

Assessing psychosocial problems of orphan children in social service health development organizations

Sewagegn Mola Melaku¹, Wachemo University, Department of psychology, Hosanna, Addis Ababa, Ethiopia

Suggested Citation:

Melaku, S. M. (2023). Assessing psychosocial problems of orphan children in social service health development organizations. *Global Journal of Psychology Research: New Trends and Issues*. 13(1), 54-62.
<https://doi.org/10.18844/gjpr.v13i1.7753>

Received from January 20, 2023; revised from February 26, 2023; accepted from March 25, 2023;
Selection and peer review under responsibility of Prof. Dr. Tulay Bozkurt, Istanbul Kultur University, Turkey.
©2023 by the authors. Licensee Birlesik Dünya Yenilik Arastirma ve Yayıncılık Merkezi, North Nicosia, Cyprus. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

Abstract

This study was designed to assess the psychosocial problems experienced by orphan children, in Addis Ababa town. To meet this objective, the researcher drew 50 out of 420 orphan children selected as the sample participant of the study by using simple random sampling techniques. The questionnaire with open-ended and close-ended items was distributed to all the participants to assess orphan children's psychosocial problems. The research design is a quantitative and qualitative research approach. The quantitative data were analyzed through descriptive statistical measures such as percentage, frequency, tabulation, and tables, whereas the qualitative data were analyzed through structured interviews respectively. The study revealed that the major causes of death among orphan children's families were natural illness, HIV/AIDS, cancer, and car accidents with known reasons and unknown reasons respectively. The study also revealed that orphans suffer from social problems such as poor interrelationships, living with others, talking with strangers or others, and suffering from the absence of assistance.

Keywords: Assessment; children; health; psychosocial; social service; orphan.

* ADDRESS FOR CORRESPONDENCE: Sewagegn Mola Melaku, Wachemo University, Department of psychology, FDRE Technical and Vocational Training Institute, 2RGF+MHJ, Hosanna, Addis Ababa, Ethiopia.
E-mail address: sewagegnmola@gmail.com / Tel.: +251912211312

1. Introduction

According to United National Program on HIV/AIDS (UNAIDS) and United National International Children's Emergency Fund (UNICEF) (UNICEF and UNAIDS, 2002), an orphan is defined as a child less than 15 years of age who has lost their mother. Recently, however, it changed its definition to cover the loss of both parents and to include children below 18 years of age (UNAIDS, UNICEF, and USAID, 2004). HIV/AIDS currently has a significant global presence estimated that about 37.7 million (between 30.2 million and 45.1 million) people living with HIV at the end of 2020, over two-thirds of whom (25.4 million) are in the WHO African Region. In 2020, 680 000 (480 000–1.0 million) people died from HIV-related causes, and 1.5 million (1.0–2.0 million) people acquired HIV (WHO, 2021). Therefore, this represents that HIV/AIDS is at an alarming rate now. As the result, from 2019 to 2021, the global number of orphans has increased from 150 to 153 million. Although Africa is the proportion of the region hardest hit by HIV/AIDS, the number of orphans is the largest in Asia due to a much larger population (UNAIDS, UNICEF, and USAID, 2004). The global figure of 17.5 million orphans as a consequence of AIDS represents an increase from the 2007 estimate of 15 million AIDS-related orphans (WHO, 2021). Therefore, the impact of parental death on children is complex and affects the children's psychological and social development.

Research evidence shows that orphans face many psychosocial challenges that involve the lack of parental guidance, love, care, and acceptance in the new families they join (Kuloglu, 2019; Ngidi & Mayeza, 2023). As a result, the psychosocial needs of orphans experience concerning parenting with a terminal illness; witnessing an AIDS-related death; the psychological impact of death; psychosocial stressors; and stigma. In addition, Kentor & Kaplow, (2020) found that orphans who witness the prolonged death of one or both parents; suffer effects like mental distress, depression, increased malnutrition, lack of health care and proper schooling, early entry into paid (or unpaid) labor, loss of inheritance through property-grabbing and homelessness. So, many millions of children worldwide have been orphaned by HIV/AIDS and other interrelated causes and many have been forced to become heads of households at very young ages.

A large and growing number of orphan children worldwide is of great concern; whereas in sub-Saharan Africa the highest proportion of children is orphaned, where more than one in seven children is orphaned (UNAIDS), UNICEF, and USAID, 2004). Being an AIDS orphan child may further place them at height need the risk of prolonged mental problems (Katsonga-Phiri et al., 2021).

1.1. Related Studies

Kaur, Vinnakota, Panigrahi, and Manasa (2018) state that, orphan children might have stunted development of emotional intelligence, and life skills such as communication, decision-making, and negotiation skills. However, they hope for less futurity and low self-esteem. In addition, Berry and Guthrie (2003), explain that orphan children frequently lack sufficient food; shelter, schooling, and medical care and are at risk of abuse and economic exploitation. So, the impact of parental death on children is complex and affects the child's psychosocial, emotional intelligence, and life skills such as communication, decision-making, negotiation skill, and social development.

The psychological problem of orphan children is overlooked, not only do many children who live in heaving affected areas children with the death of one or both parents but they also frequently face the death of younger aunts, uncles, and other relatives. Many orphan children may come to withdraw and plosive or develop sadness, loneliness, unhappiness, anger, and fear of anti-social behavior and become violate or depressed (Sochos & Al-Jasas, 2020; Oleimat, Jones, & Hayter, 2022). Orphan children saw sociality deprived they tend to encounter high emotional distress use and hopelessness and frustration (Ethiopia & Ethiopia, 2004; Zakharova et al., 2021). Similarly, orphans suffer emotional stress; higher levels

of anxiety, depression, and anger, along with the associated inactivity induced by depression; feelings of hopelessness, and thoughts of suicide due to the hardships they face after a parent dies (UNICEF, 2006).

A study conducted in Ethiopia by the Minister of Labor and social affairs reveals that the emotional adjustment level of orphan children is lower than the psychological distress by HIV/AIDS. The United Nation International Children's emergency fund (UNICEF) report states that in Ethiopia there are 4.5 million orphan children in some government unions at the moment. In Addis Ababa, there are many volunteers and nongovernmental organizations such as organizational social service health development, the mission for community development program and sele enat mahiber, etc. Therefore, mobilizing the community for care and supporting orphan children at the national level by adding efforts to preventing and controlling HIV/AIDS have a key role in the emotional and psychological adjustment of orphan children.

The psychosocial problems of orphan children are emotional and cognitive behavior vulnerable to attentive impulse depression and hopelessness (UNAIDS, UNICEF, and USAID, 2004). In Addis Ababa town the lives of orphan and work children's psychological distress and its predictors were studied. In most studies, little attention was given to the psychological problem of children in Addis Ababa town. There are millions of orphan children worldwide vulnerable to HIV/AIDS, illness. But now there are several projects to increase in the last decades. The orphan hood is frequently accompanied by many-dimensional problems including school service inadequate, food, sexual abuse, and other further exposure to completing school.

1.2. Purpose of study

The deaths of one or both parents are found to have a lifelong impact on the psychosocial problem of children. The purpose of the study is to assess the psychosocial problem of orphan children in Organizational social service Health Development in Addis Ababa town. The study was conducted to assess and describe psychological variables such as social-psychological, learning, emotional hopelessness, depression, hostility, poor socialization, and self-concept problems of orphan children in Addis Ababa.

2. Materials and Methods

The study was executed to explore psychosocial challenges associated with orphaned children the following research objectives are stated as follows. The research design was the quantitative and qualitative approaches. To meet the objective of the present-day descriptive survey research method was used and the sample size of orphaned children was 50 orphaned children in Addis Ababa town. Therefore, a descriptive design was employed to study this problem.

2.1. Participants

The target population is orphan children in Addis Ababa in Organizational social service Health Development (OSSHD). To meet this objective, the researcher drew 50 out of 420 orphan children in 2013 E.C. From all 420 orphan children 20 male and 30 female orphan children were selected purposely as the sample participants of the study by using simple random sampling techniques known as the lottery method to give equal chance in the center.

2.2. Data collection tools

The instruments used for the study were primary data such as questionnaires and interviews. A self-administered questionnaire was the major instrument that was used in data collection. The researcher designed the questionnaires by reviewing the literature. The questionnaire was consisting close-ended items. The first section of the items consists of the socio-demographic characteristics of the respondents.

Whereas, the second section of the item consists of close-ended questions to assess orphan children's psychosocial problems. So, the close-ended items of the questionnaire were designed in a form of a four-point rating scale comprising Never, Sometimes, Often, and Always. Moreover, the questionnaires were administered to 50 orphan children in Addis Ababa town. Qualitative data was collected with help of open-ended questionnaires and interviews to examine the prevalence of psychosocial problems among orphan children. Finally, to obtain a deeper understanding, form the respondent's interview was prepared with 9 individuals.

2.3. Ethics

After getting a cooperation letter from the Department of Pedagogy the researcher is given to the concerned bodies. Then, volunteers were asked about their willingness to participate in the study, and a meeting with their guardians was scheduled. Having received the guardian's consent, the questionnaires were administered to the children and the caregivers at the place and times they preferred. The data were collected after giving a clear explanation of the purpose of the study; the questionnaires were distributed to the respondents by the investigator himself.

2.4. Data analysis

Finally, the data collected through questionnaires were analyzed through descriptive statistical measures percentage, frequency, tabulation, and tables are used to see the general pattern of psychosocial problems of the respondents according to sex, age, and orphan status. And the qualitative data was analyzed through theme analysis.

3. Results

Table 1

Cross Tabulation of Sex and Religious of the respondents

| No | Items | Respondent | Frequency | Percentage |
|----|-----------|-------------|-----------|------------|
| 1 | Sex | Male | 20 | 40.0% |
| | | Female | 30 | 60.0% |
| | | Total | 50 | 100% |
| 2 | Religious | Orthodox | 12 | 24.0% |
| | | Protestants | 24 | 48.0% |
| | | Muslim | 9 | 18.0% |
| | | Catholic | 3 | 6.0% |
| | | Other | 2 | 4.0% |
| | | Total | 50 | 100% |

Table 1, indicates that out of 50 respondents, 30(60.0%) of them are Females and 20(40.0%) are males. Therefore, the majority of respondents are females. Items in the same table of religious affiliations of the respondents are 24 (48.0%) were protestants, 12(24.0%) were Orthodox, 9(18.0%), were Muslim 3(6.0%), and 2(4.0%) catholic and others respectively.

Table 2

Cross Tabulation of Age, Sex, and Gender of the respondents

| Age | Male | | Female | | Total | |
|-------|------|-------|--------|-------|-------|------|
| | No | % | No | % | No | % |
| 6-8 | 5 | 10.0 | 9 | 18.0 | 14 | 28.0 |
| 9-12 | 8 | 16.0 | 11 | 22.0 | 19 | 38.0 |
| 13-18 | 7 | 14.0 | 10 | 20.0 | 17 | 34.0 |
| Total | 20 | 40.0% | 30 | 60.0% | 50 | 100% |

Table 2, shows that the total number of the responding orphan children is 50 of which the majority (60%) are female while the remaining (40%) are male, with the age group most of the respondents 38% are between the age of 9 and 12 and 34%, 28% are between the age of 9-12 and 6-8 respectively. So, the psychosocial problems marked with to discover the strength and association of the psychosocial problems with age and sex orphan status.

Table 3
Cross Tabulation of Age Orphan Status of the respondents

| | Paternal | | Maternal | | Double | | Total | |
|-------|----------|------|----------|------|--------|------|-------|------|
| | No | % | No | % | No | % | No | % |
| Age | | | | | | | | |
| 6-8 | 3 | 6.0 | 8 | 16.0 | 2 | 4.0 | 13 | 26.0 |
| 9-12 | 5 | 10.0 | 7 | 14.0 | 6 | 12.0 | 18 | 36.0 |
| 13-18 | 7 | 14.0 | 9 | 18.0 | 3 | 6.0 | 19 | 38.0 |
| Total | 15 | 30% | 24 | 48% | 11 | 22% | 50 | 100% |

Table 3, indicates that the number of respondents is higher at 19(38.0%) in the middle age group 13-18, 18(36.0%) in 9-12, 13(26.0%) in the 6-8 age group, and lower in the first age group 6-8. The data shows that 24(48.0%) of the respondents are maternal orphans, followed by 15(30%) paternal, 11(22.0%) double orphans. Therefore, the majority of orphans come from maternal families.

Table 4
Response of the subject to psychosocial items

| No | Psychosocial | Never | | Sometimes | | Often | | Always | |
|----|--|-------|------|-----------|------|-------|------|--------|------|
| | | No | % | No | % | No | % | No | % |
| 1 | Have someone to about my problem | 4 | 8.0 | 12 | 24.0 | 16 | 32.0 | 18 | 36.0 |
| 2 | They can easily interact with people | 11 | 22.0 | 19 | 38.0 | 12 | 24.0 | 8 | 16.0 |
| 3 | They experienced a sense of Loneliness | 24 | 48.0 | 13 | 26.0 | 10 | 20.0 | 7 | 14.0 |
| 4 | Feel of socially | 28 | 56.0 | 15 | 30.0 | 4 | 8.0 | 3 | 6.0 |
| 5 | Afraid to talk with the opposite sex | 25 | 50 | 11 | 22.0 | 8 | 16.0 | 6 | 12.0 |
| 6 | Feel of self-isolated | 6 | 16.0 | 14 | 28.0 | 10 | 20.0 | 20 | 40.0 |
| 7 | Miss to have a real and proximate friend | 31 | 62.0 | 9 | 18.0 | 4 | 8.0 | 6 | 12.0 |
| 8 | Feel of having a real and proximate circumstance | 9 | 18.0 | 16 | 32.0 | 5 | 10.0 | 20 | 40.0 |
| 9 | Feel that sadness and depression | 35 | 70.0 | 10 | 2.0 | 6 | 12.0 | 4 | 8.0 |
| 10 | Feel of worthless | 28 | 48.0 | 4 | 8.0 | 9 | 18.0 | 9 | 18.0 |

Table 4, shows that 18(36.0%) of them respond as they have someone who can talk about their day-to-day problem always, 16(32.0%) often and 12(24.0%) respond, as they have gotten assistance when they talk about their daily problem sometimes. The majority of the respondents 12(24.0%), 10(20.0%), and 4(8.0%) often from the problem of good interpersonal relations and communication and denial of living with others are no more social problems associated with orphan children. Also, more than half of 35(70.0%) of them have comfort playing with peer groups. So, the majority of the respondents are likely to attain social gatherings however, they are happy to live in habitats in social circumstances.

Table 5
Cross-tabulation of orphan status and cause of death of parents

| Items | Paternal | | Maternal | | Double | | Total | |
|--------------------------|----------|------|----------|------|--------|------|-------|------|
| | No | % | No | % | No | % | No | % |
| HIV/AIDS cause | 5 | 10.0 | 10 | 20.0 | 3 | 6.0 | 18 | 36.0 |
| Death known parent cause | 7 | 14.0 | 12 | 24.0 | 2 | 4.0 | 21 | 42.0 |
| I do not know | 2 | 4.0 | 4 | 8.0 | 5 | 10.0 | 11 | 22.0 |

Table 5, indicates that the respondents 21(42.0%) lost their parents cause of natural illnesses and sickness 18(36.0%) lost their parents to HIV/AIDS, and the remaining 11(22.0%) respondents lost their parents to an unknown cause. Therefore, the majority of orphaned children who die of family causes may be HIV/AIDS, cancer, and car accidents for known reasons and unknown reasons.

Table 6
Cross-tabulation sources of daily and usually maturely

| Items | Respondent | Frequency | Percentage |
|--|-----------------|-----------|------------|
| What is the main source of your daily | Begging | 20 | 40.0 |
| | Buying | 10 | 20.0 |
| | From caretakers | 3 | 6.0 |
| | Other | 17 | 34.0 |
| | Total | 50 | 100% |
| How many times do you usually maturely | Once a day | 23 | 46.0 |
| | Twice a day | 17 | 34.0 |
| | Three days | 10 | 20.0 |
| | Any time | - | .0 |
| | Total | 50 | 100% |

Table 6, shows that the majority of respondents 20(40%) is begging, 17(34%) other, 10(20%) buying, and the last respondent 3(6%) is the source daily. Therefore, the majority of the respondents were usually maturely 23(46%) respondents once a day, 17(34%) twice a day, 10(20%) three days, and .0% at any time.

Table 7
Cross-tabulation of fall sick and organization social service

| Items | Respondent | Frequency | Percentage |
|--|-------------------|-----------|------------|
| Did you fall sick in the last three months | Yes | 32 | 64.0 |
| | No | 18 | 36.0 |
| | Total | 50 | 100% |
| Do you think the organization social serves health development | Agree | 21 | 42.0 |
| | Disagree | - | .0 |
| | Strongly agree | 29 | 48.0 |
| | Strongly disagree | - | .0 |
| | Total | 50 | 100% |

Table 7, indicates that most of the fall-sick orphan children in the last three months 32(64.0%) responded, yes, and 18(36.0%) no sick the last three months, Again, the majority of the respondents think about the organization 29 (48.0%) were Agree 21 (42.0%), 0% disagreed, 19(38.0%) strongly agreed and 0% strongly disagreed.

4. Discussions

The first purpose of this study was to assess the prevalence and cause of psychosocial problems of orphaned children in Addis Ababa town. To do this, one-way percentage, frequency, and table as well as structured, interviews were employed. The results revealed that the major causes of death among orphan children's families were natural illness, HIV/AIDS, cancer, and car accidents for known and unknown reasons respectively. Previous studies indicated that orphans who witness the prolonged death of one or both parents; suffer effects like mental distress, depression, increased malnutrition, lack of health care and proper schooling, early entry into paid (or unpaid) labor, loss of inheritance through property-grabbing and homelessness (Kentor & Kaplow, 2020).

The purpose of this study was to assess the social challenge of orphaned children in Addis Ababa town. To do this, one-way percentage, frequency, and table as well as structured, interviews were employed. The results revealed that orphaned children suffer from social problems such as poor inter-relationship, talking with others and strangers, absence of assistance in need, and problems in need and problems living with other guardians and others. Various studies show that social problems affect orphaned children in various ways. For example, a study conducted by Berry and Guthrie (2003) explains that orphan children frequently lack sufficient food; shelter, schooling, and medical care and are at risk of abuse and economic exploitation. So, the impact of parental death on children is complex and affects the child's psychosocial, emotional intelligence, and life skills such as communication, decision-making, negotiation skill, and social development. Furthermore, many orphan children may become withdrawn and plosive or develop sadness, loneliness, unhappiness, anger, fear of anti-social behavior, and become violate or depressed. Orphan children are seen as sociality deprived and tend to encounter high emotional distress use and hopelessness and frustration (Ethiopia & Ethiopia, 2004; Getachew et al., 2020).

The other objective of the study is to assess the psychological challenges of orphan children in Addis Ababa town. To do this, one-way percentage, frequency, and table as well as structured, interviews were employed. The results revealed that Orphaned children are also suffering from loss of self-esteem and self-efficiency problems, such as self-worthlessness, loss of confidence, loss of positive self-image, inability to handle, cope, and tacking unforeseen problems, and inability to accomplish goals are also other problems associated with orphaned children. Previous studies indicate that many orphan children may become withdrawn and plosive or develop sadness, loneliness, unhappiness, anger, fear of anti-social behavior, and become violate or depressed. Orphan children seen as sociality deprived tend to encounter high emotional distress use and hopelessness and frustration (Ethiopia & Ethiopia, 2004; Muhle, 2020; Kharusi, 2022). Various studies show that psychological problems affect orphaned children in various ways (Ringson, 2020; Mahanta et al., 2022). For example, a study conducted by (UNAIDS, UNICEF, and USAID, 2004) shows that children are emotionally and cognitively behavior vulnerable to attentive impulse depression and hopelessness. In addition, orphans suffer emotional stress, higher levels of anxiety, depression, and anger, along with the associated inactivity induced by depression, feelings of hopelessness, and thoughts of suicide due to the hardships they face after a parent dies (UNICEF, 2006; Munongi & Mawila, 2023).

5. Conclusions

Depending on the findings of the study the following concluding notes were made: The major causes of death among orphan children's families were natural illness, HIV/AIDS, cancer, and car accidents with known reasons and unknown reasons respectively.

Orphaned children are suffering from social problems such as poor interrelationships, living with others, talking with strangers, wornness, loss of interest and tension, incompetency and worthlessness, etc. Finally, orphaned children are also suffering from self-efficacy problems, such as the inability to handle problems, and tackle unforeseen difficulties, loss of confidence, dissatisfaction, and loss of positive self-image.

Keeping in mind that the findings of the study are worth having to give rise to suggestions, it is recommended that;

- Community development workers and guardians need to understand the signs of emotional problems and should provide love and care for orphan children.
- Orphaned children centers, government, and non-government organizations should be prepared and get standardized with more orphaned children research and testing centers to assess and

access the psychosocial officers, counselors, and psychosocial specialists to encourage holistic psychosocial support.

- Government, Non-government organizations working on orphaned children, and other donor organizations have to work jointly to create psychosocial support strategies.
- Finally, mobilizing the community for care and supporting orphan children at the national level by adding efforts to preventing and controlling HIV/AIDS have a key role in the emotional and psychological adjustment of orphan children.

Acknowledgment

We would like to express our gratitude to all who generously gave their time, energy, and knowledge to help us understand this research. We would like to thank the Ethiopian Technical University staff and Organizational social service health development to give invaluable advice throughout our research work and for much information about orphan children respectively. Lastly, I express my heartfelt thanks to my family, particularly my brother and sister for their economic support to accomplish this work.

References

- Berry, L. and Guthrie, T. (2003). Rapid Assessment: The Situation of Children in South Africa. The University of Cape Town Children Institute—Save the Children, Cape Town. https://open.uct.ac.za/bitstream/handle/11427/4097/Ci_researchreports_rapidassessment_2003-11.pdf?sequence=1
- Ethiopia., & Ethiopia. (2004). *Ethiopia's national plan of Action for Children: (2003-2010 and beyond)*. Addis Ababa, Ethiopia: MOLSA.
- Getachew, H., Ambaw, F., Abebe, L., & Kasahun, W. (2011). Psychological distress and its predictors in AIDS orphan adolescents in Addis Ababa city: A comparative survey. *The Ethiopian Journal of Health Development*, 25(2):135-142]. <https://www.ajol.info/index.php/ejhd/article/view/74389>
- Katsonga-Phiri, T., Lewis, J. T., Murray, M., DuBois, D. L., & Grant, K. E. (2021). Mental health interventions for African children: A meta-analytic review. *Children and Youth Services Review*, 127, 106096. <https://www.sciencedirect.com/science/article/pii/S0190740921001729>
- Kaur, R., Vinnakota, A., Panigrahi, S., & Manasa, R. V. (2018). A Descriptive Study on Behavioral and Emotional Problems in Orphans and Other Vulnerable Children Staying in Institutional Homes. *Indian Journal of psychological medicine*, 40(2), 161–168. https://journals.sagepub.com/doi/pdf/10.4103/IJPSYM.IJPSYM_316_17
- Kentor, R. A., & Kaplow, J. B. (2020). Supporting children and adolescents following parental bereavement: guidance for health-care professionals. *The Lancet Child & Adolescent Health*, 4(12), 889-898. <https://www.sciencedirect.com/science/article/pii/S235246422030184X>
- Kharusi, E. (2022). Psychosocial well-being of orphaned children in selected primary schools in Tanzania. *Heliyon*, 8(11), e11347. <https://www.sciencedirect.com/science/article/pii/S2405844022026354>
- Kuloglu, C. (2019). Comparative analysis of the tendency of vocational health school students to have children. *International Journal of Emerging Trends in Health Sciences*, 3(2), 42–49. <https://doi.org/10.18844/ijeths.v3i2.4473>
- Mahanta, P., Das Thakuria, K., Goswami, P., Kalita, C., Knower, R., Rajbangshi, M. C., ... & Majumder, P. (2022). Evaluation of physical and mental health status of orphan children living in orphanages in Sonitpur district of Assam: a cross-sectional study. *BMC Pediatrics*, 22(1), 1-7. <https://bmcpediatr.biomedcentral.com/articles/10.1186/s12887-022-03785-2>

- Melaku, S. M. (2023). Assessing psychosocial problems of orphan children in social service health development organizations. *Global Journal of Psychology Research: New Trends and Issues*, 13(1), 54-62. <https://doi.org/10.18844/gjpr.v13i1.7753>
- Muhle, T. C. (2020). Single-parenting influence on child's academic performances at Mutare Junior School, Zimbabwe. *Global Journal of Psychology Research: New Trends and Issues*, 10(2), 140–153. <https://doi.org/10.18844/gjpr.v10i2.4835>
- Munongi, L., & Mawila, D. (2023). Risk factors of orphan and vulnerable children in a children's home during the COVID-19 pandemic. *Children and Youth Services Review*, 145, 106801. <https://www.sciencedirect.com/science/article/pii/S0190740922004376>
- Ngidi, N. D., & Mayeza, E. (2023). Adultification, neglect and sexual abuse at home: Selected narratives of orphaned girls in KwaMashu, South Africa. *Children & Society*. <https://onlinelibrary.wiley.com/doi/abs/10.1111/chso.12691>
- Oleimat, A. S., Jones, C., & Hayter, M. (2022). Middle Eastern refugee children and adolescents' mental health: A systematic review. *International journal of mental health nursing*. <https://onlinelibrary.wiley.com/doi/abs/10.1111/inm.13088>
- Ringson, J. (2020). Basic education assistance module as a material and psychosocial support intervention for orphans and vulnerable children in Gutu District, Zimbabwe. An evaluation. *New Ideas in Psychology*, 59, 100803. <https://www.sciencedirect.com/science/article/pii/S0732118X20300349>
- Sochos, A., & Al-Jasas, N. (2020). Attachment provision in the Saudi orphanages: Exploring the narratives of residential staff. *International Journal of Social Welfare*, 29(3), 244-254. <https://onlinelibrary.wiley.com/doi/abs/10.1111/ijsw.12415>
- UNAIDS, UNICEF, USAID (2004). *Children on the Brink 2004—A Joint Report of New Orphan Estimates and a Framework for Action*. USAID, Geneva. http://www.unicef.org/publications/cob_layout6-013.pdf.
- UNICEF and UNAIDS, (2002). *Children on the Brink 2002: a joint report on orphan estimates and program strategies*. [The Synergy Project](http://www.unicef.org/publications/cob_layout6-013.pdf) publishing.
- UNICEF, (2006). Children affected by AIDS; African orphans and vulnerable generation. *United Nations Children's Fund publishing*. <https://tinyurl.com/27yphe9n>
- WHO, (2021). WHO HIV/AIDS. Key facts on HIV/AIDS. HIV statistics worldwide.
- Zakharova, V. A., Chernov, I. V., Nazarenko, T., Pavlov, P. V., Lyubchenko, V. S., & Kulikova, A. A. (2020). Social health and environmental behavior of students in the digital age. *Cypriot Journal of Educational Sciences*, 15(5), 1288–1294. <https://doi.org/10.18844/cjes.v15i5.5167>