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A Preliminary Study on Coping Strategies of Orphan Caregiver Families in Jimma town, Oromia, Ethiopia

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Abstract
This study examined the coping mechanisms of orphan caregiver families in Jimma town in response to the challenges they face in the course of giving care and support for orphans. Phenomenological study design and qualitative research approach was used to generate and analyze information. Different qualitative data collection methods including interviews, focus group discussions and observations were triangulated in generating information from different sources. Caregiver families, administrative and religious leaders, representatives of community based organizations and officers have participated in the study as primary data sources. In addition, secondary data was obtained from Jimma town Women and Children's Affairs Office to supplement the primary evidences. Thematic analysis was employed and the analysis was simultaneously carried out along with the data collection. The study identified the major coping strategies that orphan caregiver families commonly use. One of such strategies is focusing on the survival needs of the children by postponing needs that at least do not claim lives if not addressed. Integrating and considering the orphan as a family member is also among the commonly used strategies by the caregivers. Approaching NGOs and CBOs to get additional financial and material assistances for the orphans was another. It is concluded that most of the coping strategies focus on ensuring the minimum survival needs than enhancing orphans' wellbeing towards the standardized and desired levels of life. It is highly commendable that these economically constrained orphan caregiver families but willing to support orphans have to be backed by financial support from government if it is to rescue the growing number of orphans for the sake of ensuring future healthy and productive population.

Key words: *Orphan, Orphan Caregiver Families, Coping Strategies, Jimma, Oromia*

Introduction

Biological parents and the family they constitute is the natural home of children. A family is considered to be the best source of psychosocial care especially for children since it is the only place where they can obtain solace and also freely express their feelings (Mangoma et al., 2008). Unfortunately, however, not all children grow in this natural home. Care for orphans and vulnerable children (OVC) may come from non-biological parents, extended families, other nuclear families, community assistances and in extreme cases from child headed households or agencies with no family involvement (UNICEF and UNAIDS, 2004:11). Several millions of orphans live in the globe and the plight of orphaned children throughout the world is grave. Most of these are in sub-Saharan Africa, Asia, Latin America and the Caribbean. No other region in the world has left more children orphaned and vulnerable than sub-Saharan Africa. In 2005, the region was home to 48.3 million orphans from all causes, 12 million of them orphaned as a result of HIV/AIDS pandemic (UNICEF, 2006). The real tragedy is that the number of orphans in sub-Saharan Africa continues to rise and the crisis in the region is just starting to unfold. As noted in the report *Children on the Brink* (2004), sub-Saharan Africa is home to 24 of the 25 countries with the world's highest levels of HIV prevalence.

Orphans constitute sizable proportion of the total child population in Ethiopia and many of them lost their parents to HIV/AIDS. Such orphans if not cared for by other families or other alternative care strategy will end up in lack of basic needs even for survival. Children without parental care are likely to experience threats to food, housing, health care and more likely to be malnourished, sick, and neglected if they are young (UNICEF, 2001). Lack of such basic needs represent an especially vulnerable risk for orphans. Orphaned children face a number of vulnerabilities and risks, such as sexual exploitation and abuse, hazardous child labor, sexual debut and early marriage, dispossession of property, poor access to basic services, poor school attendance and performance, and poor emotional and mental health (Yohannes, 2006). Current approaches to dealing with orphans and vulnerable children emphasize the role of families, communities, institutions and foster homes. Hunter and Williamson (2000) outline different strategies of assisting orphans and vulnerable children in the context of poverty. Although there is no neat separation from one another, three different

approaches of orphan care and support are familial, community-based, and institutional care and support. Orphan caregiver families are those who admit orphans as members of the family to provide the basic and survival needs for the orphans. They can be blood relatives or not. Formal and informal arrangements for care of orphans in communities are undertaken not only by the extended family members of orphans but also by non-relative community members (Sylvia, 2008).

Drimie (2002) notes that several factors such as access to resources, household size, household composition and ability of the community to provide support determine caregivers' ability to cope up with the challenges. In spite of willingness to give support and care for orphans, orphan care in families is fraught with several challenges whose scale and complexity often exceed the capacity of the families to effectively mitigate them (Wamanya, 2010). Likewise, Firafis and Nega (2017) have documented major challenges that orphan caregivers in Jimma town face in their attempt of supporting orphans. Regardless of the challenges, studies reveal that even in the face of severe socio-economic challenges, there is continued willingness by families to absorb orphans (Wamanya, 2010; Firafis and Nega, 2017). How can these economically and socially constrained caregiver families play the responsibility of providing care and support for the orphans is worth knowing. However, orphan caregiver families' coping strategies in overcoming challenges faced in the process of caring and supporting orphans remain nearly unexplored in Ethiopia including Jimma town. Thus, this research was intended to contribute towards filling the knowledge gap on coping strategies of orphan caregiver families.

Models of coping strategies

For Lazarus and Folkman (1984:142), coping is a process characterized by functions of continuous appraisal and reappraisals of the shifting person-environment relationship. According to the authors, there are two widely accepted models of coping strategies, namely emotion-focused and problem-focused forms of coping. Emotion-focused forms of coping are more likely to occur when there has been an appraisal that nothing can be done to modify harmful, threatening or challenging environmental conditions. Problem-focused forms of coping are more probable when such conditions are appraised as amenable to change. Its strategies are similar to those used for problem-solving and are directed at defining the problem, generating alternative solutions, weighing alternatives in terms of their cost and benefits, choosing amongst them and then acting. The issue under discussion in this article is understood in line with the problem-focused approach to coping. How the orphan caregiver families perceive the problem of orphanism, opt for alternative strategies among possible mechanisms of solving the problem and their patterns of action are analyzed accordingly. The model is used within the phenomenological perspective as the analytical framework of this study.

Materials and Methods

Research methods

This study was conducted in Jimma town which is an administrative city of Jimma zone and located in the south western part of Oromia at about 356 km from Finfinnee/Addis Ababa, the capital of Oromia/Ethiopia. It also hosts one of the biggest universities in the country, namely Jimma University. The Oromo ethnic group and Islamic religion followers constitute the largest population of the town. In this study, selected families in the town were targeted based on their experience of giving care to orphans. Some caregiver families have more than ten years of experience in caring and supporting orphans. The caregiver families may have or have no blood relationship with orphans receiving the care. Some of these caregiver parents have their own biological children whereas others do not.

A phenomenological study design was used in this study by which people's experience with regard to caring for orphans and their interpretation about those experiences is described. In phenomenological research, the researcher identifies the essence of human experience concerning phenomena as described by participants in a study. Understanding the lived experiences marks phenomenology as a philosophy as well as a method, and the procedure involves studying a small number of subjects through extensive and prolonged engagement to develop patterns and relationships of meaning. In this process, the researchers bracket their own experiences in order to understand the study participants (Creswell 2003). This approach was chosen as an appropriate design to examine the subjective feelings, experiences and options of caregivers in coping with challenges they face while providing care and support for orphaned children. Different qualitative research methods such as in-depth interview, key informant interview and focus group discussions were used to gather information. In addition to these primary sources of information, secondary sources like official reports of public offices in the town were used. All study participants were purposively selected based on their perceived knowledge and actual experiences pertinent to the issue of inquiry till the saturation point was reached.

Information was analyzed using thematic analysis in line with specific service packages supposed to be provided to orphans by the caregiver families, challenges faced by the caregiver families in the service provision and mainly coping strategies they employ to overcome those challenges. Given a purely qualitative study, information gathering and analysis were carried out simultaneously. Administrative and ethical issues were considered throughout the research process. All participants in the study have given oral consent after the research objective was explained to them. Privacy and confidentiality of the study participants were secured and child sensitive matters were also treated with a greater caution during data collection. The study participants were informed to freely participate in the study and they can withdraw whenever they lack interest in the participation.

Brief profile of the caregiver families and orphans

Characteristics of caregivers in Jimma town and those participated in this study in particular are briefly presented in this section. A total of 32 caregivers have participated in this study. Many of them are 40 to 60 years old females. Among those participated in this study, fifteen of them are widowed; others are separated, divorced and married. About half of them attended primary education and six of them attended secondary to tertiary level education. The total number of biological children and orphans per household do not exceed six. Many caregivers depend on petty trade or sale of domestic necessities including fruits and vegetables like potato, banana, lemon, avocado, tomato and local drinks as a main source of their household income. Few of the caregivers get very low pension while many of them are self-employed mainly in the petty trading. Average monthly income of the orphan caregiver households does not exceed 550 Ethiopian Birr (approximately 27 USD). While some caregivers have blood relationships with the orphans, others do not. Some caregivers have about 20 years of care giving experience whereas some are just recent beginners. Most of the orphans are under 15 years of age and females.

Results and Discussion

Coping strategies of the caregivers

This section presents the major coping strategies that the orphan caregiver families in Jimma town use against challenges they face in meeting the orphans' basic needs for physical, psychological and social development. Firafis and Nega (2017) have identified the major problems of orphan caregiver families in the town which are briefly summarized as follows. The caregiver families have limited economic capacity that hinders them to ensure optimal service needs of the orphans because most of them are poor themselves. They cannot satisfy the orphans' need of food both in terms of quantity and quality not only against international standards recommended by WHO and UNICEF but as perceived by the families in their local contexts. Similarly, the families have critical resource limitations to buy quality health care and educational services for the orphans. The families' perception that public schools and health facilities provide less quality services compared to private ones has partly contributed for the feeling. Failure to provide standard shelter and bedding for the orphans also constitute the major challenges faced by the caregiver families. Inadequacy of psychosocial support provided to the orphans by the caregiver families and/or relevant professionals is also among the critical challenges faced by the families. No matter how the challenges exist, the caregivers struggle to overcome those challenges using different coping strategies so as to continuously provide care and support for the orphaned children. Next, caregivers' coping strategies for the five key care and support components namely: food/nutrition, shelter, education, health and psychosocial support are presented.

Nutrition or feeding

Engaging orphans in household economic activities mainly in petty trading whereby local food items are exchanged in front of their residential home is a coping strategy. This activity is designed to support the household's food supply and feed the children with the left out food items from selling as a profit. The orphans engage in such businesses as assistants of the caregiver parents than their independent role. Children including the orphans sell specific food items that the caregivers purchase from the whole seller. Children's engagement is after schooling, many of them are aged between 9 and 12 and most of them are females. Caregivers' biological children are also involved in similar activity along with the orphans though this is not always the case. Another coping strategy used by the caregiver families to withstand food related challenges is purchasing food items with cheaper price among those available in nearby mini open markets in the vicinity. The caregiver families do not produce supportive food items like green paper, potato, onion, tomato and other related items for household consumption due to lack of urban or semi-urban farmland around their home. Cultivating awareness of children to develop positive attitude for sharing food with other children in the home and the neighborhood is also in place. Escaping meals by the adult members of the household is another commonly used strategy by the caregivers. Sometimes when the prepared food is inadequate for the children and adult members of the household, the latter are expected to escape the meal. Consequently, when the children invited them to eat together, the caregivers have to convince them that they do not need food at that time or they have already had or they will have it later. A male caregiver participant described the situation as, "*She (*referring to his wife*) tells the children that she had already had or justifies that her physical condition is not in need of food. In this way, she tries to divide the food only among the children.*" When food is critically short or absent, caregivers use different consumption approach that is not normally considered as proper dieting. A caregiver mentioned it as, *" When there is no food in the home, we distill the linseed and mix it with water; then the child goes to sleep just drinking it.*" One more coping strategies of caregiver families in relation to food and nutrition challenges were substituting expensive commodities with cheaper ones and to reduce consumption items in the household. Finally, some caregivers received financial or in kind support from charity organizations that are working in the town such as Jimma Missionaries of Charity that provide food items like oil and wheat.

Shelter and clothing

Among the most common coping strategies used by the caregiver families to overcome the poor accommodation of shelter to the orphans is sharing rooms and sleeping materials. Children of similar sex are made to sleep together. The caregivers orient the orphans to use all the items such as bedroom, blanket and bed sheet in common. Only some of the caregivers reported that children sleep separately having their own bedding materials but sleeping room is shared. In some households, the bedding materials serve different purposes during the day. Sharing clothing among children is also among the most common coping strategies used by the orphan caregiver families with exception of their school uniform for some of the children. The notion of privately owning clothing or personal belongings is less known and less practiced in such households. Moreover, some caregivers receive support from the neighbors who

provide the children with clothing that their own children do not use. In addition**,** many of the orphan caregivers live in house rent either from the government or kebele for which they pay lower price from Birr three to ten on average because of the fact that the houses belong to the government or kebele administration. In some other caregivers' household, children are made to wear long cloth called *"dress"* as bedding sheet and blanket. The other coping strategies of caregivers were purchasing cheaper cloth called *''salbaj* or *salbuu"* which refers to second hand clothes with low quality.

Education

With regard to coping with challenges related to education, choice of school with low cost of fee and transportation is a common practice among the orphan caregiver families. Hence, many of them are enrolled in public schools unless they get additional support from NGOs. Reportedly, there is no discrimination between orphans and biological children in schooling except some orphans are given enrollment in private or NGO schools. Some non-government and faith-based organizations support the caregivers to send the orphaned children to private schools which are recognized to offer better standards of education while caregivers' biological children attend their education at public schools. This was reported by a study in Jimma and its surrounding (Nega et al., 2014: 255) which noted that some non-governmental and faith-based organizations have programs responding to the needs of the OVC and they mainly engage in provisions of educational materials, school uniforms and income generating supports. The difficulty is that the number of orphans in need outweighs the potential resource capacities of the NGOs and FBOs to support them. Orphans also reuse the scholastic materials such as school bag, school uniform and shoes that were previously used by elder biological children. The caregivers negotiate with school administration to get permission for the orphans to attend school without school uniform yet this in itself becomes a source of stigma. Lack of school uniform among the school children has psychological influence on the orphans since they can be easily identified as unique, isolated and discriminated particularly in elementary schools. Some caregiver families sell their own wearing materials and jewelers mainly gold to purchase scholastic materials for the children and for other related costs. A caregiver put the scenario as,'' *I know that I do not have any inheritance for the children so I stress more on supporting them in their education and there was a time when I sold my necklace to fulfill their scholastic materials.*''

Causing children to be absent from school for some days so as to engage them in supplementary income generating activities was reported by some caregivers. This occurs when the caregivers cannot carry out the activities due to different social commitments like attending funerals, wedding ceremonies and public meetings. Income collected through this means is partly used for covering expenses related to scholastic materials for the children. At same time, orphans contribute to generating income and solving family problems. However, caregivers are not happy for doing that because they know that absenteeism will negatively affect educational performance of the students. This finding is similar with study results by UNICEF (2010) in Zimbabwe which indicate that OVC's school performance deteriorates partly because of the need to engage in income generating activities and partly because of anxiety. Similar study done in Uganda reveals that the provision of casual labor to children often interferes with school performance and it can be expected that such orphans could have performance problems (Wamanya, 2010:90). Another similar study undertaken in Ethiopia found that child development challenges partly resulted because the caregivers involve children in solving family problems (Tekalign, 2010).

Like it is the case in healthcare preference, caregivers perceive that private schools provide better quality education than the public. So, they are not happy for sending their children to public school being conditioned by economic problems. The poor families do not have option to avoid the public school because of the expensive school fee they cannot afford in private schools. Some caregivers with financial and material support from NGOs have orphans attending private schools while their biological children remain in public schools. Comparing experiences of the children in these different schools and their educational performances, caregivers attribute higher rank to the private schools. Caregivers in this study reported no differential treatment between the biological children and the orphans unless some orphans get chance to be supported by non-governmental organizations. This finding is not similar with a study conducted in a rural Ethiopia by Abebe and Aase (2007) which noted that even though care providing families claimed that they made no distinction between their own biological children and orphans under their care, orphans mentioned different layers of bias they face with regard to schooling, health care and leisure. Triangulation of evidences obtained from the caregiver families with evidences obtained from orphans' experiences may give better insight about this. So, it is appropriate to recommend further studies to be conducted in Jimma town which takes orphans' experiences into account so that this knowledge gap will be filled.

There are also occasions in which the caregivers are employed as part time domestic servants in other households in order to supplement their sources of income. They engage in cooking, cleaning homes and washing clothing. A female care giver shares her experience as, ''*I work as a home servant otherwise I cannot afford the educational expense of the children.*'' Taking salary in advance in order to fulfill the scholastic materials for the orphans is yet another coping strategy commonly used by the caregivers. Requesting the neighbors for support for purchasing educational materials so that they can send the orphans to school is also in place for some caregiver families. In fact, this practice is less common among the caregivers because either the neighbors themselves are economically weak or they negatively judge attempts made by the caregiver families to support the orphans while they themselves are poor. Finally, regular advice and follow up of the children on how they have to properly use their exercise book complement other coping strategies. For instance, the orphans are advised to write keeping each line of the exercise book and not to loss scholastic materials due to carelessly handling them. They are closely supervised for these.

Medical or health care

Even though they appreciate private health facilities, orphan caregivers prefer public healthcare facilities as coping strategies for challenges facing them in this regard. Affordability is the sole reason for choosing the public services both in schooling and medical treatment. They usually refer to public services as cheaper but with low quality. However, in a similar fashion with that of education, some caregivers who have support from humanitarian organizations get their children treated at private healthcare facilities whereby the organization refund the medical expenses. These caregivers witnessed that they could not afford the health service fee at private clinics in absence of supports from such charity organizations. The other coping strategy of the caregivers is getting children treated by traditional healing practitioners in complementary and alternative medicine (CAM) approach. For them, CAM is easily accessible, cheaper and more effective for some diseases. They have reported that the caregivers themselves practice some traditional healing practices using medicinal plants in order to reduce the treatment cost. Only when the problem gets severe after treatment in traditional approach that they seek care at modern clinic or health centers for treatment which is very expensive to them. The caregivers are conditionally forced to take the children to modern health facilities only if they child get complex health problem. There are also caregivers who seek support from their economically independent elder biological children to cover healthcare expenses of the orphans. Some previously orphaned children who were cared for by same family positively respond to such request for support and feel responsibility of giving assistance back to the caregivers so as to enable them continue supporting other orphans. The caregivers are grateful to these type of positive response be it encouraging words or real material or financial support. Striving to access cost-free treatment at public health facilities through supportive letters provided by administrative offices is also practiced as a coping mechanism. Additionally, public schools in collaboration with kebeles arrange conditions at which the orphans get identity card for free medical treatment at public health facilities.

Psychosocial care and support

Caregiver families who identify some behavioral problems with the orphans attempt to provide counseling and guidance services though they lack knowledge and skills of scientific applications. That is, this counseling and guidance are not based on professional support but on daily routine experiences of the caregivers themselves. It is also observed that such traditional counseling and guidance practices lead to further misbehaving of the orphans and cause orphans to relive their past experiences. The caregivers admit that psychosocial care and support is very difficult for them whereby they need professional support of relevant experts though this is rarely realized for free. The caregivers also seek for faith related psychosocial care and support like praying, drinking holy water and spiritual based teaching to cure the emotional problems of the orphans. Other study indicates that caretakers who have strong spiritual orientation turn to prayer and singing as a way of dealing with stressful situations (Wamanya, 2010:91-92). A caregiver participated in this study expressed the matter as, "*I take the children to church and praying places while they manifest symptoms like anger, fear and crying thinking that something wrong happened to them.*" There are caregivers who do not take any action rather prefer keeping quite due to lack of knowledge on how to treat and counsel the orphans. Women caregivers are relatively more successful than men in treating children's emotional problems through praying and teaching spiritual lessons in the household. In contrast, men were relatively more successful than women in addressing children's psychosocial problems using informal delivery of the emotional and behavioral support through their friends, peers and school teachers. Among the possible strategies, faith related support is the main coping strategy of caregivers to minimize service cost to be paid for professional counseling or treatment cost in health facilities. For the caregivers, taking children to faith-based organizations like church and mosque is with no expense and religious rituals like water baptism is applied to them. Only few households use professional guidance and counseling as their coping strategy against psychosocial challenges. Recreation and entertainment arrangement for both biological children and orphans with the aim of treating children's behavioral problems and solving their feeling of being discriminated is used by a few caregivers. This strategy is commonly implemented by caregivers who earn relatively better monthly income.

Conclusion and suggestive recommendations

Many of the coping strategies used by the caregiver families against challenges of meeting the basic needs of orphans involve the orphans themselves. Among others, orphans participate in prayer which is used as a coping strategy for psychosocial problems. In coping against educational challenges, orphans reuse old materials; missing from schools to support their family, and they are responsible to carefully use scholastic materials with maximum manner of saving and keeping in a secured condition. Moreover, orphans assist the caregiver families in income generating, unconditionally share food with others and feed any available food items when critical shortages face. Similarly, orphans share bedding rooms, sleeping materials and clothing to cope with challenges of shelter and clothing. Some of the coping strategies may have negative implications on the orphans' present or future lives as they involve psychological, physical, social and economic engagement of the orphans in matters beyond their capacity. Most of the strategies are to ensure minimum survival needs than enhancing quality of lives. Therefore, the coping strategies are just to challenge the challenges than solving the fundamental problems the caregiver families and the orphans are ever facing. In other words, features of the coping strategies appear more of adaptation to the problems than developmental or preventive. Engaging orphans in economic activities might be beyond their capacity particularly for those in lower ages. Assuming economic and social responsibilities also accounts for playing adults roles at the cost of enjoying childhood lives. Going to school without school uniform can negatively affect their self-image and expose them to stigma by other children in school. Inadequate feeding, substandard clothing and bedding, limited access to quality healthcare all negatively affect the normal growth and development of the orphans. So, strategies adopted by the caregiver families themselves partly expose the orphans to challenges while they temporarily ensure the current minimum survival

needs. Involvement in petty trading and absenteeism from school also compromise their current academic performance and future chance of successes in career development.

It appears that rampant problems related to orphans are recognized by the general public and government of Ethiopia. Yet, orphans and orphans have been associated with volunteer individuals and families, charity organizations, FBOs and CBOs for the solution. However, it is less debatable that the growing problems of orphans have become beyond the capacity of all non-state actors' interventions. Hence, establishing a formal system and government's regular intervention is not object to choice if we want to tackle the situation from worsening. That is, government's directive and regulatory roles in addressing orphanism as it used to be for long is no more adequate unless it involves programmatic interventions at different levels and in different ways.

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