

Child Detachment as a Correlate of Social Well-Being of Orphaned Children in Ibadan and Abeokuta, Nigeria

Dr. Olufunmilayo O Folaranmi

Department of Social Work, University of Ibadan, Ibadan
Email: ojfolaranmi@yahoo.com

Mr. Ogunkanmi Zaccheaus Olusegun

Registry Department, Redeemer's University, Mowe
Email: ogunkanmio@run.edu.ng

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Abstract

This study investigated child detachment as a correlate of social well-being among orphaned children from selected orphanages in Ibadan and Abeokuta. The study adopted a descriptive survey research design. A total of 350 respondents were purposively selected from the four orphanages using purposive sampling technique. The study found that the support and care received by the respondents have positive significant effects on their physical well-being and self-esteem. The study also showed that there is high prevalence of paternal death and loss of bread winners in households which has economic implication on the lives of the children. The findings showed that institutional care has beneficial effect on the lives of orphaned children especially in the urban setting as against the rural setting where extended family is still functioning. The study made some recommendations which include staff development training for proprietors and workers in orphanages to provide family-like environment for orphans in their custody.

Keywords: Child Detachment, Social Well-Being, Orphaned Children.

1. Introduction

For some decades now the increase in the number of orphaned children has been on an alarming rate. Some factors for the increase are natural disasters, war, religion/political crisis, HIV/AIDS and poverty. Worldwide, it is estimated that more than 15 million children under age 18 have been orphaned by AIDS, about 11.6 million of those children live in Sub-Saharan Africa (UNAIDS, 2008). In recent time, the attention of the world has been drawn to various places at the hit of natural disaster. Haiti, one of the poorest countries in the world had 380,000 orphaned children according to UNICEF.

The effect of flood and other natural disasters cannot be overemphasized in Chile and Pakistan as many surviving children lost their parents. In recent decades, the toll of orphaned children in some warring nations of the world like Nepal, Botswana, Rwanda, Liberia, Afghanistan, Sudan, Somalia and Iraq has been on the high side. Thousands of children have been orphaned, displaced and many of them have witnessed terrible violence and fighting. According to a report by UNICEF, more than 2 million children have died as a result of armed conflict over the last decade. An estimated 20 million children have been forced to flee their homes because of conflicts and human right violation (UNICEF 2008).

In 2002, the optional protocol to the convention on the rights of the child on the involvement of children in armed conflict enters into force. This optional protocol outlaws the involvement of children under age 18 in hostilities. It equally requires states to raise the age of compulsory recruitment and direct participation in conflict to 18, the optional protocol requires states parties to raise the minimum age for voluntary recruitment beyond the current minimum of 15 (UNICEF 2002)

Considering the helpless, fragile nature and vulnerability of children, efforts is been made by Government, International bodies and Non-Governmental Organisation (NGOS) to rescue children in conflict of loss of parents. Conflict theory emphasizes that conflict is common and inherent in human society. 'The history of all hitherto existing society is the history of class struggles' Marx, K. (1848). The modern efforts in resolving problems of children in conflict of loss of parents have been geared towards provision of alternative home (orphanage) and adoption of such children. However, it is pertinent to note that only few children are fortunate to stay in orphaned home while others that are not so fortunate stay in their villages, many without homes, especially in warring communities. Some have been forced to become

labourers, beggars and prostitutes, while some are subjected to trafficking and sold out as slaves. Persistent crisis in the Northern Nigeria can be brought to focus. Consequently, each crisis left lots of children orphaned. Major causes of orphaning in Nigeria can be summed up as accidental factor, social factor, economic factor and individual factor. According to 2008 Situation Analysis in Nigeria, an extract from OVC-CARE project, a research work undertaken between 2004 and 2008 funded by US Agency for International Development (USAID) and implemented by Boston University Centre for Health and Development : there are 17.5 million orphans and vulnerable children (OVC) including 7.3 million orphans; 2.39 million orphans are due to AIDs; 10.7% of the 70 million children are vulnerable; 10% of children are orphaned (7% in North-West to 17% in South East; 10% in rural, 11% in urban; Benue State has the highest prevalence of orphans (25%), followed by Akwa Ibom 22% while Niger has the lowest 2.7%.

World Bank report (2002) estimated the causes of orphans and vulnerability in Nigeria as accidental deaths (24%), conflict (22%), death during child birth (17%), and HIV/AIDS (11%). Notable among International bodies that has embarked on funding the well being of children are UNICEF majorly on funding children particularly child education, Department for International Development focus among others, on provision of food via the world food programs. UNAIDS and WHO focuses on Health of the children population.

There are observable indications in our society today that different hazards are increasing the number of orphaned children. Whether orphaned by war, accidents and crisis, HIV/AIDS, natural disasters or poverty. Orphans experience physical, psychological, emotional and social difficulties. As one can imagine, the loss of a parent (or both parents) profoundly affects a child economically, psychologically and socially. UNICEF and UNAIDS (2002) enumerated the following effects of sickness and death of a parent upon children as economic hardship, lack of love, attention and affection, withdrawal from school, psychological distress, loss of inheritance, increased abuse and risk of HIV infection, malnutrition, illness, stigma, discrimination and isolation. Detachment of children from their biological parents exposes them to the above difficulties that hamper their well being. Six dimensions have been identified by researchers in measuring the well being of children - material well being, health and safety, education, peer and family relationship, behaviour and risks, and young people's own subjective sense of well being.

However, it is necessary to note that statistics are scanty and more research needs to be done to understand the problem of orphans and the roles of orphanages especially in Nigeria. This study therefore sought to examine child detachment as a correlate of social well being of orphaned children in selected orphanages in Ibadan and Abeokuta.

In traditional African culture especially before industrialisation and urbanisation of African society, orphans do not experience much difficulty as they are being taken care of by immediate family members. According to Foster (2002) in traditional African culture, there were "no orphans" as they are being cared for within kin systems. The kinship system that encourages co-existence of extended family members, face to face household system, transference of widow to younger brother and care of orphaned children to the immediate family has taken care of all major problems that are currently encountered by orphans in our society. The drift from rural life style to urban setting especially prompted by industrialization, westernization and global development has altered the traditional African life style extensively. However, according to UNICEF, (2003) throughout sub-Saharan African today, extended families are caring for more than 90 percent of orphaned children.

UNICEF, (2003) noted that those who take in orphans face worse poverty and challenges in meeting even basic needs and many families who take in orphans are headed by grand parents, siblings or other relatives and in some cases grandmothers are caring for multiple orphans. The prevalence of civil war, poverty and diseases in Africa has caused great increase of orphaned children. 12.3 million have lost one or both parents to AIDS, and orphan numbers are projected to rise to 18.4 million by 2010 in Sub-Saharan Africa. UNAIDS, UNICEF, and USAID, (2004). Although 10 percent of the world's population live in Sub-Saharan Africa, nearly 80% of the World AIDS orphans came from this area. UNICEF, (2003).

Crawley (2001), Wax (2003) rightly observed that with the added strains of AIDS, families are less willing or able to take orphans and some even take advantage of them. In Kenya UNICEF also found that some orphans were treated poorly, abused, forced to work and discriminated against. Crawley, (2001).

The efforts of Non Governmental Organizations (NGOs) Community Based Organizations (CBO) and Faith Based Organizations cannot be over emphasized in the care of orphans and vulnerable children in our society. Zimmerman, (2005) explained that the necessity of saving many highly vulnerable children and advocates for realistic, practical and immediately feasible solutions, which include orphanages that may play an important role in alleviating most problems confronting African orphans and the community.

Abebe and Aese (2007); Oleke et al. (2005) observed that since African society is confronted with a lot of challenges such as poverty, famine, cultural transitions and the host of others which affect community structures coupled with evolving responsibilities may impede the effectiveness of strengthening and empowering relatives and community

members. Also McKenzie (1997) has demonstrated that institutional care might have beneficial effects, while orphans foster with relatives often become second-rank children, often are not attending school, and may have difficulties receiving health care.

Many of the institutional care established across Nigeria especially in Abeokuta and Ibadan are owned by Individuals, Faith Based Organizations and Non-Governmental Organisation sponsored by philanthropist and charity organization.

It is necessary to state that despite the fact that institutionalization of orphans and vulnerable children cannot provide perfect alternative or substitute for parent(s) and may lack personal touch, warmth and parental affection needed by children, its role outweighs its weakness especially in meeting the immediate and basic needs of orphaned children.

Orphans form a considerable portion of the population of the country especially when we consider the number of children that have been orphaned as a result of local tribal, religion and political crisis in addition to AIDS orphaned in all parts of the country especially the northern part of Nigeria.

It is of general knowledge that children are the most vulnerable group in any population and need optimal social care because of their vulnerability and dependence as they can be neglected, ill-treated, exploited and can be misled into undesirable antisocial behaviour. Human needs may range from the basic biological needs to highly complex personal fulfilment and self actualization" hence it is expected of parents/caregiver to make basic needs available to children.

According to Bowlby (1958) attachment system is very robust and a young human form attachment easily, even in far less than ideal circumstances. Bowlby stressed further that in spite of this robustness significant separation i.e. (detachment) from familiar caregiver or frequent changes of caregiver that prevent the development of attachment may result in psychopathology at some point in later life.

Characteristics of attachment according to proponents include;

1. Safe Haven: When the child feels threatened or afraid, he or she can return to the care giver for comfort.
2. Secure Base: The caregiver provides a secure and dependable base for the child to explore the world.
3. Proximity Maintenance: The child strives to stay near the caregiver, thus keeping the Child safe
4. Separation Distress: when separated from the caregiver, the child will become upset and distressed.

Bowlby (1951) in his monograph for the World Health Organization (WHO), Maternal Care and Mental Health, hypothesized that "the infant and young child should experience a warm, intimate and continuous relationship with his mother or (permanent mother substitute) in which both find satisfaction and enjoyment" the psychoanalytic school also emphasized the importance of early mother- infant bonds for child development.

2. Objectives of the Study

The main objective is to examine the correlation between child detachment and social well being of orphaned children in Ibadan and Abeokuta, while specific objectives are to determine the well being of orphaned children; investigate how child detachment correlates with physical well-being of orphaned children. Identify the effect of care and supportive roles of orphanages on the orphaned, identify the effects of loss of parents on the self esteem of orphaned children, and identify the problems faced by orphaned children in orphanage homes. Recommend ways to reduce the problems of orphaned children.

3. Research Methodology

The study employed descriptive research design and was carried out at Ibadan and Abeokuta among orphaned children in the following orphanages: Stephen Centre International, Abeokuta, Oyiza Orphanages and Foster Foundation, Ibadan, Children of Promise (Chiprom), Ibadan and Oluwakemi Orphanage Home in Omi- Adio, Ibadan. Descriptive research design is a scientific method which involves observing and describing the behavior of a subject without influencing it in any way. (Shuttleworth 2014). 350 children purposively selected in the orphanages in Ibadan and Abeokuta constituted the research sample. The research instrument was subjected to face and content validity through expert review while test-re-test reliability was conducted with a reliability value of 0.8.

4. Data Collection and Analysis

The researchers obtained permission from the proprietresses of the homes, the children were briefed of the purpose of the study. Data collected were analysed with frequency counts, tables and simple percentages.

5. Findings

The result of investigations carried out in this study is presented in three parts, the first part deals with demographic data, the second part deal with general analysis of well being of respondents (data on Physical, self esteem, social support and care, personal functioning and child status) and the third part deal with hypothesis. The results are presented in tables and discussion below:

6. Demographic Information

Table 1: Social Demographic Distribution of Respondents

Variable	Frequency	Percentage
Sex		
Male	169	48.3
Female	181	51.7
Total	350	100%
Age		
3 - 5 years old	5	1.4
5-10yearsold	67	19.1
10- 15 years old	198	56.6
15 - 17 years old	80	22.9
Total	350	100%
Religion		
Christianity	333	95.1
Islam	11	3.1
Traditional	6	1.7
Others	0	0
Total	350	100%
Occupation		
Schooling	346	98.9
Apprenticeship	4	1.1
Others	0	0
Total	350	100%
Class		
Nursery	2	.6
Primary	151	43.1
Junior Secondary School	119	34.0
Senior Secondary School	77	22.0
Post Secondary School	1	.3
Total	350	100%
Location		
Abeokuta home	248	70.9
Ibadan homes	102	29.1
Total	350	100%

From the above demographic data, out of three hundred and fifty (350) respondents observed, 169 (48.3%) of the respondents are male and 181 (51.7%) are female. Children ages 3 to 17 formed the population of this study. 198 (56.6%) of the observed respondents fall between ages 10 and 15, 80 respondents (22.9%) fall between ages 15 and 17, 67 (19.1%) respondents fall between ages 5 and 10 and only 5 respondents (1.4%) are between 3 and 5. It is obvious that all ages the research work intended to observed was represented, however, the results above implies that most orphanages do not encourage custody of infant and toddlers who might needs much tender attentions and care.

Distribution of respondents by religion from the table above shown that 333 (95.1 %) were Christians, 11 of the respondents sampled were Muslims and 6 indicated traditional religion. This implies that the subjects consist of Christians, Muslims and traditionalists. However the high frequencies of Christians in the sample may be as a result of the facts that all orphanages observed are owned and run by Christians especially Stephen Centre in Abeokuta that cares for children of martyrs, orphaned by religion crisis in the Northern States.

Distribution of respondents by occupation as indicated in the table above shows that 346 (98.9 %) of the respondents sampled were schooling while only 4 (1.1 %) were learning one trade or the other. This suggests that orphaned in orphanages observed were not denied the right to education. This also implies that orphans education is being funded by the orphanages.

The classes observed under this study include nursery, primary, junior secondary, senior secondary classes and post secondary school. The highest frequencies fall between Primary and Junior Secondary Classes while the lowest is on Nursery and Post secondary School as indicated in the table above.

Finally under this section 248 (70.9 %) respondents were drawn from Abeokuta while 102 (29.1 %) were drawn from Ibadan. This is because of the available numbers of orphaned children in a single home in Abeokuta as against lower numbers of orphaned spread across three homes observed in Ibadan.

Research question 1: How does child detachment correlate with the physical well-being of orphaned children?

Table 2: Distribution of Physical Well Being of Respondents

The rating (5) Marks, for all of the time, (4) Marks, for most of the time, (3) Marks, for More than half of the time, (2) Marks, for less than half of the time, (1) Mark, for some of the time and F (0) Mark, for at no time (this rating is used to determine the correlation between child detachment and physical wellbeing).

Variables	All of the time (%)	Most of the time (%)	More than half of the time (%)	Less than half of the time (%)	Some of the time(%)	At no time (%)	Un-attempted(%)	Total (%)
I feel well and energetic	213(60.9)	108(30.9)	12(3.4)	0(0.0)	15(4.3)	0(0)	2(6)	350(100)
I feel physically fit enough to do anything I want do	191(54.6)	120(34.3)	10(2.9)	2(6)	23(6.6)	1(3)	3(9)	350(100)
I am comfortable about my weight, shape and physical condition	237(67.7)	88(25.1)	8(2.3)	0(0)	8(2.3)	5(1.4)	4(1.1)	350(100)
I do get all the sleep I need	178(50.9)	112(32.0)	18(4.6)	3(9)	40(11.4)	1(3)	0(0)	350(100)
I am free of unexplained physical health symptom	159(45.4)	117(33.4)	29(8.3)	1(3)	23(6.6)	10(2.9)	11(3.1)	350(100)
I woke up feeling fresh and rested	211(60.3)	94(26.9)	18(5.1)	1(3)	21(6.0)	2(6)	3(9)	350(100)
My daily life has been filled with things that interest me	155(44.3)	116(33.1)	18(5.1)	0(0)	55(15.7)	1(3)	4(1.1)	350(100)
I eat good balanced diet daily	202(57.7)	119(34.0)	6(1.7)	2(6)	18(5.1)	0(0)	3(9)	350(100)
I feel calm and relax	164(46.9)	137(39.1)	19(5.4)	0(0)	28(8)	1(3)	1(3)	350(100)
I usually visit hospital for treatment	49(14.0)	61(17.4)	31(8.9)	12(3.4)	91(26.0)	105(30.0)	1(3)	350(100)
I do get all I need anytime the need arise	78(22.2)	107(30.6)	35(10.0)	18(5.1)	100(28.6)	5(1.4)	7(2.0)	350(100)
I eat what I want and not what I see	85(24.3)	128(36.6)	17(4.9)	18(5.1)	81(23.1)	21(6.0)	0(0)	350(100)

From the table above, result shows that a high percentage of respondents was physically well. 213 (60.9%) and 108 (30.9%) of the respondents feel well and energetic all of the time and most of the time respectively. Also, 12 (3.4%) and 15 (4.3%) feel well and energetic more than half of the time and sometimes respectively. Whereas none (0%) of the respondent feel well and energetic, less than half of the time and at no time respectively. This implies that over (90%) of the respondent feel very well and energetic.

Similarly, all of the time 191 (54.6%) respondents feel physically fit enough to engage in normal daily activities and in most of the time, 120 (34.3%) respondents also feel physically fit to engage in normal daily activities whereas 'at no time' only 1 (3%) respondent fell physically fit enough to do anything he/she want to do. The implication of the above is that majority (311) of the 350 respondents feel physically fit enough to engage in normal daily activities either all of the time or most of the time.

202 (57.7%) of the respondents eat good balance diet daily all of the time and 119 (34.0%) eat good balance diet most days, only 6 (1.7%) indicated that they eat good balance diet more than half of the time, 2 (6%) respondents for less than half of the time, 18 (5.1 %) respondents for some of the time and none of the respondent eat good balance diet at no time.

The results of the respondents about frequency of hospital visits and whether they have unexplained physical health symptoms also supported the high percentage of physical well being of orphaned children under this study. 105 (30.0%) visit hospital at no time, 91 (26.0) some of the time 49 (14.0%) all of the time and 61 (17.4%) most of the time. 159 (45.4%) are free of unexplained physical health symptom all of the time, 117 (33.4%) also are free of unexplained physical symptom most of the time. The implication of the above is that lower percentages of children in orphanages have

health challenges and whenever they have health challenges they have access to the medical facilities.

Responses to questions 19 to 33 provide an overview of how respondents see themselves. Respondents were provided with the following instruction: If you strongly agree with the statement circle (SA) 3 marks, if you agree circle (A) 2 marks, if you disagree circle (D) 1 mark, if you strongly disagree circle (SD) 0 mark. The items with asterisks are reverse scored i.e. SA=0, A=1, D=2, and SD= 3.

Research question 2: How does loss of parent affect the self esteem of orphaned children?

Table 3: Distribution of Self Esteem of Respondents

Variable	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagreed (%)	Un-attempted (%)	Total (%)
On the whole I am satisfied with myself.	236(67.5)	100(28.6)	6(1.7)	1(.3)	7(2.0)	350(100)
I feel that I have a number of good qualities	202(57.7)	130(37.1)	9(2.6)	2(.6)	7(2.0)	350(100)
Engage in normal daily activities	157(44.9)	152(43.4)	8(2.3)	11(3.1)	22(6.3)	350(100)
I have adequate self-worth	144(41.1)	140(40.9)	38(10.9)	20(5.7)	8(2.3)	350(100)
I take a positive attitude towards myself	198(56.6)	111(31.7)	20(5.7)	11(3.1)	10(2.9)	350(100)
I get my sense of self worth from the approval of other.	148(42.3)	134(38.3)	26(7.4)	22(6.3)	20(5.7)	350(100)
My opinion count to me than other people's opinion	171(48.9)	132(37.7)	22(6.3)	13(3.7)	12(3.4)	350(100)
I struggle with feeling of inferiority	109(31.1)	113(32.3)	48(13.7)	63(18.0)	17(4.9)	350(100)
* At times, I think I am not good at all	73(20.9)	99(28.3)	60(17.1)	103(29.5)	15(4.3)	350(100)
*I feel I do not have much to be proud of	89(25.4)	120(34.3)	63(18.0)	66(18.9)	12(3.4)	350(100)
*I certainly feel useless at times	63(18.0)	86(24.6)	73(20.9)	119(34.0)	9(2.6)	350(100)
*I wish I could have more respect for myself	161(46.0)	125(35.7)	19(5.4)	37(10.6)	8(2.3)	350(100)
*All in all, I am inclined to feel that I am a failure	43(12.3)	33(9.4)	17(20.9)	189(54.0)	12(3.4)	350(100)
*I feel unattractive	56(16.0)	68(19.4)	86(24.6)	133(38.1)	7(2.0)	350(100)
*I feel unappreciated	28(8.0)	62(17.7)	79(22.6)	170(48.6)	11(3.1)	350(100)

The above table shows the Self Esteem (SE) of the respondents. 236 (67.4%) strongly agreed that they are satisfied with themselves, 100 (28.6%) respondents agreed that they are satisfied with themselves only 6 (1.7%) and 1 (.3%) disagreed and strongly disagreed that they are satisfied with themselves. This implies that 7 (2.0%) are not satisfied with themselves and 336 (96.0%) agreed that they are satisfied with themselves while only 7 (2.0%) did not respond to the question. 202 (57.7%) and 130 (37.1%) strongly agree and agree respectively, that they have a number of good qualities while 9 (2.6%) and 2 (.6%) disagreed and strongly disagreed that they have good qualities, when only 7 respondents refuse to respond to the question.

Following similar trends higher percentages of respondents as indicated in the table above, agreed and strongly agreed that they engage in normal daily activities, they have adequate self-worth, take positive attitude towards themselves, that their opinion counts to them more than other people's opinion while lower percentages of respondents disagreed and strongly disagreed to the above questions respectively.

Four out of the seven questions asked negatively and scored in reverse orders revealed that majority of the respondents feel attractive, feel appreciated, did not feel useless and did not see themselves as a failure this implies a positive self esteem. Only 3 out of the 15 questions posted indicated a low self esteem, majority of respondents indicated that they feel they do not have much to be proud of, wish they could have more respect for themselves and inclined to feel that they are a failure.

7. Discussion of Findings

This research work revealed that out of 350 orphaned children under study 181 are female and 169 male and only 4 of the orphaned prefer vocational training to formal schooling. This shows that 98.9% of the orphaned under study are engaged in formal schooling. It also implies that the problems of dropping out of school or inability to attend school owing to loss of parents as revealed by some studies did not apply to orphaned children in good institutions/orphanages in fact, this work corroborates the work of McKenzie (1997) which indicated that institutional care might have beneficial effects. While Christensen, (2003) also reported that orphaned foster with relatives often become second rank children, often are not attending school, and may have difficulties receiving health care.

This work also revealed that 276 of the 350 respondents reported paternal loss while only 50 of the respondents reported maternal loss. This work invariably implies that 276 (78.9%) are paternal orphans and 50 (14.3%) are maternal orphans and this implies that the death of breadwinner in the family and household will have significant effects on the household economy as the children may need to depend only on the available resources from the mother or relatives thus the

intervention of institutions may serve as a relief for the mothers.

The finding of this work also shows that if basic needs of people (orphans) such as food clothing and housing are made available as Maslow, (1943) argued with maximum social support, care and medical facilities, imminent problems associated with orphaned children such as physical abuse psychological problems and negative social influence will be averted. The orphans under study enjoy institutional support from caring staff and as a result most of them feel and look happy. The bio-ecological system concept of Bronfenbrenner, (1979) which shows that child development is a dynamic and reciprocal process of interactions between individual and a series of environmental factors both climate and abstracts may be so useful when institution performs such functions prescribed for the micro-system.

8. Conclusion

It is evident that if adequate social support, care and basic needs of orphaned children are met by care giver following the death of parent(s) and eventual detachment, the wellbeing of the child may not be impaired.

9. Recommendations

Based on the result of the finding of this study, the following recommendations were made: Government should put measures in place to reduce avoidable pre-mature death of parents as resulting from religion crisis and HIV / AIDS epidemic thereby reducing number of orphans in our society.

Government agencies, non-governmental organizations and philanthropists should support funding of community based orphanages to care for the orphan in the society.

Proprietors of orphanages should harness resources to provide enviable homely environments with caring and supportive staff for the care of orphans in their custody.

Social workers and counselors working with children should be ready to provide professional interventions for orphaned children to aid their coping during the traumatic experiences associated with loss of parents.

References

- Abebe, T., and Aese. (2007). Children AIDS and the Politics of Orphan Care in Ethiopia: The Extended Family Revisited. *Social Science and Medicine* 64:2058-69.
- Bowlby, J. (1958). *The Nature of The Child's Tie to His Mother*, International Journal of Medicine.
- Bowlby, J. (1960a). *Separation Anxiety*, International Journal of Psychoanalysis, 41, 89-113.
- Bowlby, J. (1960b). *Grief and Mourning in Infancy and Early Childhood*. Psychoanalytic Study
- Bowlby, J. (1969, 1982) *Attachment and Loss, vol. 1: Attachment*. London: The Hogarth Press.
- Bowlby, J. (1973), *Attachment and Loss, vol. 2: Separation*. London: The Hogarth Press.
- Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and*
- Crawley, L. (2001). The Initiative to Improve Palliative Care for African-Americans. *SGIM Forum*. December 24(12) 6-7.
- FMOH, (2008). *Nigeria Country Progress Report Foster Homes*.
- Foster, G. (2002). Supporting Community Efforts to Assist Orphans in Africa [Electronic version.
- Foster, G. (2002). *The Capacity of the Extended Family Safety Net for Orphan in African* *Psychology, Health and Medicine* 5:55-62.
- Foster, G. and Williamson, J.G. (2000). *A Review of Current Literature on the Impact of HIV/AIDS on Children in Sub-Saharan Africa*. *AIDS, 14* (suppl.3) S275.8284.
- Fostering Families Magazine. (2001). Hope for children bill adoption tax credit 2001. Retrieved http://www.unicef.org/publications/africas_orphans.pdf In Johns Hopkins University Press.
- Marx, K. and Engels, F. (1848). *Manifesto of the Communist Party*: Chapter 1 Maslow, A.H. (1943). *A Theory of Human Motivation*, *Psychological Review* 50(4):370-96.
- McKenzie, R.B (1997) Orphanage Alumni How they have Done and How they Evaluate their Experience. *Child and Youth Care Forum* 26. 02:87-111
- McKenzie, R.B (1999). Rethinking Orphanages for the 21 St Century Thousand Oaks CA: Sage Oni, 1. B.(1995). Fostered children's perception of their health care and illness treatment in Ekiti Yoruba Households, *Nigeria. Health Transition Review* 5 No 1: 21
- Paquette . D. Ryan, J. (2001). *Bronfenbrenner's Ecological Systems Theory*. Chicago National Louis University. <http://pt3.nl.edu/paquetteryanwebquest.pdf>
- Shuttleworth Martyn (2014). Descriptive Research Design. Explorable Psychology Experiments. Retrieved from <https://explorable.com/descriptive-research-design>
- UNAIDS, UNICEF, & USAID. (2002). Children on the brink 2002: A joint report on orphan UNAIDS, UNICEF, & USAID. (2004). Children on the brink 2004: A joint report of new orphan.
- UNAIDS, UNICEF and USAID (2004). *Children on the Brink : A Joint Report of New Orphan Estimate and a Framework for Action*.

- Retrieved September 6, 2004 from <http://www.unicef.org/publication/cob%5flayout6-013.pdf>.
- UNAIDS. (2004a). Fact Sheet: AIDS epidemic in sub-Saharan Africa. Retrieved September 6, 2004, from <http://www.unaids.org/bangkok2004/factsheets.html>
- UNAIDS. (2004b). Understanding the latest estimates of the global AIDS epidemic--July 2004.
- UNAIDS. (2004c). Executive summary: 2004 report on the global AIDS epidemic. Retrieved
- UNICEF, (1999 a). *Children Orphaned by AIDS Frontline Responses from Eastern and Southern Africa* New York: UNICEF
- UNICEF, (2002). *State of the World's children*
- UNICEF, (2006). *African's Orphaned and Vulnerable Generations*. New York
- UNICEF, (2007). *State of the World Children*
- UNICEF, (2008). *State of the World Children*
- UNICEF. (2004). UNICEF's Position on Inter-country Adoption. Retrieved from <http://www.unicef.org/publications/index22212.html>
- United Nations Convention on the Rights of the Child. (1989). Retrieved September 6, 2004,
- USAIDS 2008. *Nigeria Research Situation Analysis on Orphan and Other Vulnerable Children; Country Brief* Boston University
- USAIDS, (2004). *Understanding the Needs of Orphan and other Children Affected by HIV and AIDS in Africa*. Academy for Educational development: Washington D.C.
- USAIDS, 2008. *Nigeria Research Situation Analysis on Orphan and Other Vulnerable Children; Country Brief* Boston University
- WHO, (2004). *The World Health Report Changing History* Wikipedia: <http://en.wikipedia.org/wiki/family>.
- Williamson, I.G. Foster, et al. (2005). *A Generation at Risk. The Global Impact of HIV/AIDS on Orphans and Vulnerable Children*. London: Cambridge University press.
- Wolff, P. and Fesseha G. (1998). The Orphans of Eritrea: Are Orphanages Part of the Problems
- World Bank (2002a). Education and AIDS: A window of hope. Report 24059. Human
- World Bank (2002b). "Achieving Education For All: Simulation Results for 47 Low-Income Yoruba households, Nigeria 1995, Health Transition Review, N°5, 1, p.21-34
- Zimmerman, B. (2005). Orphan Living Situations in Malawi: A Composition of Orphanages.