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POVERTY AND THE STATE OF ORPHANS IN OWERRI, IMO STATE

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ABSTRACT: The level of poverty in Imo state since the present democratic dispensation is easily discernable especially when the conditions of orphans in the state are considered. This study investigates and assesses the experiences of orphaned and vulnerable children (OVC) who live with poverty, insecurity and social stigmatization in Owerri due largely to reasons of loss of parent(s) or being born by parents who are not there to take responsibilities for them. The purpose of the study is to inform and reform social policy by providing a better understanding of the suffering of orphans in our society. An intensive literature review was carried out using Google search, PubMed, Scholars portal search and Scopus. More so, scholarly publications in peer-reviewed journals, bibliographies and literatures relevant to the study were reviewed to add flesh and quality to the study. The empirical study made use of orphans living in orphanage homes in Owerri as the study subjects. The theory of economic inequality which places the OVC among the most economically disadvantaged segments of the society was used to analyze the study. The study is purely a qualitative research as the informants supplied oral information based on their experiences living in orphanage homes. The risk factors or indicators of extreme poverty include inability of the children to feed well, get good education and many are living with non biological care givers. The study recommends that prevention and intervention initiatives aimed at improving the lots of orphaned children in Imo and Nigeria at large is needed and should incorporate efforts to promote education, reduction of poverty and social stigmatization of orphans.

Keywords: Orphan, Poverty, Leadership, Government, Owerri, Children, Orphanage.

Background to the Study

In South east Nigeria where Imo State is located, the word orphan was not a house hold or very common among the people because a child who losses one or both of the parents was usually moved into a relative's family and raised as a bona fide member of the family (Bakare, 2015). But due to the weakened extended family system in Igbo land, in contemporary times, which is caused by the influence of western cultures, high level of poverty, population explosion, bad leadership, corruption and changing methods of crime in society, human lives are being lost at very alarming rates. In most cases each death that

occurs in society turns one child or more into orphans and makes the child or children vulnerable to hunger, disease, and other anti-social vices or even death. The death of a father or mother or both exposes the children to untold poverty and disparity and impinges on the self esteem and dignity of the children. Most children who lost their parents at the tender ages end up on the streets as touts and urchins or find their ways into orphanage homes where they get minimum care and eke out their livelihood.

Recent studies estimate that there are approximately 145 million children worldwide who have lost at least one parent as a result of various causes (World Health Organization/United States Agency for International Development, 2008; Tadesse, Fekadu, Malalign, 2014). There are an estimated 17.5 million orphans and vulnerable children (OVC) in Nigeria out of which 7.3 million were orphaned by HIV/AIDS particularly in states with high prevalence of the scourge (Uneze, 2010).

In Imo State, it is estimated that about 280 thousand children are orphaned through the loss of one or both parents (M & E Plan, 2009). Aside those who were orphaned as a result of the death of parent(s) many are children who were abandoned at birth by their mothers, probably due to illegitimate conception and the fear of social stigmatization and or home brake-ups. A good number of such children are housed in child care or orphanage homes across the nation.

Compared to non-orphans, this class of children enjoys minimal basic facilities needed for good and healthy living with little food, poor clothing and congestion in their living abodes. Those who found themselves with extended family members do not fair better as they mostly live in households with lower income and higher dependency ratios (Heymann & Kidman, 2009; Howard, Philips, Matinhure, Goodman, McCurdy and Johnson2007). Unfortunately, while the number of orphans and vulnerable children (OVC) from all causes are dropping in other South East states of Nigeria that of Imo is on the increase (United Nations Children's Fund, 2007).

Children express the best socio-psychological wellbeing when they live with their parents and show promise of a better learning ability and are physically and psychologically positioned to internalize knowledge, to be productive and even to socialize and relate with their mates and their elders. But in the event of a loss of one or both parents of a child due to whatever cause, the child experiences multiple problems ranging from grief, dejectedness, anxiety, hopelessness, lack of parental care, lack of community support, feeling of guilt, depression and aggression and even eating, sleeping and learning nightmares (Chipungu and Bent-Goodley, 2004; Gilbom, Nyonyitono, Kabumbuli and Jagwe-Wadda, 2001; Tadesse, *et al.*, 2014, p.294; Calhoun and Tedeschi, 1995).

Statement of the Problem

A visit to some orphanage homes in Owerri, the Imo state capital is likely to make one weep for the many children who live in intolerable conditions from birth, for no fault of theirs. These are children who were born into the world, and who probably may not have seen their

parents for the greater parts of their lives, and many of whom happened to find themselves in homes which serve as both their paternal and maternal homes (Aikilola, 2005).

This class of children barely gets the basic necessities of life as they perpetually depend on the mercy and benevolence of other members of the public. Their places of abode are nothing to write home about. The shelters in which they are kept most times do not have good doors and windows. Any number of them can be found in one room provided it is ventilated enough to prevent suffocation. They wear used clothes donated by benevolent members of the public and feed on anything availably provided for them by people who have surplus. Many of these children live on the street as urchins. Some live in households with chronically ill grandparents that have taken them by adoption or one that has experienced recent death from chronic illness as Human Immunodeficiency Virus infection / Acquired Immune Deficiency Syndrome (HIV/AIDS). Most OVC seldom get education and when they do, they are not trained in quality schools. Those who live outside of the homes are not availed the benefit of a primary health care. Many more are vulnerable to sexual exploitation and child labour, resulting in growing number of child prostitutes (RAAAP, 2005).

Unlike in developed nations, OVC in developing countries and particularly in Nigeria hardly receive assistance from government. There is no established and streamlined programme of the government targeting the alleviation of the suffering of orphans. The lack of adequate care for this class of children has exposed some of them to the activities of child traffickers. Some unscrupulous orphanage home operators now use these homes as smoke screen for selling of children. They violate the law on adoption of children. The new trend now is for some of these homes (known as Baby factory) to assemble young women with unwanted pregnancies and nurture them till they are delivered and after which they sell these babies and pay a paltry some as commission to their mothers.

Household wealth disparities in the state has continued also to account for the increasing malaise of unwanted pregnancies, home brake-ups and rise in HIV/AIDS cases which give rise to OVC. Some people cannot access basic services such as water and sanitation; other families are able only to afford cheaper goods (e.g., a radio or a bicycle) while wealthy ones have access to all western commodities (Hohmann and Garenne, 2010; Alozie, 2017). Economic imbalance to a large extent is implicated in creating OVC. There is disparity also in the welfares of OVC and non-OVC (ie children living with both parents).

Although, the society - non-governmental, faith based and community based organizations inherit the role of guardians to the OVC and have tried in their own little ways to present arguments against harm on children, the government has not played a remarkable role towards the betterment of lives of OVC in the state (Aikilola, 2015). Therefore the following questions are raised in the study: What factors are responsible for the increasing destitution of orphaned and vulnerable children (OVC) in Owerri, Imo State? How are these orphans surviving their destitute conditions without adequate intervention of the state? What can society do to alleviate the vulnerable conditions of OVC in Owerri?

Objectives of the Study

The broad objective of the study is to understand the needs of OVC in Owerri as a basis to provide support and aid services towards alleviating their poverty and bridging the disparity between orphans and non orphans in society.

The specific objectives are: to determine the factors that is responsible for the destitution of OVC in Owerri; to explain how these orphans are surviving deplorable destitute conditions without adequate intervention of the state, and to suggest ways in which the suffering of orphans in the state may be reduced.

The Concept of Poverty and Disparity

The concept of poverty may mean different things to different persons depending on the context and social values of the user of the term. Poverty is the scarcity or the lack of a certain (variant) amount of material possessions or money (United Nations Educational, Scientific and Cultural Organization UNICEF).

It is defined as the *deprivation of common necessities that determine the quality of life, including food, clothing, shelter and safe drinking water, and may also include the deprivation of opportunities to learn, to obtain better employment to escape poverty, and/or to enjoy the respect of fellow citizens* (Lauby, 2008, p 1).

Ewetan (2005) has defined poverty as a situation of low income or low consumption. For him, poverty exist when one or more persons fall short of a level of economic welfare deemed to constitute an acceptable minimum either in some absolute sense or by the standard of a particular society (Lypton and Ravallion, 1995) as cited in Adeyemo and Alayande, 2001. The term refers to a lack of physical necessities, assets and income.

Poverty is a multifarious and multifaceted concept, which may include social, economic, and political elements (Killian and Durrheim, 2008; Berry and Guthrie, 2003). Absolute poverty, extreme poverty, or destitution refers to the complete lack of the means necessary to meet basic personal needs such as food, shelter, clothing, education and Medicare.

According to a UNICEF report, based on data from 2011, around 76.5 million children aged 0–17 years lived in economic poverty in the 41 most affluent countries. The proportions of children in all 41 countries ranged from 5.3 to 40.5% and in the 28 EU countries from 8.8 to 40.5%. When leaving out Spain, Italy and Greece, the proportions in 12 'Western' EU countries ranged from 8.8 to 28.6%. The report identified a strong relationship between the recession of national economies and the well-being of children (UNICEF, 2011). This means that there is also poverty in developed economies of the West though, this is a far cry compared with what obtains in developing countries of the South where the rate of absolute poverty is highly alarming (Brannon and Feist, 2000).

Going by the Nigerian economic report released in July 2014 by the World Bank, poverty still remains significant at 33.1% in Nigeria, Africa's biggest economy. For a country with massive wealth and a huge population to support commerce, a well-developed economy, and plenty of natural resources such as oil, the level of poverty in the views of that report, remains unacceptable (Word Bank, 2014).

A major cause of poverty among children according to Doku, Dotse and Mensah (2015) is parental illness or loss of parents. This unfortunate occurrence in their views permeates all aspects of a child's life and often marks the beginning of a drastic change in their lives. Parental deaths and illnesses are childhood traumatic events that are associated with several physical, psychiatric and psychosocial health problems (Doku *et al*., 2015).

Disparity according to the Cambridge dictionary is a lack of equality or similarity, especially in a way that is not fair. Raphael and Beal in their paper entitled "A Review of the Evidence of Disparities in Child vs Adult Health Care: A Disparity in Disparity" carefully documented paediatric inequality or disparity which exists in the United States health care system. Disparity may also exist between children orphaned by the death of both parents and those made orphan by the death of a parent only, as the surviving parent could help in providing the needed care to the orphan. In the views of some writers, the inadequate coverage of the National Health Insurance Scheme (NHIS) means restricted access of many children, particularly, vulnerable groups as orphans and those from very poor families access to quality health care (Global study on Child Poverty and Disparity).

Disparity and vulnerability go hand in hand as socio-economic inequality usually makes some children more vulnerable. The Nigeria Research Situation Analysis (2009) while assessing the situation of OVC in 2008 in all the 36 states and Abuja, categorized vulnerable children in the following groups: Homeless OVC, Household OVC, OVC residing in institutions, street children, orphans, abused, abandoned and the neglected children, the trafficked children needing assistance and protection and children in conflict with war, child sex workers, children with disability, children living in poverty, among others. This categorization is necessary for policy decisions and implementation by relevant authorities on OVC.

The Theory of Economic Inequality

The researchers considered the theory of economic inequality very applicable to this study. This theory was used in the work of DeNavas-Walt, Proctor and Smith, (2010) on *Income, poverty and health insurance coverage in the United States: 2009*.

Economic inequality refers to the extent of the economic difference between the rich and the poor. Because most societies, and in particular, Nigeria are stratified, there will always be some people who are richer or poorer than others, but the key question is *how much* richer or poorer they are. When the gap between them is large, we say that much economic inequality exists; when the gap between them is small, we say that relatively little economic inequality exists.

Considered in this light, the researchers insist that Nigeria has a very large degree of economic inequality. A common way to examine inequality according to DeNavas-Walt et al, is to rank the nation's families by income from lowest to highest and then to divide this distribution into *fifths*. Thus, we have the poorest fifth of the nation's families (or the 20% of families with the lowest family incomes), a second fifth with somewhat higher incomes, and so on until we reach the richest fifth of families, or the 20% with the highest incomes. We then can see what percentage each fifth has of the nation's *entire* income or Gross National Product (GNP). The poorest fifth enjoys only about 3.4% of the nation's income, while the richest fifth enjoys 50.3%. Another way of saying this is that the richest 20% of the population have as much income as the remaining 80% of the population.

From the table below, the less privileged group into which the OVC may be classified belong to the poorest fifth and may not even get a fair share of the 3.4%. This scenario makes the condition of the less privilege and more over, that of the OVC too excruciating in the Nigerian society. The theory therefore suggests that the high level of inequality between the poor and the rich has direct bearing on the wellbeing of the OVC.
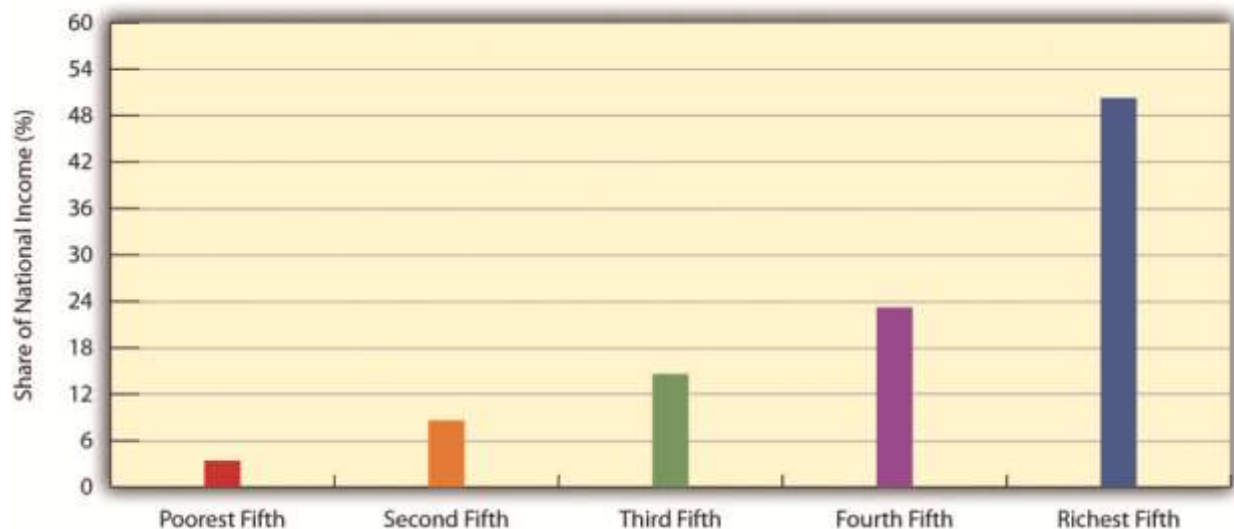

Figure 1. Division of National Income Going to Income Fifths in Nigeria 2018. Source: Field Research

Research Procedure

The researchers placed repeated phone calls on the officials of the selected orphanage homes – Christian Childcare (CCC) motherless babies' home, to book appointments with them for an interview and when approval was given, the researchers then proceeded with the study. We employed the purposive sampling technique to select children who showed signs of possession of psychosocial information. In order to get participants who had some understanding of the research topic, children who had received care in the orphanages for at least two years were selected. The researchers then went ahead to explain the purpose of the study and the eligibility criteria to participate in the study to both the participants, heads of

the orphanage organizations, the programme managers, councillors and others workers to enable them assemble the children and encourage them to say their minds. We also instructed the children to inform their legal guardians so as to obtain their consent. After consulting with the various stakeholders and getting their approvals, we then chose a date, time and place convenient for the participants to conduct the study.

This study on OVC is predominantly cross-sectional, with a heavy reliance upon situational analyses, qualitative studies, and data from national household surveys. Situational analyses and qualitative studies offer insights into the lives of the children. Nonetheless, it relies on purposive samples of the few children that actually received assistance so that findings can only be generalized to a tiny fraction of the true population of OVC

Population of the Study

The population of the study was a collection of orphaned and vulnerable children (OVC) living in orphanage homes in Owerri, Imo State. The ages of the children ranged between 7 and 17 years and all of whom had lived in the orphanages for more than one year and were active participants and beneficiaries of the services of the homes as at April 2019 when the research was carried out. Inclusion into the study was absolutely voluntary. Children who did not want to participate in the sampling were excluded from the study.

Population Sample Size

A total of twenty (20) respondents (50%) were randomly interviewed from the forty (40) participants included in the study, selected from four orphanage homes – Save The Child orphanage home, Christian Child Care home, Shalom Help the Poor Motherless Babies Home and Hope House Orphanage in Owerri. Twenty-four (24) of the 40 participants were females while sixteen (16) were males. All the participants were children living in orphanage homes; Majority of the children belonged to the age group of 15 to 17 years. In terms of their educational status, 21 (8.4%) were attending secondary schools. Most of the children had lost their parents by death while some did not see their parents as they died during their early ages or had abandoned them at birth.

Methods of Data Collection

Primary data was collected through interviews. The data collection exercise lasted for three days and was carried out by the investigators, who extracted the subjective feelings and experiences of the OVC which helped in the analysis of the data. A semi-structured interview schedule was designed for the structured interviews. The interview questions were prepared in English language with some words explained in Igbo language to make them easily understandable to the participants and to avoid the interruption of discursion flows because of transmission problem.

The audiotapes of the study were transcribed immediately after the interviews. The researchers were able to capture the observations of the non-verbal cues by linking the audio

recorded interviews, field notes, and their personal memory of the event. Non-verbal cues for each participant were recorded as separate notes without interfering with the conversation, and the notes were vividly marked with the identification number of the research participant. The researchers made the transcriptions in a very calm environment in the middle of the night. The Nvivo 8 qualitative data analysis soft-ware package was used to prune and analyze the data. The translated data were open-ended coded. The coding of the data began immediately after the translation of the data to avoid loss of memory and forgetfulness. The coded data were grouped and categorized. In other words, the codes with similar characteristics were grouped together. Interpretation followed as soon as the analysis was completed. The researchers provided interpretation based on the finding.

Research Results

The following psychosocial experiences of the OVC in orphanages emerged from the thematic analysis of the qualitative data.

Accessibility of Basic Needs

Most of the children interviewed reported that they felt somewhat happy that they now led a more meaningful and better life than before due to the basic services they received at the orphanages. They said they have access to basic needs of life, such as food, clothing, shelter, medical care and education. Interestingly, most of the orphanages in Owerri have primary and post primary schools within their premises though these schools are not adequately equipped. A 14-year-old orphaned boy whose parents are both dead and who has lived for 6 years in the orphanage expressed his feeling thus:

"I thank God for coming here because we can now afford to have most of our basic needs that we didn't have while in the village or on the street... I feel happy because I never had a dream to even sleep under a roof."

But, a few of the children stated that they were not leading a happy life. They complained that the services they received were of poor quality. Another older and single orphaned boy who sounded like an activist complained bitterly about the poor quality of the food they eat in the Home and the dilapidating state of the building housing them. According to him, he has lived for 4 years in the orphanage.

"The food is usually salty; the cloths are not smart and fit to wear… the roofs are leaking and some of the windows have gone very bad. If I get any opportunity to leave this orphanage, I will not hesitate. For me, it is like a prison. I wish my mother was alive, my dad would not have brought me to this place to pass through all this"

Meanwhile, directors of orphanage homes in Owerri are particularly not happy over the alleged stoppage of their subvention by the government since 2011. Narrating their ordeal, one of the care giver-informants of the study said,

"In the past, we used to get subvention from the state government, NGOs. Even, when I worked with the Red Cross, our subvention was only three to four thousand naira. But then, it was a big money. "But since 2011, the subvention has not been coming up till today. I want to tell you that it is not easy for you to run this type of institution. You are faced with challenges of finance for provision of food, as well as taking care of their health."

Psychological Problems

Again, the researchers observed the behaviours of the children while the interviews where going on. They saw that most of the children felt sad and depressed due to lack of good relationship with the care givers and the community in which they find themselves, maybe, due to the grief and bereavement of their parental loss. An element of stigma existed in their relation with people in the community. A 15-year-old girl who lost her mother expressed her grief by saying as she shaded tears:

"It has been nearly six years since I lost my mom to untimely death. Immediately after her death, I entered a new world of calamity full of sadness and stress. My father is a drunkard and has never cared to fend for me…I pray that someday I will leave this place and get a good job so I can get over this hell of a place… Even the way people look at us is unfortunate."

Another young lad corroborated the depression experience of the children, adding that he was always weeping whenever he was alone because he has nobody to visit him there nor, was he allowed to pass the gate of the home. In contrast, a 15 year old double orphaned boy who served for 5 years in the orphanage expressed the condition by stating:

"Before I was brought to this orphanage, I usually felt depressed and stressed up due to lack of what to eat, to dress…Now, here there is no problem. I am happy at least with the presence of other children life is going on."

Loneliness

Most of the participants during the in-depth interviews stated that they had a feeling of loneliness in the orphanage home due to poor relationship with the staff, particularly caregivers, lack of love from the community, and memory of parental demise. They felt dejected as though they were ignored and nobody took care of them. A 17-year old double orphaned male child whose parents died of HIV/AIDS said:

"…children in this orphanage including the caregivers and my classmates always ignore me like a dead body. Always, I remember my mom's and dad's love and care for me which I can never get again …"

Lack of Parental Love

Lack of parental love was shown to be the main problem of the OVC. The children reported that they suffered from stress, depression and other emotional problems which were rooted in their lack of parental love from staff, particularly care-givers and members of the community.

From our field observations it was noted that the child-to-staff ratio of the orphanages was high. It was also observed that employees worked, cooked, rested, or socialized with other staff members other than the children.

Lack of Sleep

A majority of the children interviewed complained that they had the problem of sleeping. They said that the problem has some relationship with the continuous depression they go through as a result of poor relationship with staff, particularly caregivers, and some times, poor performance in their education and lack of parental love and care. In the in-depth interview, a 15 year old double orphaned girl expressed her sleeping condition thus:

"Obviously I do not sleep for long hours at night. I always think. The problem became serious when I performed very poorly in my class exams. Sometimes I imagined how and why nature bestowed this kind of faith on me. The other thing is that the caregivers have no love for me…"

In contrast, a few of the children said that their problem was that they slept too much. This is probably because they are not allowed to go out of the gate except when it is very necessary. A 28-year-old female caregiver who had served for more than 7 years in one of the orphanages said that she had advised some of the children not to over sleep and be more serious with their studies but regretted that many will not change and she gave that as a reason for their poor performance in school.

Recommendations

- The government has a role to play in the protection of the OVC as recommended by international convention on adoption and protection of orphaned children which protocol was signed in Hague in 1993

- Government should create a standard and measures to prevent unscrupulous individual from establishing orphanage and child care institutions
- Imo state and federal government need to partner with major international organizations like UNICEF, who are working to protect children regardless of their country or origin
- Government must be the major voice of awareness for the plight of orphans.
- Government should provide a statutory subvention for OVC in the state

Conclusion

The study has been able to reveal some of the various problems faced by children who where unfortunate to lose one or both parents and as a result are made to live in orphanage homes for their survival. This class of children abounds in Nigeria and in Imo State in particular, which is the area of study and main focus of this work. The survival of such children has been left in the hands of individual members of the public who run orphanage homes and those who bring material supports to help the children. The study also revealed that the children suffered from a lot of psychosocial problems that were not properly addressed in the orphanages. Thus, interventions to promote the psychosocial wellbeing of the children in orphanages should be championed by the government and should focus on areas such as provision of good food, clothing and good shelter, provision of quality education and medical facilities, advancing socialization skills, organizing extracurricular activities and entertainments, and improving coping strategies for healthy child development.

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