize what others feel, I am very ok with the situation here and very thankful for everything I get from here”

Caregivers indicated that it was their responsibility to guarantee that the children's basic needs, such as food, were met at all times, according to caregivers and directors from Umra and SOS centers who were interviewed. According to a 12-year-old orphaned youngster from the Umra Centre who was interviewed:

“I am satisfied with the food I am provided by caregivers. Here, we eat beans, vegetables, rice, meat and stiff porridge. The care givers always make sure that such food is available. I have never missed a meal, even a single day since I joined this centre. Additionally, I like living here; I do not feel lonely because all the people around me are very kind, honest and caring. On the other hand, they are very much considerate, they would ask whether I have any challenge or problem, the moment I mention any problem, they are more than ready to help”

These figures suggest that the centers went to great lengths to ensure that orphaned youngsters were well fed. When food is needed, it is vital that it is available and accessible at all times. When the children's center runs out of food, it becomes a dismal environment to be in. Children might retaliate in a variety of ways, including abandoning schools and going to the streets. As a result, the second issue of street children may be aggravated. In this aspect, food takes precedence over other basic needs; without it, the center cannot be a safe place to live. Because of hunger, the majority of children end up on the streets and eventually in orphanages. These children struggle to locate a better place for basic essentials such as food when their parents die and their relatives grow neglectful.

Two children, on the other hand, were dissatisfied with the lunch they were served. Two youngsters at one of the centers reported displeasure with the meal quality and claimed

that the portion sizes were often insufficient. For example, one of Huruma Youngsters Home's unsatisfied orphaned children said:

“We always accept the food we are provided by the caregiver. For instance, we are given stiff porridge, rice, meat, beans, vegetables, tea and bites. Although we sometimes eat the same variety for a number of days, we take it as a normal situation. On my side I cannot complain because when I think about my past situation, I see a promising future here and these people are helping us more than our own blood relatives”

Another Huruma Children's Home resident stated:

“I hate eating stiff porridge more often and I don't like beans... but what choice do I have? No choice at all. In my situation, I can't choose what to eat or drink, I only have one choice....which is eat or starve. Unfortunately, I can't leave this place because this is my sweet home for now; this place is my world.... I have nowhere else to go. I have no other friends or other family but here is everything”

Three of the Umra children admitted that the food provided at the center was not always adequate. This means that these youngsters were either given a minimal bit of food or, in some cases, were completely ignored because the meal prepared was insufficient. When asked how they dealt with the problem, one of the kids had to answer:

“Here, I am provided with varieties of food such as rice, beans, bites, tea and vegetables but sometimes the food is not enough, especially the breakfast. Thus, we share to ensure that everyone gets something to eat since we live like brothers and sisters. What is important here we get some food here, this is very fortunate and that is the only thing I care about this place”



A different child stated:

“Satisfaction happens occasionally, in most cases during holidays where different people or organizations visit our center with gifts. Most of them normally bring food such as sacks of rice, sugar, beans, meat, soda, water and the like. In days like this we enjoy a lot because you find plenty of food available”

Orphaned children, on the other hand, were said to be satisfied with food service by all six caregivers and directors. Furthermore, 11 of the 13 participants (caregivers, social workers, and directors) from all six centers confirmed that the meal services provided at the centers were satisfactory. This indicates that children received breakfast, lunch, and dinner on schedule. Furthermore, this means that the youngsters were able to consume a well-balanced diet. Food services, particularly food variety, are sometimes insufficient due to internal constraints such as a lack of resources, particularly financial resources, according to the findings of this study. This suggests that caretakers and directors in the chosen institutions had diverse perspectives on the children's views. Cereals (rice and hard porridge) and pulses were the most commonly consumed foods in the institutions, according to Mgeni (2013). According to the study, the orphaned youngsters were also satisfied with the food they were given.

The researcher found that most of the institutions, including SOS Children Village, had a meal schedule that itemized the sorts of food offered each day during his study. Similarly, the quality of meals served at the centers differed. Other centers, for example, supplemented the stiff porridge, rice, beans, and vegetables that were common to all centers with meat, fruits, milk, and eggs. The meals at some of the institutes were superior to those at others. The orphans of SOS Children's Village were fed delicious cuisine in comparison to other organizations. This could be due to the fact that the center is supported by donations. The results of this study back up Maslow's (1943) idea that food is one of a child's physiological needs for survival, and that other goals like love and belonging, self-esteem, and self-actualization can't be realized until physiological needs are met. Caregivers' provision of appropriate nutrition to orphaned children in institutions is a significant strategy for creating a sense of caring in the children.

#### 4.2.2 Educational support services

According to interviews with orphaned children, carers, and directors, orphaned children in institutions were supported with various educational tools. For example, stationery, clothing, and school fees were provided to 27 out of 30 orphans (90 percent). A 14-year-old orphaned boy from Umra claimed:

“I am provided with exercise books, pen, ruler, rubber, sharpener, school bag and uniforms. Other materials I get include pairs of shoes, pencils and caution money. All the materials provided helps but sometimes are not enough. People like me in most cases we have limited options, we are always happy with anything we get, the quantity or quality does not matter, what matters is getting something”

This is what another child had to say:

“I get what is needed at school. The first thing that I normally get timely is school fees while the rest I don’t mind if they delay to provide. Things like exercise books, pen, pencil and all stationeries are secondary requirements to me. However, the second priority to me is books; this is not easily provided probably because these books are expensive... I wish someone could constantly provide us with books so that we can get to read and I believe if we get all the books we need our performance can improve because books teach better than even teachers to me”

The findings are similar to those of Msoka and Holroyd (2018), who discovered that orphaned children were given food, clothing, housing, and educational help at orphanage centers. This means that the majority of people are now interested in helping these centers, and that by doing so, children will be able to eat, dress, and have a place to stay. Those who assist the operation of orphanages, on the other hand, make a significant contribution to the successful provision of education. Education support in this case entails the provision of all study materials, such as books, as well as all school-related costs.

According to Mwona and Pillay (2019), educational aid was one of the most important supports because it addressed basic needs.

In addition, studies found that educational resources were sufficient to suit orphans' needs. The current findings, on the other hand, contrast with those of Vedasto (2015), who conducted a study on psychosocial difficulties and discovered that orphaned children living in institutions centers lacked educational resources such as school fees, text books, tuition money, and transportation to and from schools. This indicates that the situation has improved since 2015, when the children at the centers were not given with the requirements. Furthermore, this demonstrates a significant increase in community awareness of these children who need to be cared for and provided with such services. Furthermore, in 2016, the Tanzanian government established a fee-free education program for primary and secondary school students, alleviating the financial strain on caregivers.

#### **4.2.3 Life skills training services**

The study investigated if the centers give life skills to the children. This is one aspect of instrumental assistance for children. Orphanage facilities offered orphan children vital life skills such as cooking, hygiene, self-esteem, responsibility, and interpersonal skills, according to the findings. It was revealed that the majority of centers allowed children to participate in extracurricular activities in order to improve their social skills. It was also uncovered that the orphans' carers held many sessions with them to teach them how to help one another. They received counseling from their caregivers in some circumstances. The 14-year-old orphan child from Child of the Sun remarked:

“Our caregivers are taking responsibility to help us. We hold meetings three times a week to teach us on how to help one another. We get time to share experiences and we are also allowed to give our suggestions and our opinions regarding what to improve”

A different child stated:

“I am thankful to what the center is doing to us generally, we get different trainings, such as how to behave and live with people, we also get exposed

to entrepreneurship skills, and those above my age can now produce soaps and other items. Generally, I am sure after getting out of here we can no longer depend on help, we can no longer remain a burden to other people, instead we will be very productive and responsible member of the society ”

The majority of the sessions were held to correct children's offenses rather than to teach them life skills, according to the report. Children were only taught life skills through activities like cooking, cleaning rooms, washing clothes, and maintaining general cleanliness. There were time tables for responsibilities at the centers. They teach the orphans how to manage their time and take responsibility for their life. As a result, these children will be more conscious of what to do in the future, particularly after leaving these institutions. It is crucial to emphasize that when children are aware of such activities and are able to put the skills they have learned at the centers into practice, they will have a head start when they eventually become self-sufficient.

Orphans in orphanage institutions were given life skills to assist them improve their conduct and establish self-esteem as young people, according to the findings. There were no certified life skills teachers, according to the current study. Orphan children, according to the study, should be supported by a well-trained teacher in order to receive proper life skills instruction. Young individuals can use life skills to assist them prepare for their future lives. The findings of this study are comparable to those of Msoka and Holroyd (2018) in that orphans were assigned tasks that allowed them to develop their skills.

#### **4.2.4 Health care services**

The findings found that some orphaned children in the examined institutions received health care services, including anti-pain drugs as first-aid when they fell unwell before being brought to hospitals. In some institutions, such as SOS Children's Villages, all children were enrolled in the National Health Insurance Fund (NHIF) scheme and given NHIF cards, allowing them to seek medical treatment outside of the centers if they fell unwell. Sponsors for some of the youngsters at Huruma and Watoto Wetu Tanzania's institutions only financed a few of the institutions' children. During an interview with the directors of Huruma and Watoto Wetu Tanzania, it was discovered that sponsors sponsored youngsters according to their age. Huruma's Director expressed the following:

“We were blessed to have some sponsors who volunteered to sponsor our children of 2 to 10 ten years of age. With this, some of our children were lucky to be sponsored but others who did not fall in that category remained out of the service. In that project almost ten children benefited from the sponsorship while at least 20 children were not”

In addition, one of the Huruma Children's Home respondents, who is 15 years old, remarked:

“When I get sick, I go to hospital for medication. I do that because the centre does not have a hospital. I always use my NHIF card to cover for my medical costs. Before joining home I had a terrible experience especially when I was still at my relatives. I used to suffer a lot when I get sick and when the situations got critical, they used to give me traditional herbs as medication ... I hardly remember the last time I visited hospital”

A different child stated:

“This centre has one dispensary with one nursing officer to look after us when we get sick. She works hard to make sure we are provided with better health care. However, on my opinion we need more than one nurse because occasionally when she is not feeling ok we fail to get treatment or they are forced to take us outside the center for medical checkup and treatment”.

The findings revealed that caregivers and management did their best to adjust to the circumstance by soliciting the assistance of some external stakeholders in order to protect the health and well-being of the children. These efforts were done in order to meet the rights of children as set forth in the 2009 Act. One of a child's rights, according to the Children's Rights Act, is access to health services.

The data also revealed that the centers guaranteed that the children were healthy at all times, and that when they became ill, they were given first aid and anti-pain medications before being moved to the hospital for additional exams and medications. However, most of Umra's, Child in the Sun's, Huruma Children's Home, and Watoto Wetu Tanzania's facilities lacked nurses to care for orphans who fell unwell, according to the statistics. Nurses were reported at only two of the six SOS Children's Village and DMI Spring of Hope sites. One location had a nurse, while the other had a health facility manager. As Meli (2015) pointed out, this could be due to financial constraints, with orphans not obtaining sufficient medical treatment due to budgetary constraints.

#### **4.2.5 Spiritual support services**

Orphaned children, caretakers, and directors of institutionalized orphaned children got spiritual aid from religious leaders in the form of worship and religious lectures, according to the findings of this study. The religious lessons could be beneficial to both Muslims and Christians. The centers were not under the control of a single religious leader. The majority of them were visiting religious leaders, according to one of the orphaned lads from Umra, who was 14 at the time:

“Saturdays and Wednesdays from 7:00 pm to 8:00 pm are special days for worshipping and religious teachings. On those days, religious leaders come to the centre for such activities. This center has changed my life and truth be told I am more than happy to stay here. I am always joyful when different religious leaders visit our center and it makes my life stress free”.

Youngsters pray every day at one center, Child in the Sun, demonstrating that prayers are important for the spiritual growth of the children. Children received religious education from the priest once a week, according to one orphaned child. The 14-year-old boy in Child in the Sun claimed:

“We pray every day. The priest comes every Wednesday for spiritual services and religious teachings. We are also taught

various prayers and good religious songs. I like singing so in such sessions I enjoy very much”.

It was also discovered that there were no religious leaders in charge of religious instruction at the orphanage centers. A 16-year-old boy stated:

“Every Wednesday and Friday, we are taught religion and the word of God. The centre does not have religious leaders. Always, there are volunteers for these services. I wish we could have one or two dedicated priests to stay here with us always, I feel blessed when priests come to visit us”.

Orphans in institutions had developed a habit of praying. According to the institution's schedule, religious instruction was offered on various days and at varied times. On Sunday, orphaned youngsters were released to churches for prayers. According to the findings of Kayombo, Mwambo, and Masilla, spiritual service and support help youngsters establish hope for the future (2005). Orphanage centers are concerned with its inhabitants' psychosocial well-being, especially when it comes to spiritual issues. Fitzgerald et al (2019) discovered that spirituality is one of the measures for psychological well-being, and this project appears to be similar. On Sundays, orphans are allowed to go to church, and on Fridays, they are allowed to go to the mosque for Muslim prayers. Religious sessions for orphan children were held from Monday through Wednesday, according to sources.

It was determined that religious sessions provided children with a variety of religious instruction. The findings of this study corroborate those of Jeffrey and colleagues (1997), who discovered that employing prayers and scripture as therapy can aid in the healing of the client. Meanwhile, confronting certain clients' unacceptable actions, such as sin, is acceptable on rare occasions. Prayers and religious lectures have been shown to have a positive impact on children's conduct, which is why every center provides spiritual services.

#### 4.2.6 Sports and games

According to the findings of the study, orphaned youngsters at orphaned facilities participated in a variety of sports and games. Among the activities accessible were playing cards, football, music, netball, football, and item making. Other games and sports accessible include jumping, jogging, sliding, painting, and running. Orphan child in Huruma Children's Home, 12 years old, said:

“At this centre, we play football, netball, playing with toys, designing objects, and drawing pictures in our exercise books at the time we come back from school and during Sundays and Saturdays”.

Furthermore, orphaned children sometimes compete with youngsters from other orphanage sites where they may play at home and outside, as one orphaned child saw. There were games for people of all ages and genders. Rope leaping and netball were popular among girls, while football was popular among guys. One of SOS Children's orphaned 14-year-old girls recounted what she was going through:

“We play netball, football and rope jumping. We go out for jogging every day in the morning. On some other days, caregivers organize sports competition with children from other centres. We play home and out competitions”.

The younger orphans participate in different activities than the older orphans. For example, one ten-year-old female orphan stated that they used to play slide and swing. As a result of the research, it was determined that orphanage facilities had sports and games programs because they helped them to cope with negative emotions such as stress. These findings are similar to those of Muhsin (2015), who discovered that OVC in Zanzibar participated in a wide range of sports and games. Scouting, singing, and dancing were among of the activities that helped them gain confidence in their abilities and talents.

The findings of this study are similar to those of Mgeni (2012), who reported that children at Morogoro orphanage centers participated in a range of sports. According to Subbarao



and Coury (2004), children's participation in games and sports is critical for their mental development since it allows them to relieve stress and deal better. The data imply that children in orphaned institutions understand the importance of sports and games in their mental and physical development. Moeijis, et al. (2018) discovered that children who belong to a sports club, participate in sports on a moderate or high frequency, participate in team sports, participate in outdoor sports, participate in contact sports, and compete have less internalizing concerns.

#### **4.2.7. Guidance and counseling services**

They claim that when orphaned youngsters make mistakes, their caregivers guide them. Guidance was offered in the form of disciplinary hearings, verbal cautions for their mistakes, and precise directions on how to respond. To issue warnings, stern looks are occasionally utilized. The removal of children from their homes was also a threat. The following is what one orphaned 17-year-old boy said:

“Most of the time, caregivers correct us when we make mistakes. We are warned that when we make the same mistakes, they will send us back home. We listen to them and follow to what they want”.

Instructions were occasionally supplied in the form of a timetable depicting daily tasks, it was noticed. On any given day and at any given hour, every child knew exactly what he or she was supposed to do. The schedule was used by the caregivers to keep track of the kids' daily activities. Positive relationships between caregivers and orphaned children provided further direction. Orphaned children were given counseling as a critical service for molding their behavior and causing them to change unwanted tendencies, according to the findings of this study. Boys were also found to be more likely than girls to be subjected to such treatment.

It was thought that using verbal warnings, time tables, and disciplinary meetings to provide advice to youngsters was a good way to encourage positive behavior. Bronfenbrenner's (2004) findings that supportive relationships, reciprocal trust, shared goals, and shared responsibilities with family members benefit children are supported by

these studies. Counseling was also regarded to be something that should be included in advise. Zimmerman characterized guidance and counseling as non-material children's needs (2005, as quoted by Mgeni, 2012). The data show that caregivers were not paying attention to the therapy. According to Mbangwa, counseling is a crucial service for orphaned children (2013).

#### **4.2.8 Love and care**

Caregivers treated institutionalized orphaned children with affection and attention, according to findings from three orphaned children and two carers. They were given direction through guidance, family prayer, and recreation between youngsters and caretakers. Orphans need love, care, trust, and understanding as well as financial assistance. Orphaned girl from SOS Children's Villages insisted:

“At this centre, we are shown love and care. We are so close to our caregivers since we mostly play with them, singing good songs together, and on Sundays, we go together to the beach or supermarket”.

Orphaned youngsters were shown sympathy, care, and help in institutions, according to the findings. This is due to the attachment theory that was used in this research. The findings of this study revealed that orphaned children's caretakers had a favorable bond to them. Msoka and Holroyd (2018) feel that direct relationship between the orphan and the caregiver is critical, regardless of the quality of the institution's care. The psychosocial disorders of orphaned children were considerably improved by such connection. Maslow (1943) believes that attachment is what leads to love and long relationships. Attachment needs are the second step in the hierarchy of wants, following belongingness requirements. As a result, offering psychological treatment to orphaned children in institutions requires love and affection. Orphans require affection and care, according to Pillay and Mwoma (2015).

It was also discovered that the loss of their biological parents had contributed to their mental health issues. This is because caretakers occasionally play with orphaned children in order to stay close to them and strengthen their attachment. In this study, caregivers

were observed to become irritated at times, especially when an orphan disliked the caregiver or were sluggish. Carers are loathed because they beat up on trespassing children and issue harsh warnings on occasion. Ormrod (2000, as cited by Moyo et al., 2015) claimed that if caregivers praise and admire orphaned children and pay attention to them, they would develop the picture of a desirable person and establish a positive self-concept.

#### **4.2.9 Accommodation**

The study's purpose was to find out how the institution's centers fared in terms of accommodations. This was one of the most important instrumental assistance for orphans. Caregivers provided adequate care for the children. It was the obligation of the institution to guarantee that the children were well looked for. When children were transferred from the streets to orphaned centers, they were given mattresses and shown dormitories, dining rooms, kitchens, washrooms, and play spaces.

According to the researcher, orphaned youngsters were well cared for in the institutions. It was also noted that the centers realized the need of providing a safe haven for the youngsters. The findings support Maslow's (1943) hierarchy of needs theory, which recognized accommodation (safety need) as a second key need for people, especially in emergency situations. As a result, orphaned children must be protected in institutions in order to secure their psychosocial well-being in the future. Housing was provided for orphans, which was one of their most basic needs. Despite difficulties such as a lack of security gates, insufficient bathrooms, and various structures that needed to be rebuilt, the kids believed that they were well-cared for. All of the locations were found to have beds and mattresses throughout the inspection. The rooms were immaculately clean, and the beds were freshly made. Boys and girls were separated from one another. On the other hand, other structures lacked gates and running water.

The services were found to be crucial to their psychological and social well-being in general. The findings of this study were similar to those of Vedasto (2015), who discovered that orphaned children in institutions were provided with food, clothes, and shelter, as well as motivation, religious teachings, health treatments, and educational resources. According to REPPSI (2013), material support, such as food, shelter, educational resources, and health care support, is crucial for children's development.

### **4.3 The psychosocial challenges facing orphaned children**

The study's second goal was to investigate the psychosocial issues faced by orphaned youngsters in institutions. This section is divided into the social and psychological challenges that orphans in various institutions encounter. The information acquired via informants and interviews with orphaned children, caretakers, and directors is discussed in the sub-sections.

#### **4.3.1 Social Challenges Facing Orphaned Children**

The second goal of the project was to investigate into the social challenges that orphaned children in institutions experience. The social problem faced by this study included health services, education services, activities and sports, and spiritual leaders. Orphaned children, carers, and directors were interviewed, and the results were fascinating.

According to the data, orphaned children were found in almost all facilities, with the exception of SOS. A shortage of health facilities, physiological necessities, sports equipment, spiritual leaders, and educational resources, to name a few, were among the societal obstacles that children faced.

##### **4.3.1.1 Shortage of health services**

The findings of fourteen (14) orphaned children, two (2) carers, and one (01) director from Child in the Sun showed that orphaned children in institutions lacked access to health treatment. When children fell unwell, they were simply given anti-pain medications before being admitted to the hospital. Umra, for example, did not take the initiative to hire health personnel to care for orphaned youngsters. The 16-year-old orphan girl from Child in the Sun had this to say:

“I always get pain killers when I get sick before being taken to hospital. There is no hospital in the centre. My caregiver tries different medications on me and only if I do not get better, she takes me to hospital”.

Orphans were sent to hospitals outside of cities, according to the data, with the majority of orphans lacking health insurance. The findings of this study are similar to those of Chitiyo

et al. (2016), who discovered that health care is one of the challenges faced by orphaned youngsters. The reason for this was due to financial constraints. Orphaned children's health difficulties, according to Kuo and Operario (2010), include a lack of financial resources to pay for medical treatments as well as health practitioner consultation fees. According to Chitiyo et al. (2016), a child's psychological development is crucial for his or her future well-being.

#### **4.3.1.2 Shortage of sports gears**

Orphaned youngsters were found to be in need of sports equipment such as balls, goal posts, and clothing. Furthermore, some of the accessible items, such as balls and clothing, were outdated. Orphaned youngsters were unable to participate in sports and games due to a lack of sports equipment. Recreational opportunities were also found to be limited, according to the poll. Children in Umra said:

“Some of the sports gears like balls and sportswear are outdated. Therefore, we request donors and other supporters to help us with more materials like balls, sportswear, goal posts, cards and nets.”

The results of the interviews with Umra's caretakers and directors revealed that sports equipment such as jerseys and balls were in short supply. Because youngsters are wired to play, and sports and activities help psychologically troubled people cope with stress and concern, such a scarcity impacted their psychosocial well-being. When asked about their challenges, the caregivers mentioned a lack of sports facilities as one among them.

#### **4.3.1.3 Shortage of educational materials**

Educational materials include exercise books, caution money, school bags, clothing, pens, pencils, rulers, text and reference books, and so on. When one of the DMI Spring of Hope kids mentioned it, she alluded to it:

“I am provided with a school bag, uniforms, pen, pencil, ruler and a pair of shoes for school but some of educational materials like text books and reference books are not

available. Besides, I never got pocket money to meet other expenses”.

Orphans, both male and female, acknowledged their inadequacy. As a result of unmet school expenses, orphaned children were denied access to a better education.

#### **4.3.1.4 Shortage of spiritual leaders**

This study discovered that there was a shortage of spiritual leaders, resulting in an insufficient provision of spiritual services. The majority of the centers received spiritual services from outside sources. Sheikhs, for example, paid Muslim visitors, whilst priests paid Christian visitors. This was reported by almost all orphaned children and caregivers in the centers. Here's what one of the orphaned girls at DMI Spring had to say about it:

“The centre does not have its own religious leaders for guiding us in prayers and religious teachings. We always depend on volunteers who come from outside the centre for such service”

Children's mental development is undeniably aided by spiritual service. In this study, spiritual service was discovered to be one of the everyday services. Orphans were demonstrated to get spiritual services, which aided their spiritual and emotional well-being.

#### **4.3.2 The Psychological challenges facing orphaned children**

The second objective was to investigate the psychological challenges that orphaned children at the chosen facilities confront.

##### **4.3.2.1 Stigma and discrimination**

Interviews with orphaned children, caretakers, and directors found that institutionalized orphaned children did not love one another and instead shamed one another. Some of the children were found alone, while others appeared to be having fun. Discrimination results from stigma. One orphan was overheard at the center advocating for a discrimination-free

atmosphere. Stigma and discrimination damage orphans' psychological well-being. As one child put it:

“Children who are grownup call us by names and remind us of our painful memories. For instance, I recall one of them addressing me as an orphan, whose father passed away. That is rude”

Furthermore, children in institutions faced discrimination from their peers. They must be raised with care so that they can love and care for one another as brothers and sisters. In contrast, the recent study revealed that children do not have substantial social interactions with one another. According to the study, such a propensity could be related to the social settings in which children grow up.

#### **4.3.2.2 Bullying behaviour**

Bullying was widespread in orphanages. This was especially true when it came to children, both male and female. Male children bullied female children on a regular basis. Some orphaned children in centers were described in this study by eight orphaned children, four caretakers, and two directors. A 16-year-old detailed the situation:

“Older children harass me because I am too young to defend myself. They punish me for little mistakes. It is so painful, and it makes me angry such that sometimes I cry”.

This indicates that orphaned children were without both a caretaker and a friend at the same time. The inability of orphaned children to love one another led in a lack of important needs in their lives. Bullied youngsters, on the whole, would feel at peace in their social environment. Some orphans may be dissatisfied at the facility as a result of bullying in this regard.

#### **4.3.2.3 Physical punishment**

The findings of orphaned children revealed that they were subjected to physical punishment by their carers, especially when they made mistakes including bullying, disobedience, delaying completion of prescribed duties, and arriving late from school. Even though it is difficult for them to accept, children ask for forgiveness when they are chastised. For example, one of the Watoto Wetu Tanzanian lads said:

“I was caned by a caregiver when I was late from school and when I bullied others. I was also caned for neglecting farm work”

According to the findings, caretakers used physical punishment to prevent undesirable behaviors such as tardiness to school, late completion of coursework, fighting among orphaned children in centers, and bullying. They revealed that when the youngsters did something wrong, they were periodically caned.

Furthermore, the findings from the data indicated that they were dealing with a variety of psychological concerns. Psychological repercussions of physical punishment include sadness, anxiety, rage, fatigue, loneliness, depression, grief, and trauma.

#### **4.3.2.4 Sadness**

According to observations, orphaned youngsters sat alone and despondent. This is a sign that the kids are feeling down. Orphaned youngsters, according to this study, have a hard difficulty building relationships with caregivers and even other children in orphanages. This finding backs up Bowlby's attachment hypothesis, which claims that taking a child from his or her mother causes suffering due to a lack of care on the child's part. The findings of this study are similar to those of Saraswat and Unisa (2019), who discovered that children in orphanages were frightened and grieving for their parents who had died. Children who are sad show that they have not yet healed from their loss and that their caregivers have failed to provide them with support.



#### **4.3.2.5 Anxiety**

The data from all of the facilities showed that the institutionalized orphaned youngsters were nervous, as evidenced by their responses and severe dread. The implication is that mental diseases were ignored. It's possible that it's due to a lack of knowledge and skills in coping with the psychological diseases that youngsters experience. This study confirms the findings of Dorsey et al. (2015), who found that orphan children exhibit higher levels of anxiety and melancholy. This could be due to a lack of genuine affection, as the biological parents have demonstrated.

#### **4.3.2.6 Cries**

Orphaned children, particularly the younger ones, have been recorded crying frequently, indicating stress and anxiety. If this were the case, psychologists or trauma counselors would be required to assist these facilities with their mental needs. The orphans' grief must be alleviated by psychiatric counseling for the children at the center. These findings support Zhou's (2012) suggestion that orphanage centers should assist orphans in coping with bereavement. A psychologist or trauma counselor should be involved in this form of healing.

#### **4.3.2.7 Anger and burnout**

Stress was found to be excessive in orphaned children in Umra, Child in the Sun, and Watoto Wetu Tanzania, manifesting itself in the form of wrath and tiredness during interactions with their peers. Children have been discovered fighting and disrespecting their caregivers. It was also revealed that if orphaned children's psychiatric problems were not properly addressed, their social lives could be impacted. It is now the obligation of the centers to teach and educate caregivers on how to deal with orphaned children's psychological concerns.

#### **4.3.2.8 Depression**

Orphaned youngsters in institutions were shown to be depressed, according to the research. As a result, their capacity to do various jobs was affected. The findings show that caregivers in institutions for orphaned children were not actively involved in the development of programs to help orphaned children recover from depression. Mutumba

and colleagues (2015) discovered that orphans' melancholy derives from the trauma of losing their parents.

#### **4.3.2.9 Grief and trauma**

The loss of one's parents is a traumatic event. Children who were orphaned experienced traumatic symptoms. It's not easy to keep thinking about their parents' deaths, and some people still worry about being abandoned or abandoned by their parents due to life's difficulties. There were signs of detachment and alienation from people, as well as signs of illusions, incapacity to appreciate life, and disconnection. The findings of this study are similar to those of Zhou (2012), who found that orphans living with non-immediate family members have a harder time grieving.

#### **4.3.2.10 Poor attachment**

The study found that orphaned children's attachment levels to their caretakers are diminished when they are subjected to maltreatment of any kind. Attachment theory states that when a child loses his or her mother, he or she experiences distress. The orphanage technique differed from attachment theory (Bowlby, 1969). As a result, the caregiver must assume the position of the orphan's primary attachment figure. The findings support Msoka and Holroyd's (2018) conclusions that, regardless of the quality of institutional care, face-to-face interviews with the orphan and caregiver are crucial. This link can be a significant healing approach for orphaned children's psychosocial issues.

#### **4.3.2.11 Isolation from Others**

The institutionalized orphaned children at Huruma Children's Home and DMI Spring of Hope used to isolate themselves from others, it was discovered. During fieldwork, the researcher noticed some orphaned children sitting and playing by themselves. According to the study, the centers lacked the necessary psychological tools to engage orphaned youngsters in activities. Children were unable to maintain positive peer interactions as a result. Bronfenbrenner's (2004) Human Learning and Development Theory is supported by the data.

The recent study discovered that several of these disorders were caused by caregivers' treatment of orphans. Albert and John (2017) found similar results, saying that orphaned children in institutions suffered from psychological issues as a result of physical

punishment, segregation, stigmatization, bullying, and isolation from their classmates. A lack of affection, attention, social relationships, and security caused the problems. A psychologist or a counselor can assist you in overcoming these challenges. In institutional settings, this means that caregivers must be knowledgeable in this field.

#### **4.4 The Challenges facing caregivers**

The third objective of the study was to investigate the difficulties that caregivers experience when caring for orphaned children. The outcomes of interviews with caregivers and directors are presented in these parts.

##### **4.4.1 Children's misbehaviour**

According to five (05) directors from SOS Children's Village, Umra, DMI Spring of Hope, Child in the Sun, and Huruma Children's Home, as well as four (04) caregivers from Huruma Children's Home, Child in the Sun, Umra, and DMI Spring of Hope. Children's misbehavior, such as abusive language, disobedience, and resistance, presented challenges to caregivers at orphaned children's homes. Each child had a distinct personality, which made controlling their personalities challenging at times, according to the carers. Caregivers, on the other hand, made every effort to deal with them.

Some youngsters were resistant and uninterested in change, according to two Child in the Sun caregivers. They decided to leave the center every now and again. The caregivers in charge of their care faced a difficulty as a result of this. According to the researcher, boys were more stubborn than girls.

Furthermore, a DMI Hope Spring director stated that orphaned youngsters arrive at the center with a wide range of behavioral tendencies. Others were loud and obnoxious. It was difficult to change them. They behave differently as a result of their diverse backgrounds. Each orphaned child responded differently in the center since they came from various families. Others were late, while others lacked discipline in general. Others, on the other hand, thought they could have whatever they desired.

The findings of the study demonstrated that orphaned children's behavior posed a challenge to certain carers. Some of the caregivers were unable to cope and were forced to leave. For example, the director of Umra indicated that as a result of the problems, several

of the center's dedicated caretakers had to leave. The findings of this study matched those of Kaur and colleagues (2018), who reported a behavioral issue in Indian orphanages. This test found that caregivers lacked parenting, psychology, and counseling skills, which could have helped them deal with children of varying personalities. According to the data, orphan care facilities without a barrier have more obstacles in terms of child misbehavior than orphan care centers with a fence. From this point on, caregivers focus on addressing basic needs while ignoring emotional needs.

#### **4.4.2 Shortage of basic needs**

Two (02) caregivers and three (03) directors from Umra, Child in the Sun, and Huruma Children Home said that when caring for orphaned children, the institutions lacked basic necessities such clothing, educational materials, and sports equipment. Orphans confirmed such shortages, claiming that educational and sporting items were in short supply. The availability of sports facilities, including sports equipment, increases psychosocial well-being, according to Caserta (2017).

#### **4.4.3 Children's laziness**

Orphaned youngsters in the institutions, according to two caregivers from Child in the Sun and Huruma Children Home, were lazy since most of them did not want to work until they were forced to. It was one of the features with which the carers were unhappy. Although the relationship with orphaned children was beneficial, they were plagued by lethargy, particularly among youngsters aged 7 and up. They only did things when they were ordered to.

The study discovered that orphaned children's behavior was influenced by their caregivers. Typically, such children were reliant on their carers' efforts. The initiative was designed to ensure that orphaned youngsters followed their daily routines. Orphans were assigned a variety of duties, with carers monitoring their progress. Some orphans, on the other hand, were slackers from the start. Bronfenbrenner (2004) claims that children need knowledge and guidance in order to develop appropriate behavior. As a result, lack of guidance and assistance may have an impact on children's laziness. Caregivers at most centers were displeased with orphans' laziness, as these children were not motivated to complete the chores allocated to them.

#### **4.4.4 Shortage of water**

Three caregivers and two directors from Umra, Child in the Sun, and Huruma Children's Home were interviewed, and it was discovered that the facilities' caregivers were having water shortages. Due to the difficulty, they were unable to do their jobs effectively, such as cleaning the compounds, utensils, and children's clothing. All humans require water as a basic need.

The availability of water in the facilities had a significant impact on the orphaned children's welfare, according to the study. Diseases can spread when children are deprived of such fundamental necessities, and other services that require water become unavailable. In four of the six institutionalized centers, water scarcity has been identified as a problem.

#### **4.4.5 Inadequate of security**

The findings of two (02) Child in the Sun caregivers showed that orphaned children in facilities were unsafe. Because most of the centers lacked fences to protect their properties and privacy, this was the case. Robbers from the outside were continually threatening the centers in this regard. The statistics suggested that caregivers had a hard time assuring the safety of their children and even controlling their conduct. As a result, management has been encouraged to secure institutions by installing fences to ensure the children's safety. Every child, according to Mgeni (2013), has the right to feel safe and to be protected from any incident or practice that causes the child bodily or psychological harm.

#### **4.4.6 Substance abuse**

According to the studies, some orphaned youngsters come to centers already under the influence of opioids, making intervention more difficult. According to the data, substance abuse among orphaned children offends caregivers. The findings are supported by Kaur's (2018) findings, which found a relationship between substance abuse and behavioral disorders.

The findings for the third goal demonstrated that caregivers in institutions struggled owing to a lack of parenting, psychological, and counseling experience. As a result, they struggled to control and govern their conduct, according to Kessy (2012), who claims that most caregivers lack knowledge in how to function as orphan parents. Orphanages frequently take over the role of parental care, attention, and affection. Caregivers confront

challenges such as orphan misbehavior, idle youngsters, and a lack of basic essentials like water.

#### **4.5 Ways of improving orphan's psychosocial well-being**

Participants were also asked to share their ideas on how to improve the welfare of orphaned children in institutions. According to all of the centers' caregivers and directors. Others suggested that the community be educated about the need of providing funds to orphaned children, particularly those who have graduated from vocational training schools, so that they might establish their own businesses.

According to one caregiver from DMI Spring of Hope, people should make time to visit orphaned children's centers on a regular basis to provide social and psychological assistance. It was urged that people be informed of the orphans' living conditions in orphanage centers. If they are aware of the issue, they will be able to provide a great deal of assistance to such children. Children feel better integrated into society when they visit orphanages. It has been argued that community members play an important role in the orphaned children's wellbeing. As a result of community awareness of orphaned children's life in centers, people's attitudes toward orphaned children will change, and they will be more inclined to support orphaned children.

Institutions for orphaned children must have enough space to accommodate a significant number of children. Having enough buildings, according to one of the Huruma Children Home's Directors, can assist orphaned children's psychosocial well-being. However, three important traits were identified as having the ability to improve psychosocial well-being. Counseling, respect, and community support were some of the things that were mentioned. Attachment, social activities, and caregiver connection may all contribute to psychosocial well-being, according to one study. In order to ensure orphaned children's psychosocial well-being, there must be adequate buildings to accommodate a large number of them in institutions.

Counseling services and self-awareness education should be improved as a result of the findings. All of this could be done more efficiently if each center had a counselor and caregivers were trained in the finest approaches for dealing with children in orphanages. Additionally, children's leisure services should be increased, including social activities that

bring orphans together rather than divide them. Orphans will receive more emotional support as a result of this.

According to the results on what should be done to improve their psychological well-being, it is critical to visit children at centers to support and provide psychosocial education programs. Caregivers' roles will be strengthened as a result of these acts, and the social network with the community will expand. Another component that could improve psychosocial well-being is improved sports and games facilities, such as balls, playgrounds, and other sports-related amenities. Psychological support can aid in the recovery of those suffering from emotional issues. Based on the findings, it is recommended that caregivers who are properly qualified to provide psychological support do so.

Caretakers in institutional settings should have psychology expertise, a love for children, and the ability to pay attention to orphans. In institutional settings, counseling sessions are essential. These strategies will help children with their psychological problems. Orphans' psychosocial well-being can be improved significantly by the community, notably through respecting, aiding, caring for, and supporting them. This is possible if the community is aware of the orphans' needs. Raising community awareness is crucial. According to Saraswat and Unisa (2012), the majority of orphans in institutionalized children's centers have one or more psychological issues.

## CHAPTER FIVE

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### 5.1 Introduction

This chapter summarizes the study's findings, draws conclusions based on the findings, makes recommendations based on the findings, and makes recommendations for further research.

#### 5.2 Summary

The study's primary purpose was to determine what kind of psychosocial help orphaned children in the facilities had access to. Bananas, rice, firm promise, potatoes, vegetables, pork, beans, tea, fish, nibbles, and fruits were among the foods served to orphaned youngsters in the centers, according to the data. Among the additional services supplied were health care, spiritual support, and educational materials such as exercise books, pens, pencils, books, compass, arithmetic set, pocket money, school bags, shoes, snickers, pencil sharpeners, and school uniforms. Orphaned youngsters were also provided with life skills training, housing, and opportunities to participate in sports and games. Vocational training was provided to children above the age of 17.

The second specific objective was split into two parts. The first segment dealt with social issues, while the second dealt with psychological issues. The bulk of orphaned children's social difficulties were caused by a lack of cash, which hindered caretakers' ability to function efficiently. Orphaned children in centers experience psychological barriers such as stigma, physical punishment, and bullying behavior, as well as anxiety, melancholy, sadness, rage, and isolation from their classmates, according to the findings for the stated purpose. The current study discovered that these challenges were caused by caregivers' ineffective approaches of dealing with orphans.

The third purpose of the study was to investigate the challenges that caregivers experience when caring for orphaned children. Caregivers faced a range of challenges while caring for orphaned children, including misbehavior on the part of the children, a shortage of water, children's inactivity, a lack of basic necessities, and youngsters who utilized substance usage, according to the findings. In addition, research revealed that several caregivers in



the facilities lacked parenting skills as well as psychological and counseling competence. As a result, they found it difficult to control and regulate their children's behavior.

### **5.3 Conclusions**

The orphaned children centers were established with the goal of resuming the parental responsibilities that had previously been assumed by the deceased parents. The centers' mission is to offer orphaned children with social services, psychiatric care, and social support. The following conclusions can be drawn in respect to each specific target based on the outcomes of this study.

First and foremost, the institutions that cared for orphaned children were dedicated to supporting orphans by providing for their basic needs. Care, attention, and dedication were offered to orphaned children in institutions.

The children had to deal with a variety of different issues. Despite their caretakers' best efforts, orphaned children faced Psychosocial Challenges. Inadequate health facilities, poor sports equipment, a lack of pocket money, a lack of spiritual leaders, and insufficient educational materials were all caused by financial constraints. Social services were discovered to be available, although they were insufficient. Also observed were psychological concerns such as stigma, physical punishment, and bullying behavior, as well as anxiety, melancholy, grief, and rage among the orphaned youngsters.

### **5.4 Recommendations**

#### **5.4.1 Recommendations to orphaned children**

The survey discovered that several of the orphaned youngsters had not acknowledged their orphan status. As a result, the study advises orphaned youngsters live in institutionalized centers to accept their status as orphans. They would be able to build a comfortable living environment with their caretakers in the absence of their biological parents.

#### **5.4.2 Recommendations to caregivers**

The study found that caregivers lacked some crucial qualities, such as counseling skills, which are essential for child care. As a result, the study recommends that orphaned

children's caretakers be well-trained in counseling, health, social work, and psychology so that they can effectively treat their children's psychological challenges and misbehaviors.

In addition, educated life skills teachers are expected to be a mandatory requirement of all centers, as they are the most essential figures in the shaping of the children, among other obstacles. These teachers lay the groundwork for the country's future responsible citizens, as well as self-motivated citizens, who will not wait for the government to provide employment, but rather work hard by applying the skills learned in the centers to combat poverty, resulting in individual development and, in turn, contributing to community development.

#### **5.4.3 Recommendations to the government**

The Tanzanian government should alter the Law of the Child Act of 2009, which gives orphanage directors total control. Children's rights should be made a legal necessity by the government. As a result, in the event of a crisis, the government will be able to give the necessary help to such children.

#### **5.5 Area for further studies**

- i. An assessment of the relationship between orphaned children's psychological issues in other parts of Tanzania to determine the scope of the problem.
- ii. Determine society's role in resolving the psychosocial obstacles that orphans in institutionalized centers face.

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## APPENDICES

### Appendix 1: Interview Guide for Orphaned Children

Institution.....Date.....Ward.....

Hello! My name is Theophil Christopher MGC student of Kampala International University in Tanzania (KIUT). The purpose of this study is to investigate psychosocial challenges facing orphaned children residing in the institutions in Ubungo Municipality. The study will provide clear direction on the subject matter and will help society members, legal institutions, stakeholder organisations and the government to coordinate their activities in order to improve the welfare of orphaned children residing in the institutions. Your assistance is kindly requested to make this exercise successful and I assure you that information that you will provide will be confidential and will be used only for this study.

1. Age.....
2. Which parent did you lose?
3. What kinds of food do you get from caregivers at this institution?
4. Are you satisfied with the food provided by your caregivers?
5. What kinds of educational materials do you get from caregivers?
6. Are they sufficient enough to meet your educational requirements?
7. What kind of spiritual support do you get at this institution?
8. Does the institution have spiritual leaders to provide such services?
9. If “No,” who is responsible to provide such kinds of support at this centre?
10. What kinds of plays do you practice at this centre?
11. Does the institution have enough facilities for you to practice such kinds of plays?
12. What kinds of health services do you get when fall sick?
13. Does the centre have health workers to take care of your health?
14. If “No,” who is responsible to provide such support when you get sick?
15. What kinds of physical violence do you experience at this centre?
16. Why do you think such violence was directly thrown to you?
17. How do you respond after you have been abused?
18. How often does the caregiver respond to the abuse you experience?
19. What do you think can be done for you and other orphans to have a better life?

## Appendix 2: Interview Guide for Caregivers and Directors

Institution.....Date.....Ward.....

Hello! My name is Theophil Christopher MGC student of Kampala International University (KIU). The purpose of this study is to investigate psychosocial challenges facing orphaned children residing in the institutions in Ubungo Municipality. The study will provide clear direction on the subject matter and will help society members, legal institutions, stakeholder organisations and the government to coordinate their activities in order to improve the welfare of orphaned children residing in the institutions. Your assistance is kindly requested to make this exercise successful and I assure you that the information that you will provide will be confidential and will be used only for this study.

1. Age.....
2. Sex .....
3. What kind of services do you provide to children in this institution?
4. Do you think the services that you provide are adequate to meet the needs of the orphaned children?
5. Do you have toilets in good condition?
6. Please tell me what kind of relationship do you have with your orphaned children?
7. Since you started working at this centre, what is it that the child does that you dislike?
8. How do you respond after she or he does what you dislike?
9. How does the child respond to the action that you take?
10. How often do you react towards their responses?
11. What challenges do you experience while providing care to the orphaned children?
12. What do you think can be done to improve psychosocial support for orphaned children residing in the institutions?

**Thank you for your cooperation**

### **Appendix 3: Interview Guide for the Social Welfare Officer**

Hello! My name is Theophil Christopher MGC student of Kampala International University (KIU). The purpose of this study is to investigate psychosocial challenges facing orphaned children residing in the institutions in Ubungo Municipality. The study will provide clear direction on the subject matter and will help society members, legal institutions, stakeholder organisations and the government to coordinate their activities in order to improve the welfare of orphaned children residing in the institutions. Your assistance is kindly requested to make this exercise successful and I assure you that the information that you will provide will be confidential and will be used only for this study.

1. Designation.....
2. How many orphaned children are residing in the institutions in Ubungo Municipality?
3. How many institutions are registered to provide care for orphaned children in Ubungo Municipality?
4. Does the national policy provide guidelines for provision of psychosocial services to orphaned children?
5. If yes, how well does it favour the welfare of orphaned children residing in the institutions?
6. If “No,” is there any initiative of preparing guidelines for psychosocial services provision to orphaned children?
7. What do you think can be done to improve the psychosocial wellbeing for orphaned residing in the institutions?

**Thank you for your cooperation**

#### **Appendix 4: Observational Checklist**

This observation checklist was used by the researcher as a guiding tool to identify presence or absence of psychosocial challenges facing orphaned children in the institutions. The word “Yes” was used to indicate presence and the word “No” was used to indicate absence of psychosocial challenges in the respective intuitions. The researcher used the total environment surrounding institutions to conduct observations on the variables provided in the Table.

<b>S/NO</b>	<b>VARIABLES</b>	<b>REMARKS ( “YES” OR “NO”</b>
1.	Physical violence.	
2.	Bullying behaviour from fellows.	
3.	Isolation from fellows.	
4.	Angry and burnt out.	
5.	Anxiety.	
5.	Cries.	
6.	Sadness.	
7.	Segregation.	
8.	Poor attachment.	
9.	Grief and Trauma.	
10.	Depression.	

# UBUNGO MUNICIPAL COUNCIL

ALL CORRESPONDENCES TO BE ADDRESSED TO THE MUNICIPAL DIRECTOR

Tel: 0222-926341  
Fax: 0222-926342

E mail [info@ubungomc.go.tz](mailto:info@ubungomc.go.tz)  
Website: [www.ubungomc.go.tz](http://www.ubungomc.go.tz)  
In reply please quote:



P. O. BOX 55068  
DAR ES SALAAM.

DATE: 14/11/2019

Ref. AB.27/333/01

Theophil Christopher  
Kampala International University in Tanzania,  
Faculty of Social Science  
P.O. Box 9790,  
**DAR ES SALAAM.**

RE: **RESEARCH PERMIT**

Refer to the above heading.

I am pleased to inform you that your above request has been considered by the Municipal Director, and has offered you a place to research Permit from **13 November, 2019 to 31 December, 2019** concerning **"Social and Psychological Challenges Facing Orphaned Children: A Case of Institutionalized Centres in Ubungo Municipal Dar es Salaam Tanzania.**

Upon receipt of this letter, please report to the, **Municipal Social Work Officer** for commencement of your research.

During the period of research you are required to obey the rules and regulations of the institution.

Yours Sincerely.

B. A. Mwamende  
For: **THE MUNICIPAL DIRECTOR**  
**UBUNGO**

For: MUNICIPAL DIRECTOR  
UBUNGO MUNICIPAL COUNCIL  
DAR-ES-SALAAM

Copy: Head of Department, Director of Postgraduate Studies and Research.  
Kampala International University in Tanzania,  
Faculty of Social Science,  
P.O. Box 9790,  
**DAR ES SALAAM.**

**THE UNITED REPUBLIC OF TANZANIA  
PRESIDENT'S OFFICE  
REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT**

Telephone No.  
**022 -2926340/5**



The DISTRICT COMMISSIONER'S OFFICE,  
**S.L.P 55064,  
UBUNGO- DAR ES SALAAM.**

Please reply quote

Ref. No: AB.66/213/01"C"/82

22<sup>nd</sup> November, 2019

Municipal Director,  
P.O. Box 55068,  
Ubungo,  
**DAR ES SALAAM.**

**RE: RESEARCH PERMIT**

Mr. **Theophil Christopher** is student/researcher from **Kampala International** he has been permitted to undertake field work research on "**SOCIAL AND PSYCHOLOGICAL CHALLENGES FACING ORPHANED CHILDREN: A CASE OF INSTITUTIONALIZE COUTORS IN UBUNGO MUNICIPAL DAR ES SALAAM, TANZANIA**" from **November, 2019** to **December, 2019**.

I kindly request your good assistance.

A handwritten signature in blue ink, appearing to read 'Diana Nkarage'.

Diana Nkarage  
**For: DISTRICT ADMINISTRATIVE SECRETARY  
UBUNGO**

Copy to: Researcher.

THE UNITED REPUBLIC OF TANZANIA  
President's Office  
REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT

DAR ES SALAAM REGION  
Phone Number: 2203158  
Fax number: 2203158  
email: [ras@dsm.go.tz](mailto:ras@dsm.go.tz)  
website: [www.dsm.go.tz](http://www.dsm.go.tz)



REGIONAL COMMISSIONER'S OFFICE,  
3 RASHID KAWAWA ROAD,  
P.O. BOX 5429,  
12880 DAR ES SALAAM

In reply please quote:  
Ref. No. ....

13th November 2019

District Administrative Secretary,  
UBUNGO

P. O. Box .....

DAR ES SALAAM.

RE: RESEARCH PERMIT

Prof/Dr/Mrs./Ms/Miss THEOPHIL CHRISTOPHER is  
student/Research from Kampala Inter University has been  
permitted to undertake research on Social and Psychological  
Challenges Facing Orphaned Children: A case  
of Institutionalized Centers in Ubungu Municipal  
Darussalam, Tanzania  
From November 2019 to December 2019.

I Kindly request your good assistance to enable her/his research.

For; REGIONAL ADMINISTRATION SECRETARY  
DAR ES SALAAM

Copy: Municipal Director,  
UBUNGO  
DAR ES SALAAM.

Principal/Vice Chancellor  
Kampala International University

Imepokelaws  
13/11/2019



KAMPALA  
INTERNATIONAL  
UNIVERSITY  
IN TANZANIA

Gongo La Mboto, Pugu Road  
P.O Box 9790, Dar es Salaam-Tanzania  
Tel: +255-689 301 720  
E-mail: [dpsr@kiut.ac.tz](mailto:dpsr@kiut.ac.tz)  
Website: [www.kiut.ac.tz](http://www.kiut.ac.tz)

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**DIRECTORATE OF POSTGRADUATE STUDIES AND RESEARCH**

Date: 13<sup>th</sup> November 2019

Regional Administrative Secretary  
Dar es Salaam Region

**RE: REQUEST FOR RESEARCH CLEARANCE**

The purpose of this letter is to introduce to you Mr. Theophil Christopher with Reg. No. MGC/18464/602/DT who is a bonafide Masters student of Kampala International University in Tanzania and he is at the moment required to conduct research. Our students undertake research as part of their study programs.

The title of his research is "Social and Psychological Challenges facing Orphaned Children: A Case of Institutionalized Centers in Ubungo Municipal Dar es Salaam, Tanzania".

The period of his research is from November to December 2019 and the research will cover Dar es Salaam Region.

I therefore, kindly request your good office to grant him any help that may enable him to achieve his research objectives. Any information shared will be used for academic purpose only.

For any required information, please do not hesitate to contact us through Directorate of Postgraduate studies and Research, E-mail: [dpsr@kiut.ac.tz](mailto:dpsr@kiut.ac.tz).

Yours Sincerely

Prof. Akim J. Mturi

**DIRECTOR OF POSTGRADUATE STUDIES AND RESEARCH**

