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# Psycho-Social Support Needs to Vulnerable Children in Orphanage Homes in Nigeria

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**Abstract** - The study focused on the psychosocial support needs to vulnerable children in selected orphanage homes in Lagos, Oyo and Osun states. The study examined the categories of vulnerable children, needs of vulnerable children, type of care given to vulnerable children and the source of resources used in their homes. Purposive sampling technique was employed in the study with a sample size of 120 respondents. One hundred and twenty questionnaires, divided into 2 sections were administered to the respondents in order to collect data, data were collected by the researcher with the aid of one research assistance, data collected were analysed using frequency counts and chi-square statistics was employed to test for hypothesis. The results of the study showed that there is significant relationship between the needs of vulnerable children and the support given to them. Conclusion drawn from the study is that vulnerable children in these orphanage homes are well taken care of nutritionally, and are averagely supported psycho-socially (emotionally, educationally, medically, socially) by different organizations, particularly, Non-Governmental Organizations and Faith-based Organizations.

**Keywords** - Vulnerable children, Support needs, Psychosocial, Orphanage homes, Nigeria

## 1. Introduction

The return to democratic governance in Nigeria provided the platform for an enabling political environment to promote a national response on orphans and vulnerable children. The first impetus was provided by Nigeria's participation at the 2002 West and Central Africa Regional Workshop on orphans and vulnerable children. In Nigeria, the process of developing a National plan of Action in response to orphans and vulnerable children issues commenced in 2004 with the completion of Rapid Assessment Analysis and Action planning (RAAAP) process for orphans and vulnerable children (FMWA; 2006:45). Through this RAAAP process, valuable information was collected to provide the basis for action. It is on this promise that this National Action plan (NPA) is developed. NPA provides a five-year (2006-2010) framework for the acceleration of the National response to orphans and vulnerable children.

A report of the situation of orphans and vulnerable children in Nigeria showed that many factors conspired, over the years, to put the rights of orphans and vulnerable children in jeopardy. The root causes for the plight of orphans and vulnerable children include: poverty, socio-cultural constraints, gender inequities, inadequate policies and enabling environment. Immediate causes of orphaning and vulnerability of children in Nigeria include among other things accidental death, high maternal mortality during child

birth, communal conflicts resulting in death of parents and HIV and AIDS (FMWA; 2006). By 2010, UNICEF predicts that some 25 million children orphaned or made vulnerable by AIDS will find they alone, impoverished, and with little hope for the safe and healthy future that is every child's birth right. AIHA (2008) posits that nearly 15 million children under the age of 18 have already lost at least one parent to AIDS. Moreover, with the death of a parent, children experience profound loss, grief, anxiety, fear and helplessness with long-term consequences such as psychosomatic disorders, chronic depression, low self-esteem, learning disabilities and disturbed social behaviours. The HIV/AIDS epidemic is shattering children's lives and reversing many hard won children's rights gains. The efforts made on the children's rights for more than decade are grossly inadequate and there is now an absolute imperative that the global community and every individual nation urgently mount large scale, multifaceted responses to secure the future of all orphans and vulnerable children (OVC).

Nigeria is facing an orphaning and child vulnerability crisis of potentially catastrophic proportions. HIV prevalence in Nigeria is relatively low at 3.1%; however, because of its large population (140 million) the number of adults and children living with HIV is one of the highest in the world, at 2 800,000. Official figures estimate that there are 17.5 million OVC, including 7.3 million orphans; although practitioners in the field believe these figures could be underestimating the

size and scope of the problem (Nigeria OVC Situation Analysis 2008). Children of the world are innocent, vulnerable and dependent. They are also curious, active and full of hope. Their time should be one of joy and peace, and of playing, learning and growing (Smart, 2003: 7). More than two decades into the AIDS pandemic, a cure for AIDS has not yet been found and the negative impact of adult AIDS mortality on child welfare has been potentially massive. Moreover, the impact of HIV and AIDS on rural livelihoods is insidious (Barnett and Whiteside, 2006). There is a particular fear that OVCs will obtain less education, thereby worsening their own life chances, as well as the long-term economic prospects of the countries in which they reside. UNICEF (2007) indicates that poverty leads to a major issue in contributing to low school attendance, low completion rates and low learning outcomes. Similarly, Curley et al. (2010) argues that it is difficult to obtain an education if children live in poverty and lack resources and access to opportunities, although education is a key factor to overcoming poverty and diseases.

Stigma has terrible negative effects yet it is so clear that it has been considered an epidemic itself (Boakye et al., 2008). As a result of stigma, OVCs are often discriminated, a problem that further intensifies their psychological distress. A mixture of challenges like anxiety, grief, trauma, depression, stigma and discrimination makes OVCs' educational needs exceptional. Their exceptionality makes general education efforts insufficient to meet their special needs (Mbugua, 2004). Hence, according to Pridmore et al. (2005), OVCs are one group for whom the formal education system has failed. Regular schools are not meeting the educational needs of this group of children because "many affected young people are unable to access the national curriculum or to develop basic literacy and numeracy or livelihood skills" (Pridmore et al. 2005)

In Nigeria, a National campaign on children and AIDS was launched as a part of a global initiative in 2005. The trust of the Campaign focused on protection and care for orphans and vulnerable children; prevention of mother-to-child transmission; paediatric treatment to children infected by HIV and AIDS and prevention of HIV infection particularly among children. WHO/UNICEF (2003) estimated that the child mortality rate for Nigeria is 183/1000. Nigeria has witnessed dramatic increases in mortality among infants and children and the causes of these are largely from malaria and other vaccine preventable diseases. WHO (1988) informs that synergism between malnutrition and infection is responsible for much of the excess mortality among infants and preschool children in less developed regions of the world. Statistics showed that under-5 mortality is higher among people with lowest wealth and children with mothers with no education (FMWA, 2006). When economics falter, as is happening in many African countries, the number of people living in poverty increases and the gap between the rich and the poor widens further fuelling the HIV/AIDS and poverty cause and effect relationship.

Children living in high sero-prevalence areas may see a decline in access to education or in the quality of education. A 2010 study found that an HIV-infected teacher loses approximately six months of professional working time before succumbing to the virus. This has had a significant impact on heavily affected countries such as Kenya, where teachers are dying faster than they can be trained and replaced. Kenya faces the loss of 6,570 teachers annually due to HIV/AIDS, which translates to 18 teacher deaths per day.<sup>12</sup> In the Central African Republic, almost as many teachers died of AIDS as retired between 1996 and 1998. As a result, nearly two-thirds of the schools have closed due to staff shortages.<sup>13</sup> Heavily affected communities produce lower crop yields due to a reduction in land use (those who are ill with AIDS are often too weak to farm), and a decline in the variety of crops grown. The infrequent use of fertilizers in the fields often results in a decline in soil fertility, increases in pests and diseases, and a decline of external production outputs, including cash crops.<sup>14</sup> As a result, countries significantly impacted by HIV/AIDS have experienced a rise in child mortality and a decline in the gains made in child survival over the past decade. For example, child mortality in Kenya was 205 per 1,000 in 1960, and had fallen to 97 per 1,000 in 1990. However, due to HIV/AIDS the rate increased to 122 per 1,000 in 2001.

The plight of children affected by HIV/AIDS is gaining increased congressional attention, particularly through the enactment of P.L. 108-25 (The United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003), which authorized 10% of HIV/AIDS funds to be used for children orphaned or made vulnerable by the virus (OVC). As the United States increases its funding for HIV/AIDS initiatives, many are calling for streamlining of activities that are related to children affected by HIV/AIDS. Some want a senior position for children orphaned and affected by HIV/AIDS in the AIDS Coordinator's Office in the Department of State to ensure that programs that affect this vulnerable population complement one another and conserve spending. Still others argue that the scope should be expanded to include children who are orphaned from other causes, as they are just as vulnerable as those orphaned by HIV/AIDS.

## 2. Statement of the Problem

In Nigeria, the number of orphans was estimated at 7 million in 2003 of which 1.8 million are orphaned by HIV/AIDS (UNAIDS et al, 2004), and many more children live in households with a chronically ill parent or caregiver, elderly caregivers, orphans and others are homeless. In addition, the National situation assessment and analysis on OVC in Nigeria (2008) indicates there is an estimate of 14 million OVC in the country. One out of every ten Nigerian child is an orphan. Of these, one in three is a maternal orphan and two in three are paternal orphans. Similarly, the UNICEF report (2007) indicates that up to 10.7 of the 69 million Nigerian children may be categorized as vulnerable. This disturbing trend is

fueled by interrelated social, cultural, political and economic forces which have in recent times over-stretched the coping capacities of families, communities and governments. The care of the OVC is not solely the responsibility of the government, but also of their relatives, the communities in which they live, as well as the society at large. These community members have an obligation to render all the necessary support needed in order to help the children live a better life because failure to do so will have a negative consequences as well as spill-over effects that may impact not only on the children but the community and society at large.

In the past, the response to the orphans' crisis had been driven by communities which provide a safety net for care and support of orphans and vulnerable children, caregivers and their families through their networks. However, recent events challenge these patterns, which led to incapacity of traditional family patterns due to the force of contemporary realities. Generally as a global phenomenon, Weisner and Braley (2007) observe that African family groups are becoming internally deinstitutionalized, carrying out fewer traditional functions, and becoming smaller and more unstable and that the cultural value of feminism weakens. They further contend the African family is in crisis and has changed dramatically not necessarily for the better. In addition, Oluwatoyin (1998) laments, in Nigeria, things have definitely changed from the traditional peasant style of family grouping to new forms of family groupings, relationships and power relations both within and outside the home. This means that there is a gap between the ideal and the obtained, subsequently leading to a dysfunction in the extended family, hence the study.

### 2.1. Objectives of the Study.

The main objective of this study is to assess the psychosocial support needs of OVCs in Ife area of Osun state.

The specific objectives of this study are to:

- i) identify the categories of vulnerable children
- ii) assess the type of care given to OVCs
- iii) identify the needs of OVCs
- iv) investigate the sources of resources used in their home

### 2.2. Hypothesis of the Study

There is no significant relationship between the needs of OVCs and the support given to them.

## 3. Research Methodology

### 3.1. Research Design

This study focused on psycho-social supports needs to vulnerable children in orphanage homes in Nigeria. A descriptive survey research design was adopted in which questionnaire was employed in collecting data from the respondents on the variables involved in the study.

### 3.2. Sampling and sampling technique

A purposive sampling technique was used. This is where units from a pre-specified group of vulnerable children are purposively sought out from three different states and sampled. The samples were chosen based on the knowledge of vulnerable children and the purpose of the study. A sample size of 120 respondents were chosen randomly and employed in this study.

## 4. Research Instrument

The instrument that was used for the collection of data was questionnaire with close-ended questions, tagged assessment on psychosocial support need for orphans and vulnerable children questionnaire. For the purpose of this study, there were three sets of questionnaires for the collection of data.

1. Questionnaire for the respondents' demographic characteristics.
2. Questionnaire for the orphans and vulnerable children.

The terms in each part of the questionnaires were structured in a way that would enable the respondents to pick alternative answers by marking a tick against their choice of responses.

## 5. Data Analysis

Frequency distribution was used to determine the demographic characteristics of the respondents while Chi-square statistical tool was used to test the hypothesis generated.

## 6. Results and Discussion

### 6.1. Frequency Distributions

This section presents the analysis of the data collected through the instruments used in the study. The data are presented in tables with the use of necessary statistical tools. Frequency distribution is used to report the demographic characteristics supplied in this study, it is also used to report the main and specific objectives of the study. Chi-square is used to test for the hypothesis.

The above table reveals the comprehensive demographic analysis and characteristics of the respondents.

The age distribution of the respondents show that, those that fall within the age bracket of 13-17 years were more involved in the study representing 51.2% while those that fall within the age bracket of 17 above were less involved and 8-12 were least involved in the study, representing 37.2% and 3.3% respectively. This implies that respondents that fall within the age bracket of 13-17 years were actively more involved in the study.

It is shown that both male and female respondents participated in the study. The male participation showed 69

representing 57.5% while the female respondents showed 51 representing 42.5%. The figure of male and female participation implies that, more males are involved in the study more than the female respondents by 18 representing 15%.

Table 1. Demographic characteristics of respondents

Variables	Frequency N = 120	Percent (100%)
<b>Age (in years):</b>		
8-12	4	3.3
13-17	71	59.2
>17	45	37.2
<b>Sex:</b>		
Male	69	57.5
Female	51	42.5
<b>Religion:</b>		
Christian	111	92.5
Muslim	9	7.5
<b>Education Level:</b>		
Primary School	38	31.7
Secondary School	78	65.0
Post-Secondary	4	3.3
<b>Orphanage Homes:</b>		
Covenant	12	10.0
JCMO	47	39.2
Little Saints	44	36.7
CGCI	17	14.2

The religious distribution of the respondents show that, Christian participation in the study is more pronounced (111) representing 92.5% and Muslim respondents (9) representing 7.5%. This implies that Christians participated more than Muslims in the study.

Educational background of the respondents shows that, secondary school students (78) representing 65.0% shows the highest participation of the respondents in the study while primary school respondents shows less participation with 31.7% and post secondary school respondents shows the least

participation in the study. The information on the educational background of the respondents shows that all the respondents are literates.

The study was carried out in four different orphanage homes. Covenant orphanage home, Moro in Ile-Ife representing 10.0%, Little saints orphanage home, palm-groove in Lagos state representing 36.7%, CGCI orphanage home, Iwo road in Ibadan representing 14.2% and JCMO orphanage home, Bodija in Ibadan representing 39.2%.

Table 2: Categories of OVCs

Variable	Frequency	Percent
Lost both parents	21	17.5
Lost father only	14	11.7
Lost mother only	9	7.5
Abandoned by parents	17	14.2
Have both parents	6	5.0

From the above table, 17.5% of the respondents have lost both parents, 11.7% of the respondents have lost only their fathers, 7.5% have lost only their mothers, and 14.2% have

been abandoned by their parents while 5% of the respondents have both parents.



Table 3: Care given to OVCs

Variable	Frequency	Percent
Eat breakfast everyday	102	85.0
Eat only breakfast everyday	3	2.5
Eat lunch everyday	2	1.7
Eat supper only everyday	1	0.8
Eat breakfast and lunch only in a day	4	3.3
Eat breakfast and supper only everyday	3	2.5
Eat breakfast, lunch & supper everyday	114	95.0
Do not eat at all	1	0.8

From the table above, 85.0% of the respondents eat breakfast everyday, 1.7% eats lunch every day, 0.8% eat supper only everyday, 3.3% eat breakfast and lunch only in a day, 2.5% eat breakfast and supper only everyday, 95% eat

breakfast, lunch and supper every day, while 0.8% do not eat at all. This implies that in the different orphanage homes, majority of the respondents eat 3-square meal every day.

Table 4: The psychosocial Support given to OVCs

Variable	Frequency	Percent
Well Supported	32	26.7
Supported Averagely	64	53.3
Not Well Supported	24	20.0

The questionnaire for the psychosocial support was constructed using likert method (agree, strongly agree, disagree and strongly disagree). These responses were scored with a scale of -2 to +2 passing through 0. The ranges of the responses are:

11-20 = well supported, 0-10 = supported averagely, < -1

= not well supported.

Therefore, the table above shows that 53.3% of the respondents are averagely supported, 26.7% are well supported and 20.0% are not well supported. This means that majority of the children in all orphanage homes are supported averagely.

Table 5: The needs of the OVCs

Variable	Frequency	Percent
Educational materials	45	37.5
Homely materials	13	10.8
Motivational materials	5	4.2
Need nothing	57	47.5

37.5% of the respondents need educational materials, 10.8% need homely materials, and 4.2% need motivational

materials, while 47.5% need nothing.

Table 6: The sources of resources used in their homes

Variable	Frequency	Percent
Non-Governmental Organisations	65	54.2
Community Based Organisations	24	20.0
Faith Based Organisations	62	51.7
State Government	29	24.2

Individual supporters	18	15.0
Visitors	3	2.5

From the information in table 5, 54.2% of the respondents report that Non-Governmental Organizations supply their needs, 20.0% report that Community Based Organizations supply their needs, 51.7% report that Faith Based Organizations supply their needs, 24.2% report that State Government supply their needs, 15.0% report that individual supporters supply their needs, while 2.5% report that visitors supply their needs. From this information, it implies that Non-Governmental Organizations are the main sources of resources used in these orphanage homes.

in other to measure the significance of the relationship which exists between them using the 2 by 2 Chi-square table of analysis. However, under this section, the characteristics of my respondents are being cross-tabulated with their Needs and the support given to them. This is purposely designed to examine how the needs of OVCs as well as the support they receive from different organizations, groups and individuals are predetermined by the characteristics of the OVCs. Concurrently, I will be explaining the efficacy of the relationship that exists between these variables subsequently.

6.2. Testing of Significance of Relationships

This section contains the pair-wise analysis of two variables

Table 7: The relationship between needs of OVCs and their demographic characteristics.

		Needs				X <sup>2</sup>	Sig. Val
		Educational Materials	Homely Materials	Motivational Materials	None		
<b>Orphanage Homes</b>	Covenant	11 (24.4%)	1 (7.7%)	0 (0.0%)	0 (0.0%)	85.65	0.000
	JCMO	32 (32%)	8 (61.5%)	0 (0.0%)	7 (12.3%)		
	L. Saints	2 (4.4%)	4 (30.8%)	5 (100%)	33 (57.9%)		
	CGCI	0 (0.0%)	0 (0.0%)	0 (0.0%)	17 (29.8%)		
<b>Sex</b>	Male	27 (60.0%)	10 (76.9%)	4 (80.0%)	28 (49.1%)	4.80	0.187
	Female	18 (40.0%)	3 (23.1%)	1 (20.0%)	29 (50.9%)		
<b>Religion</b>	Christian	44 (97.8%)	12 (92.3%)	5 (100%)	50 (87.7%)	17.94	0.036
	Muslim	1 (2.2%)	1 (7.7%)	0 (0.0%)	7 (12.3%)		
<b>Educational Level</b>	Primary	11 (24.4%)	6 (46.2%)	1 (20.0%)	20 (35.1%)	57.34	0.000
	Secondary	34 (75.6%)	7 (53.8%)	1 (20.0%)	36 (63.2%)		
	Tertiary	0 (0.0%)	0 (0.0%)	3 (60.0%)	1 (1.7%)		
<b>Age (in grouped years)</b>	8-12	22 (48.9%)	8 (61.5%)	2 (40.0%)	28 (49.1%)	53.78	0.000
	13-17	23 (51.1%)	5 (38.5%)	0 (0.0%)	28 (49.1%)		
	>17	0 (0.0%)	0 (0.0%)	3 (60.0%)	1 (1.8%)		

JCMO has the highest educational and homely material needs compared to the other homes, Little saints has the highest motivational material needs and at the same time, has the highest percentage of homes that need nothing. The chi-square value for the relationship between needs and orphanage homes is 85.65, which is significant at 0.05. This means that the relationship between the needs of the children and the different orphanage homes interviewed is significant.

The male respondents have high educational, homely and motivational material needs compared to the female respondents. The chi-square value for the relationship between sex and needs is 4.80 which is not significant. This means that the needs of these children do not depend on their sex.

Christian respondents in this study have the highest percentage of those that need nothing, educational, homely and motivational material needs compared to the Muslim respondents. The chi-square value for this relationship is 17.94 which is significant at 0.05 level of significance. This means that whatever effect that religion has on the needs of vulnerable children, it has a strong relationship with the needs of vulnerable children.

Secondary school respondents have the highest material needs compared to the primary school respondents, while tertiary institution respondents have the least material needs. The chi-square value for this relationship is 57.34 which is significant at 0.05 level of significance. This means that the needs of vulnerable children are dependent on their

educational level.

Respondents who fall within the age groups 8-12 and 13-17 have almost equal percentage of educational material needs and equal percentage of nothing (they do not need anything). The chi-square value for this relationship is 53.78,

which is significant at 0.05 level of significance. This means that the needs of respondents are dependent on their age. Respondents that fall within the age group of 8-12 need homely and motivational materials, compared to those that fall within the age group of 13-17 and 17 above.

Table 8: The relationship between the Support given to OVCs and their demographic characteristics

		Support Given			X <sup>2</sup>	Sig. Val
		Well Supported	Supported Averagely	Not Well Supported		
Orphanage Homes	Covenant	1 (3.1%)	8 (12.5%)	3 (12.5%)	14.74	0.022
	JCMO	13 (40.6%)	24 (37.5%)	10 (41.7%)		
	L. Saints	16 (50.0%)	17 (26.6%)	11 (45.8%)		
	CGCI	2 (6.3%)	15 (23.4%)	0 (0%)		
Sex	Male	20 (62.5%)	33 (51.6%)	16 (66.7%)	2.07	0.354
	Female	12 (37.5%)	31 (48.4%)	8 (33.3%)		
Religion	Christian	32 (100.0%)	56 (87.5%)	23 (95.8%)	11.39	0.077
	Muslim	0 (0%)	7 (10.9%)	0 (0%)		
Educational level	Primary	9 (28.1%)	25 (39.1%)	4 (16.7%)	8.17	0.226
	Secondary	22 (68.8%)	37 (57.8%)	19 (79.2%)		
	Tertiary	1 (3.1%)	2 (3.1%)	1 (4.2%)		
Age (binned)	8-12	16 (50.0%)	35 (54.7%)	9 (37.5%)	3.37	0.497
	13-17	14 (43.8%)	28 (43.8%)	14 (58.3%)		
	>17	2 (6.3%)	1 (1.6%)	1 (4.2%)		

Table 9: Chi-square Hypothesis testing of the relationship between the needs of OVCs and the support given to them

		Support Given			X <sup>2</sup>	Sig. Val
		Well Supported	Supported averagely	Not Well Supported		
Needs	Educational materials	13 (40.6%)	23 (35.9%)	9 (37.5%)	7.77	0.255
	Homely materials					
	Motivational materials					
	None					
		2 (6.3%)	1 (1.6%)	2 (8.3%)		
		17 (53.1%)	30 (46.9%)	10 (41.7%)		

The statistical tool designed for the hypothesis testing postulated in the methodology is the Chi-square. Chi-square is known to be the effective tool for measuring the significance of the relationship between any two categorical variables which are the needs of the OVCs and the support they receive in this context. The null hypothesis postulated was such that there is no significant relationship between the needs of OVCs and the care given to them. The Chi-square table designed above is a four by three Chi-square.

The table above shows the relationship between needs of vulnerable children and the support given to them.

In the aspect of educational material needs, most of the children are averagely supported. Majority are also averagely supported with homely materials. In all the distribution, they are not well supported in the aspect of motivational material needs at all.

However, since the null hypothesis has been put forward that there is no significant relationship between the needs of



the children and the support they receive, then the decision rule has to be defined. It says that do not accept (reject) the null hypothesis when the calculated chi-square is greater than tabulated chi-square at the given significant level and accept the null hypothesis if otherwise. Therefore, the chi-square value for this relationship is 7.77 which is greater than the statistically tabulated chi-square (0.676) and also insignificant at 0.05 level of significance; thus, the null hypothesis is rejected. This means that there is actually a significant relationship between the needs of OVCs and the support given to them. This implies that the needs of the children are dependent on the support they receive from different organizations and individuals, and concurrently, the children cannot get more than what they are supported with.

## 7. Conclusion

Based on the findings of the study, majority of the vulnerable children fall under the category of those that have lost both parents and those that have been abandoned. Most of the children eat three-square meal every day and they are averagely supported. The needs of OVCs are categorised under : educational material needs, homely material needs, motivational material needs and some of the children need nothing. Non-Governmental Organizations and Faith-based Organizations are the major sources of resources used in the homes.

From this result, it means that vulnerable children in these orphanage homes are well taken care of nutritionally, and are averagely supported psycho-socially (emotionally, educationally, medically, socially) by different organizations, particularly, Non-Governmental Organizations and Faith-based Organizations.

Also, from the test of the hypotheses, it was discovered that there is a significant relationship between the needs of OVCs and the support given to them.

## 8. Recommendations

Based on the results of the study, below are some recommendations in order to improve the efficacy of Government, NGOs and social response to the state of OVCs in orphanage homes.

1. Government at all levels should have the political commitment to ensure the implementation of OVC programmes.
2. This is because of government's ability to use existing structures, resources and networking capabilities to promote appropriate interventions.
3. In order to provide sustainable and holistic care for orphans and vulnerable children, it is imperative that the different segments of society are involved so that a wider range of services can be offered to these children.
4. The needs of the children should be identified and assessed with meaningful participation of the children,

their caregivers and the communities.

5. Education, food/nutrition, psycho-social support, health, and shelter, child protection (protection from exploitation, abuse and neglect) are minimum package of services and rights to be provided by any programme to care, support and protect vulnerable children. It is not expected that any one programme will be able to directly provide all these services.
6. Therefore, programmes should ensure timely referrals and linkages with other organizations and service providers, to enable the children and their households receive the recommended minimum package of services and rights.
7. The first level of intervention for an orphan or vulnerable child is the child himself or herself, and the family, including the extended family. Where the family cannot cope, they should be empowered and supported by the community. CBOs, FBOs and NGOs can serve as intermediaries to strengthen responses and in the care and support of the children.

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