

**ASSESSMENT OF PSYCHOSOCIAL WELL-BEING OF ORPHANS: A  
CASE OF THREE ORPHANAGE CENTRES IN MOSHI MUNICIPALITY**

**ZABIBU KHAMIS MBANGWA**

**A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE  
REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER OF  
ARTS IN SOCIAL WORK OF THE OPEN UNIVERSITY OF TANZANIA**

**2013**

**CERTIFICATION**

I, the undersigned, certify that we have read and hereby recommend for acceptance by Open University of Tanzania, a dissertation entitled “*Assessment of Psychosocial Well-being of Orphans in Tanzania: A Case of Three Orphanage Centres in Moshi Municipality*” in partial fulfillment of the requirements for the award of the degree of Master of Arts in Social Work of the Open University of Tanzania

---

Dr. Deodatus Kakoko

(Supervisor)

---

Date

**COPYRIGHT**

No part of this thesis/ dissertation may be reproduced, stored in any retrieval system, or transmitted in any form by any means, electronic, mechanical, photocopying, recording or otherwise without prior written permission of the author or the Open University of Tanzania in that behalf.

**DECLARATION**

I **Zabibu Khamis Mbangwa**, declare that this thesis is my own original work and that it has not been presented and will not be presented to any other university for a similar or any other degree award in any other University.

.....

Signature

.....

Date

## **DEDICATION**

I dedicate this work to my lovely parents Mr. Khamis Mbangwa and Mrs Clementina Mbangwa, thank you for the investment on my education.

## ACKNOWLEDGEMENTS

From the very beginning, I should express my sincere gratefulness to the Almighty GOD for granting me good health and for providing guidance throughout studies at Open University of Tanzania and accomplishment of this dissertation. He made my life more generous. May his name be exalted, honoured and glorified.

I would like to express my earnest thanks to my supervisor Dr. Deodatus Kakoko from Muhimbili University without his support, encouragement and challenges, I would not have been able to be at this stage as far as academic is concerned.

My deepest gratitude goes to my family my brothers Akilimali Mbangwa, Abdallah Mbangwa and my young brother Athumani Mbangwa for their unflagging love and support throughout my studies at Open University of Tanzania. Thanks so much for encouraging me during the entire period of my course.

I am hereby articulate gratitude to my best friend Mtumwa Bakari whose company contributed a lot to my success unbending support and encouragement is highly appreciated.

My gratefully recognition goes to the management of Upendo, Tuleeni and Kili orphanage centres in Moshi Municipality especially head of those orphanages for their unrelenting support in helping with all the information I needed during my research period. I also thanks all the respondents who involved in my study and gave me the information I might say without them my study couldn't be successful.

**ABSTRACT**

The situation of orphans in sub-Saharan Africa is terrible as compared to Europe. This situation causes million of deaths in sub-Saharan Africa. In sub-Saharan Africa, orphans have been face by many challenges in their life. The challenges in most cases results to poor standard of living of orphans and alternately leads of orphans' death. This is due to failure to identify orphans' needs and failure address the challenges facing orphans and orphanage centers. This study presents psychosocial needs of orphans aged between 12 and 15 years old, challenges facing orphanage centers and alternative strategies that may be used to overcome the challenges in serving orphans in Moshi Municipality. The specific objectives of study were centered at identifying the psychosocial needs of orphans aged 12-15 years- old, examining challenges in the provision of psychosocial support of orphans aged 12-15 years-old and finding out altenative strategies to address the challeges of psychosocial well- being of orphans aged 12-15 years-old in Moshi municipality. The study adopted cross sectional design both qualitative and quantitative with the sample size of 61. In selected respondents, a purposive sampling technique and a simple random sampling was used. The major findings of the study are that; the psychological needs for orphans aged between 12 and 15 years old are counselling services, health services, education and food. In regard to challenges, lack of skilled workers to work with orphans, lack of staff, and lack of fund to run the centers were identified. Based alternative strategy to overcome the challenges the study identified soliciting fund from donors, train staff in difference skill levels to enable the staff to take care the orphans. This study recommended that, orphanage should employ competent and skills workers.

## TABLE OF CONTENTS

<b>CERTIFICATION .....</b>	<b>ii</b>
<b>COPYRIGHT .....</b>	<b>iii</b>
<b>DECLARATION.....</b>	<b>iv</b>
<b>DEDICATION.....</b>	<b>v</b>
<b>AKNOWLEDGEMENTS .....</b>	<b>vi</b>
<b>ABSTRACT .....</b>	<b>vii</b>
<b>LIST OF TABLES .....</b>	<b>xiii</b>
<b>LIST OF FIGURES .....</b>	<b>xiv</b>
<b>LIST OF APPENDICES .....</b>	<b>xv</b>
<b>LIST OF ABBREVIATIONS .....</b>	<b>xvi</b>
<b>CHAPTER ONE .....</b>	<b>1</b>
<b>1.0 BACKGROUND OF THE STUDY.....</b>	<b>1</b>
1.1 Introduction .....	1
1.2 Background to the Study .....	1
1.3 Statement of the Problem .....	6
1.4 Objectives of the Study.....	7
1.4.1 General Objectives .....	7
1.4.2 Specific Objectives .....	7
1.5 Research Questions.....	7
1.6 Significance of the Study.....	8
1.7 Operational Definitions .....	8
1.7.1 Orphan.....	8

1.7.2 Orphanage Centres .....	9
1.7.3 Psychosocial Need.....	9
1.7.4 Psychosocial Support.....	9
1.7.5 Psychosocial Well-Being .....	10
1.8 Scope of the Study .....	10
<b>CHAPTER TWO .....</b>	<b>11</b>
<b>2.0 LITERATURE REVIEW.....</b>	<b>11</b>
2.1 Introduction .....	11
2.2 Theoretical Literature Review.....	11
2.3 Concept of Psychosocial Well- Being .....	13
2.4 Concept of Orphan.....	14
2.5 History of Orphanage Centers .....	15
2.6 Different Causes of Orphans .....	15
2.7 Classification of Orphans .....	16
2.8 Psychosocial Needs of Orphans .....	17
2.9 Social Needs of Orphans .....	18
2.10 Psychological Needs of Orphans .....	18
2.11 Psychosocial Support .....	18
2.12 History of Psychosocial Support in Tanzania .....	19
2.13 Importance of Psychosocial Support to Orphans .....	20
2.14 Provision of the Psychosocial Support.....	20
2.15 Psychosocial Care and Support of Orphans .....	23
2.16 Different Ministries Caring Orphans in Tanzania.....	24
2.17 Tanzania and the Rights of the Orphans .....	24

2.18	Mainstreaming Psychosocial Care and Support for Orphans .....	25
2.19	Literature Gap .....	27
2.20	Conceptual Framework.....	27
<b>CHAPTER THREE .....</b>		<b>30</b>
<b>3.0 RESEARCH METHODOLOGY .....</b>		<b>30</b>
3.1	Introduction .....	30
3.2	Research Design .....	30
3.3	Study Area .....	30
3.4	Study Population.....	31
3.5	The Sample, Sampling Procedure and Sample Size.....	31
3.6.1	Purposive Sampling .....	32
3.6.2	Simple Random Sampling .....	32
3.7	Source of Data .....	33
3.8	Data Collection Tool .....	33
3.8.1	Semi – Structured interview.....	33
3.8.2	Structured Questionnaires.....	34
3.9	Data Processing and Data Analysis .....	35
3.10	Duration of the Research .....	35
3.11	Limitation of the Study .....	35
3.12	Ethical Consideration.....	36
3.12.1	Confidentiality .....	36
3.11.2	Informed Consent.....	37
<b>CHAPTER FOUR.....</b>		<b>38</b>
<b>4.0 FINDINGS.....</b>		<b>38</b>

4.1	Introduction .....	38
4.2	Demographic Characteristics of Respondents .....	38
4.3	Demographic Characteristics of the Respondents .....	41
4.4	Psychosocial Needs of Orphans Aged 12-15 Years-Old.....	43
4.5	Challenges in the Provision of Psychosocial Support to Orphans Aged 12-15 Years-Old.....	47
4.6	Alternative Strategies in Addressing Challenges of Psychosocial Well- Being of Orphans Aged 12-15 Years-Old.....	50
	<b>CHAPTER FIVE.....</b>	<b>55</b>
	<b>5.0 DISCUSSION .....</b>	<b>55</b>
5.1	Introduction .....	55
5.2	Demographic Characteristics of respondents .....	55
5.3	Psychosocial Needs for Orphans Aged between 12 and 15 Years Old .....	56
5.4	Challenges in the Provision of Psychosocial Support to Orphans Aged 12-15 Years-Old.....	57
5.5	Alternative Strategies in Addressing Challenges of Psychosocial Well- being of Orphans aged 12-15 Years-Old .....	57
	<b>CHAPTER SIX .....</b>	<b>59</b>
	<b>6.0 SUMMARY CONCLUSION AND RECOMMENDATION.....</b>	<b>59</b>
6.1	Introduction .....	59
6.2	Summary.....	59
6.3	Conclusion .....	60
6.4	Recommendations .....	61
6.5	Suggestion for Policy, Practice and Future Research.....	63

<b>REFERENCES</b> .....	<b>64</b>
<b>APPENDICES</b> .....	<b>70</b>

**LIST OF TABLES**

Table 4.1: Demographic Characteristics of Orphans.....	39
Table 4.2: Demographic Characteristics of Social Welfare Officers.....	41
Table 4.3: Psychosocial Needs for Orphans.....	44
Table 4.4: Challenges in the Provision of the Psychosocial Support.....	48
Table 4.5: Alternative Strategies in Addressing Challenges of Psychosocial Well-Being of Orphans.....	51

**LIST OF FIGURES**

Figure 2.1: Conceptual Framework ..... 27

Figure 4.1: Psychosocial Needs of Orphans ..... 47

Figure 4.2: Challenges in the Provision of Psychosocial Support ..... 50

## **LIST OF APPENDICES**

Appendix I: Structured Guided Questionnaire for Orphans in Orphanage Centres	70
Appendix II: Dodoso kwa Ajili ya Watoto Yatima .....	74
Appendix III: Semi-Structured Interview Guide for Social Welfare Officers Working in the Orphanage Centres .....	78

**LIST OF ABBREVIATIONS**

AIDS	-	Acquired Immune Deficiency Syndrome.
CBOs	-	Community Based Organisations
FBO	-	Faith Based Organisationa
HIV	-	Human Immunodeficiency Virus
KCMC	-	Kilimanjaro Christians Medical Centres
MVC	-	Most Vulnerable child NGO's
NGOs	-	Non Governmental Organisations
PLWHA	-	People living with HIV/AIDS.
PSS	-	Psycho Social Support
REPSSI	-	The Regional Psychosocial Support Initiatives
WHO	-	World Health Organisation
TACAIDS	-	Tanzania Commission for AIDS
UK	-	United Kingdoms
UN	-	United Nations
UNAIDS	-	United Nations Programme on HIV/AIDS
UNICEF	-	United Nation Children's Fund
USAID	-	United States Agency For International Development
US PEPFAR	-	United States President's Emergence Plan for AIDS
UNFPA	-	United Nation Population Fund Relief

## **CHAPTER ONE**

### **1.0 BACKGROUND OF THE STUDY**

#### **1.1 Introduction**

This chapter serves as a general introduction. This chapter is organised into nine sections. The first one gives background to the research problem. The second section is about the statement of the problem, followed by the general objective and specific objectives of the study. The fourth section has research questions, the fifth is on the significance of the study, the sixth and seventh sections are limitation and delimitations of the study, eighth sections is about definition of the key concept and the last section presents the scope of the study.

#### **1.2 Background to the Study**

The term “psychosocial” derived from two words ‘psycho’ and ‘social’ the psycho means psychological and social means interaction with a society Erikson (1950). The aim of psychosocial perspective is to provide environment that enables people and community to heal after traumatic events such as death. This can be done by addressing both psychological and social well-being Reppi (2009).

As far as this study focused on psychosocial well-being of orphans living in orphanage centres which need these two components psychological and social because of the traumatic events orphans face after the lost of the biological parents. This term should not be viewed as different perspectives rather it should be viewed as one perspective. This study sought to understand the psychosocial well-being of the orphans aged 12- to 15.

“Psychosocial well-being” is the term used to denote a positive age- and stage-appropriate outcome of children’s physical, social, and psychological development; it is determined by a combination of the child’s natural capacities, and his/her social and material environment (Richter, Foster & Sherr, 2006). This implies living in an environment that promotes the emotional, physical, and social well-being of an orphan. It must be acknowledged that the loss of one or both parents often compromises this psychosocial well-being; some orphans are taken to extended families and orphanage centres and looked after by carers who are unskilled/unwilling to assume the role. (Davids, Nkomo, Mfecane, Skinner & Ratele, 2006). Psychosocial well-being is essential for children’s survival and development, especially in chronically difficult circumstances (Richter *et al.*, 2006:15).

The problem of orphans is sensitive all over the world and almost all nations strive to combat the problem through different approaches. This is because the children are pillars of the future society. Malimi (2009), showed that traditionally the issue of orphans was the responsibility of extended family claims and in case of failure community did intervene, so in most cases orphans were secured within their kinship system.

Nowdays community, community-based organisations (CBOs), faith-based organisations (FBOs), non-government organisations (NGOs), and the government are responsible for caring the orphans, but the government has done a little to address the problem of orphans. If orphans are not prepared for an independent adult life they are in danger in falling into poverty trap. The problem of orphans is still a challenge to the society and still a global problem up to now where Tanzania is not isolated.

The orphans crisis has been reorganized as the globally problem. It is estimated that 143,000,000 children are orphans, and 17,8000,000 million orphans have lost both parents are living in orphanage centres or on streets and lack care and attention required for healthy development (UNICEF, 2008). HIV/AIDS is a threat to children and their families globally, and that it will continue to be a threat for many years to come, UNAIDS (2012).

The situation of orphans in sub-Saharan Africa is terrible compare to situation happening in Europe. (UNICEF, UNAIDS & US PEPFAR, 2006), indicate that sub-Saharan Africa has the highest number of orphans in the world, with an estimate of 48.3 million from all causes of death. UNICEF (2010), showed that today over 11 million children under the age of 15 living in sub saharan africa, and by 2010, 20 million of the children are likely to be orphans. It is evident that older orphans greatly out-number than younger orphans and, therefore, one could conclude that adolescents make up the majority of orphans in the sub-Saharan Africa.

Tanzania is not expectational to the globally, especially on the effects of increasing number of orphans. UNAIDS (2012), indicated that 3,000,000 children have lost one or both parents. In the next decade this number is expected to rise and this will increase the number of children living in the poverty, street with no support, no education or food at a high risk of involved in the drugs and other illegal activities (swiwsco, 2012).

Moshi also reported the problem of orphans Mkombozi report (2002), indicated that there are several orphanages in the Moshi municipality, they are set up to provide a

safe and caring environment. Moshi municipality has 12 orphanage centres this number of orphanage centres is big compare to other district of Moshi Hai seven orphanage centres, Moshi rural two, Siha one, Same one and Mwanga zero (Social Welfare Department Moshi municipality, 2013). The number of the children whose parents have died because of HIV/AIDS increased from 2000 to 5000 in Moshi municipality. The number of orphans increased rapidly and the main causes is HIV/AIDS (Moshi municipality statistics, 2010).

This study sought to understand the psychosocial well-being of orphans aged 12-15 years old. According to Erikson stages of psychosocial development aged 12-18 years old is the adolescence stage, and is the period of identity vs role confusion, where by adolescent needs to develop a sense of self and personality identity. Success leads to an ability to stay true to yourself, while failure leads to role confusion and weak sense of self. The failure in this stage as the results of anti-social behavior, most of the children become school drop out, early pregnancy, drug abuse, alcoholic and other delinquent behavior persists in our community.

Although “the age 12-18 is the “adoloscent” stage Erikson (1950), For the purpose of this study the age band is narrowed to 15, will be qualitatively differrent from the needs of younger adolescents. The age 12-15 needs more attention and more protection because this stage associated with a lot of changes such as puberty takes place, sex with the frequently changing relationship and this can lead adolescents to the risk of HIV/AIDS, engage in the risk behavior such as alcohol, cigaretes, and sexual intercourse increases sharply. Aged 16-18 which the researcher leave behind

is the age where by adolescent has established sense of identity, no longer threatened by seeking their parents “advice” or “counselling” and become to worry about the future, and they can protect themselves Erikson (1950).

In response to the problem of orphans, the Tanzania government came up with a number of measures which include: introduction of the Regional Psychosocial Support Initiatives (REPSSI) (2005), Ratification on the International Convention on the Rights of the Child (1989), The African Charter on the Rights and Welfare of the Child (1990), formulation of the Child Development Policy (1996-2008), Enactment of the law of the Child Act No. 21, (2009), Development of the National Guideline for Institutional care and Support to MVC (2007), National Costed Plan of Action for the Most Vulnerable Children (2007-2010), and the Situational Analysis of Orphans Children in six district Makete, Magu, Karagwe, Magu, Musoma rural and Kisarawe (2002). Although the government has shown efforts to address the psychosocial well-being of the orphans, yet very little has been done to address the problem and the problem is still high.

Many studies have been done on the psychosocial well-being of orphans, a study by Govender *et al.* (2012); on the psychosocial well-being of orphans, Makame (2002); on the psychosocial well-being of orphans in Dar es Salaam, and Zhou (2012); on understanding the psychosocial well-being of orphans and vulnerable children and a study by Gumede (2009); on the psychosocial well-being of teenaged orphans. However none of them in their study, concentrated on the psychosocial well-being of the orphans in general not focused on age category. It is in this regard

therefore, this study attempts to bridge the gap on assessment of psychosocial well-being of orphans aged 12-15 years old in Moshi municipality particularly at Upendo, Kili and Tuleeni orphanage centres.

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

The state of being an orphan is very challenging during the adolescence stage of human development. It is in this period when orphans need a conducive environment to pass successfully to the next stage of human development (adulthood). Family have the responsibility of ensuring that orphans aged 12-15 years old are nurtured to become independent adults, due to the complex nature of this stage, of growth and development, Tanzanian orphans aged 12-15 (adolescents age) find themselves in the hands of the orphanage centres due to the death of the parents or guardians as the results of either HIV/AIDS or other risk factors.

A study by Malimi (2009); on psychosocial support for orphans and vulnerable children in orphanage institutions found some challenges in the functioning of those institutions; they include poor quality accommodation, overcrowding, poor quality food and irregular feeding practices, imbalance between staff and child ratio, lack of knowledge and skills among staff and poor quality of health services. Subbarao (2009); as cited by Malimi (2009); noted that, although orphanage centres are the last resort for orphans, yet these orphans face a number of challenges in the orphanage centres. A study conducted by Gumede (2009); on the psychosocial well-being of teenaged orphans in rural communities, Kwazulu-Natal, in South Africa found that orphans faced a lot of challenges such as love, care, and acceptance in the new institutions they join.

Although the reserachers above have attempted to highlight some challanges facing orphans in orphanage centres, still no emperical evidence shows that challenges of psychosocial well-being of orphans aged 12-15 years old has been addressed. It is therefore, for this reasons that the resercher is attempting to fill this gap by conducting a study on assessment of psychosocial well- being of orphans aged 12-15 years-old at Upendo, Kili and Tuleeni Orphanage Centres in Moshi Municipality.

## **1.4 Objectives of the Study**

### **1.4.1 General Objectives**

The general objective of this study is assessment of psychosocial well- being of orphans aged 12-15 years-old in Moshi Municipality.

### **1.4.2 Specific Objectives**

- (i) To identifiy the psychosocial needs of orphans aged 12-15 years- old in Moshi municipality.
- (ii) To examine challenges in the provision of psychosocial support of orphans aged 12-15 years-old in Moshi municipality.
- (iii) To find out altenative strategies to address the challeges of psychosocial well- being of orphans aged 12-15 years-old in Moshi municipality.

## **1.5 Research Questions**

What are psychosocial needs of orphans aged 12-15 years-old in Moshi municipality?

- (i) What are the challenges in the provision of psychosocial support of orphans aged 12-15 years-old in Moshi municipality?
- (ii) What are the alternative strategies to address the challenges of psychosocial well-being of the orphans aged 12-15 years old in Moshi municipality.

### **1.6 Significance of the Study**

The study was helpful to the researcher to meet the criteria for the partial fulfilment for the award of the Masters in Social Work. The study was important as it was thoughts to contributing in the body of the knowledge of the psychosocial well-being of the orphans living in the orphanage centres. Another significance of the study was to provide useful information to the researchers, academicians, development planners, policy makers, social welfare officers, and society themselves so to enhance sustainability and understanding of the support needed to attain desirable levels of psychosocial well-being of orphans aged 12-15 years old.

### **1.7 Operational Definitions**

For the purpose of this study, the operational definitions proposed were used to meet the need and focus of the research problem. Such definitions are a combination of what other scholars conceive of the concepts in question, as well as the researcher's conception, so as to come up with relevant and more suitable definition for the study.

#### **1.7.1 Orphan**

Orphan" is defined by Framework for the Protection Care and Support of Orphans and Vulnerable Children Living in a World of HIV/AIDS (2004:7) as" a child less than 18 years of old whose mother; father or both parents have died from any cause

from any cause of death”. Orphans from any causes can be more specifically divided as follows:

**Single orphan:** a child who has lost one parent

**Double orphan:** a child who has lost both parents

**Maternal orphan:** a child whose mother has died

**Paternal orphans:** a child whose father has died

### 1.7.2 Orphanage Centres

A public institution for the care and protection of children without parents (Collins English Dictionary 2013).

### 1.7.3 Psychosocial Need

Psychosocial needs are derived from two word psychological needs and social needs. Psycho means psychological needs and social means social need Erikson (1950). This study focused on both needs because deals with orphans living in the orphanage centres which need both components as follows below:

**Psychological Needs:** are internal needs such as thoughts, feeling, motional, understanding and perception Maslow’s (1970).

**Social Needs:** are external needs such a education, food, clothes, medical care, love, diginity and shelter Nsubuga (1999).

### 1.7.4 Psychosocial Support

Philippi *et al.* (2006:17), defines “psychosocial support” as “an ongoing process of meeting physical, emotional, social, mental, and spiritual needs of a child”, all of which are essential elements for meaningful and positive human development.

### **1.7.5 Psychosocial Well-Being**

Psychosocial well-being; is the term used to denote a positive age- and stage-appropriate outcome of children's physical, social, and psychological development; it is determined by a combination of the child's natural capacities, and his/her social and material environment (Richter *et al.*, 2006).

### **1.8 Scope of the Study**

This study was conducted in at three orphanage centres Upendo Tuleeni and Kili , Moshi municipality, Moshi urban, Kilimanjaro region in Tanzania. The area chosen because the researcher is familiar with and due to financial constrains could not go beyond the area of her residence. The study involved orphans aged 12-15 years old and social welfare officer working with orphans and researcher focused on psychosocial well-being of orphans living in the orphanage centres.

## **CHAPTER TWO**

### **2.0 LITERATURE REVIEW**

#### **2.1 Introduction**

This Chapter gives the reader an insight on the psychosocial well-being of orphans living in the orphanage centres and the provision of psychosocial support to them. The Chapter lays down contextual knowledge to assist in a better understanding of what is going to be examined and reported in the study. In accordance with the aims and objectives of the study, the Chapter provides a theoretical review, research gap and empirical Review.

#### **2.2 Theoretical Literature Review**

According to Erikson (1950) defined adolescent as a child aged 12-18 years old. The age chosen by the researcher was 12-15 which is the adolescence stage. The researcher has decided to use the theory of adolescence by Erikson (1950) because the adolescent orphans of this age faces a lot of challenges due to the biological changes takes place Hall (1904), and the difficult circumstances in the orphanage centres because of living without their parents.

Different theorist view adolescence differently; however, they all agree that adolescence is a very important stage, one that needs to be handled with care. Therefore, a clear understanding of adolescence is important, since it provides a picture of the role-expectations of adolescents.

Hall's storm and stress model of adolescence describes adolescence as a stage in life that is characterised by a high level of emotional turmoil and stress, due to the

hormonal disruption associated with puberty Hall (1904). He views adolescence as a time of sexual confusion, great emotional stress, and self-doubt.

It can be concluded, based on Hall's model, that adolescence is a stage wherein teenagers are not entirely in control of their lives, and as a result become vulnerable to health-risk behaviours because of the ensuing confusion and self-doubt. During this stage, teenagers are expected to simply deal with the emotional stress caused by the biological changes taking place (an example being menarche). Hall (1904) suggests that good parenting is vital during this stage of human development if adolescent are to adequately adjust to these new processes.

Erikson (1950), views adolescence as a major stage in human development, one in which teenagers construct the roles they will occupy as adults. During this stage, teenagers re-examine their inherited identity and attempt to define one of their own making, sexually and occupationally. Like Hall, Erikson sees this stage as a very confusing and dangerous one in human development, since it determines how a teenager sees himself/herself in relation to his/her family and society.

All these theories highlight the importance of adolescence, and these insights are applicable to orphans of aged 12-15 years old living in the orphanage centre. During this stage is when adolescent starts to show new behavior to the social workers/ care givers in the orphanage centres and community such behaviors are orphans are not ready to seek advice or counselling, others involved in the anti- social behavior such as alcohol, smoking cigarrattes, involve in the sexual intercourse which can lead girls

to get early pregnancy or HIV/AIDS for both boys and girls. If the psychosocial well-being of the orphans 12-15 years living in the orphanage centres are addressed satisfactory orphans will be able to view life positively and will take decision that will not jeopardize their future and the situation will go back to their equilibrium

### **2.3 Concept of Psychosocial Well- Being**

Psychosocial well-being” is the term used to denote a positive age- and stage-appropriate outcome of children’s physical, social, and psychological development; it is determined by a combination of the child’s natural capacities, and his/her social and material environment (Richter *et al.*, 2006). This implies living in an environment that promotes the emotional, physical, and social well-being of an orphan. It must be acknowledged that the loss of one or both parents often compromises this psychosocial well-being; some orphans are taken to extended families and orphanage centres looked after by carers who are unskilled/unwilling to assume the role (being too young/too old to assume this formidable task (Davids *et al.*, 2006). Despite the loss experienced by orphans, it is still possible to live well, as long as the extended families, orphanage centres, community, community-based organisations (CBOs), faith-based organisations (FBOs), non-government organisations (NGOs) and the government are playing their role in supporting the psychosocial well-being of orphans. This psychosocial well-being depends on to what extent the orphans adjust to and cope with the loss and changes they experience, and it is in this area that the roles of extended families, the community and it’s CBOs, FBOs, NGOs and the government become critical. This study focused on psychological and social well-being of orphans.

## **2.4 Concept of Orphan**

Orphan” is defined by The Framework for the Protection, Care and Support of Orphans as “a child less than 18 years of age whose mother; father or both parents have died from any cause of death. (UNICEF, 2012), showed that 55 percent of all orphans are adolescents. The problem of orphans is not a new phenomena in Tanzani. Orphans have been there since communalism erra, children were all taken care of, supported and protected by their close relatives and neighbors. There were strong community safety nets such as extended family to absorb these children. These safety nets are fading with time due to rampart household income poverty, effects of globalization and socio-economic changes.

In addition, the number of orphans has been increasing due to HIV/AIDS and other major causes child vulnerability. Numbers of orphans have grown beyond the capacity of community to handle. The government and other stakeholders have responded by providing care, support and protection of these children in differrent ways. (National Guidelines for Improving Quality of Care, Support, and Protection for Most Vulnerable Children in Tanzania, Septembar 2009).

About 40% of orphans develop post-traumatic stress as a result of losing their parents, symptoms of which can include withdrawal from society as a whole; feelings of guilt; depression; aggression; as well as eating, sleeping and learning disturbances (Gilborn *et al.*, 2001). These children are often not only experiencing the death of their parents, but also being confronted with domestic violence in their foster families (Chipungu *et al.*, 2004). The society, government, NGOs, FBOs, and

CBOs inherit the role of guardian to orphans, and they have to meet huge challenges when attempting to ensure the psychosocial well-being of the orphans. Although these institutions are willing to assume the guardian-role, efficiently addressing the psychosocial well-being of the orphans without clearly understanding their psychosocial needs and the coping mechanisms, as well as the types of psychosocial support available to them, is nigh impossible.

## **2.5 History of Orphanage Centers**

Historical an orphanage was an institution dedicated to caring orphans. The first orphanage called “orphanotropha” were founded in the 1st century aiming various alternative means of orphans support. Jewish law for instance, prescribed care for widow and orphans and Athenian law supported all orphans of those killed in the military services until age of eighteen. The care of orphans was particular committed to bishop, and during the middle ages to monastery. Many orphaned practices some form of “binding out” in which children as soon as children were old enough, they were given as appreciate to household. This ensured their support and learning skills for occupations. Currently orphanage centre either private or public are funded, and the majority are run by faith based organization, non governmental organization and community based organization and very few run by the government Gwalema et al, (2009).

## **2.6 Different Causes of Orphans**

HIV/AIDS is the largest cause of orphanhood globally. Muhwava *et al.* (2008), reported that different causes of parental-death for orphans are “intentional” injuries

(like homicide) to “unintentional” injuries (like road accidents), and include non-communicable diseases (like deaths from heart disease); communicable diseases (like tuberculosis); nutrition –related causes of death; and AIDS which though a communicable disease is considered separately, due to its magnitude as causes of mortality. While it is difficult to differentiate HIV/AIDS-related orphanhood from other types, it can be inferred that, since HIV/AIDS is the leading cause of death, it is also the largest cause of orphanhood.

While it is difficult to differentiate HIV/AIDS-related orphanhood from other types, it can be inferred that, since HIV/AIDS is the leading cause of death, it is also the largest cause of orphanhood (Muhwava & Nyirenda 2008). The United Nations Children's Fund (UNICEF), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United States President’s Emergency Plan for AIDS Relief (US PEPFAR) (2006), indicate that sub-Saharan Africa has the highest number of orphans in the world, with an estimate of 48.3 million (from all causes of death) at the end of the year 2009). It is further reported that about 12% (12 million) of all orphans in sub-Saharan Africa are due to AIDS (UNICEF, UNAIDS & US PEPFAR 2006), identifying AIDS as the leading cause of orphanhood in sub-Saharan Africa.

## **2.7 Classification of Orphans**

The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS (2004:7) classified main four category of orphans such as single orphans a child whose lost one parents, double orphan a child whose lost both parents, maternal orphans a child whose lost mother

and paternal a child whose lost father. Most of orphans living in the orphanage centres in Tanzania are single orphans (Department of Social Welfare Moshi Municipality 2013).

## **2.8 Psychosocial Needs of Orphans**

Psychosocial needs refers to a social needs and psychological needs Erikson (1950). The fulfilment of the orphans' social needs and psychological needs is very important to the processes of human development Muller, Sen and Nsubuga (1999). Psychosocial needsof orphans is a neglected topic, due to the shocking financial crisis that confronts them; programmes tend to focus on providing for material needs rather than counselling and other forms of psychosocial need Foster & Williamson (2000). It is impossible to provide one needs for orphans living in the orphanage centres because they are living in the chronically diffucult cirmstancea faces a lot of challenges, their are too young to cope with the environment and most important their living without their biological parents or relatives they just living with care givers.

*“Psychosocial needs is not merely something “nice to have” but rather “the right of every child.” And all children need psychosocial needs for their psychological and emotional wellbeing, as well as their physical and mental development” Repssi (2008).*

This study focused on both needs psychological needs and social needs beacause both needs are assential for positive development especially for orphans living in the orphanage centres.

## **2.9 Social Needs of Orphans**

Social needs for orphans living in the orphanage centres are external needs such as education, food, clothes, medical care, love, dignity and shelter Nsubuga (1999). The fulfilment of the orphans' social needs is very important to the processes of human development. When orphans missed social needs increased risk of malnutrition, inadequate shelter, lack of clothing and interrupted schooling are commonly. If the social needs is addressed properly in the orphanage centre reduce food insecurity, access to health service and accommodation services, Mfecane (2006).

## **2.10 Psychological Needs of Orphans**

The psychological needs for orphans living in the orphanage centres are internal needs such as thoughts, feeling, emotions, understanding and perception Maslow's (1970). Psychological needs is very important for the orphans when the orphans miss this components have psychological problem such as anxiety, depression, trauma, mental health, moods, somatic, symptoms Makame (2002). If psychological problems is not addressed satisfactory orphans will end involving in the risk behavior such as alcoholic, drug abuse, prostitute which can lead to get HIV/AIDS and other behavior which is not acceptable in the community.

## **2.11 Psychosocial Support**

Philippi Namibia, cited in Van Den Berg (2006:17), defines "psychosocial support" as "an ongoing process of meeting physical, emotional, social, mental, and spiritual needs of a child", all of which are essential elements for meaningful and positive

human development. It includes “formal and informal services that address psychosocial well-being either

- (i) Directly and specifically (e.g., through interpersonal moral support, counselling, spiritual support, creation of memory books, etc.) Or
- (ii) Indirectly (e.g., school and nutritional support programs that may alleviate stress and worry)” Gilborn et al (2006: 9).

Duncan *et al.*, cited in Gilborn *et al.* (2006), argue that social connectedness, such as having supportive relationships with primary caregivers and members of one’s cultural or faith groups, and access to community resources are widely recognised as protective factors that buffer the consequences of negative experiences on children. Gilborn *et al.* (2006: 9) indicate that, although orphans report that they feel very well supported by the adults in their lives and their religious communities, many youth do not receive the social support needed from peers and adults to effectively mitigate the impacts of the stressful and traumatic events in their lives. Orphans experience many challenges, including unmet psychosocial needs due to the lack of guidance and psychosocial support, and meeting these adequately is very important for a child’s development (Giese *et al.*, 2003).

## **2.12 History of Psychosocial Support in Tanzania**

In Tanzania the issue of psychosocial support started to get known in 1990 when the symptoms of psychosocial problems started to be revealed on children. The psychosocial support initiatives were put in place in 2005 when Regional Psychosocial Support initiatives were put in place and started its operation. Despite

of the recognition of the problem Tanzania has been facing many challenges concerning the provision of psychosocial care and support to orphans. The problem of human and material resources in terms of number of caretaker and facilities to enable the provision of the psychosocial support to the children (Reppssi 2008). Government continue to provided this services because is very important for the future of the orphans “*Psychosocial support is the right of every child.*” (REPSSI, 2005).

### **2.13 Importance of Psychosocial Support to Orphans**

Nshamba (1999), on the Manual for psychosocial support for orphans reported that the psychosocial effects to orphans and other vulnerable children it is very often neglected. It is considered as a mere transitional stage of difficulties and disorder which will pass after some time, this impact is mentioned as private and not public phenomenon- so it is a hidden impact. This impact appears in very different forms like depression, and aggressiveness, some children may have difficult to sleep, to learn, to interact or to eat. Therefore, psychosocial well- being of the orphans is linked to the political world, culture, economic and community. The orphanage centre’s has the responsible for the provision of emotional, mental physical, and spiritual support in order to meet the best attachment and is able to get his/ her identity and other requirements from the world Reppsi (2008).

### **2.14 Provision of the Psychosocial Support**

Sengondo *et al.* (2007) on the study of the psychological effects of orphanhood showed that caretakers and school have not provided psychosocial support to those

children often need. Most caretakers lack information on the problem and were therefore unable to offer psychosocial support; and school teacher did not know how to identify psychological and social problems and consequently failed to offer individual and group attention. The researcher saw the need for the caretakers and teachers to be trained in diagnosing psychosocial problems and given skills to deal with them. Many of the orphaned children continue to experience emotional problems and little is being done in this area of emotional support. There are several reasons.

First, there is a lack of adequate information on the nature and magnitude of the problem; secondly, there is a cultural belief that children do not have emotional problems and therefore there is a lack of attention from adults. Thirdly, since psychological problems are not always obvious, many adults in charge of orphans are not able to identify them.

Malimi, (2009); on the study of psychosocial support and vulnerable children in the orphanage institutions observes that department of the Social Welfare through conducted a study on Kurasini orphanage centre, they noted the gaps in the provision of the psychosocial support in the orphanage centres. They include, poor quality accommodation, overcrowding, poor quality food and irregular in feeding practice, imbalance between staff and child ratio, lack of knowledge and skills among staff and poor health services, and suggested that the community should be educated that the responsibility of caring orphans is theirs and that the country should be empowered with income generating activities to support the children. Gwalema *et al.* (2009), on

the study of Social Protection and Economic Empowerment of Orphans living in the Orphanage Centres observed that children living in the orphanage centres lack parental love and guidance, interact less with other children outside the orphanage, and due to the small age, they can not care for themselves hence they suffer from social stigma. Orphans general faces a lot of challenges especially adolescent orphans because of the stage they have and they need more psychosocial support.

A study conducted by Gumede (2009); on the psychosocial well-being of teenaged orphans in rural community, Kwazulu- Natal, found that orphans faced a lot of challenges such as love, lack of parental guidance, care and acceptance in the new institutions they join and the researcher suggest that there is a need for care givers/ social workers to have enough knowledge in order to face those challenges. A study by Zhou (2012); on the understanding of the psychosocial well-being of orphans at Duke university found that the orphans faces a lot of challenges than non orphans because the need of orphans differ from the non orphans and suggested that it very important to concentrate on the needs of orphans because it make them feel comfortable and cope with the difficult circumstances they have.

In Dar es salaam forty one orphans who father and mother died were living in poor suburbs of Dar es salaam but these orphans missing the psychosocial support, there is an urgent need to expand and improve the current intervention programmes not only to meet the basic needs but also to include psychosocial support, counselling services for orphans and training for their cares Makame (2009). On the other hand a study by Malimi (2009) on the psychosocial support for orphans and vulnerable

children in the orphanage centre reported that the most important is that community should contribute to the fund for the orphans and vulnerable children.

### **2.15 Psychosocial Care and Support of Orphans**

Psychosocial support has been defined as an ongoing process of meeting emotional, social, mental and spiritual needs, all of which are considered essential elements of meaningful and positive human development. It goes beyond simply meeting children's physical needs. It places great emphasis on children's psychological and emotional needs, and their need for social interaction. Many programs of support for orphans and other vulnerable children have focused almost completely on their physical needs only. Programs which aim to meet the psychosocial and physical needs of a child are called holistic Reppi (2007).

Psychosocial support is a term that is often used when talking of mitigating the impact of HIV/AIDS on children. So often, however, in reality communities, families and other agencies working with children made vulnerable by HIV and AIDS focus on material needs and forget how much difference emotional, social and spiritual support can have on the ability to cope and resilience of children (FOST, 2005). Psychosocial support services help children and adults from falling into resignation that is "I can't change it", "it is stronger than me", or "it is nothing to do with me". They also prevent more problems from arising. These new problems usually need professional intervention. Healing depression and non-social behaviors involve a lot of material elements, knowledge and skills, social energy and emotional intelligence (Reppi, 2005).

### **2.16 Different Ministries Caring Orphans in Tanzania**

In Tanzania, five ministries are responsible for taking care of orphans. They are: Ministry of Health and Social Welfare, Ministry of Labour and Youth Development, Ministry of Community Development, Women and Children, Ministry of Regional Administration and Local Government and Ministry of Educational and Vocational Training. All of them are dealing with children and youth including orphans. The assistance is segmented not directly for the improvement of psychosocial well-being of orphans. (Gwalema *et al.*, 2009).

### **2.17 Tanzania and the Rights of the Orphans**

The Constitution of United Republic of Tanzania, implicitly addresses the rights of the child. However, article 13 infers that such rights are embedded in the basic rights, which gives protection to every person and the community. Article 42 of the Child Development Policy Tanzania directs the establishment of a system of caring a children living in the difficult circumstances. The government has been successful by registering issuing guidelines and monitoring of orphanage centres. The Convention of the Rights of Child, the Convention outlines the basic rights of children in the 54 article: revolving the rights of survival, development, harmful abuse, exploitation and participate fully in the cultural and social life.

Chapter seven subsection (2) of the law of the Child 2009 Act No. 21, states that every child has the rights, to a name and a nationality from birth, family/parental care, appropriate alternative care when removed from the family environment, basic nutrition, shelter, basic health care services and social services, protected from

maltreatment, neglect and abuse, or degradation. Therefore psychosocial well-being for orphans is legal rights in Tanzania.

### **2.18 Mainstreaming Psychosocial Care and Support for Orphans**

The mainstreaming psychosocial care and support manual was developed by *REPSSI 2007* to help strengthening programming for MVC and also to increase children's access to psychosocial care and support (PSS). Mainstreaming is important approach in order to maximize the reach of psychosocial care and support services for children. Mainstreaming also ensuring the approaches to programmers for orphan become more holistic and sustainable. It also more adequately embraces the voices of children, their families and communities. Main streaming psychosocial promotes sustainable, high quality responses and mitigates the impact of HIV/AIDS, poverty and conflict on children and their communities. It strengthens systems for care and support by placing emphasis on the value of collaboration and networking. This meets the holistic needs and supports the rights of children and communities affected by HIV/AIDS, Poverty and conflict and it facilitate policy transformation at all levels. Children and communities are seen as part of the solution and active change agents in improving their lives.

The psychosocial indicator model stresses the importance of providing a safe space for children to openly express their realities and talk about their experiences, thoughts and feelings that are related to their lives and circumstances. Support model emphasis that children, families and communities in MVC programs need to feel empowered. Organizations must therefore help mobilize them so that they can

respond to the problems in their lives such as HIV/AIDS, poverty, abuse and conflict. (REPSSI 2007).

However, the government and public acknowledge that there is already a base for provision of essential services to MVC and children in general, and efforts such as, Enactment of the law of the Child (2009) Development of the National guideline for improving quality care and support for MVC (2009), The Care taking skills trainings guideline for MVC parents and care takers (2002). A National Plan of Action for MVC (2006-2010), the Guideline for early childhood Stimulation and Development of Community Justice Facilitation and The Child Development Policy. Although the government and other stake holders have taken some measure to ensure provision of care and support of orphans in Tanzania, there is still a weak link and conflicting roles between the line ministries on care and support of orphans. No clear stipulated mechanism of mainstreaming orphans issues to the national development planning. Lack of comprehensive planning and data base for the care and support of orphans on the trends in the number of orphan, nature and the extent of coverage of the provided care and support, Inadequate coordination mechanisms of the various actors providing care and support to orphans; inadequate resources and coverage of the needed orphans care and support. No effective mechanisms in place to coordinate care and support efforts provided to MVC.

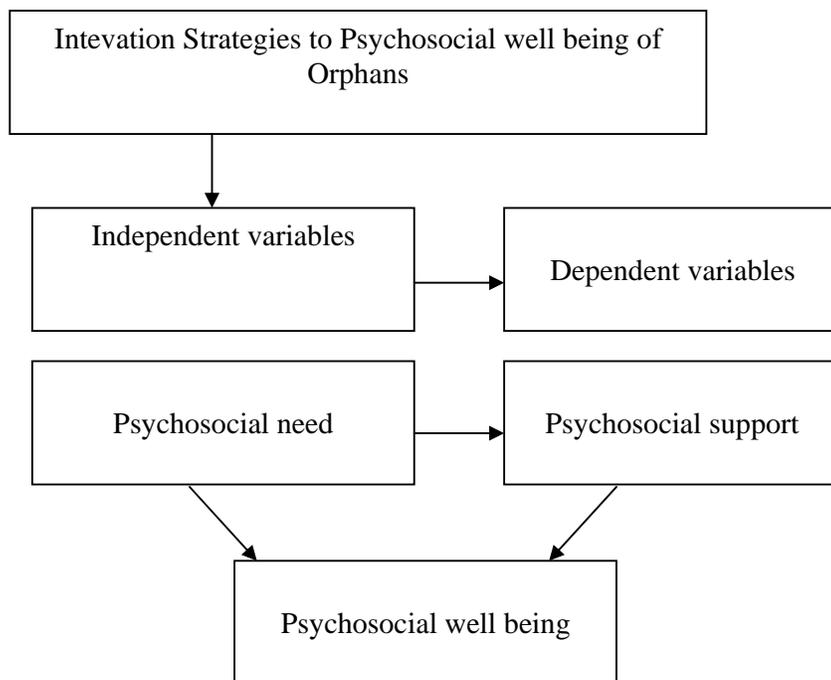
Ndyetambura (2004) observed that situation calls for specified and immediate measures to be taken by the government and other stakeholders at all levels in order to improve the welfare and livelihood of the children in the entire communities.

Therefore this study was purposefully conducted to assess and analyze the problem hence suggest the alternative solutions and ways and means of how to arrive into those solutions.

### 2.19 Literature Gap

Despite of the difference studies on the issue of psychosocial well-being to orphans, as shown above. These studies were too general to orphans and not focused to a specific age category, There fore, this study is attempting to focus on assessment of the psychosocial well-being of orphans aged 12-15 years old in Moshi Municipality particularly at Tuleeni Upendo and Kili orphanage centres to fill this gap.

### 2.20. Conceptual Framework



**Figure 2.1: Conceptual Framework**

**Source: Research 2013**

**Psychosocial needs:** Psychosocial needs are combination of two words psychological needs and social needs. The combination of both needs is very important especially for orphans living in the orphanage centres because their living in the chronically difficult circumstances without their biological parents and live with care givers. The important of providing both needs in this study it help the orphans to cope with psychological problems such as stress, traumatic due to the death of their parents, great emotion and depression. If a psychological part is not addressed satisfactory which deals more with activities in the mind of the human beings orphans will felt hopelessness about their future.

On the side of the social needs is about how one relates to activities that involve being with other people, especially one does for pressure, the social contact and how one is able to interact with other people. Orphans living in the orphanage centres need to be interacts with the social environment they living, involved in the society activities such as ceremonies, sports, going to the church or mosque will decrease the traumatic, sadness and stress.

**Psychosocial Support:** After the orphans received psychosocial needs and psychosocial support which include mental, spiritual, emotional and social support will be okay psychological and social. Mental, is relating to the mind, social is relating to the activities that involved being with other people, emotional is relating feeling that one experiences for example fear, love and anger and spiritual is related to one spirit, and it related to religious issued such as spiritual ceremony. Orphans are suppose to participate in the religious issues, religious help to shape the behavior

of the orphans example Ten Commandments in the bible help to know the dos and don'ts and behave in the acceptable way.

**Psychosocial Well- Being:** After the psychosocial needs and psychosocial support is provided the orphans gets psychosocial well-being which help the orphans to cope with the environment is the orphanage centre. Also help to overcome the psychological problems such as traumatic due to the lost of the parents, stress and the great emotional feeling which can cause to be stunted intellectual development, limited life skills in communication, negotiation and decision-making.

## **CHAPTER THREE**

### **3.0 RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter presents methods that were used in this study, and it is organised into nine sections. It describes research design, study area, study population, sample size, sampling procedure source of data, data collection methods, data collection procedures, data analysis and ethical consideration.

#### **3.2 Research Design**

The study used descriptive cross sectional study both qualitative and quantitatively. Cross section research is designed to deal more directly with the nature of people's thoughts and opinions and feelings (John., Eugene& Jeanne, 2009). The design was appropriate for this study because it allowed group comparisons in terms of beliefs, attitudes, opinion or practices (Croswell, 2005. The design also has the advantage of providing information in a short period of time, and the study is done at one point in time and the researcher will get the stable sample. Qualitative information will be important in capturing the respondent's views, feelings and sentiments. A quantitative approach used to capture the number of respondents to the study and to qualify the data.

#### **3.3 Study Area**

The study was conducted in in Moshi Municipality in Kilimanjaro region at three orphanage centres Upendo, Kili and Tuleeni. Moshi municipality have seven districts such as Same, Mwanga, Rombo, Siha, Hai, Moshi rural and Moshi urban. The area

was purposively chosen, because it has many orphans living in the orphanage centres compare to other district so it was easy to get data. Moshi municipality has got 12 orphanage centre, Moshi rural 2 orphanage centre, Hai 7 orphanage centre, Same 1 orphanage centre, Siha 1 orphanage centre and Mwanga 0 Orphanage centre ( Moshi municipality statistics 2013).

### **3.4 Study Population**

According to Creswell (2005), population is a group of individuals possessing characteristics to be studied. The population of this study was all orphans in the orphanage centres in Moshi municipality. The target population of this study was the orphans at Upendo Kili and Tuleeni orphanage centre boys and girls aged 12-15 years, since it is not easy for researcher to study the whole population because of fund and the shortage of time. On the other hand the researcher also used key informants. Key informants as the conversation with people who have specialized knowledge about the topic to be studied (2004). Social Welfare officers were used as the key informants, because they have knowledge and expertise in working with orphans.

### **3.5 The Sample, Sampling Procedure and Sample Size**

Cohen, *et al.* (2000) contend that sampling is normally done for the purpose of measuring the elements of population characteristics and making conclusion regarding the entire population. The study respondents were 61, 51 being orphans aged between 12-15 years old living in the orphanage centres and 10 respondents were Social welfare officers working with orphans at Tuleeni, Kili and Upendo orphanage centres.

Before starting the research, the researcher visited Social Welfare Department in Moshi municipality Council to get information concerning the orphans and orphanage centres available in Moshi municipality because this department is the coordinator of all orphanage centres in Moshi municipality.

The Region Social Welfare officers in Moshi municipality Council provided to the researcher the list of existing orphanage centres which are 12. The orphanage centres who care the orphans aged 12-15 are three; Upendo orphanage centre at Kilimajaro ward, Tuleeni orphanage centre at Pasua ward and Kili orphanage centre at Rau ward out of 21 ward in Moshi municipality. In this case the sample size studied was 51 orphans aged 12-15 years old from three orphanage centres. This was 10.5 % of the population. The 10 social welfare officers working in the orphanage centres studied was 1% of the population.

### **3.6.1 Purposive Sampling**

Purposive sampling was used to select respondents who the researcher thought they have answers to the study such as social welfare officers because of the knowledge and expertise of working with orphans and was picked from their job places.

### **3.6.2 Simple Random Sampling**

Simple random sampling was used for the orphans aged 12-15 years old, since the number of respondents was 100 from three orphanage centres, the number of participants was big, so systematic sampling was employed when orphans counted number where by second number was picked to be included in the sample because

the study need only 51 orphans. In this case sampling was very important because reduces time and cost for researcher to conduct the research, also the possibility of better assessment as the study aim at, and this led to better supervision, data analysis and hence achievement of the research objectives. A sample of orphans aged 12-15 was targeted because of the ability to remember and adequately responded to research questions also study needed children who could read and write in order to fill the questionnaire well.

### **3.7 Source of Data**

Source of data was quantitative data. The researcher collected data from primary data and secondary. Primary data was collected from the semi- structure interview and structured questionnaire. Secondary data was obtained from official document and publications such as policies, and laws. Literature review assisted in getting more information on psychosocial well-being of orphans aged 12-15 years old and different research approach. Document review was the major source of secondary data include policies, reports, government circulars and directives.

### **3.8 Data Collection Tool**

Data was collected by using two main methods namely structured questionnaire and semi- structured interview, described below:

#### **3.8.1 Semi – Structured interview**

Semi- structured interview was used as the main means of collecting primary data from the key informants which are the social welfare officers working in the orphanage centres in Moshi municipality was selected randomly from their offices

by using the registration books which they sign when they enter in the work. Semi-structured interview was used to seek information on challenges in the provision of psychosocial support of orphans and alternative strategies to address the challenges of psychosocial support and psychosocial-well-being of the orphans.

The advantage of using a semi-structured interview was that the interview remains focused due to the use of interview guide. As Hoepfl, (1997), argues, the interview guide was prepared to insure that the same information was obtained from each person of the study participants however, there was no predetermined responses. Furthermore, the interview guide was used in order to ensure good use of limited interview time; they made interviewing multiple subjects more systematic and comprehensive; and they helped to keep interactions focused. The questionnaire was written in English because social workers working in the orphanage centres selected were able to express themselves in English so there was no need to translate into Swahili version.

### **3.8.2 Structured Questionnaires**

Questionnaires were used in collecting information (data). Questionnaires are thought to be appropriate method of collecting quantitative data. Best and Khan (2006) argue that questionnaire is used when factual information or opinion rather than facts are desired. The questionnaires in this study were administered to 51 orphans from three orphanage centres. This was used for orphans aged 12-15 years old. A detailed questionnaire was prepared based on the analysis of in-depth information and be used in data collection. Questionnaires were used to seek information concerning with

psychosocial needs of the orphans aged 12-15 years old. Orphans living in the orphanage was given a questionnaire which administered by the researcher in the form of one to one respondents. The questionnaire was written in English and later translated into Kiswahili which is the most widely spoken language and the national language in Tanzania. Translation from English to Kiswahili was also increase validity of responses since most orphans were likely to express themselves in Kiswahili than in English.

### **3.9 Data Processing and Data Analysis**

Once the questionnaire or other measuring instruments have been administered, the mass of data collected must be systematical organised in a manner that facilitate analysis Mugenda (1999:155). Qualitative data is subjected to content analysis with thematic organisation frame work. While the quantitative data from structured questionnaire were statically analysed into tables, figures using SPSS version 16.0, conclusion is based on large number of finds or percentage.

### **3.10 Duration of the Research**

The study was conducted for four months starting from April to July, 2013, A total of 3,000,000 was budgeted for the whole research activities from the own source.

### **3.11 Limitation of the Study**

The researcher come across with the problems such as limited time to select big sample size, some of the respondents had high expectation to get money and other incentives for being involved in the study while the researcher had financial constraints, this brought an obstacle in carrying out the study because some of the

respondents did not well participated, some give short answers, some not filled well the questionnaire and other respondents did not return back the tools. All these limitation affected the strength and consistency of the research findings, but all efforts were employed by a researcher to make sure that study has been successful. The researcher made the study successfully by overcoming the following limitations researcher developed small budget to minimize research cost, for the case of time researcher collected data for three orphanage centres only hence minimize cost interms of transport, and respondents to have high expectations to get money the researcher tried to use the knowledge of social work to educate them on the importance of the study, this helped to minimize complains about financial expectations from the respondents.

### **3.12 Ethical Consideration**

The permission to conduct the study was sought after the approval by the research supervisor and a letter from the Open University to District Executive Director of Moshi Municipality Council, requesting permission to conduct the study.

#### **3.12.1 Confidentiality**

There was an agreement of confidentiality between the researcher, the orphanage centres and the study participants because sometimes the study had to involve the orphanage confidential information where by the head of the orphanage centres was not prefer it to go to public. Confidentiality of information was observed by avoiding subject to write their names on the questionnaire and privacy was observed during interview.

### **3.11.2 Informed Consent**

No one was allowed to be a study participants or source of information in the research study unless they have agreed by explaining the important of the study to the researcher and the community at a large, the purpose and use of research findings. Participants were not forced to be involved in the study.

## **CHAPTER FOUR**

### **4.0 FINDINGS**

#### **4.1 Introduction**

The chapter presents results and findings of the study. The presentation is focused on demographic characteristics, such as sex of respondents, level of education, age of respondents, education of respondents, number of orphans who go to school, the causatives of orphanage of a child, the length of time an orphan has been at orphanage center, source of information about orphanage center of an orphan, psychosocial need of orphans, challenges in providing supports to orphans and strategies that may be used to overcome challenges facing orphanage centers. The cross sectional design was applied in order to collect both qualitative and quantitative data. The results/ findings are based on two perspectives psychosocial not social and psychological separately.

#### **4.2 Demographic Characteristics of Respondents**

Table 4.1 presents characteristics of orphans who participated in the study. The characteristics of orphans presented include sex, age and level of education. Other information include schooling status of orphans, causatives of orphanage, duration an orphan has been at the center and the source of information about orphanage center an orphan living.

A total of 51 orphans participated in this study. From Table 4.1, 52.9% (27) of orphans were males while 47.1% (24) were females. As regards to age of orphans,

results show that 27.5% (14) of orphans were aged 12 years, 27.5% (14) of orphans are aged 13 years, 17.6% (9) of orphans are aged 14 years and 27.5% (14) of orphans are aged 15 years. As per results more orphans are aged 12, 13 and 15 years old.

**Table 4.1: Demographic Characteristics of Orphans**

Demographic characteristics	Frequency	Percent
Sex		
Male	27	52.9
Female	24	47.1
<b>Total</b>	<b>51</b>	<b>100</b>
Age (years)		
12	14	27.5
13	14	27.5
14	9	17.6
15	14	27.5
<b>Total</b>	<b>51</b>	<b>100</b>
Level of education		
Never been to school	2	3.9
Primary school	40	78.4
Secondary school	9	17.6
<b>Total</b>	<b>51</b>	<b>100</b>
Orphans who go to school		
Go	49	96.1
Don't go	2	3.9
<b>Total</b>	<b>51</b>	<b>100</b>
Causatives of orphanage		
Death of father	38	74.5
Death of mother	0	0.0
Death of both parents	11	21.6
I was lost	2	3.9
<b>Total</b>	<b>51</b>	<b>100</b>
Total time an orphan has been at the center (year)		
< 1	12	23.5
1 – 3	12	23.5
4 – 5	8	15.7
>5	19	37.3
<b>Total</b>	<b>51</b>	<b>100</b>
Source of information about orphanage center		
TV		
Radio	33	64.7
Newspaper	27	52.9
From friend	26	51.0
	32	62.7

**Source: Field Data, 2013**

More orphans are at age category of 12 and 13 years. The over representation of these ages is due to the fact that the study target orphans who aged between 12 to 15 years old. Furthermore, from results reveal that 3.9% (2) of orphans had not been to school, 78.4% (40) of orphans had primary school education and 17.6% (9) of orphans had secondary school education.

In assessing the background of orphanage as presented in Table 4.1, it was revealed that 74.5% (38) of orphans lost their fathers, 21.6% (11) of orphans lost both parents, 3.9% (2) of orphans were lost and someone collected them at the orphanage center and not orphan who said that he/she lost his/her mother. Most of orphans lost one parent. The finding is similar to that of Department of social welfare Moshi Municipality (2013).

In assessing the duration of orphans in staying at orphanage centers, it was revealed that 23.5% (12) of orphans had been at orphanage centers for a period less than a year, 23.5% (12) of orphans had been at orphanage centers for a period of between 1 to 3 years, 15.7% (8) of orphans have been at the centers for a period between 4 to 5 years and 37.3% (19) of orphans had been at orphanage centers for more than five years.

Of all the involved orphans, 64.7% (33) of orphans got information from TV, 52.9% (27) of orphans got information from Radio, 51.0% (26) of orphans got information from Newspaper and 62.7% (32) of orphans got information about orphanage center from friends. In totally, the number of orphans exceeds 51; the

reason to this is that some orphans got information from more than one source. From the results it is deduced that more got information about orphanage centers via TVs.

### 4.3 Demographic Characteristics of the Respondents

The Table 4.2 presents characteristics of social welfare officers working in the orphanage centres, participated in the study. The demographic characteristics of social welfare officers presented include sex, age and marital status. Other information includes level of education and experience in dealing with orphans.

**Table 4.2: Demographic Characteristics of Social Welfare Officers**

Demographic characteristics	Frequency	Percent
Sex		
Male	3	30
Female	7	70
<b>Total</b>	<b>10</b>	<b>100</b>
Age		
18 – 25	2	20
26 – 35	4	40
36 – 50	1	10
>50	3	30
<b>Total</b>	<b>10</b>	<b>100</b>
Marital status		
Unmarried	7	70
Married	3	30
<b>Total</b>	<b>10</b>	<b>100</b>
Level of education		
Certificate	2	20
Diploma	1	10
Bachelor degree	5	50
Master degree	2	20
<b>Total</b>	<b>10</b>	<b>100</b>
Experience in dealing with orphans (years)		
< 1		
1 – 3	0	0
4 – 5	3	30
>5	3	30
<b>Total</b>	<b>4</b>	<b>40</b>
	<b>10</b>	<b>100</b>

Source: Field Data, (2013)

In this study, a total of 10 orphanage center staff were involved in the study. From Table 4.2, 30% (3) of orphanage staff were male while 70% (7) of orphanage offers were female. More of female are engaged in taking care of orphans because in Tanzanian culture, female are ones who are more engaged in taking care of children as compared to their male counterpart. Therefore, this reflect Tanzanian culture context.

In regard to the age of orphanage center staff as presented in Table 4.2, 20% (2) of orphanage center staff are aged between 18 and 25 years old, 40% (4) of orphanage center staff are aged between 26 and 35 years, 10% (1) of orphanage center staff is aged between 36 and 50 years and 30% (3) of orphanage center staff are aged above 50 years. Majority of workers are aged between 26 and 35 years old because this age group is the age where majority of Tanzania finish the bachelor studies. This can be evidenced by the results pertaining education of staff at orphanage centers.

In assessing the marital status of the orphanage center staff, it was noted that 70% (7) of workers are unmarried while 30% (3) of workers are married. Majority of workers are unmarried due to the nature of work at the orphanage center. The work at orphanage center requires a person who is not much busy with his/her family.

The level of education of orphanage center staff was identified, from the results presented in Table 4.2, 20% (2) of orphanage center staff are certificate leavers, 10% (1) of orphanage center staff hold diploma, 50% (5) of orphanage center staff have bachelor degree and 20% (2) of orphanage center staff have masters degree. Base on these results majority of worker are bachelor degree holder. This indicates that

majority of staff have adequate knowledge to take care of orphans and to be trained in other relevant courses.

In assessing the experience of orphanage center staff, it was revealed that 30% (3) of orphanage center staff worked with orphanage centers in a period between 1 and 3 years, 30% (3) of staff have been at the centers in a period between 4 and 5 years and 40% (4) of staff have been at orphanage centers for more than 5 years. Based on these results, majority of workers at orphanage centers are experienced in supporting orphans.

#### **4.4 Psychosocial Needs of Orphans Aged 12-15 Years-Old**

The section intended to identify psychosocial needs for orphans. The psychosocial needs identified are presented in Table 4.3 in which orphans aged between 12 and 15 years gave their opinions. The section aimed at addressing specific objective of the study. Figures in brackets are percentage of respondents who gave opinion to a particular item.

From Table 4.3, 13.7% (7) and 84.3% (43) of orphans agreed and strongly agreed respectively that in their life, they like to have good counselling services. On the other side no orphan who said strongly disagree, disagree or neutral that in his/her life, he/she does not like counselling services. In this case all orphans prefer good counselling services.

In assessing the item of crowedness, it was revealed that no orphan who said strongly agree and agree that in his/her life, he/she likes to be overcrowded in a room/house.

2% (1) of orphans was neutral about his/her opinion. On the other hand 37.3% (19) and 58.9% (30) of orphans gave their opinion that they strongly disagreed and disagreed respectively that in their life, they don't like to be overcrowded in a room/house. Based on these results, majority of orphans do not like to be overcrowded.

**Table 4.3: Psychosocial Needs for Orphans**

<b>Psychosocial needs for orphans</b>	<b>Strong disagree n (%)</b>	<b>Disagree n (%)</b>	<b>Undecided n (%)</b>	<b>Agree n (%)</b>	<b>Strongly agree n (%)</b>
In my life, I like to have good counselling services.	0(0)	0(0)	0(0)	7(13.7)	43(84.3)
In my life, I do not like to be overcrowded in a room/house	19(37.3)	30(58.9)	1(2)	0(0.0)	0(0.0)
In staying here, I prefer to be provided with quality food	1(2)	0(0)	0(0)	3(5.9)	47(92.2)
I like to be handled when I have traumatic	0(0)	0(0)	26(51)	10(19.6)	15(29.4)
I like to be handled when I have stressed	8(15.7)	0(0)	1(2)	4(7.8)	38(74.5)
I like to be handled when I have depressed	4(7.8)	0(0)	1(2)	4(7.8)	42(82.4)
I like to be provided good health service	0(0)	0(0)	1(2)	1(2)	49(96.1)
I wish to be provide education	0(0)	0(0)	1(2)	0(0)	50(98)
I feel very good if I am loved	0(0)	0(0)	1(2)	3(5.9)	46(90.2)
I feel very good when I am involved in society activities in the area I stay	1(2)	0(0)	1(2)	3(5.9)	46(90.2)

Source: Field Data, 2012

In regard to food, it was revealed that 2% (1) of orphans said that he/she strongly disagree that in staying at the orphanage center he/she prefers to be provided with quality food. No orphan who disagreed and who was neutral that in staying at the orphanage center he/she prefers quality food. However, 5.9% (3) and 92.2% (47) of orphans agreed and strongly agreed respectively that in staying at the orphanage center, they prefer to be provided with quality food. Based on the results, majority of orphans prefer quality food. In this case the need of orphans is good food.

From research results, it was found that majority of orphans likes to be handled when they have traumatic events. This can be evidence from the results that 19.6% (10) and 29.4% (15) of orphans said that they agree and strongly agree respectively that orphans likes handled when have traumatic events. No orphans who either strongly disagreed or disagreed that he/she does not like orphans likes to be handled when they have traumatic events. On the other side 51% (26) of orphans were neutral in regard to this needs.

At the orphanage centers, it was found that orphans handled when they have depressed This can be evidenced from the results that 74.5% (38) and 7.8% (4) of orphans said that they prefer handled when they have depressed. Very few orphans said that they disagree that they dislikes handled when they have depressed as indicated in Table 4.3. Therefore, the orphans preferred it

It was found that majority of orphans need to be handled when they have stressed. This was justified by the finding that 82.4% (42) and 7.8% (4) of orphans like to be

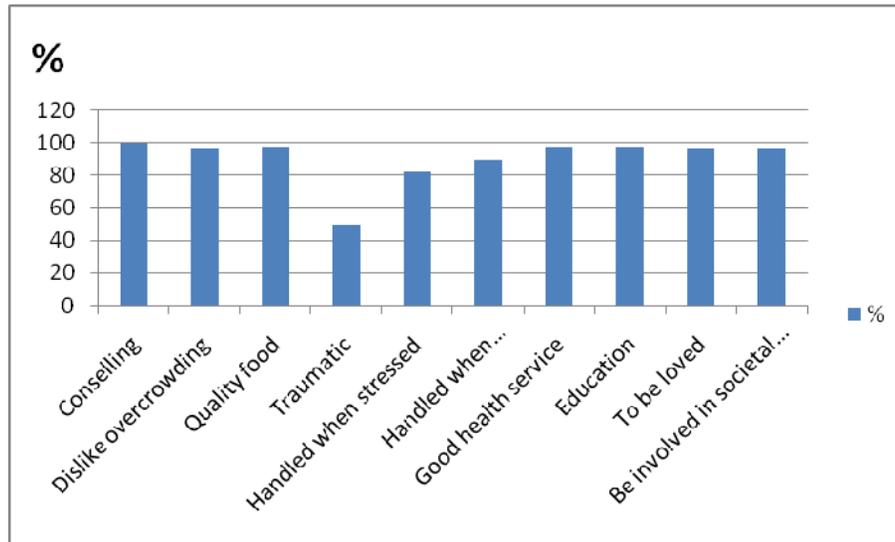
handed when they have stressed. Very few orphans were against with the statement as indicated in Table 4.3.

In regard to health service, majority of orphans were found to prefer it. This was justified by the results that 96.1% (49) and 2% (1) of orphans found to strongly agree and agree respectively that they prefer good health service. No orphan who was neutral or dislike good health services. Based on this finding, one of the needs of orphans is good health services.

When it comes to a question of education, it was revealed that all orphans wish to be provided education except one who was neutral. This indicates that education is a basic need to orphans.

Furthermore, from Table 4.3, it was found more that 90.2% of orphans said that they feel good when they are loved by the society. Only one orphan was neutral and no orphan who does not want to be loved. Therefore, love was identified to be one of the psychosocial needs to orphans.

The involvement of orphans was also identified to be one of psychosocial needs to orphans. This was evidenced from the findings that 90.2% (46) and 5.9% (3) said that they strongly agree and agree respectively that they feel very good when they are involved in social activities in the area where they stay. One orphan was neutral and no orphan who disagreed to the statement. Therefore, involvement to social activities to orphans is a need to orphans. The importance of each need is as presented in Figure 4.1.



**Figure 4.1: Psychosocial Needs of Orphans**

**Source: Research Field Data, (2013)**

#### **4.5 Challenges in the Provision of Psychosocial Support to Orphans Aged 12-15 Years-Old**

The identification of challenges in the provision of psychosocial support to orphans was a specific objective number two. The results and findings of the study are presented in Table 4.4. Figures in brackets are percentage of respondents who gave opinion to a particular item.

From Table 4.4, the results show that 40% (4) and 50% (5) of orphanage centers staff strongly agreed and agreed that lack of skilled workers to work with orphans at orphanage centers is a challenge in supporting orphans respectively. On the other hand only 10% (1) orphanage center staff disagreed that at the orphanage center there is lack of skille workers to work with orphans Based on these results majority of orphanage workers said that lack of qualified workers is a challenges. Therefore, it is a challenge in providing service to orphans.

**Table 4.4: Challenges in the Provision of the Psychosocial Support**

<b>Challenges in the provision of the psychosocial support</b>	<b>Strong disagree n(%)</b>	<b>Disagree n(%)</b>	<b>Neutral n(%)</b>	<b>Agree n(%)</b>	<b>Strongly agree n(%)</b>
Lack of skilled workers to work with orphans.	1(10)	0(0)	0(0)	5(50)	4(40)
Lack of staff.	0(0)	0(0)	2(20)	5(50)	3(30)
Lack of fund to finance activities at orphanage centers	0(0)	0(0)	0(0)	4(40)	6(60)
Inadequate conceptualization of orphan hood and orphans' needs	0(0)	1(10)	2(20)	6(60)	1(10)
Overcrowding of orphans at centers	0(0)	0(0)	0(0)	6(60)	4(40)

**Source: Research Field Data, (2013)**

The other challenge that was lack of staff. The finding can be justified by the results that 30% (3) and 50% (5) of orphanage center workers strongly agreed and agreed that lack of staff is a challenge in supporting orphans at centers respectively. No social welfare who said lack of staff is not a challenge. However, 20% (2) of orphans were neutral.

Lack of fund to finance orphanage activities was also found to be a challenge in supporting orphans. The finding can be evidenced by the results that 100% of orphanage workers agreed that lack of fund is a challenge in supporting orphans since most of the time centers lack fund to run orphanage centers. In the orphanage centres they received two types of support government support and donars support. But the government support is very low and donars did not sent money at the rights time. Most of the social welfare officers were discouraged working in the orphanage centres. This can be evidenced by facts presnetd by one worker here below:

*“ I have masters in social work, and worked here for ten years I am tired of working in the difficult environment. Funds is not enough to support orphans. It reached the stage when workers contribute money from their pocket for food or sometimes medical care”*

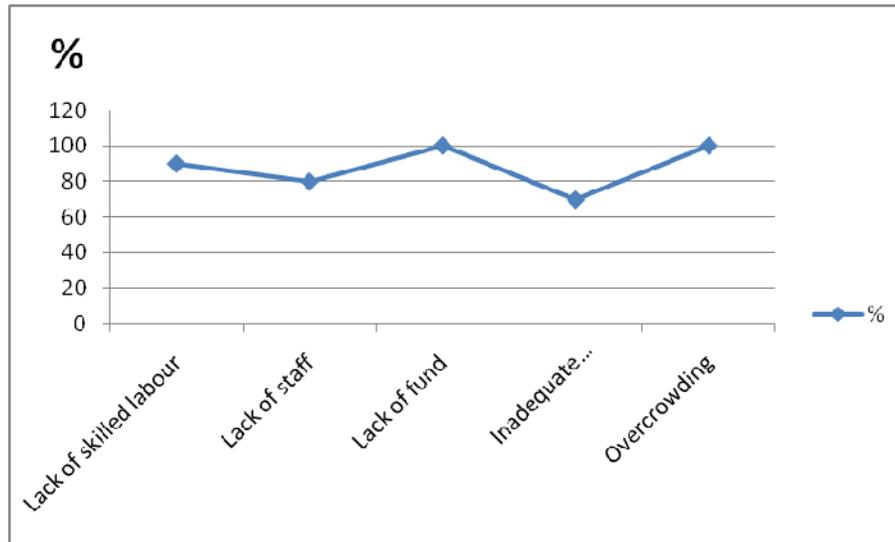
Inadequate conceptualization of orphan hood and orphans’ needs also is a challenge that was identified. The finding was justified by the results that 10% (1) and 60% (6) of orphanage staff strongly agreed and agreed that inadequate conceptualization of orphan hood and orphans’ needs. One orphanage worker said that this is not a problem and two workers were neutral.

The last challenge identified was overcrowding of orphans at centers. This finding was justified by the results that 40% (4) and 60% (6) of orphans. Orphanage staff strongly agreed and agreed that overcrowding of orphans at centers is a challenge in providing support to orphans. The ranking of challenges are presented in Figure 4.2. One of social welfare officers at Upendo orphanage centres was not happy with the overcrowdedness of the orphans in the orphanage centres because the basic services such as food, clothes shelter is not enough for orphans and he told, the interviewer that:

*“ ..... kama serikali imeamua kwa dhati kuanzisha vituo vya watoto yatima kwa nini wasijenge vituo vya kutosha ili kupunguza msongamano wa watoto yatima? mfano Tanzania kuna kituo kimoja cha watoto yatima kilichopo Kurasini Dar es Salaam. Vituo vya watu binafsi pia ni vichache havitoshelezi idadi watoto yatima ni kubwa na inazidi kuongezeka siku hadi siku”*

What is recommended by this respondents is that, if the government really mean to establish the orphanage centres to help orphans why did not establish enough orphanage

centres to overcome the challenge of overcrowding. The government have only one orphanage centres at Kurasini in Dar-es Salaam.



**Figure 4.2: Challenges in the Provision of Psychosocial Support**

**Source: Research field Data, (2013)**

#### **4.6 Alternative Strategies in Addressing Challenges of Psychosocial Well-Being of Orphans Aged 12-15 Years-Old**

The findings presented in this section, addresses specific objective number three of the study that aimed at identifying alternative strategies in addressing challenges of psychosocial well being orphans aged between 12 and 15 years old. Table 4.5 presents results of the study. Figures in brackets are percentage of respondents who gave opinion to a particular item.

From the results presented in Table 4.5, 70% (7) and 20% (2) of orphanage staff strongly agreed and agreed that government should support orphanage centers as an alternative strategy in addressing challenges of psychosocial well-being of orphans

respectively. On the other side no orphanage staff disagreed that government support is not an alternative support. Based on these findings, government support was identified to be an alternative strategy in supporting orphans.

**Table 4.5: Alternative Strategies in Addressing Challenges of Psychosocial Well-Being of Orphans**

<b>Alternative strategies in addressing challenges of psychosocial well-being</b>	<b>Strong disagree N (%)</b>	<b>Disagree n (%)</b>	<b>Neutral n (%)</b>	<b>Agree n (%)</b>	<b>Strongly agree n (%)</b>
Government should support orphanage centers	0(0)	0(0)	1(10)	2(20)	7(70)
Train orphanage center staff at different levels	0(0)	0(0)	1(10)	2(20)	7(70)
adequately conceptualization of orphan hood and orphans' needs	0(0)	1(10)	1(10)	4(40)	4(40)
Write proposals to different donors to solicit funds to support orphanage centers	0(0)	0(0)	0(0)	5(50)	5(50)
The formulation of policy and rules may safe guard orphans	1(10)	0(0)	0(0)	1(10)	8(80)

**Source: Field Data, (2013)**

The other alternative strategy is that there is a need to train orphanage staff to enable them to be more effective in supporting orphans. The finding is supported by the results that 70% (7) and 20% (2) of orphanage staff strongly agreed and agreed that there is a need to train staff at different levels. No orphanage worker who disagreed that training is a strategy to overcome challenges. However, 10% (1) was neutral. The finding is in line with that was given by staff that they lack some knowledge in taking care orphan. The knowledge in taking care orphans is very important

especially the component of the psychosocial support is very crucial because psychosocial support is not merely something “nice to have” but rather “the right of every child. And all children need psychosocial support for their psychological and social wellbeing, as well as their physical and mental development. One of the social welfare at Kili orphanage centre said that:

*“..... katika kituo chetu maafisa ustawi wa jamii wana elimu ya kutosha wengi wana shahada ya kwanza na wachache wana elimu ya uzamili. Tatizo liliopo hatuna mafunzo juu ya mahitaji ya kisaikolojia na kijamii kwa watoto yatima. Hata shirika lisilo la kiserikali la (REPSI) linalotoa mafunzo juu ya mahitaji ya kisaikolojia na kijamii kwa watoto bado halijafika katika kituo chetu na vituo vingi hapa wilayani. Suluhisho la kupunguza changamoto hii wafanyakazi wa makao ya watoto wapewa mafunzo na shirika hili”*

What is recommended by this respondent is that, in their centres social welfare officers they have enough education` for example many workers have bachelors and a few masters holder. The problem they have not skills in working with orphans especially the psychosocial support component which is very crucial for the children living in the chronically difficult circumstances for example orphans. Regional psychosocial support initiatives (REPPSSI) has not yet reached at their centre and in their district for that training. The alternative strategies to address that challenges is to conduct training of psychpsocial support for all workers in the orphanage centres.

Furthermore, it was identified that adequate conceptualization of orphan hood and orphans’ needs is an alternative strategy to overcome challenges facing staff in service orphans. The finding is revealed by the results that 40% (4) and 40% (4) of orphanage staff strongly agreed and agreed respectively that adequate

conceptualization of orphan hood and orphans' needs is a strategy to overcome challenges facing staff in supporting well being of orphans. One worker was neutral and one staff disagreed that this may be the alternative strategy.

Writing proposal to seek orphanage centers sponsor was an alternative strategy identified to overcome challenges faced in supporting orphans. This can be evidenced by the finding that all orphanage staff agreed that writing proposal to different donors to solicit funds to support orphanage centers is an alternative strategy.

However, the formulation of policy and rules was found to be an alternative strategy. This is justified by results that 80% (8) and 10% (1) of staff strongly agreed and agreed respectively that the formulation of policy and rules may safe guard orphans. Only one orphanage worker strongly disagreed that this may be a strategy. In measuring the alternatives strategies to address the challenges of the psychosocial well-being of orphans among the answers in this question is formulation and rules that safeguard the orphans. She narrated:

*“ ..... jamani sijui kwanini hii sera ya watoto (2008) ina mapungufu makubwa? kwa sababu kwa imeshidwa kuweka mahitaji ya watoto kulingana na kundi la mtoto. Sera hii imewachukulia watoto wanaishi mazingira hatarishi wana mahitaji sawa kitu ambacho siyo sahihi. Mahitaji yametofautiana kwa sababu kila kundi lina hitaji maalumu mfano hitaji mtoto yatima anaishi makaoni ni tofauti na hitaji la mtoto anayeishi mitaani”*

What recommended by the respondents is that, Child Development Policy (2008) puts vulnerable children has the same needs. But this is wrong because each group of

vulnerable is unique and have different needs for example needs of orphans living in the orphanage centres is different from the needs of the street children.

Article 42 of the Child Development Policy Tanzania directs the establishment of a system of caring a children living in the difficult circumstances. Even in chapter seven subsection (2) of the law of the Child 2009 Act No. 21, has the same weakness as child Policy to put vulnerable children has the same needs.

## CHAPTER FIVE

### 5.0 DISCUSSION

#### 5.1 Introduction

The discussion chapter is centered at answering specific questions of the study. However, before discussing specific questions, respondents characteristics were discussed. The specific questions answered in the study are:

*“What are psychosocial needs of orphans aged 12-15 years-old ?  
what are the challenges in the provision of psychosocial support of  
orphans aged 12-15 years-old? what are the alternative strategies  
to address the challenges of psychosocial well-being of the orphans  
aged 12-15 years old?”*

#### 5.2 Demographic Characteristics of respondents

Based on the number of respondents who participated in the study, there was little discrepancy between number of male and female orphans in the study. The results do not mean that between the sexes, more orphans are male in all orphanage centers. The over representation is due to the fact that the studied orphanage centers have more male orphans than female ones. The findings are similar to those of Chipungu and Bent-Goodley (2004), Giesse, *et al.* (2003) and Behendt (2008).

Regarding the schooling, more are in primary schools. Majority are in primary school because in Tanzania, the age category of 12 to 15 years is the age category where majority of children are at primary school level of education. Based on the results, more of orphans (96.1%) go to school. In this case the orphanage center is doing good and assisting well the orphans. The findings are similar to that of Giesse,

*et al.* (2003), Richter, *et al.* 2006, Behendt (2008), Gumede (2009), Zhou (2012). and Govender, *et al.* (2012).

Furthermore from the study findings it was deduced that more of orphans lost their fathers. Therefore, due to losing of the fathers, majority of mothers fail to take care of their children. They are forced to take the children to orphanage centers. The finding however are similar to that of Govender, *et al.* (2012) but a bit different from that of Chipungu and Bent-Goodley (2004), Richter, *et al.* 2006, Gumede (2009) and Giese, *et al.* (2003).

### **5.3 Psychosocial Needs for Orphans Aged between 12 and 15 Years Old**

The section aimed at answering the research question that *what are psychosocial needs to orphans aged 12-15 years-old?* From the results as presented in section 4.3 of chapter four, the answer to this question is that the identified psychosocial needs to orphans are good counselling services, dislikes overcrowded room/house and quality food. Other needs include, handled when have traumatic events, handled when have stressed. Handled when have depressed, health services, education and involvement in social activities.

From the findings in chapter four section 4.3, it was deduced that need for good counselling services was ranked first, followed with need for health services. Needs for education and quality food was ranked number three. This indicated that counselling services health service, education and food are very important needs to orphans. The findings are similar to those of Hogan (1997), Gilborn *et al.* (2006), Behendt (2008), Gumede (2009), Malimi (2009), Gwalema *et al.* (2009) and Zhou (2012).

#### **5.4 Challenges in the Provision of Psychosocial Support to Orphans Aged 12-15 Years-Old**

The section aimed at answering the specific research question that *what are the challenges in the provision of psychosocial support of t orphans aged 12-15 years-old?* The answer in this question is that the challenges are lack of skilled workers to work with orphans, lack of staff, lack of fund, inadequate conceptualization of orphan hood and orphans' needs and overcrowding of orphans at centers. In regarding to qualification of staff, orphans said that staff are well qualified and the results show that majority of workers are qualified as they have bachelor degree. However, staff said that they lack qualifications in some specific issues. This indicated that staffs lack specific skills in supporting orphans. The findings are similar to those of FOST (2005), Repssi (2007), Behendt (2008) and UNICEF (2008). However, the finding are different from that of Davids *et al.* (2006) which found that orphans are taken care by carers who are unskilled.

From Figure 5.2 lack of skilled labour, lack of staff, are ranked to be the most challenging issues. The second most challenging issue is lack of fund and the third and the fourth challenges are overcrowdness and inadequate conceptualization of orphans' needs respectively. The findings are similar to those of Behendt (2008), Gumede (2009) and Zhou (2012).

#### **5.5 Alternative Strategies in Addressing Challenges of Psychosocial Well-being of Orphans aged 12-15 Years-Old**

The section aimed at answering the research question *that what are alternative strategies in addressing challenges of psychosocial well- being of orphans aged 12-*

*15 years-old?* The answer to this question is that the alternative strategies in addressing challenges of psychosocial well-being of orphans aged 12-15 years-old are seeking support from government, training of staff, to adequately conceptualize orphan hood and orphans' needs and writing proposal to donors seeking for funds to support orphanage centers. The findings are similar to those of Ndyetambura (2004), Behendt (2008) and UNICEF (2008). The strategy of training staff aimed at addressing the need as rose by staff members at centers.

## CHAPTER SIX

### 6.0 SUMMARY CONCLUSION AND RECOMMENDATION

#### 6.1 Introduction

The chapter presents the summary, of the findings, conclusion and recommendation and end by pointing out of the direction for future research.

#### 6.2 Summary

From the study it was noted that more of orphans are males. There are more males than female orphans because in the orphanage centre there are more male orphans than female. In regarding the age of orphans, the orphans aged between 12 and 15 years because the study targeted this age of orphans. In this study, it was revealed that majority of orphans go to school as the orphanage centre facilitating them. Orphans who participated in the study, majority of them lost their fathers. Therefore this is the most causative to them to join orphanage center as their mothers are not able to cater their needs. This resulted majority of orphans to stay at the center for more than 5 years.

In regard to the orphanage center staff, it was found that majority of them are female. Many female staff are found because in Tanzanian culture, female are ones who are more engaged in taking care of children. Therefore, this job fits female and not male. Staff employed at the orphanage centers, more of staff is aged below 35 year. More of this age category is involved because they are single and they are not engaged in other family responsibilities. The finding are supported with the fact that majority of workers at the orphanage centers are not married. Furthermore, the study revealed

that majority of workers has bachelor degree. This indicates that the workers have basic qualification, but they lack skills to work with orphans.

From the study the psychosocial needs for orphans aged between 12 – 15 years include counseling services, quality food, handled when they traumatic events, handled when stressed when they have depressed, health services, education, love and to be involved in societal activities. However, some challenges are identified in serving orphans. The challenges of the provision of psychosocial support includes lack of skilled to work with orphans, lack of staff, lack of fund, inadequate conceptualization of orphan hood and orphans' needs and overcrowding of orphans at the center. In order to overcome the these challenges, the study found that government should support orphanage centers, orphanage centers should train staff on the skills of working with orphans, write proposals to donors seeking funds to support their centers and government should formulate policy and rules to safe guard orphans.

### **6.3 Conclusion**

The study concluded the psychosocial needs of the orphan living in the orphanage centres are addressed but not in a proper way because care givers lack skills on working with orphans as results failed to identify psychological and social needs. On the side of provision of the psychosocial support social welfare officers (care givers) lack skills or training on psychosocial support even if they have qualification many with bachelor in social work and very few masters holder. Child Development Policy (1996-2008 they did not give the priority orphans living in the orphanage centres.

Also there is imbalance between staff and child ratio. Therefore there is a need to follow some recommendation so as to make this situation better.

#### **6.4 Recommendations**

The aim of any research is to make investigation whose output will make the researcher suggest some cause of actions. This study has yielded some information from which the researcher would like to make recommendation by different potential stakeholders, policy makers inclusive. However in order to improve psychosocial well-being of orphans living in the orphanage centres, recommendation have been put forward below:

Firstly, Orphanage centres should employ competent care takers who are skilled and able to provide psychosocial support: Social welfare officers working in the orphanage lack skills of working with orphans but as social welfare officers they have general knowledge of social work but they need specific knowledge on working with orphans because the needs of orphans is different from needs of other vulnerable children.

For example orphans living in the orphanage centres they need psychosocial support and psychosocial needs which is different from other category of the vulnerable children. Government and non governmental organisation should employ enough workers in the orphanage centres, and conduct training by collaborating with Regional Psychosocial Support Initiatives (REPPSI) which focused on psychosocial support for orphans to train workers who are unskilled.

Secondly, allocation of enough funds: The government and non government should allocate enough fund because the orphans needs are different from the needs of non orphans. Insufficient funds is obstacles which results in poor services to the orphanage centres. Allocation of enough funds will solve the challenges facing orphans and workers in the orphanage centres.

Thirdly, the community should be educated that the responsibility of caring orphans is theirs, and the country should be empowered with income generating activities to support the orphans. Also the community should contribute to the fund for the orphans living in the orphanage centres. Donars should check their approach of donating instead of assisting individuals or small groups such as assistance should be donated in the funds of orphans.

Lastly, policy dissemination, formulating of the policy is one step and dissemination of the policy is another step which is very crucial as a chance of help different stakeholders to become aware of the content within policies and have a clear understanding on their roles and responsibilities. Child Development Policy (1996-2008) should be given priority the orphans living in the orphanage centres because the needs of orphans differ from other children. Policy makers should understand the policy implementation should start with disseminating the policy. This can be done by having television, and radio programs on the concerned policy, different workshop, seminars, and training from national to village level in the line with providing policies copies and guidelines to stakeholders on the importance of caring the orphans living in the orphanage centres.

### **6.5 Suggestion for Policy, Practice and Future Research**

Based on findings of the study, the section presents policy, practice and areas for future researches. For policy issues, the study suggests that the government should formulate policies and rules that safe guard the well being of orphans. The formulated policies should be in the direction of overcoming challenges in orphanage centers and bring good practice in orphanage centers.

In regarding to future areas of studies, it is suggested that researches be done in the listed areas:

- (i) Assessment of psychosocial well-being of orphans aged above 15 years old.
- (ii) Assessment of psychosocial well-being of orphans in other areas rather than Moshi Municipality.
- (iii) Evaluation of sustainability of orphanage centers in Tanzania

## REFERENCES

- Behrendt, A. (2008). Psychosocial needs of children without parental support in a post-conflict-area: Across section study in the district of Kailahun in Sierra Leone.
- Best, J, & Khan, J. (2006). *Research in Education: (10th Ed)*, Boston, Pearsn Education Inc.
- Child Rights Law. (2009), United Republic of Tanzania, *The Law of the Child*, (Act No 21: Dar es es Salaam.
- Creswel, J. (2005), *Educational Research: Planning Conducting and Evaluation Quantitative and Qualitative Research: (2rd ed)*. New Jersey: Personal Education LTD.
- Cohen, L., Manion, L., & Morrison K. (2000). *Research Methods in Education: London: RoutledgeFalmer.*
- Chipungu, S. S & Bent-Goodley, T. B. (2004), *Meeting the Challenges of Contemporary: Foster Care. Future Child*, Winter 14(1): 74-93.
- Dauids, A, Nkomo, N, Mfecane, S, Skinner, D & Ratele, K. (2006), *Multiple Vulnerabilities: Qualitative Data for the Study of Orphans and Vulnerable Children: South Africa. Cape Town: HSRC*
- Dyetambura, & Muhamba. (2004), *Assistance Commissioner: Department of Social Welfare, Dar es salaam, Tanzania.*
- Erikson, E. (1950), *Raising a Teneger Parents and the Nuturing of A Responsible Teenager: Barkeley, Celestial Arts.*
- FHI. (2001). *Compilation of Psychosocial Training Materials for the Emotional Well-being Evaluation of Orphans and Vulnerable Children: Available at: <http://psp.drk/graphics/2003referencecentre/doc.man/5HIV.AIDS/compilation>*

- Gilborn, L, Apicella, L, Brakarsh, J, Dube, L, Jemison, K, Kluckow, M, Smith, T & Snider, L. (2006), Orphans and vulnerable youth in Bulawayo, Zimbabwe: An Exploratory Study of Psychosocial Well-being and Psychosocial Support, Horizons final report. Washington, DC:
- Gilborn, LZ, Nyonyitono, R, Kabumbuli, R & Jagwe-Wadda, G. (2001), Making a Difference for Children Affected by AIDS: Baseline findings from Operations Research in Uganda. USA: Population Council.
- Giese, S, Meintjes, H, Croke, R & Chamberlain, R. (2003), Health and Social Services to Address the Need of Orphans and other Vulnerable Children in the Context of HIV/AIDS: Cape Town:
- Gwalema, R, Samzungi, A, Busi, B. (2009). Social Protection and Economic Empowerment of Orphans living in the Orphanage Centres: Open University of Tanzania, Dar es salaam.
- Govender C, Readon, S, Bachoo, G, Guikan, T. (2012). The Psychosocial Well-Being of Orphans Children: Amajuba District, Kwazulu- Natal, South Africa.
- Gumede, RP. (2009). The Psychosocial Well- Being of Teenaged Orphans: Rural Community, Kwazulu- Natal, University of South Africa, South Africa.
- Hall, GS. 1904. Adolescence: New York: D. Appleton & Co.
- Hoepfl, C. (1997) Choosing Qualitative Research: Primer for Technology Education Researchers, *Journal of Technology Education*, 9 (i) 47: 63.
- Hogan, D. (1997). The Social and Psychological needs of children of drug users. *The Children's Research Centre*.
- John, S., Eugene, B., & Jeanne S. (2009) *Research Methods in Psychology: (8th ed)*. Santiago: Mc Graw Hill.

- Kothari, C.R. (1990), *Research Methodology: Methods and Technique*, New York, Springer.
- Lincoln, Y.S, & Guba, E.G. (1985). *Naturalistic Inquiry*: Sage Publications, Newbury Park.
- McMillan, J.H. *Research in Education a conceptual Introduction*: Priscilla, McGeehan 5th Edition.
- Makame, V. (2002), *Psychosocial Well-Being of Orphans in Dar es Salaam*: Centre for International Child Health, Institute of Child Health: University College London, UK.
- Malimi, M. (2009), *Psychosocial Well-being Support for Orphans in Orphanage Institutions*: Kurasini Orphanage Centre, Dar es Salaam, Tanzania.
- Maslow, A. 1970. *Motivation and personality*. New York: Harper and Row.
- Mkombozi Centre for Street Children, *Annual Report*. (2005). *Impact of HIV and AIDS on Orphans & Vulnerable Children*: Moshi Municipality.
- Moshi Municipality Council, (2013), *Social Welfare Department*: Moshi.
- Muhwava, W, & Nyirenda, M. (2008), *Demographic and Socio-Economic Trends in the ACDIS: Monograph Series No 2*. Mtubatuba: Africa Centre for Health Population Studies.
- Nasaba, R, Defilippi, K, Marston, J, & Munisi, N. (2006), *A Clinical Guide to Support and Palliative Care for HIV/AIDS in the Sub-Saharan Africa: Care of Children and Adolescent*. Available at: <http://www.fhssa.org/4a/pages/index.cfm?pageID=3361>. Accessed on the 23/03/2013.
- Nshamba, P. (1999), *Manual for the Psychosocial Support for Orphans*: Regional Psychosocial Support Initiatives, Dar es Salaam.

- OAU. (1990), The African Charter on the Rights and Welfare of the Children: CAB/LEG/24.9/4.
- Patton, M. Q. (1990), *Qualitative Evaluation and Research Methods: (2nd ed)*, NewBarg Park, CA, Sage Publications, Inc.
- Ruland, CD, Finger W, Williamson N, Tahir S, Savariaud S, Shweitzer A, and Shears KN. (2001), *Adolescents Orphans and Vulnerable Child in HIV/AIDS: Youth Issues Paper 6*, Family Health International Youth Network, Programme, Zimbabwe.
- Reppi. (2005), *Psychosocial for Children Affected by HIV/AIDS: Regional Psychosocial Support Initiatives*, Zimbabwe.
- Reppi. (2007), *Psychosocial for Children Affected by HIV/AIDS: Regional Psychosocial Support Initiatives Zimbabwe*.
- Richer, L, Foster, G, & Sherr, L. (2006 :15), *The Psychosocial Needs of Young Children in the Context of HIV/AIDS: Where the Heart Is*, Zimbabwe.
- Richter, L, Foster, G & Sherr, L. (2006:15) *Where the heart is: meeting the psychosocial needs of young children in the context of HIV/AIDS: Netherlands*, Bernard van Leer Foundation.
- Skimmer, D, Davids, A, Matihaku, T, Phaked, R, Mohapoloa, P, Romao S, Mdwaba, T, Kazi N,& Mundondo, J. (2006), *A Reaction on Values Principles and Organisation Issues: Cape Town*, HSRC.
- Simbayi, LC, Kleintje, S, Ngomane, T, Tabane, CEM, Mfacane, S, & Davids A. (2006), *Psychosocial issues Affecting Orphaned and Vulnerable Children in two Southern African Communities: Cape Town*. HSRC.
- Sengendo J, Nambi J. (1997), *The psychological effect of orphanhood: A Study of Orphans in Rakai district Faculty of Social Sciences, Makerere University, Kampala*.

The Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AID Available at: [http://www.unicef.org/aids/files/Framework\\_English.pdf](http://www.unicef.org/aids/files/Framework_English.pdf) (Accessed on 15/06/2013).

The United Republic of Tanzania. (2013), Department of Social Welfare, Ministry of Health and Social Welfare: Dar es Salaam Tanzania.

The United Nations Childer's Fund, UNIDS/WHO/. (2008), Report on the Global AIDS Epidemic: Geneva: UNAIDS.

The United Republic of Tanzania, Ministry of Health and Social Welfare Department of Social Welfare. (2007-2010), The National Costed Plan of Action for Most Vulnerable Children: Dar es Salaam.

The United Republic of Tanzania. (2009), The Law of the Child Act No 21: United Republic of Tanzania.

The United Republic of Tanzania, (1996). Ministry of Community Development Women Affairs and Children, Child Development Policy: Government Printer, Dar es Salaam.

The United Republic of Tanzania, (1977-1998). The Constitution of United Republic of Tanzania, Dar es Salaam.

The United Republic of Tanzania. (2012). Prime Minister Office, Regional Administration and Local Government, Printer, Dar es salaam.

The United Republic of Tanzania. (1997). The Ministry of Education and Vocational Training, Dar es Salaam.

The United Republic of Tanzania. (2001). Ministry of Labour, Employment and Youth Development, Printer, Dar es Salaam.

The United Republic of Tanzania. (1989). Convectional on the Rights of Child, UNICEF, United Nations.

The United Rrpublic of Tanzania, (2009), National Guidelines for Improving Quality of Care Support & Protection for Most Vulnerable Children: Dar es Salaam, Tanzania.

The United Republic of Tanzania, (2002), Situational Analysis of Orphans Children in Six District, Dare es Salaam, Tanzania.

UNICEF/UNAIDS/USAID. (2004), Children on the Brink: A joint Report on New Orphans Estimates and Framework for Action, New York: United Nations Children's Fund.

UNICEF/UNIDS/ & U.S. PEPFAR. (2006), African's Orphaned and Vulnerable Generation: Children Effected by AIDS: New York.

WHO/UNAIDS/UNICEF/ UNFP. (2008), Children and AIDS: Third Stocktaking Report: New York, UNICEF.

Zhou, G. (2012). Understanding the Psychosocial Well-being of the Orphans and Vulnerable Childern: (OVC): The Intersection of Reserch and Policy, Duke Unversity, USA.wwwoasas.statedata. Accessed on 16th of May 20

## APPENDICES

### Appendix I: Structured Guided Questionnaire for Orphans in Orphanage Centres

#### English Version

Date of interview: - - / - - / - - - - (dd/mm/yyyy)

Code number: .....

Name of interviewer: .....

#### Introduction

I **Zabibu Khamis Mbangwa** a student at the Open University of Tanzania pursuing Masters Degree in Social Work. I hereby to conduct a study on *Assessment of the Psychosocial Well-Being of Orphans Aged 12-15 Years Old: A case study of Three orphanage Centres in Moshi Municipality*. The purpose of the study is one of the requirement of master's degree students. The findings of the study will assist in the improvement of the psychosocia well- being of orphans aged 12-15 years old, and contributing to the policy formulation. The information provided is strickly confidential and will be used by only for research purpose and not otherwise. Your participation in this study is voluntary. Being a participant into this study is voluntary. hence there is no need to disclose your names.

#### Instructions

**Do not write your name, tick the appropriate answer and fill in the blanks with written information.**

### Demographic Data of Respondents

#### 1. Sex

- i. Male ( )
- ii. Female ( )

#### 2. Age

- i. 10- 11 Year ( )
- ii. 12-13 Years ( )
- iii. 14-15 Years ( )
- iv. 15-17 Years ( )

#### 3. Do you go to school?

- i. Yes ( )
- ii. No ( )

#### 4. Status of orphan hood

- i. Maternal orphan ( )
- ii. Paternal orphan ( )
- iii. Double orphan ( )
- iv. Social orphan ( )
- v. Other (please specify).....

#### 5. Duration of being in an orphanage centre?

- i. 0-1Year ( )
- ii. 1-3Years ( )
- iii. 3-5 Years ( )
- iv. 5>Years ( )

6. Have you ever head about orphan?

1. Yes [ ] 2. No [ ]

In the table below, please tick the source(s) of information about psychosocial needs of orphans you know.

Television	Radio	Newspaper	Friends telling

7. I am feel comfortable being at this centre?

1. Yes [ ] 2. No [ ]

8. If the question no (7) above is no please explain

i.....

ii. ....

iii.....

iv.....

9 Circumstances that brought me in this centre?

i. Death of the parents ( )

ii. Separation of the parents ( )

iii. Divorce for the parents ( )

iv. Poverty ( )

v. Tortured from step mother ( )

vi. Tortured from step father ( )

8. Psychosocial needs, indicate your level of agreement

**1.Strongly disagree, 2. Disagree, 3. Neutral, 4. Agree, 5 Strongly agree**

		1	2	3	4	5
1	In my life, I like to have good counselling services	1	2	3	4	5
2	In my life, I do not like to be overcrowded in a room/house	1	2	3	4	5
3	In staying here, I prefer to be provided with quality food	1	2	3	4	5
4	I like to be handled when I have traumatic events	1	2	3	4	5
5	I like to be handled when I have stressed	1	2	3	4	5
6	I like to handled when I have depression	1	2	3	4	5
7	I like to be provided good health service	1	2	3	4	5
8	I like to get education	1	2	3	4	5
9	I feel very good if I am loved	1	2	3	4	5
10	I feel very good when I am involved in society activities in the area I stay	1	2	3	4	5

**Thank you for your participation**

## **Appendix II: Dodoso kwa Ajili ya Watoto Yatima**

### **Kiswahili**

Tarehe ya Mahojiano: - - / - / - - - -

Jina la anayehoji .....

### **Utambulisho**

Mimi Zabibu Khamis Mbagwa mwanafunzi wa chuo kikuu huria cha Dar es salaam. Nafanya shahada ya uzamili ya Ustawi wa Jamii. Nipo hapa kwa ajili ya kuendesha tathimini juu ya mahitaji ya kisaikolojia na kijamii kwa ustawi wa watoto yatima wa umri wa miaka 12-15 katika vituo vitatu vya kulelea watoto yatima katika manispaa ya Temeke Ilala na Kinondoni.

Dhumuni la utafiti huu ni kuniwezesha kumaliza shahada ya uzamili wa masomo ya Ustawi wa Jamii. Matokeo ya utafiti huu yatasaidaia kubadilisha masuala ya kisaikolojia na kijamii katika ustawi wa watoto yatima wa miaka 12-15 wanaoishi katika vituo vya kulelea watoto yatima na kusaidia katika marekebisho ya sera na sheria.

Taarifa mtakazozitoa ni siri na zitatumika kwa matumizi ya utafiti tu. Na kukubali kushiriki katika utafiti huu ni uamuzi wa mtu binafsi na haina haja ya kuandika jina lako

### **Maelekezo**

**Usiandike jina weka vema katika jibu sahihi.**

**Taarifa binafsi****1. Jinsia**

- i. Kike ( )
- ii. Kiume ( )

**2. Umri**

- i. Miaka 12 ( )
- ii. Miaka 13 ( )
- iii. Miaka 14 ( )
- iv. Miaka 15 ( )

**3. Kiwango cha elimu**

- i. Hujawahi kwenda shule ( )
- ii. Shule ya msingi ( )
- iii. Shule ya secondari ( )
- iv. Mengineyo elezea .....

**4. Je unaenda shule**

- i. Ndiyo ( ) Hapana ( )

**5. Kama jibu katika swali la (4) hapo juu ni hapana tafadhali elezea**

- i .....
- ii .....
- iii.....
- iv .....

## 6. Hali ya uyatima

- i Umepoteza mzazi mmoja ( )
- ii Umepoteza wazazi wawili ( )
- iii Umepoteza mama ( )
- iv Umepoteza baba ( )
- v Mengineyo elezea.....

## 7. Je umeishi kwa kipindi gani katika kituo cha watoto yatima

- i Miaka 0-2 ( )
- ii Mika 1-3 ( )
- iii Miaka 3-5 ( )
- iv Miaka 5 na kuendelea ( )

## 8. Je umewahi kusikia kuhusu uyatima

- i Ndiyo ( )
- ii Hapana ( )

Katika chati hapo chini onyesha chanzo ulichopata habari hii kuhusu uyatima kwa kuweka vyema katika kisanduku sahihi

Runinga	Radio	Magazeti	Marafiki

## 9. Je unajihisi kuwa na faraja baada ya kuwa kwenye kituo hiki

- i Ndiyo ( )
- ii Hapana ( )

## 10. Kama jibu number (9) hapo juu ni hapana tafadhali toa maelezo hapo chini

- i.....
- ii.....
- iii.....
- iv.....

11. Katika maswali yafuatayo hapo chini onyesha kiwango cha kukubalu juu ya mahitaji ya kisaikolojia na kijamii unayoyapata hapa kituoni kwa kuzungushia duara katika jibu sahihi.

**Kutokubali kabisa 2. Kutokubali 3. Kukubali au kutokubali , 4. Kukubali, 5 Kukubali kabisa**

		1	2	3	4	5
1	Katika maisha yangu napenda huduma ya unasihi	1	2	3	4	5
2	Katika maisha yangu sipendi mkusanyiko wa watu wengi katika chumba	1	2	3	4	5
3	Ninapoishi hapa kituoni napenda kupatiwa chakula bora	1	2	3	4	5
4	Napenda kuhudumiwa pindi ninapopata mstuko baada ya kuwakumbuka wazazi wangu (traumatic events)	1	2	3	4	5
5	Napenda kuhudumiwa pindi ninavyokuwa na msongo wa mawazo	1	2	3	4	5
6	Ninapenda kuhudumiwa ninapokuwa na huzuni au (unyongefu) (depression).	1	2	3	4	5
7	Napenda kupatiwa huduma ya afya bora	1	2	3	4	5
8	Napenda kupata elimu	1	2	3	4	5
9	Nahisi vizuri kama ninapenda	1	2	3	4	5
10	Najihisi vizuri pindi ninapohusishwa na shughuli za kijamii katika eneo ninaloishi	1	2	3	4	5

**ASANTE KWA KUSHIRIKI**

**Appendix III: Semi-Structured interview Guide for Social Welfare Officers**  
**Working in the Orphanage Centres**  
**English Version**

Date of interview: - -/ - / - - - - (dd/mm/yyyy)

Code number: .....

Name of interviewer: .....

**Introduction**

**I Zabibu Khamis Mbangwa** a student at the Open University of Tanzania pursuing Masters Degree in Social Work. I hereby to conduct a study on *Assessment of the Psychosocial Well-Being of Orphans Aged 12-15 Years Old: A case study of Three orphanage Centres in Moshi Municipality*. The purpose of the study is one of the requirement of master's degree students. The findings of the study will assist in the improvement of the psychosocia well- being of orphans aged 12-15 years old, and contributing to the policy formulation. The information provided is strickly confidential and will be used by only for research purpose and not otherwise. Your participation in this study is voluntary. Being a participant into this study is voluntary. hence there is no need to disclose your names.

**Demographic Data of Respondents**

1. Sex

i. Male ( )

ii. Female ( )

2. Age
  - i. 18-25 Years ( )
  - ii. 25-35 Years ( )
  - iii. 35-50 Years ( )
  - iv. 50 > ( )
  
3. Marital Status
  - i. Married ( )
  - ii. Single ( )
  - iii. Widow/widower ( )
  - iv. Divorced/Separated ( )
  - v. Cohabiting ( )
  
4. Education Level of Respondents
  - i. Certificate in Social Work ( )
  - ii. Ordinary Diploma in Social Work ( )
  - iii. Bachelor Degree/Equivalent in Social Work ( )
  - iv. Masters Degree in Social Work ( )
  - v. Doctorate Degree in Social Work ( )
  - vi. Other (please specify).....
  
5. Working Experience with orphans/ and/or orphanage centres

- i. 0-1 Year ( )
- ii. 1-3Years ( )
- iii. 3-5Years ( )
- iv. 5>Years ( )

6. The following are challenges faced in supporting orphans, indicated your level of agreement b circling where appropriate.

**1.Strongly disagree, 2. Disagree, 3. Neutral, 4. Agree, 5 Strongly agree**

Lack of skilled workers to work with orphans	1	2	3	4	5
Lack of staff	1	2	3	4	5
Lack of fund to finance activities at orphanage centers	1	2	3	4	5
Inadequate conceptualization of orphan hood and orphans’ needs	1	2	3	4	5
Overcrowding of orphans at centers	1	2	3	4	5

7 Please, list other challenges that you face in provision of psychosocial support to orphans?

- i.....
- .....ii.....
- .....iii.....
- .....iv.....
- .....v.....
- .....vi.....
- .....vii.....

8. in the table below , indicate the types of support that you get challenges in the provision of psychosocial support to orphans?

Physical support	Social support	Emotional support	Spiritual support	Mental support

The following are suggested strategies to overcome challenges faced in supporting orphans, indicated your level of agreement by circling where appropriate.

**1.Strongly disagree, 2. Disagree, 3. Neutral, 4. Agree, 5 Strongly agree**

1	Government should support orphanage centers	1	2	3	4	5	
2	Train orphanage center staff at different levels	1	2	3	4	5	
3	Adequately conceptualization of orphan hood and orphans' needs	1	2	3	4	5	
4	Write proposals to different donors to solicit funds to support orphanage centers	1	2	3	4	5	
5	The formulation of policy and rules may safe guard orphans	1	2	3	4	5	

10 Suggest other strategies that may be used to overcome challenges faced in supporting orphans?

- i.....
- ii.....
- iii .....
- iv.....

**Thank you for your participation**