



EFFECTS OF INSTITUTIONAL SUPPORTS ON HEALTH AND WELL BEING OF VULNERABLE CHILDREN IN SOME SELECTED ORPHANAGES IN IDO LOCAL GOVERNMENT OF OYO STATE.

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ABSTRACT

This study is on the effect of institutional support on the health and the well-being of vulnerable children in some selected orphanages in Ido local government of Ibadan Oyo State, Nigeria. For some decades now, the increase in the number of vulnerable children has been on an alarming rate. Some factors for the increase are natural disasters, war, religion and political crisis, HIV/AIDS and poverty. A descriptive survey research design was used for this research. The sample used for the study is one hundred and twenty (120) vulnerable children purposively selected from orphanages in Ido Local Government Ibadan. A structured survey instrument was used in collecting data from a sample of 120 respondents. Data were analyzed using Analysis of Variance (ANOVA). The findings revealed there is a significant effect of institutional support on psychological well-being of vulnerable children in Ido Local Government ($f(8, 111) = 23.276, p < 0.05$). Also there is a significant effect of institutional support on social well-being of vulnerable children in Ido Local Government, Ibadan ($f(8, 111) = 14.288, p < 0.05$). Finally, there is a significant effect of institutional support on the health of vulnerable children in Ido Local Government, Ibadan ($f(8, 111) = 33.824, p < 0.05$). This study confirmed that institutional support had significantly improved psychosocial well being of vulnerable children. It is, therefore, recommended that the Government should partner with the private individuals and other international bodies to see to the capacity building in the area of social protection, programme planning and implementation as well as for the general care of the vulnerable children.

Key words: *Institutional support, health and well-being, vulnerable children*

INTRODUCTION

“Health is wealth.” This is a phrase that is unanimously agreed on all over the globe. Health is the general condition of a person's mind, body and spirit, usually meaning to be free from illness, injury or pain (Merriam-Webster Dictionary, 2011). The maintenance and promotion of health is achieved through different combination of physical, mental, and social well-being, together sometimes referred to as the health triangle (Nutter, 2003). Health is a combination of physical, mental, and social well-being (Yadav, 2010). Physical health is the general condition of a person in all aspects. It is also a level of functional and or metabolic efficiency of an organism.

Mental health is a term used to describe either a level of cognitive or emotional well-being or an absence of a mental disorder; Social health refers to the health of a person in reference to his or her ability to interact with others and thrive in social settings. The physical, mental, and social well-being of a person are related to one another. Depreciation in any one of the three factors can lead to depreciation in the other two, thus in turn depreciating the complete health of a person (Yadav, 2010).

Mental health problems continued to increase within the vulnerable children sample, even among internationally adopted children, those who had previously lived in institutions were more likely to have developmental and mental health problems, at least in the short and medium-term, than those previously in foster care. About 5 percent of



children and adolescents in the general population suffer from depression at any given point in time. Children under stress, who experience loss, or who have learning attention, conduct or anxiety disorders are at a higher risk for depression. A study of Ahmad et al, (2005) found that orphans were more likely to be anxious, depressed and to display anger and showed significantly higher feelings of hopelessness and suicidal ideation, research indicates that depression onset is occurring earlier in life today than in past decades.

Children's health affects every aspect of their lives, from their ability to learn, to play, to be productive and to relate well to other people as they grow (Atwine, 2005, Cluver, 2008, Killian and Durrheim, 2008). When children lose one or both of their parents due to any cause, they experience multiple problems, like grief, hopelessness, anxiety, stigmatization, physical and mental violence, labour, abuse, lack of community support, lack of parental love, withdrawal from society as a whole, feelings of guilt, depression, aggression, as well as eating, sleeping and learning disturbances (Gilborn, Nyonyitono, Kabumbuli, Jagwe-Wadda, 2001). The traumatic effects of parental loss can also have further negative effects on behaviour, emotions and thoughts (Calhoun and Tedeschi, 1995). Psychological distress is expressed in various ways. Some children take to living on the streets and commit various forms of juvenile delinquencies as a coping strategy (Gow and Desmond, 2002). Children may also become exposed to alcohol and drugs and use them as a way of shutting out painful effects (Calhoun and Tedeschi, 1995).

Well-being is the term used to denote a positive age and stage appropriate outcome of children's comfortable, happy, and psychological development, it is determined by a combination of the child's natural capacities, and his or 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 orphans and vulnerable children. It must be acknowledged that the loss of one or both parents often compromises the well being of some children. Although it is customary in Nigeria for extended family and community members to care for these orphans and vulnerable children, the capacity and resources of these individuals and households have been overextended by the growing numbers and the complexity of their needs (Davids, Nkomo, Mfecane, Skinner & Ratele 2006).

Recent estimates report that there are approximately 145 million children worldwide who have lost at least one parent as a result of various causes (World Health Organization/United States Agency for International Development, 2008). Since 1990, the number of vulnerable children from all causes has decreased in Asia, Latin America and the Caribbean, but has risen by 50% in sub-Saharan Africa (United Nations Children's Fund, 2006). Ethiopia has been described as having the second highest population of vulnerable children as many other African countries, Nigeria will continue to see increasing numbers of orphans and vulnerable children in the future. This is because the social problems of extreme poverty, conflict, exploitation, drought, famine, living on the street, disease and the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) pandemic are having a devastating impact on the country's youngest and most vulnerable citizens. The effects have placed an overwhelming burden on the children, families, communities and the country as a whole (United Nations Children's Fund, 2007).

Nigeria is facing children vulnerability crisis of potentially catastrophic proportions. There is an estimated 9.6million vulnerable children in Nigeria and 930,000 are orphans. Vulnerable children are easily trafficked, prone to sexual assault, less likely to attend schools, stigmatized and excluded. They therefore deserve special care. Nigeria by virtue of her huge population has a large number of orphans and vulnerable children population.



This has resulted from the HIV/AIDS epidemic in addition to the upward trends in the prevalence of other vulnerability instigating factors such as exploitative labour, poverty, abandonment, violence, and other causes related to the national socio-economic profile. (FMWA&SD 2008).

The international development partners such as USAID, DFID, CIDA, Ireland Aid and the UN agencies such as UNDP, UNICEF, and UNAIDS are currently actively engaged in collaborating with countries by putting in place policies, programmes, national frameworks and international conventions to address the great challenges faced by vulnerable children from a multidisciplinary and multi-sectoral perspective while at the same time following international agreements such as the Paris Declaration on good Aid Practices ((FMWA&SD 2008).

As a community of practice, the development community is awakening to the importance of evidence-based policy responses and programmes, especially as it concerns response effectiveness and quality, identification of potential successes and failures that can be rapidly applied at scale, and the efficiency of allocation of scarce resources. In the context of national-level vulnerable child policy, measurement and research bear the potential of illuminating current knowledge of the causes, consequences, and potential solutions to the vulnerability of children. Programmatically, research is essential for developing and evaluating strategies for preventing vulnerability and testing or piloting interventions targeted at vulnerable child. The high-level responsiveness to the global vulnerable child crisis by UN Organizations, the US Government, Multilateral institutions and international non-governmental organizations (NGOs) since the early 2000s can be largely attributed to a substantial body of evidence demonstrating the scale and depth of the problem, and its attendant ramifications for international development((FMWA&SD 2008).

Institutional support is defined as the aids provided to vulnerable children care institutions, homes and orphanages which is intended to provide support for institutional costs related projects. It also provides support to strengthen the required institution and implement the needed reforms. Such supports usually come in form of cash, free education services, free health services, food, or security and such support usually considers what is usually needed at certain places. The international community has only recently begun to recognize and analyse the problems of caring for vulnerable children Foster (2002). Not until 2001 did the United Nations General Assembly adopt a declaration of commitment on vulnerable children under a frame work for action. (Grassly & Timaeus, 2003.) This framework for action was endorsed in 2004 by United Nations Organisation making up UNAIDS and other international partners. It constitute a basis to achieve a collective action and respond to the increasingly urgent needs of the growing number of vulnerable children and orphans. It also aims to protect children's right (Gulaid, 2004, UNICEF,UNAIDS, 2004). Current international institutional support responds to vulnerable children needs and care and also strengthens the institutional capacity of Africa governments so that they may develop national plans to help their vulnerable children. The present study is therefore based on how institutional support can be effectively provided to enhance the health and well being of vulnerable children. Different causes of parental death are also responsible for vulnerability of a child that, if disregarded, become a burden to the societies they live in. These causes range from intentional injuries like homicide to unintentional injuries like road accidents and also include non-communicable diseases like deaths from heart diseases, communicable diseases like tuberculosis, nutrition-related causes of deaths, and HIV/AIDS, which, though a communicable disease



is considered separately, due to its magnitude as a cause of mortality (Muhwava & Nyirenda 2008).

Dowdney, Skuse, Rutter, Quinton, & Mrazek (1985) show that children raised in institutions can demonstrate that they will be less sensitive to their own children's needs later. Where outside organisations can develop partnerships with community groups, helping them to respond to the impact of vulnerability on children. Poor care giving, lack of stimulation and the absence of a consistent care giver have been implicated in the negative outcomes among institutionalized children, vulnerability placement puts young children at increased risk of serious infectious illness and delayed language development.

Interrelated social, cultural, political and economic forces which have in recent times over-stretched the coping capacities of family, communities, and government fuel the above disturbing trend (RAAAP, 2004). The family, being the primary socialization agent and a place of safety for the care and support of the under-privileged including vulnerable children, no longer performs its functions. This is a clear indication of social disintegration and disorganization in the society. This has a number of implications on the children, the communities and the society. A vulnerable child has less access to nutrition, healthcare, and education. In addition, report of the Rapid Assessment Analysis Action Planning (RAAAP, 2004) indicates that a vulnerable child is less likely to enroll in school, and more likely to drop out of school to engage in risky delinquent behaviour such as substance abuse. Often such child is exposed to other forms of abuse, exploitation and social exclusion.

Child rights protection issues cover wide range of areas bordering on obligations of all levels of the tiers of government, parents, families, communities, civil society groups and other stakeholders, to orphans and vulnerable children in the society. Laden (2006) observes that obligations to observe, respect, promote and protect the survival, development, protection and participation of vulnerable child's rights are grossly lacking when viewed against the various manifestations of child abandonment, exposure to moral danger, maltreatment, abuse and all forms of exploitation in Nigeria. The result of how vulnerable these children are can be described in terms exposure to victimization, child trafficking, ritual killings, drug abuse, sexual abuse, child labour, economic exploitations and recruitment as agents of violence and destruction in times of civil disturbances. In such situations, they also are deprived of their rights to life, human dignity, qualitative and quantitative education, healthy living and access to healthcare services, growing up within a family with care, love and affection and to safe or secure environment free from neglect, violence, exploitation and all forms of abuse.

Despite the inadequacy experienced by orphans and vulnerable children, it is still possible to live well, as long as the extended families, community, community-based organisations (CBOs), faith-based organisations (FBOs), non-government organisations (NGOs) and the government are playing their roles in supporting the health and the well-being of vulnerable children. This well-being depends on to what extent the vulnerable children 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.

Statement of the Problem

In sub-Saharan Africa, nearly 15 million children under the age of 18 years are described as vulnerable children, some of these vulnerable children have lost one or both parents due to diseases. Nigeria remains the most populous country in Africa. Based on



the 2006 national population census, the national Population Commission (NPC) estimated Nigeria's population to be 167million out of which 23 million are children below the age of 14years. With an increasing prevalence of diseases, political instability, socio-economic problems, vulnerable children amount to almost a million children on a yearly basis. Also the number of children left orphaned and vulnerable by the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) epidemic in Nigeria has been on the rise in spite of efforts aimed at combating the disease. Also contributing to this growing number of orphans and vulnerable children are the numerous children who have lost one or both parents in various ethno-religious crises in the country.

A child is vulnerable if because of the circumstances of birth or immediate environment is prone to abuse or deprivation of basic needs, care and protection and thus disadvantaged relative to his or her peers. A child made vulnerable by AIDS is below the age of 18 years and has lost one or both parents, or has a chronically ill parent regardless of whether the parent lives in the same household or not. Other factor responsible for vulnerability include repeated ethno-religious conflicts in the country, maternal mortality and gender inequality. Globally, more than 98million children have been made orphans and vulnerable as a result of AIDS with more than 7.5million of them living in Nigeria. This burden of orphan and vulnerable children in Nigeria is higher than countries facing war such as Sudan, Libya, Somalia, or Syria. These vulnerable children are more prone to ill health than children in more secure circumstances, have less access to health care and miss meals more frequently and are more likely to skip school or not go to school at all.

Also orphans and vulnerable children are more likely than non orphans to suffer from diarrhea disease and acute respiratory infections, and they are also more likely to be stunted. Girls are especially more vulnerable to sexually transmitted infections including greater physiological susceptibility. Loss of parents can affect the psychological and physical development of a child and older children above 14years may experience sexual and economic exploitations. Consequently high level of poverty resulting in low resource base and lack of basic credit and employment facilities in most community have jeopardized the realization of the well being of these vulnerable children in Nigeria. These children are at risk and in need of protection. In the light of these emerging challenges, the Government of Nigeria through the Federal Ministry of Women affairs and Social development introduced a national action plan which is a tool to address and improve the multiple needs of vulnerable children in Nigeria.

Children who have been left vulnerable as a result of the death of one or both parents due to HIV/AIDS are not always told the truth about their parents' diagnosis, and this fact creates different thoughts, feelings and actions and the health and well-being of such vulnerable children tends to be ignored by the society. It is acknowledged that parents, family members, often take vulnerable children in and look after them, but they do not understand the various psychological effects that need to be addressed.

On the other hand, although children who have lost their mother do not appear to live in the poorest households, they do tend to experience more detrimental effects on their educational attainment and enrolment. Orphans who lose both parents suffer the most detrimental impact on school enrolments and educational attainment.

Based on this and other problems, this study aims at addressing how institutional support affects the health and well-being of vulnerable children. Characteristics of children defined as vulnerable include those orphaned by the death of one or both parents, abandoned by parents, living in extreme poverty, living with a disability, affected by armed



conflicts, abused by parents or their care giver, malnourished due to extreme poverty, HIV positive, marginalized, stigmatized or even discriminated against.

Objectives of the study

The general purpose of this study is to investigate the effect of Institutional support on the health and well being of the vulnerable children in selected institutions in Ido Local Government Area, Ibadan, Oyo State, Nigeria. Specific purposes of the study include.

- To find out the characteristics of the respondents.
- To investigate the effect of institutional support on health of the vulnerable children.
- To investigate the effect of institutional support on the well being of vulnerable children.
- To suggest the measures to improve health and well-being of vulnerable children.

Hypotheses

Three null hypotheses were raised for the study:

Hypothesis One: There is no significant effect of institutional support on psychological well-being of vulnerable children in Ido Local Government, Ibadan

Hypothesis Two: There is no significant effect of institutional support on social well-being of vulnerable children in Ido Local Government, Ibadan

Hypothesis Three: There is no significant effect of institutional support on the health of vulnerable children in Ido Local Government, Ibadan

METHODOLOGY

Design

Descriptive survey research design was used for this research. Descriptive survey suggests to the researcher possible solutions to the identified problems in the study. It also involves looking critically at an identified problem in order to identify, understand and notice characteristics of the variables in terms of their contributions to the problem of vulnerable children in vulnerable children homes and orphanages. The information gathered from this research will help in finding a lasting solution to some of the problems. The independent variables in the study is institutional support while the dependent variables are health and well being of vulnerable children.

Population of the study

The population for this study is made up of vulnerable children below the age of 18 years living in orphanages. Thus in this study, vulnerable children in Ido Local government area were the major population of the study. Ido being one of the largest local government area out of the local governments in Ibadan.

Sample and Sampling Techniques

The sample used for the study is one hundred and twenty (120) vulnerable children purposively selected from three orphanages in Ido local government, Ibadan.



Instrument

The researcher gathered information for this study using a self-constructed questionnaire tagged Institutional support, Health and Well-being (ISHWBQ) Questionnaire which consists of items on the research variables. The instrument is divided into four sections namely section A, B, C and D. Section A contains items measuring the respondents characteristics, section B contains items measuring the levels of institutional support received by and given to vulnerable children. The items are adopted by Powel (2005) institutional support of vulnerable children scale and yielded an alpha value of 0.81. Section C contains items measuring the psychosocial well-being of the vulnerable children. The items are drawn from 2005 psychosocial well-being of the vulnerable children scale and adapted from Chida and Steptoe (2005) which yielded an alpha value of 0.79. Finally, the fourth section measured health of vulnerable children, the items were drawn from Health Anxiety Inventory (HAI-18) produced and adapted by Salkovskis and Rimes and yielded an alpha value of 0.85. The instrument yield reliability co-efficient value of 0.80. This shows that the instrument is valid

Validity of the Research Instrument

Validity refers to an expression of using the correct instrument for a study. The instrument was validated using content and face validity. The drafted questionnaire was given to experts in the field of psychology, social work, economics and community developments for modification and correction. All comments, suggestions and modifications were included into the final draft.

Reliability of the instrument

To ensure reliability of the adapted scale, the researcher pre-tested the instrument by administering 30 questionnaires in a selected orphanage in Ibadan, Oyo State, which did not form part of the scope of study. The reliability test of the instrument was Cronbach alpha $r = 0.85$

Administration of Instrument

The researchers collected a letter of introduction from the Head, Department of Social Work, University of Ibadan introducing the researchers as post-graduate student and Senior Lecturer of the department, for the purpose of identification and to enable the researchers have easy access to interview and administer questionnaire in the selected orphanages. The questionnaires were taken to the orphanages under study and were personally administered by the researchers and two other assistants from the selected orphanages of study. The researchers assisted the respondents to fill the questions contained in the questionnaire. The respondents were assured that their responses are for research purposes only.

Data Analysis

The data collected was analysed using the descriptive and inferential statistics. The statements under each variable were subjected to statistics analysis using Pearson Product Moment Correlation (PPMC) and descriptive statistics of multiple regressions. Hypotheses were tested at 0.05 alpha level.



RESULTS

Table 1: Analysis of Characteristics of Respondents

Sex	Frequency	Percentage
Male	79	65.8
Female	41	34.2
Total	120	100
Age	Frequency	Percent
5-10years	51	42.5
11-15years	31	25.8
16-18years	38	31.7
Total	120	100
Religion	Frequency	Percentage
Christianity	79	65.8
Muslim	41	34.2
Total	120	100
Parents Occupation	Frequency	Percentage
Civil Servant	79	65.8
Self-employed	41	34.2
Total	120	100
Educational Qualification	Frequency	Percentage
Primary school	15	12.5
Secondary school	10	8.3
NCE/Diploma	46	38.3
University Degree	41	34.2
Others	7	5.8
Total	120	100
Type Of Organisation	Frequency	Percentage
NGO	51	42.5
Government	10	8.3
Private organization	59	49.2
Total	120	100

Based on the results presented above, 65.8% of the respondents were male while 34.2% of the respondents were females. This is in agreement with the report from the Census Bureau (2006), which says that adoptive parents prefer female to male. Reports also show that there are about 105 boys for every 100 girls in the general population.

From the results presented above, 42.5% of the children were between the ages of 5-10years, 25.8% were between ages of 11-15years, 31.7% were between the ages of 16-



18years

The result revealed that, 65.8% of the children were Christians while 34.2% were Muslim by faith.

Based on the results presented above 65.8% of the parents children were civil servants while 34.2% were self employed

Based on the results presented on the educational qualification of parent of the children 12.5% of the children parents had primary school education, 8.3% had secondary school education, 38% had NCE/Diploma while 34.2% had University Degree while 5.8% had other certificates. The implication of the is that, majority of the children parents had secondary school education.

The results presented in table 1 revealed that, 42.5% of the participants were from Non-Government Organization, 8.3% of the participants were from Government Organisation while 49.2% were from private organisation.

Testing of Research Hypotheses

Hypothesis One: There is no significant effect of institutional support on psychological well-being of vulnerable children in Ido Local Government, Ibadan

Table 2: ANOVA result showing the effect of institutional support on the psychosocial wellbeing of the vulnerable children

	Sum of Squares	df	Mean Square	F-cal	Sig.
Between Groups	342.115	8	42.764	23.276	.000
Within Groups	167.195	111	1.837		
Total	509.310	119			

From the presented above it showed that, there is a significant effect of institutional support on psychological well-being of vulnerable children in Ido Local Government, Ibadan. The results indicated that, f-ratio is greater than the f-table ($f_{-cal(8,111)} = 23.276$, $p < 0.05$). The results reject the null hypothesis and accept the alternate hypothesis which states that, there is a significant effect of institutional support on psychological well-being of vulnerable children in Ido Local Government, Ibadan

Hypothesis Two: There is no significant effect of institutional support on social well-being of vulnerable children in Ido Local Government, Ibadan

Table 3: ANOVA result showing the effect of institutional support on social well-being of vulnerable children in Ido Local Government, Ibadan

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	346.860	8	43.357	14.288	.000
Within Groups	162.450	111	1.785		
Total	509.310	119			

Based on the results presented which showed that, there is a significant effect of institutional support on social well-being of vulnerable children in Ido Local Government, Ibadan. The results indicated that, f-ratio is greater than the f-table ($f(8, 111) = 14.288$, $p < 0.05$). The results of the hypothesis rejected the null hypothesis while the alternate hypothesis was accepted which states that, there is a significant effect of institutional support on social well-being of vulnerable children in Ido Local Government, Ibadan



Hypothesis Three: There is no significant effect of institutional support on the health of vulnerable children in Ido Local Government, Ibadan

Table 4: ANOVA result showing the effect of institutional support on the health of vulnerable children in Ido Local Government, Ibadan.

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	403.213	8	40.321	33.824	.000
Within Groups	106.097	111	1.192		
Total	509.310	119			

From the presented above it showed that, there is a significant effect of institutional support on the health of vulnerable children in Ido Local Government, Ibadan. The results indicated that, f-ratio is greater than the f-table ($f(8, 111) = 33.824, p < 0.05$). The results of the hypothesis did not give support to the null hypothesis while the alternate hypothesis was accepted which states that, there is a significant effect of institutional support on the health of vulnerable children in Ido Local Government, Ibadan

Discussion of findings

The result of hypothesis one revealed that, there is a significant effect of institutional support on psychological well-being of vulnerable children in Ido Local Government, Ibadan. The result is supported with the findings of Cluver (2003) who indicates that children who reside in institutional care experienced improved psychological wellbeing. A similar study in Zimbabwe by Nemapare and Tang (2003) reports that loss of a father (who is the symbol of financial security) results in untold worries about the future, and the loss of a mother, who loves, nurtures, and guides the child is the most difficult thing for any child to handle, this call for an institutional care service to improve the psychosocial wellbeing of such children.

Furthermore, UNICEF, (2006) found that, vulnerable children from institutional care centres experience improved psychological wellbeing, the study revealed that, they often exhibit 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.

Additionally, Bray (2003) found that, institutional support address the stigma arising from varying levels of additional trauma, which is then added to the traditional long-term effects experienced by non-HIV/AIDS orphans.

Hypothesis two revealed that, there is a significant effect of institutional support on social well-being of vulnerable children in Ido Local Government, Ibadan, the result corroborates the findings of Gilborn, (2006), 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.

Similarly, Richter, Foster & Sherr, (2006) found that, activities that support and promote the health and wellbeing of children and families are critical because children are able to bear and recover from significant levels of suffering when they are surrounded by people who love and care for them. The sense of belonging and hope that is nurtured by



these relationships enables children to cope better with hardships like hunger, general discomfort, and the other privations of poverty and loss.

Furthermore, Muller, Sen and Nsubuga (1999) report that the increased risk of malnutrition, inadequate shelter, lack of clothing and interrupted schooling are commonly cited as the consequences of the death of wage-earning adults in AIDS-affected households.

Hypothesis three revealed that, there is a significant effect of institutional support on the health of vulnerable children in Ido Local Government, Ibadan, the result of the findings is supported by the findings of Loening-Voysey (2002) that, whilst welfare provision in the institutional care centres in the form of financial grants for fostering orphans affected by HIV/AIDS is a vital way to address the needs of these orphans, grants do not necessarily reach them. Furthermore, it is indicated that, due to welfare provision, orphans are being viewed as an economic asset, to be cared for nominally and as a means of providing financially stressed households with an additional income..

Additionally, Gilborn,(2006) found that, although teenagers 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. Vulnerable children experience many health 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, Meintjes, Croke & Chamberlain 2003).

Similarly, Foster and Williamson (2000), who found that the institutional support improve health condition of vulnerable children especially when orphans is neglected due to the shocking financial crisis that orphans confront; therefore the programmes tend to focus on providing for their material needs whilst neglecting counselling and other forms of psychosocial support. This study found that there was a lack of formal psychosocial support, however it was noted that ad hoc psychosocial support was available to orphans

Conclusion

Nigeria as a nation will continue to experience increase in the rise of orphans and vulnerable children. There has to be a structure and policy put in place by the government that will care for the needs of these children because they are part of the population, and what happens to them now or in the future will have direct bearing on the masses and the country as a whole. Such structures need not only be put in place, it has to be implemented also. There are orphanages and homes that care for these orphans and vulnerable children in Ibadan metropolis and across the country.

The few ones that are still existing are committed to their work due to the support they receive from different groups and bodies but some of these homes are no longer functional due to lack of the needed support from the government and private enterprises, but even these available orphanages and homes for vulnerable children are still not adequate to meet the needs of these children. A lot of vulnerable children are still on the street, loitering about and the masses still need to be educated on the presence and the functions of these homes and orphanages, that when abandoned children are taken there, they will be adequately taken care of.

Some of these homes receive institutional support from the Government, Non Governmental organizations, private institutions, International organizations and also from religious bodies. While the support from all these aspects should be encouraged, it is also



suggested that all these bodies can do more for the betterment of all these children because these children are actually the hope and the future of our great country, therefore their care should be paramount on our mind. These survey has revealed the various needs of orphans and vulnerable children, therefore efforts to care, support and protect vulnerable children should not only focus on their immediate survival needs such as education, shelter, and clothing but also, long term developmental needs that reduce children's vulnerability such as life skills, child protection, vocational training, food security and household economic strengthening should also be made available to them. (Rutter 2005). Therefore in response to the growing population of orphans and vulnerable children, there is a growing need for specific services that should be provided for these vulnerable children.

Recommendations

Based on findings, it is hereby recommended that;

1. More awareness campaign on orphans and vulnerable children and the problem they face should be made on the media.
2. There should be framework for supportive and protective care that comprises those services for these orphans and vulnerable children.
3. Government also need to build more homes for orphans and vulnerable children, they should see to the care and the long term maintenance of these homes by supporting and funding it adequately.
4. Social workers should update their knowledge about the quality care of orphans and vulnerable children and also about their psychosocial needs and how these needs can be adequately met.
5. There should be specialized certification programmes for the care givers of these vulnerable children so that their knowledge about these children can be updated from time to time.
6. There should be capacity building for the ministries responsible for orphans and vulnerable children in Nigeria, such as the Ministry for Women Affairs and social development.
7. The government should support the improvement of monitoring and data collection issues. This is of paramount importance to ensure that all achievements are documented and shared.
8. Government should partner with the private individuals and other international bodies to see to the capacity building in the area of social protection, programme planning and implementation as well as for the general care of the vulnerable children.

Policy implications of the Study

Adequate policies should be put in place that address the needs, rights and the appropriate care of these children by specially trained persons such as social workers and these policies should be enforced and implemented.

The Federal Government should improve on actions directed at the passage of social work bill for social workers in the country so as to improve the quality of the services they render to the vulnerable children; this will also facilitate a well structured monitoring evaluation exercise to address the non-governmental bodies, private individuals and religious bodies



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