

# The Situation of Institutional Care: Reflections and Lived Experiences of Inmates in Child Care Centers of Southern Ethiopia

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## Research Article

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# Abstract

Institutionalization has a negative impact on children's psychological adjustment. The absence of proper care for a staggering number of children devoid of parental care has been recognized as a severe problem requiring comprehensive and urgent intervention. The purpose of this research was to examine children's living experiences in care institutions in Ethiopia. Qualitative research approach was used in which data were collected using in-depth interview, observation, key informant interviews, and focus group discussion methods. Data were tape-recorded, transcribed, manually organized after searching themes within the data. The results of the study show that inmates consider the basic needs fulfilled by the institution as better than they received in the family of origin. It was also found that the institution has problems in terms of fulfilling the emotional and psychological needs of the children. Furthermore, research participants experience feelings of loneliness and being neglected in the institution. In addition, difficulties of establishing relationship were also found. Above all, the institution lacks the experience of reintegrating the children to their families of origin. Whereas institutional care is found to be better in terms of fulfilling the basic needs of the children, it has problems when it comes to fulfilling the emotional and psycho-social needs of the children hosted. Therefore, the personnel of the institution should take trainings to improve the level of emotional attachment they should maintain with the children. Moreover, the institution should have a clear long-term strategic plan about how to admit the children, how to care for them, and finally how to reintegrate them to their families of origin.

# Introduction

Countries in sub-Saharan Africa are ill equipped to meet the needs of OVC and their caregivers (Mishra & Assche, 2008). It is a well-documented fact that a large proportion of OVC are being cared for by extended families in a context where only a fraction of these households receive any form of family-preservation support from the government, non-governmental organizations, or the community. As a case in point, only 0.2 percent of the 37 percent of households in Rwanda that cared for orphans were provided with support (Biemba, Beard, Brooks. *et al.* 2010). Similar situation prevails in Ethiopia; according to the 2011 Ethiopian Demographic and Health Survey (EDHS) about one in every five households has a foster child, one in every ten households has a child with only one living parent, and double orphans were prevalent in 1 in 100 of the households (CSA, 2011).

The absence of proper care for a staggering number of children devoid of parental care has been recognized as a severe problem requiring comprehensive and urgent intervention. Children without parental care are at a higher risk of discrimination, inadequate care, abuse and a host of unmet development needs (Getnet, Desta & Woldekidan, 2013). Nevertheless, traditional means of caring for orphans, persons with disability, etc. are continuously changing. The responsibility is rapidly shifting from families (both nuclear and extended), communities and churches to different types of institutions (Tsegaye, 2001).

In Ethiopia, as in most traditional societies, there has been a strong culture of caring for orphans, the sick, and disabled and other needy members of the society by the nuclear and extended family members, communities and churches. However, the advent of urbanization exacerbated by the recurrent drought and the resultant famine coupled with the internal and external wars that took place in the couple of last decades have claimed

a heavy toll of human life. Millions of people were forced to migrate to centers where food was distributed. Consequently, thousands of children were left unaccompanied as neither family nor communities and religious organizations were able to discharge their traditional roles and functions. This situation therefore necessitated the proliferation of institutional care in Ethiopia at an alarming rate, after the severe drought of 1984/5 (Tsegaye, 2001).

Institutional care is part of the child welfare system provided by governments or non-profit organizations for children who cannot for various reasons be cared for by their family of origin (Dregan & Gulliford, 2012). The term "institution" includes a variety of group-living arrangements for looked-after children, including, amongst others, orphanages, children's homes, residential treatment facilities, specialized institutions for children with intellectual disabilities (Groza & Bunkers, 2017).

Higher rates of physical, emotional and verbal child abuse have been reported in child care institutions worldwide (Pinheiro, 2006). Exposure to such abuse may in turn instigate problematic behavior in children (Segura, Pereda, Guilera et al., 2016 cited in Pabasari, Anuradha, & Hasara, 2020). Externalizing problems such as rule-breaking and aggressive behavior seem to be more common than internalizing problems among children living in child care institutions, particularly among male children (Ginige, Baminiwatta, & Jayawardana, 2020). According to Ignasi, Mateu, & Leonard (2019), foster care children had significantly higher scores on all symptom and impairment measures than non-foster care mother and father groups. A longer duration in foster care (range 8 to 86 months) was also associated with significant lower scores on SCT, ADHD-IN, anxiety, depression, and academic impairment (Ginige et al, 2020).

Tsegaye (2001) identifies the critical problems related to the child care institutions in Ethiopia such as inadequate funding to support programs designed for the children, shortage of trained personnel, inadequate skills training that resulted in long care in orphanages, lack of psychosocial services, and lack of long-term strategic planning. As a result of these and other problems, the children in the orphanages often elicit unwanted behavior; the following of which are the main ones: feelings of loneliness and hopelessness, dependency on the adult population for all their needs, low self-esteem and feeling of inferiority, and rearing second generation of orphans (the children are attracted to each other as they grow). Most problems are associated with the lack of adult guidance. There is also limited participation of children in the centers even in decisions that determine their future; and children not being provided with minor responsibilities to handle while they are in the center.

Institutionalization has a negative impact on children's psychological adjustment. The most remarkable and unexpected finding is that children living in institutions have more impairment in psychopathological symptoms when they have living parents (Nsabimana, 2016). There is little evidence that being in care is detrimental to the educational outcomes of children looked after, but suggest that given the heterogeneity of the population, special attention should be paid to different groups of children and their particular needs while in care (Luke & O'Higgins, 2018). Beyond the emotional and social-psychological state of children being cared in institutions, the overall social situations of the children and the manner of treatment as perceived and evaluated by the children themselves have got little attention among researchers in Ethiopia. The objective of this research was therefore, to assess the situation of institutional care on the basis of reflections and lived experiences of inmates in Wolaita Sodo town.

# Materials And Methods

## Study Design

The researchers employed qualitative research approach. An institutional based cross-sectional research design was used in undertaking the study in which qualitative data were collected from randomly selected research participants receiving institutional care during the period of the study.

## Methods of Data Collection

The major method used in the study as a tool to gather primary data was in-depth interview. This method was intentionally chosen by the researchers because it helps one to obtain rich and depth data, as its name implies, about an issue at hand from the perspective of the research participants. Accordingly, the researchers have tried to approach participants, create and maintain a good rapport, and raise unstructured questions in which the interview was made to have a form of informal-normal conversation to make interviewees feel free and provide adequate data. In addition to the in-depth interview, two focus group discussions both containing six members were conducted in which one of the researchers moderated. Above all, non-participant observation and key informant interviews were also undertaken. Interview guide containing unstructured and flexible questions relevant to the specific research objectives were prepared to smoothly guide the interview process. Some of the questions include: "What is your reflection regarding the situation of treatment and care?", "What is your experience in each of the following dimensions of care (Physical assault, Verbal assault, Access to quality education, Sexual abuse in the institution, Access to adequate and nutritious food, Access to health care, Personal hygiene and safety)?", "How do you express the level of emotional attachment you have with your care providers?", "Do you have someone in the institution with whom you share your feelings, daily encounters, your hopes, problems and fortunes, and your future aspirations?", "If you have to take some advice on issues that you think are highly private, do you think there is a right person in the institution?", "How free do you feel to be a member of a religious organization of your choice?", "Do you often feel stereotyped or prejudiced on the basis of your thoughts, beliefs, practices, or any of your social identity?", "Do you feel you are always being equally treated with others?", "What do you commonly do when you experience/face maltreatments by someone in the institution?", "How willing are you to be reintegrated (reunified) to your family of origin?" Moreover, probing and follow-up questions were raised where necessary in order to further clarify questions and create better mutual understanding.

## Sampling Technique

Since the study relies exclusively on qualitative approach, non-probability sampling procedure was employed. Among the non-probability sampling techniques, purposive sampling technique was employed to select the study area and random sampling technique was used to select the research participants. The researchers selected eleven (11) individuals for in depth-interview, two (2) personnel of the institution (key informants), and twelve (12) inmates for the focus group discussion.

## Method of Data analysis

Qualitative data from observations, FGDs, in-depth interviews and key informant interviews were analyzed through theme and content analysis. The data collected using both *Wolaitatto* and *Amharic* languages were transcribed in English, and thematic data analysis technique was used to analyze the data. Then, data were interpreted, thoroughly analyzed and presented as per the rules of qualitative data analysis method.

## Results

The purpose of this research was to examine children's living experiences in care institutions in Wolaita Sodo. A qualitative research approach was used in which data were collected using in-depth interview, observation, key informant interview, and focus group discussion methods. Data were tape-recorded, transcribed, manually organized after searching themes within the data. Data will be presented and interpreted in this section.

Table 1: Background of research participants

Interviewee code	Sex	Age	Duration in Current center	Educational Status (grade)	History of Family of origin	No. of Institutions Joined	Religion Before current center	Religion after current center
IW001	F	14	1 year	3 & now active	Only siblings alive	3	Ortho. Christ	Protestant
IW002	M	14	4 years	6 & now active	None alive	1	Ortho. Christ	Protestant
IW003	F	6	½ year	1 & now active	Both parents alive	2	Ortho. Christ	Protestant
IW004	F	15	4 years	4 & now active	Whole Family alive	1	Protestant	Protestant
IW005	F	16	4 years	5 & now active	Mother & siblings alive	1	Protestant	Protestant
IW006	F	17	5 years	5 & now active	Mother & siblings alive	1	Protestant	Protestant
IW007	M	11	1 year	3 & now active	Mother & siblings alive	2	Ortho. Christ	Protestant
IW008	M	11	2 years	3 & now active	Whole Family alive	2	Ortho. Christ	Protestant
IW009	F	14	4 years	4 & now active	None alive	1	Ortho. Christ	Protestant
IW010	F	12	3 years	3 & now active	Whole Family alive	1	Ortho. Christ	Protestant
IW011	F	15	1 year	4 & now active	Father & siblings alive	3	Protestant	Protestant

Source: interview, 2020

According to the data presented in Table 1, most participants (8 of the 11) are females while the remaining 3 are males. Regarding their age distribution, the oldest interviewee was 17 years old while the youngest one is 6. Hence, the average age of the research participants is 13.18 years. In addition, all interviewees reported that

they are actively attending their education during the time of the interview and their academic status ranges from grade 1 to grade 4. Moreover, while most research participants disclosed that they have family of origin, two of the interviewees reported to be fully orphaned. Data in the table also show that part of the interviewees have joined more than one child care institution whereas part of them disclosed that the current institution is the first institution they joined in their life time.

### The nature of care and treatments in the institution

The different dimensions of institutional care in the study area, including fulfillment of inmates' basic needs, access to education, access to health care services, experiences of various forms of abuses & exploitations (labor, verbal, physical, & sexual), experiences of prejudice & discrimination, freedom of belief (religion), engagements in extracurricular endeavors, and emotional and appraisal support in the institution have been studied from the point of view of the research participants. In the following sub-sections, the findings of these aspects of institutional care will be presented in detail.

### Fulfillment of Basic Needs

Interviewed children have reported that most basic needs are adequately fulfilled by the institution. One of these basic needs, food, was said to be adequately served by most research participants. They have reported that they consume food three times a day (breakfast, lunch and dinner). Most interviewees also said that the food is good in terms of both adequacy and variety.

All interviewees, however, disclosed that the food is not nutritionally reach. The researcher understood that protein is the most missing nutritional item in the food of the children. One of the interviewees said the following:

*Earlier in the institution, we often used to eat meat; but now days, we eat meat only during holydays. Egg and milk have never been given to us; egg is rarely given only to the children who suffer from disease and take medicines."*

It is also understood that special need of the children is not considered during food preparation and delivery. Children's health condition, for instance, those with some gastric cases complained that the cooks are not interested to listen to their concerns during food preparation. One of the interviewees said: *"I usually vomit as soon as I eat a food cooked with pepper; although the cooks know my problem, they are not willing to entertain my complaints."* Children also reported about carelessness of the institution, especially during most breakfast meals. According to the interviewees, bread with tea is the most commonly served type of food the institution provides for breakfast. But, it has been a common practice in the institution that bread is served without tea and when they complain, the concerned body replies that it is due to lack of sugar.

The other element of the basic needs is cloth and shoe. Research participants agreed that cloths and shoes are adequately supplied by the institution. While cloths were reported to be provided on some long-term regular basis (twice a year was the common response), the likelihood of shoes to be purchased up on reporting or observation of finishing the existing one was disclosed. The manner in which cloths are provided, however, is not up to the expectations and interests of the children. Because children are given the 'new' cloths

from warehouse of the institution, research participants do not feel that the cloths that are provided to them are new. In addition, the absence of cloths that meet the cultural and ritual demands of the children have also been reported. For example, some interviewees complained about their need to have separate cloths for regular days and holydays and the lack such cloths in the institution. One of the good practices of the institution related to cloth is the provision of adequate (two for each) bed sheets and blankets to every child in the institution. On the other extreme, the inadequacy of the cloths that the children wear for regular day time routines was reported by some interviewees. The researcher has also observed children wearing ripped and dirty cloths during field observation.

#### Access to Education

All interviewees disclosed that they have better access to education in the current institution. The research participants have also reported their happiness in being able to attend private schools which gives them a sense of being equally privileged with other students outside the institution. In addition, it was understood that private mentors are employed to provide home-based academic support on selected subjects to the children.

#### Access to Health care Services

Data from all sources of in-depth interviews, focus group discussions and observation show that children in the institution get good access to health care services. It is found that a primary level clinic that can provide first aid primary diagnosis and treatment services to the children is available in the compound of the center. Interviewees also disclosed that access to secondary level medical treatment is available through referral to *Soddo Christian Hospital* and *Ottona Hospital*. In addition, further access to even tertiary level medical treatment to advanced hospitals abroad have also been reported in case of most acute cases.

Beside such broad access to health care services, the institution seems to be engaged in treating diseases than preventing them from the very outset. The absence of regular health check-ups, added to complaints regarding the absence of potable water justifies the above statement. Moreover, in Table 1, it was presented that the average age of the research participants is 13.18 and it implies that most children are entering in to the puberty stage. Consequently, the demand for reproductive health services also rises. But, interviewees revealed that the institution does not provide such services. In addition, the absence of adequate attention to mental health concerns of the children has also been reported.

#### Experiences of Various forms of Abuses & Exploitations

The data reveal that all forms of sexual, labor, verbal and physical buses and exploitations are experienced by the children in the institution. Regarding sexual abuse, some interviewees reported that relatively older ones (especially girls) try to gear the attention of relatively younger inmates through repeated attempts to the level of obsessing them to have sexual intercourse with one another. Sexual abuse and exploitation between the children and the personnel of the institution and any other body outside of the center has not been reported. In addition to sexual abuse, verbal abuse or assault was another form of abuse reported by the research participants. Interviewees revealed that they are commonly insulted and verbally harassed by the personnel of the institution, other children in the institution, and class mates in the school. From these, the most commonly

reported case of such verbal abuses is from the personnel of the center. For example, one of the interviewees said:

*Personnel of the institution insult me based on my disability; even during communication, when they ask me to do something and if I tell them that it is not visible to me, they tell me that it is because I am blind."*

And another interviewee again said the following when expressing how much some personnel of the institution, especially those working in the kitchen verbally harass her on the basis of her body characteristics: *"you seem like a pig; you have become as such obese because of the reason that you eat too much of food."*

Experiences of physical abuse that can be expressed in the form of both physical assault (beatings) and labor exploitation have also been reported. Although some interviewees disclosed that they are engaging in different forms of physical labor activities willingly in order to show their obedience to the personnel of the institution and thereby win a reward (such as cloths), others have disclosed that they are doing it just for the sake of survival.

### Engagements in Extracurricular Activities

Data show that inmates in the study area have little or no opportunity of engaging in extracurricular activities. Apart from allowing some children to work in the small farm garden which is located in the backyard of the center, the institution made no effort of engaging the children in such activities.

### Freedom of Belief and Worshipping

One of the worst aspects of institutional care centers in Ethiopia (both the study area and other centers where children have been before joining the current institution) is the absence of the principle of secularism. The same problem has been observed in the study area. As the data in Table 2 shows, all interviewees including those who have never been followers of protestant faith have been made to adopt Protestantism. Research participants who have been in other care centers before also reported the existence of similar problem among other institutions in Ethiopia. Even though the kind of religious faith that they are supposed to adopt varies from one center to another, children in care institutions in Ethiopia are forced to change their previous faith and adopt another new religion depending on the interest of the donors. Interviewees disclosed that the institution promotes Protestantism and encourages children to go to church, pray, read bible and most other rituals that followers of Protestantism should do.

Table 2: Religious background of interviewees before and after joining the current institution

Interviewee code	Sex	No. of Institutions Joined	Religion	Religion
			Before joining the current canter	After joining the current canter
IW001	F	3	Ortho. Christ	Protestant
IW002	M	1	Ortho. Christ	Protestant
IW003	F	2	Ortho. Christ	Protestant
IW004	F	1	Protestant	Protestant
IW005	F	1	Protestant	Protestant
IW006	F	1	Protestant	Protestant
IW007	M	2	Ortho. Christ	Protestant
IW008	M	2	Ortho. Christ	Protestant
IW009	F	1	Ortho. Christ	Protestant
IW010	F	1	Ortho. Christ	Protestant
IW011	F	3	Protestant	Protestant

Source: interview, 2020

#### Emotional and Appraisal Support in the Institution

Whereas the presence of appraisal support has been reported, most research participants complained about the absence of emotional support in the institution. Interviewees expressed their happiness in receiving continued encouragements from the personnel of the institution to become outstanding students, behaviorally sociable with other persons in and out of the institution, and become obedient to the demands of the personnel of the center. Children are not only advised to become better, but also that the institution implements reward and punishment mechanism to promote good behavior among the children. For example, research participants reported that there are three cards- green, yellow, and red given to the children based on their behavioral status. As the behavior of the children improved, their probability of getting green card and thereby reward also increases. The same procedure applies to scoring better grades in the area of the academics.

Research participants reported the absence of a right person to share very private matters among the personnel of the institution. And they expressed their hesitation to share secrets to other children in the institution due to fear of leakages. As a result, most interviewees reported frequent experiences of loneliness and the absence of a sense of belongingness both in the school and in the institution.

#### Social Interaction within and outside the care Institution

The nature of social interaction both within (children among themselves and children with the personnel of the institution) and outside of the care institution contributes to the psycho-social and emotional stability of the

children.

### Relationship with family of origin

As shown in Table 1, most participants of this research reported that they have one or more of their family members alive. Some of these children have also disclosed that they still continued to interact with their family of origin to the date of the interview. Interviewees who have continued their interaction with their family of origin, however, revealed that the interaction is irregular and often made only once or twice a year. Interviewees also expressed their complain that the institution lack the commitment in helping the children to interact with their family of origin on regular basis. Data also reveals that most children even those reported to have members of family of origin alive do not interact with their family of origin. Even though they know that their families are still alive to the date of the interview, most disclosed that they do not know the whereabouts of their parents.

### Relationship with the Personnel of the Institution

Data shows that the relationship between the children and the personnel of the institution is positive and supportive for most cases of the interview and focus group discussion sessions. Research participants reported the existence of some level of support and encouragements from the side of the personnel. Others, however, disclosed the presence of exploitation and abuse, especially from the side of non-professional personnel of the institution such as the cooks. The absence of even a fair level of emotional attachment between the children and the personnel of the institution has also been noted.

### Relationship with other Children in the Institution

The relationship between children in the institution is characterized by both positive and negative aspects. Most research participants disclosed that there exists positive and caring relationship among the children in the institution. Other participants of the study reported the existence of exploitation and abuse between the children in the institution. Verbal and simple physical assaults are the most commonly reported problems. The absence of religious freedom discussed above was reported to be imposed by some senior inmates that act as informal bosses in the institution. Interviewees disclosed that such inmates not only intimidate new inmates but also they violate the rights and interests of other children to worship.

### Relationship with Classmates and others in Schools

Data show that the relationship between research participants and their peers in the school is full of prejudices, stereotypes and characterized by non-reciprocal interactions. Most interviewees reported about being too restrictive in terms of maintaining relationships with classmates in the school. Such restrictiveness comes from both the absence of willingness from the side of other children in the schools to form relationship with the research participants and the presence of wrong self-esteem on the side of the research participants. Interviewees disclosed that their peers in the school not only want to form relationships with them, but also stigmatize them on the basis of their institutional affiliation. One of the interviewees for example, said:

*“Our peers in the school do not want to engage in relationship with us; they insult us orphaned children raised in care institution without family. Due to this, I do not have school friends; I search children from my institution*

*learning in the same school and play with them during break times.”*

Other interviewees disclosed that the reason for losing friends in the school is inability of the children in the institution to engage in reciprocal relationships with their peers in the school. Upon forming relationships, while other children invite the research participants to their homes, personnel of the institution, especially the guard, is not willing for children other than those living in the institution to get in the compound and play with them. As a result, the research participants considered the relation as imbalanced and hence, cannot be maintained.

### Adaptations and Coping Mechanisms in Response to Maltreatments

In the sections presented before, it was found that the research participants experience various forms of abuses and exploitations from the different sources that they encounter in their daily lives. Like any other person or group, they also adopt different strategies to withstand the challenges they face. One of these adaptation mechanisms is sleeping for long hours until the feeling they experience is passed. One interviewee, for example, said the following about her coping mechanism:

*“When I quarrel with someone, especially when people insult me on the basis of my family identity, I feel lonely and ask God why he created me this way. I don’t have someone in the institution to share my feelings. Therefore, I just go to my bed and sleep until I feel free from my feelings.”*

The other coping mechanism mentioned by the research participants was prayer. Interviewees disclosed that when they feel abandoned, prejudiced, or maltreated by someone in the institution or by other children in the school, they go to their common places and pray for God to relieve them from such feelings and in an attempt for seeking other long-term solutions. In addition, research participants also reported crying as the other most common way of adapting to institutional maltreatments and feelings of loneliness.

*“When I feel that my life has no meaning and when I consider that I have no one in this world, I will find a place where there is no any person and cry from the bottom of my heart. I don’t forget the day I cried for a very long period of time when my friend in our school insulted me that I am raised up without a family.”*

Research participants have also mentioned talking to someone else around them as the other common coping mechanism to escape maltreatments and feelings of loneliness. This coping strategy applies to the children who have wider networks around the institution and positively interact with their classmates in the school. Such children prefer to talk to others, including the personnel of the institution, especially the cooks and the guards, whenever they experience maltreatments from different sources.

### Prospects and Trends for Reintegration

Providing a life-time service to the children they hosted is not the purpose for which child care institutions are established from the beginning. Helping orphans to get the needs they lost due to the death or incapability of their care givers, capacitating them up to the stage of acting as the normal member of the society is the ultimate purpose for the establishment of such institutions. Accordingly, the research participants were asked if they are interested to be reunited to their families of origin. In this case, most interviewees have shown a very keen interest to be reintegrated even as soon as possible during the time of the interview. Most of the

research participants, both in in-depth interview and in the focus group discussion sessions expressed their long term wishes to start life with their families of origin after becoming self-sufficient. A 14 year's interviewee said the following regarding the need to rejoin family of origin:

*“By the way I like my family, especially my father very much. It was because of my father's pressure that me and my siblings joined this institution. When my parents got divorced and our mother went to some far area leaving us with our father, we used to live with our father for some years. Our father was a daily laborer who was not able to get enough money to afford our daily expenses. He was not able to teach us in school and we all were forced to spend the whole day without education. Through time, he became so tired that he was not able to earn an income that can buy even food for me and my siblings. We often used to be hungry. Then, one day, he told us to join this institution. We separated with tears. I like him very much and I wish I am able to earn some income in the future after finishing my education and live with him and my siblings again. I always pray for God to help me achieve this.”*

Data from key informant interview with selected personnel of the institution revealed the presence of conflict of interest between expat staffs and the local staffs regarding the need to reintegrate children to their family of origin. While the local administrative staffs are interested about helping the children to be reintegrated to their family of origin, it was reported that the expat staffs, especially those having direct relation with donors are not interested to reunite children to their families even when formal requests are presented from the side of the children. One of the key informants, for example, said the following about the presence of conflict of interest between the two groups of staffs about the need to reintegrate children to their families of origin:

*“As a responsible, body, we always plan to reunite able-bodied children to their family of origin. One of the main tasks of the social work department in the institution is to help the children to be reintegrated to their families. Social workers often go some far remote rural areas in searching the families of the children in the institution to work the reintegration tasks. However, when some children listen about our plan, they call the expats using cell phone and tell them about our activities. Once the foreigners become aware about our activities, they stop us. The main reason for this is because they want to keep the number of the children in the center as high as possible to help them secure huge amount of money from the donors. Due to this, we are not able to undertake the reintegration activities in the institution.”*

In addition to the existence of conflict of interest between the two groups, the absence of commitment from the side of the local staffs to incorporate reintegration as a core component of the institution's strategic plan can be mentioned as another problem contributing to the absence of reintegration practices in the institution. The absence of discussion between the two regarding the need to reintegrate children and the lack of assertiveness from the side of the local staffs to convince the expats, the children, and the donors might also be another challenge.

## **Discussion**

Worldwide, millions of children live in institutions, which runs counter to both the UN-recognized right of children to be raised in a family environment, and the physical, neurobiological, psychological, and mental health costs of institutionalization and the benefits of deinstitutionalization of child welfare systems

(Goldman, Kranenburg, Bradford, et al, 2020). Institutional care is provided within a congregate living environment designed to meet the functional, medical, personal, social, and housing needs of individuals who have physical, mental, and/or developmental disabilities. Vulnerable children, and older adults, individuals with developmental disabilities, mental retardation, chronic mental illness, and physical disabilities are more likely to receive care in institutional settings, such as orphanages, nursing homes, residential facilities, and rehabilitation centers (Galik, 2013).

This research was about assessing the situation of institutional care from the perspectives of the inmates in Wolaita Sodo town. It is found that most of the basic needs of the children in the study area have been fulfilled. Apart from its nutritional deficiency, the food provided by the institution was found to be adequate. Research participants reported that enough cloths are delivered. A better access to education and health care services were also found by this study. The findings of the present study are consistent with Tatsiopouloua, Chatzidimitrioub, Georgacac, et al (2020) who studied experiences during placement and long-term impact of institutional care in Greek and found that participants in their study described the institution as a safe haven, a place where their basic needs, such as food, water, shelter and clothing were met. They mention that there was a daily routine that offered structure and a feeling of care and protection. They speak with emotion about the time they resided there and often use the word “home”, when they refer to it.

From the present study, we also found that although adequate, most basic needs are not up to the expectations of the children in the institution. The fact that cloths are stored in a warehouse, the absence of separate cloths for different occasions and other things have been mentioned as problems in fulfillment of children’s basic needs. In addition, the absence of extracurricular activities in which children can engage, the existence of different forms of abuses and exploitations (sexual, verbal, physical, and labor abuses), the absence of strong emotional support from the side of the personnel of the institution were also found as problems of the institution. Higher rates of physical, emotional and verbal child abuse have been reported in child care institutions worldwide (Pinheiro, 2006). Tatsiopouloua et al. (2020) also found that study participants felt emotionally neglected, that their emotional needs were not considered important and that they had to deal with emotional pain primarily alone or with support from their peers

Research participants of our research disclosed that they have difficulties of forming positive relationships with the personnel of the institution, other children in the institution, and their peers in the school environment. Family relationships and parenting involvement were reported to be the strongest predictors of children’s psychological adjustment in most of measured outcome variables (Nsabimana, 2016). Many of the looked after young people living in residential care thought that they had limited opportunities to form positive relationships with trusted adults. Some young people felt that staff in residential homes did not really care about them and were just doing it for the money (Voice, 2015). The young people stated that small acts of kindness from care givers such as being asked, when they get home from school, ‘How was your day?’ demonstrated that the care giver was concerned and thinking about them (Holland, Floris, Crowley, et al., 2010). Causal association has been found between maltreatment and reduced overall cognitive performance in institutionalized children (Southwarda, Eatonb, O’Connora, et al., 2020).

Crying, sleeping for prolonged period of time, talking to someone else, and prayer have been found as coping mechanisms of children in institutional care in the study area to the different problems that they experience. In

addition, the study found the absence of practices of reintegration in the institution. Longer duration of pre-adoptive out-of-home placement was associated with inattention, especially for children with deficits in error-monitoring (Frenkel, Donzella, Frenn, et al. 2020). Institutionalization has a negative impact on children's psychological adjustment. The most remarkable and unexpected finding is that Rwandan children living in institution have more impairment in psychopathological symptoms when they have living parents. De-institutionalized children and children who remained in institution had more attachment problems than never-institutionalized children but attachment-related avoidance problems did not differ significantly between de-institutionalized children and children who remained in institution (Nsabimana, 2016).

## Conclusion

From the findings of the present research, it is possible to conclude that institutional care has both positive and negative dimensions in the study area. Whereas institutional care is better in terms of fulfilling the basic needs of the children, it has problems when it comes to fulfilling the emotional and psycho-social needs of the children hosted. Children are provided with better foods, clothing, bedrooms, shower and toilet facilities, education and health care services compared to the type of living they can obtain in their family of origin. However, children did not fill home because of the lack of strong emotional and social support networks in the institution.

The personnel of the institution are busy in terms of fulfilling the basic needs of the children and ignoring the emotional and psychological demands of the inmates. The need to maintain a continued contact between the children and their families of origin has been neglected by the institution. In addition, the personnel of the institution, including even the counselors and social workers, are emotionally not close to the children. Children do not have someone with whom they can share their private secrets. Because of these and other reasons, loneliness, feelings of being neglected are experienced by the children in the institution. Finally, the institution lacks a strategic plan about what to do finally after caring the children. It lacks a clear mission and it considers that children will remain in the institution forever.

## Recommendations

The institution should have a clear long-term strategic plan about how to admit the children, how to care for them, and finally how to reintegrate them to their families of origin. Moreover, the personnel of the institution should take trainings to improve the level of emotional attachment they should maintain with the children. Youth-friendly and reproductive health care services should also be provided to the children to protect them from related consequences. Furthermore, dialogue and discussion should be maintained between the local and expat staffs to improve the reunification practices of the institution. Above all, the institution should be secular and respect the freedom of beliefs of the children. It should also work to maintain regular and frequent contact between the children and their families of origin. International experts in reforming care for children identified evidence-based policy recommendations to promote family-based alternatives to institutionalization. Family-based care refers to caregiving by extended family or foster, kafalah (the practice of guardianship of orphaned children in Islam), or adoptive family, preferably in close physical proximity to the biological family to facilitate the continued contact of children with important individuals in their life when this is in their best interest (Goldman, et al, 2020).

## Abbreviations

CSA: Central Statistical Agency

OVC: Orphan and Vulnerable Children

EDHS: Ethiopian Demographic and Health Survey

MoF: Ministry of Finance

NGO: Non-Governmental Organization

SCT: Sluggish cognitive tempo

ADHD-IN: Attention-Deficit/Hyperactivity Disorder Inattention

FGD: Focus Group Discussion

## Declarations

Ethical approval and Consent to participate

Ethical Approval

The researchers obtained ethical approval from the ethical approval committee of Wolaita Sodo University. In addition, a formal letter was secured from the department of sociology, Wolaita Sodo University. An informed consent was obtained by informing the research participants about the objectives and rationale of undertaking the research. Furthermore, up on collecting data, the names of the research participants were not written on the field note in order to keep their personal identity anonymous. Furthermore, because most of the research participants are children who cannot provide informed consent themselves, we have contacted and received a go-ahead permission from all the concerned staffs of the Institution that are responsible for the guardianship of the children. Moreover, research participants were informed ahead about the possibility of withdrawing from the study in case the need arises at any time.

Consent for Publication

N/A

Funding

N/A

Competing interest

The authors declare that there is no conflict of interest.

Availability of data and materials

The data used to support the findings of this study are available from the corresponding author upon reasonable request.

### Authors' Contributions

BZ reviewed literatures, wrote the research proposal, carried out fieldwork, and drafted the manuscript. AL and BZ contributed to the conception, analysis and writing of the manuscript. All authors read and approved the final manuscript.

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