

SOCIO ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF ORPHANS AND CARE GIVERS IN DEKINA LOCAL GOVERNMENT AREA OF KOGI STATE , NIGERIA

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ABSTRACT

The study examined the socio economic and demographic characteristics of orphans and care givers in Dekina local Government Areas of Kogi state, Nigeria. The study used primary data collected with the aid of questionnaire, oral/in-depth interview and focus group discussion. The data were analyzed using descriptive simple percentage. The result revealed that there are more female orphans than male orphans , 38.7 % of them are educated up to primary school level , 51.8% of the orphans were aged between 6 to 10 years.73.7% of the care givers/volunteers are males, 52.6% of them were students about 53% of them are between the ages of 20 to 29years old most of them had low levels of education (non formal, primary and secondary) It was concluded that most of the orphans and care givers have low levels of education, , there are more female orphans than male orphan, that here are far more male care givers/volunteers than females A larger socio economic and demographic data base of orphans and care givers is needed for better planning and hence intervention by the relevant agencies and donor organizations Government , donor agencies and wealthy individuals should do more to rehabilitate and help orphans in the society

Keywords: Care Givers, Demographic, Orphans, Rehabilitation, Socio Economic, Society

1.0 INTRODUCTION

The high rate of orphans' vulnerability has in turn necessitated action to provide care and support to the children through community based approach. In response to the crisis of Orphans and Vulnerable Children in sub-Saharan Africa, various notable approaches adopted comprised; community based approach (residential-based approach where Orphans and Vulnerable Children are cared for in orphanages), children homes and rehabilitation centers, public service organized approach that entail state-sponsored social protection programmes such as social cash transfer for Orphans and Vulnerable Children; and grassroots local level approach which is usually a response by individuals, family members, faith-based and local community-based organizations (Adato and Bassett, 2008; Alviar and Pearson, 2009).

According to UNICEF (2015), most children in Nigeria are orphaned and the majority of them lose their right and lives to a decent and humane existence. Without the protection of parents, or an appointed caregiver, orphans are more likely to lose the opportunity for schooling, nutrition, shelter, health care and the love, affection and guidance required for growth into responsible adulthood.

Opare (2017) asserted that in order to rehabilitate the lives of orphans, community based approach at the grass root level; organize local development through creation of community solidarity and generation of social capital towards improving the lives of orphans. However, creation of community solidarity and generation of social capital are not sufficient conditions, but necessary conditions towards the rehabilitation of Orphans through community based approach. Hence, it becomes sufficient if and only if community solidarity and generation of social capital transforms the lives of the Orphans (Foster, 2014).

In Nigeria, Dekina Local Government of Kogi State has witnessed proliferation of community Self-Help Orphans and Vulnerable Children initiatives to address the needs of the large number of Orphans and Vulnerable Children within the local government. In spite all initiatives over the years with community-based Orphans Vulnerable Children care and support initiatives remaining the most viable options for addressing the complex problem of Orphans and Vulnerable Children, the target to rehabilitate the lives of the orphans through community based approach is yet to be achieved (UNICEF, 2017).

Hence, this study intends to examine the Impact of Community Based Approach in the Rehabilitation of Orphans in Dekina Local Government Area, Kogi State.

In the sub-Saharan Africa region, community-based care and support for Orphans and Vulnerable Children has continued to gain popularity. This is not only due to its emphasis on providing care and support to Orphans and Vulnerable Children within family settings and immediate community of mostly relatives; but also for their remarkable resilience, flexibility and innovative strategies in addressing the numerous needs of the growing numbers of Orphans

and Vulnerable Children (Foster, 2014; Phiri and Tolffee, 2015, Shenk, 2016).

Several stakeholders in Dekina Local Government thus initiated programmes to enhance the capacity of the grassroots community based Self-Help Orphans and Vulnerable Children initiatives to effectively and sustainably provide Orphans and Vulnerable Children care and support. Despite this development, most of the initiatives have not been able to provide comprehensive care and support with most orphans within Dekina Local Area still being deprived of required care and support.

The efforts to rehabilitate orphans through community based approach do not seem sustainable. This necessitated (Foster, 2004; Phiri and Tolffee, 2005 and Shenk, 2009) to investigate why the community approach has been neglected for a long time during the emergence of HIV/AIDS disease with the death toll of parents in Africa and Nigeria despite its usefulness to integrate people suffering from other kinds of diseases or illness in our environment.

According to UNICEF (2010), it was estimated that globally 1.6 billion orphans lost one or both parents due to HIV and AIDS in 2009 and the trend is still continuing. Numerous ailments and fatal accidents also contribute to the increase in orphans. In recent times there has been a strong rise in the interest accorded to the predicament of Orphans and other Vulnerable Children (OVC) in Sub-Saharan Africa. However, there has been a call to care for the orphans within their communities it is a reality that rehabilitation through the community based approach using institutional care centres are essential and their numbers are increasing. A study conducted by UNICEF in 2016 revealed that since 1999 the number of registered institutions increased by 30%. Hence, due to the overwhelming numbers of orphans throughout Third-World countries like Nigeria, it is therefore pertinent to examine the impact of community based approach in the rehabilitation of orphans in Dekina Local Government, Kogi State.

The main objective of the study was to determine the socio economic and demographic characteristics of orphans and care givers in Dekina Local Government. However, the specific objectives of the study are:

- i. To determine the socio economic characteristics of orphans and care givers in Dekina Local Government area of Kogi state
- ii. To determine the demographic characteristics of orphans and care givers in Dekina Local Government area of Kogi state

Many Studies have shown that the number of Orphans is growing rapidly due to political, social and economic challenges facing many developing countries. Dekina Local Government Area of Kogi State, Nigeria precisely is not an exemption. The orphans in this area need care and support to protect them from factors that deprive them of their physical,

social, mental, spiritual, educational, and general well-being, to this end collation of the socio economic and demographic data of orphans and care givers is imperative for proper planning and intervention from relevant bodies. Even though this study is being undertaken in Dekina Local Government area of Kogi State, its findings will be useful in informing policymakers and practitioners on policy design for capacity support of community-level orphans initiatives. This is especially in the wake of growing recognition of the potential of community coping mechanisms in addressing diverse local level development challenges in order to respond to the rapidly growing number of orphans in Dekina Local Government, Kogi State.

2.0 LITERATURE REVIEW

2.1 Operational Definition of Concepts/Terms

2.1.1 Community: It is a group of people living in the same place or having a particular characteristic in common. It also means self organized network of people with common agenda, cause or interest, who collaborate by sharing ideas, information and other resources.

2.1.2 Rehabilitation: Rehabilitation refers to the action of restoring someone to health or normal life through training and therapy. It is the action of restoring someone to former privileges or reputation after a period of disfavour.

2.1.3 Orphan: This study adopts the definition by the Joint United Nations programme on HIV/AIDS (UNAIDS) convention which referred to orphans as (maternal, paternal, and double orphans) children under 15 years of age who has lost any or both parents respectively.

2.1.4 Vulnerable Children: These are the children whose parents though are alive but may not be able to cater for them because of incapacitation with a long term illness or poverty or other types of disability. Some of such children include street children, child hawkers, street beggars, child household heads, children whose parents are living with HIV/AIDS etc. These children are hereby included in this study because their conditions increase their vulnerability to HIV/AIDS.

2.2 Conceptual framework

2.2.1 Concept of Orphans

According to the UNAIDS/UNICEF (2004) report on OVCs, Walters et' al (2003) and Skinner et' al (2004) defined an orphan as a child under the age of 18 years whose mother, maternal orphan or father paternal orphan or both parents, double orphan are dead while the Federal Ministry of Women Affairs and Social Development of Nigeria (2008) defined an orphan as a child below the age of 17 years who has lost one or both parents. Negative outcomes include malnutrition, higher morbidity and mortality, low school attendance and completion rate and increased risk of abuse and psychosocial consequences. UNICEF and USAID (2008) working paper on OVCs reviewed the status of orphans and

categorized them as “children who are without parental guardianship or care”.

Al- Walid Global Classroom (2009) defines orphans and vulnerable children as “children who are compromised as a result of the illness or death of an adult who contributed to the care and/or financial support of the child”. An orphan on the other hand is a child below the age of 18 who has lost one or both parents, irrespective of the cause of death. In view of these definitions, orphan-hood and vulnerability varies from society to society; therefore definitions are community specific. In undertaking this research, the community giving care are asked who they think a child is by comparing the existing literature and the response from respondents. The definition provided by the community under study is important as it provides the guideline in understanding the target group for this research.

UNICEF (2003) concluded that children do indeed require assistance as they are vulnerable Government and non-governmental organizations have responded to the crisis by providing welfare services starting with the needs that providers deem as more urgent, for example food and blankets.

2.3 Theoretical Framework of the Study

This section reviews the various theories that explain this study which is the impact of community based approach in the rehabilitation of orphans. Hence, efforts will be made to elucidate the relevance of the theories adopted in the research that best explain it. Theory according to Sullivan (2006) is a set of statements that explains the relationship between phenomena. He further asserts that the key role of theories is to tell us why something occurred. They help us organize the data from research into a meaningful whole. Williams *et al* (2006) buttress the above point as they assert that theory is part of everyday life and the most important thing about theories is that we need them to live. It is against this background that this research employs the Social Disorganization Theory, Social Network Theory and Collective Efficacy Theory to explain societal responses to the state of orphans.

2.3.1 Social Disorganization Theory

Social Disorganization Theory refers to the breakdown of the social institutions in a community. Families would be disrupted, adult-run activities for youths would be sparse and religious or worship places would be poorly attended. When such an extensive breakdown occurs, adults would be unable to control youths or stop competing forms of delinquent and criminal organizations from emerging such as gangs and vice activities. Unrestrained, youths roam the streets, sit on bridges where they come into contact with older juveniles who diffuse to them criminal values and skills. From the above characteristics, it can be perceived that if not properly integrated into society, OVC could be found roaming the streets or found sitting on bridges since

they will be having nothing to do creating features of social disorganization.

The Social Disorganization Theory is an important theory developed by the Chicago School. Although, there are different forms of the theory, this study utilizes the general characteristics of social disorganization to describe what led to the conditions of OVC in Bulawayo Metropolitan Province. Sutherland (2008) adopted the concept of social disorganization to explain the increases in crime that accompanied the transformation of preliterate and peasant societies where influences surrounding a person were steady, uniform, harmonious and consistent to modern Western civilization which he believed was characterized by inconsistency, conflict and un-organization. The mobility, economic competition and an individualistic ideology that accompanied capitalist and industrial development had been responsible for the disintegration of the large family and homogeneous neighborhoods as agents of social control. The failure of extended kin groups expanded the realm of relationships no longer controlled by the community and undermined governmental controls leading to persistent "systematic" crime and delinquency. Such disorganization causes and reinforces the cultural traditions and cultural conflicts that support antisocial activity. Sampson (2006) concluded that if the society is organized with reference to the values expressed in the law, crime is eliminated, if it is not organized, crime persists and develops. In line with the above, and with relevance to this research, Sampson *et al* (2006) present not only what causes social disorganization in cities according to ecology, but also alternative to deal with the problem. Sampson *et al* (2006) invented the notion of collective efficacy. They hypothesized that when people in a neighborhood trusted and supported one another, they had a basis for binding together to control disorderly and criminal behavior. Collective efficacy implied that when disruptive conduct arose, the people in these neighborhoods had the cohesiveness to act in an effective way to solve the problem. Collective efficacy is thus a resource that is activated in crucial situation. What can be borrowed from this theory is that communities in Bulawayo can with together and come under the umbrella of NGOs to act in an effective way to solve the problems of OVC in the study area.

2.3.2 Social Network Theory

According to Castells (2002), a social network is a social structure made of individuals or organizations called nodes, which are tied or connected by one or more specific types of interdependence, such as common interest as in Non Governmental Organizations (NGOs), friendship, kinship, financial exchange, dislike, or relationships of beliefs, knowledge or even prestige. He further postulates that social meaning arises primarily from challenges posed by certain kinds of social structures, notably

those that generate social conflict, social inequality and the destruction of social solidarity. And if there is one unitary kind of social structure then there is a unitary basis for resolving the challenges and problems associated with it. Applying this theory to the research therefore, this study consider the various factors that drift the OVC into their conditions as the challenges that are posed by the social structure especially the erosion in family values of social cohesion and failure of the extended family to provide protection to children. For the purpose of this study, Associational tie will be utilized to describe how the community through NGOs identify and solve the problems of OVC in Bulawayo. Feld (2007) asserts that Social networks can be built in various organizational contexts, including voluntary associations, workplace, neighborhood, and schools. By maintaining social network, the NGOs find some innovative ways to create the future. At that moment, it can be recognized with gratitude, value, and admire highly the roles of the associations in impacting the lives of orphans and vulnerable children in the study area. With that the study can increase in the value by not only knowing the positive sides of the great works of the NGOs, but also knowing the negative to increase in value of what they do particularly the gaps in challenges in integration of OVC from the institution into mainstream society when these OVC reach adulthood. It is worthy to note that appreciative inquiry has implications for methodology; it is hereby employed to appreciate the value for NGOs' performance in impacting the lives of OVC. In other words, the use of appreciative inquiry is limited only to show its significance vis-à-vis the social network theory to the study. In addition, the research inquires not only about the positive but also the negative aspects like problems or challenges in integrating OVC into society from institutionalized homes and also challenges facing NGOs in discharging their duties.

2.4 Empirical Literature Review

Stephen (2013) examined how and the extent the capacities for care and support of community-level Self-Help OVC initiatives in Pumwani. The study explored the nature and scope of the OVC care and support; types of capacity building organizations and strategies; outcome of capacity support on service delivery; and lastly, community grassroots perception of change in OVC care and support. The study adopted a case study strategy with a qualitative research approach. Maximum variation, snowballing and purposive sampling techniques are used to select the units of analysis and the respondents. The study utilizes primary and secondary data; and thematic analysis technique of data analysis.

The study draws six conclusions based on findings. First, the Self-Help OVC initiatives are heterogeneous institutions in constant transformation to complex organizations and with potential for OVC

care and support. Second, youths and children have emerged as new actors in OVC care and support. This is accompanied by emergence of new services such as talent development, sanitation, and legal assistance. Third, the main capacity building organizations are Non-Profit Organizations (NPO) and government agencies. Participation by the for-profit sector in capacity support for community OVC initiatives remains limited. Fourth, training in key programmatic areas is the most sustainable capacity building strategy. Other strategies such as resource support (financial and material), on-site support visits, exchange visits, partnerships, and networking are less prominent and their support unsustainable. Moreover, the implementation of capacity support is largely fragmented and tends to focus more on improving care and support programs rather than strengthening the OVC organization. Fifth, capacity support resulted to improved service delivery by the OVC initiatives. However, overall the initiatives remain generally weak to provide comprehensive and sustainable care and support. Finally, despite community grassroots perception of improved OVC care and support, the services provided are perceived as inadequate

Theodorah (2013) Impact of Orphanage Homes in Integrating Orphans and Vulnerable Children into Mainstream Society: A Case Study of Thembiso Children's Home, Bulawayo. The study used both primary and secondary data collected with the aid of questionnaire. The data were analyzed using simple percentage method. He result revealed that orphanage homes have impact in integrating orphans and Vulnerable Children into the society. The study concluded that many children from OVCs homes are successful today, thanks to the efforts these homes which looked after them; clothe them; feed them during their time of need; sent them to school, train them in various income generating activities so that, they too can look after themselves after they reached the age of 18 years and integrated into society. The study also concluded that, lack of funding hinders Orphanage homes, in their efforts to take more OVCs into their care. The institutions also due to inadequate funding were finding it difficult to provide for every OVC that left the institution into society. Government and other players often extended help but, however, it is not enough to ensure these children put the skills they acquired from institutional homes into good use.

Christopher (2009) conducted a study on Orphans and Vulnerable Children: Implications for Social Work Practice in Nigeria using descriptive approach on qualitative data revealed that poor health and little stimulation resulting from inadequate care can affect the orphans and vulnerable children's ability to think, learn and function effectively. He further stressed that as the HIV pandemic continues to expand, the impact on children cannot be overstated. Children who are orphaned by HIV/AIDS become vulnerable

to a whole host of dangers in the name of supporting themselves and their siblings. This paper presents a summary of situation of Nigerian orphans and vulnerable children (OVC) and examines some of the factors responsible for orphan-hood and vulnerability in Nigeria and concludes by highlighting the role of social workers in strengthening families and communities to meet the needs of these orphans and vulnerable children in Nigeria.

Omwa and Titeca (2011) in their study on community-based initiatives in response to the OVC crisis in North Central Uganda using primary data collected with the aid of questionnaire on simple percentage method of analysis noted that community-based interventions were more sustainable when community members are able to identify with, adopt and take ownership of such initiatives. Omwa and Titeca (2011) further established that sustainability of community-based initiatives is realized as this approach builds upon traditional systems of child care and require less training and input from external sources and community members can easily identify and accept the initiatives from within themselves.

Schenk *et al.* (2010) reported that community-based interventions for OVCs take many forms, including educational assistance, home-based care, legal protection and psychosocial support. Educational assistance is provided by paying school fees and providing school uniforms for OVCs by the community, while home-based care is provided to parents of OVCs who are chronically ill to alleviate the burden carried by OVCs to care for their sick parents so that they may be able to attend school while knowing someone is taking care of their sick parents. With regards to community-based interventions, legal protection is provided by community members who facilitate the reporting of cases of sexual or physical abuse of OVCs to the Zimbabwean Republic Police and the Department of Social Welfare for perpetrators to be prosecuted in the courts of law.

Titeca (2011) postulate that community-based interventions are the most cost-effective way of meeting OVCs' needs as resources are pulled within community structures. According to them a typical community OVC response initiative is characterized by voluntarism, a consultative decision making process and community reliance on own resources or services.

Rusakaniko *et al.*, (2010) conducted a cross-sectional survey of psychosocial experiences of OVCs in the Chimanimani and Bulilimamangwe districts of Zimbabwe, and the study was conducted in preparation for a future OVC intervention. The researchers found that 25% of OVCs had feelings of unhappiness, worry, frustration, anger, fear or sleep problems. About 5% of OVC said they sometimes think about committing suicide due to the problems they face, such as physical and sexual abuse, and are

afraid to report such cases as some of the abuses are perpetrated by close guardians and if they report abuses, they risk being evicted from their homes. Among 15 to 18 years old OVCs, 47% reported that their guardians were treating them caringly, 9% reported they were treated roughly and 24% said they were treated differently by their guardians compared to the guardians' own children. The study recommended that programmes should train caregivers and communities to understand grief and bereavement and how to help children cope with emotional problems. Rusakaniko *et al.* (2010) study further recommend that government and NGOs should provide counseling training to the community members caring and supporting OVCs to reduce anxiety and help OVCs report cases of sexual and physical abuse to the police.

Mandla (2015) explore the challenges faced by community-based interventions for orphans and vulnerable children in Mutare, Zimbabwe. The study employed qualitative case study method which focused on the two community-based organizations, FACT and Simukai. Cross-case data analysis relating to research questions was done using transcriptions organized by themes and sub-themes from focus group discussions with volunteers, in-depth interviews with caregivers and staff from both CBOs. Findings show that communities are committed to the care and support of OVCs by offering their voluntary services. Despite volunteer/caregivers' commitment to care and support OVCs, some challenges noted by caregivers were: caregiver fatigue, lack of material resources for OVCs during visits and lack of interest in young people taking up voluntary work. Simukai and FACT interventions were found to be mainly education, psychosocial support, medical assistance, project management, capacity building and financing of self help projects for OVCs and their families.

3.0 METHODOLOGY

3.1 Area of the Study

Dekina is a local government area in Kogi State, Nigeria. Its headquarters are in the town of Dekina on the A233 highway in the north of the area at 7°41'41"N 7°01'20"E. It has an area of 2,461 km² (950 sq mi) and a population of 260,312 at the 2006 census.

The climate of Dekina Local Government of Kogi State is a topical example of tropical climate. In tropical climate there is no winter and the diurnal temperature is high than the annual temperature. The climate falls within the tropical wet and dry (AW) climate region in the guinea savannah with mean annual temperature of 25°C and rainfall of 1600mm (Ifatimehin *et al.*, 2006).

3.2 Vegetation and Soil Types of Dekina Local Government of Kogi State

Dekina Local Government of Kogi State may be divided into 3 distinct units, based on the variations of soil and vegetation. These are as follows:

Soils of the Plains: The plains are located on a highly gently undulating plateau. The soil texture is medium to coarse. The plains are well cultivated with extensive vegetation and forests which indicate an abundance of groundwater (Dekina Local Government of Kogi State Master Plan, 2005).

Soil of the Hills: The hilly areas are very limited, and soil is generally thin, medium-to coarse-grained. The vegetation covers varies from dense to sparse, with forest in areas with a thick soil cover and sparse vegetation in those with a thin soil cover (Dekina Local Government of Kogi State Master Plan, 2005).

Soils of the Valleys: A valley is located to the north of the town. The soil here is fine-grained, transported material, with poor internal drainage and containing organic material (Dekina Local Government of Kogi State Master Plan, 2005).

3.3 Socio-Economic Organization of the People

The sitting of Kogi State University in Dekina Local Government of Kogi State has opened up the town for commercial activities. This was accelerated by rapid urbanization that is on course in this University town. However, the socio-economic activities of the people in the study area could be termed formal and informal sectors.

Formal Sector: This sector of economy deals majorly with the professionals who render services in banking, lecturing, teaching in nursery, primary and secondary schools; others are civil servants working in different parastatals of the various federal, state

and local government establishments. (Ifatimehin *et al*, 2006)

Informal Sector: Some of the youth in the town are Okada riders (commercial motorcyclist). This sector after the establishment of the University appears to be the most patronized sector for employment. It employs both old and young but the percentage of young people is higher than that of old people. Some sections of the society are engaged in agriculture but in a subsistence form. Trading is another viable socio-economic activity of these people especially women. They buy and sell goods such as palm oil, food items, and clothing materials among others. (Ifatimehin *et al*, 2006).

3.4 Population of the Study

Population of the study refers to the entire group of people in a given area where the researcher wants to generalize the results of the study, events or objects to which a researcher data wishes to generalize the results of the research. According to the Nigeria National Census (2006) , Dekina has 260,312 people. In the context of this study the populations included children’s homes that accommodate children whose parents died as a result of HIV/AIDS, fatal accident and other factors as well as other agencies that deal with orphans. This implied that the target population consisted of the orphans, teachers and guardians or caregivers of the orphans in God’s will Orphanage, Itam orphanage Home, Holy Family Orphanage, Mercy of God Orphanage all in Dekina Local Government of Kogi State. This target population was chosen because it provided a good case study for the rehabilitation support of the orphans.

MAP OF KOGI STATE

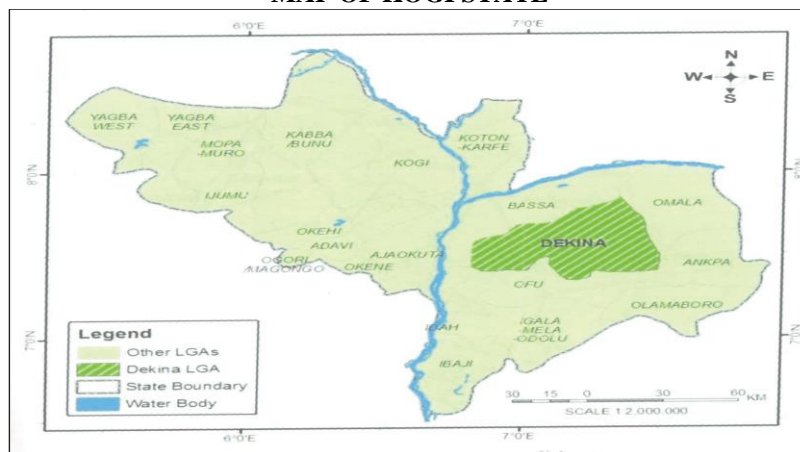


Fig. 1.0: Map of Kogi State showing Dekina Local Government Area of Kogi State.
Source: Geography and Planning Department, Kogi State University, Dekina local government.

3.5 Sample Size and Sampling Procedures

A sample size is precisely part of the population; it is a process through which sample is drawn out from a population. It can yet be seen as the selection of same members or elements from the entire population for actual investigation of study.

The sample size for this research work shall be derived using the Taro Yamane formula.

The formula is stated below

$$n = \frac{N}{1 + N(e)^2}$$

Where; n = Sample size

N = Total population (260,312)

$$n = \frac{e = \text{Level of significance}}{1 + 260,312 (0.05)^2}$$

$$\frac{260,312}{1 + 260,312 (0.0025)}$$

$$\frac{260,312}{1 + 650.78}$$

$$\frac{260,312}{651.78}$$

$$n = 399.4$$

$$n = 400$$

Simple random sampling and systematic sampling are the sampling techniques to select the members of the population that will be representative of the population in the sample drawn. Therefore a total of four hundred (400) copies of questionnaire were administered by the researcher for the purpose of this study.

3.5 Unit of Observation and Unit of Analysis

In this study the units of observations were the Orphans in Dekina Local Government of Kogi State. The unit of analysis the socio economic and demographic characteristics of orphans and care givers in Dekina Local Government.

3.6 Methods of Data Collection

The data for this study were collected using primary method and secondary method.

3.6.1 Primary Method

The primary method involves the use of questionnaire. A questionnaire is a set of systematically structured questions used by a researcher to get needed information from respondents. Questionnaire is a simply tool or a research instrument consisting of a series of questions and is made up of closed end questions with specific response categories. The closed end questions helped the researcher not to elaborate to respondents on questions but to answer the way questions were. The questionnaires measures separate variables and with questions that are aggregated into index or scale. The researcher administered questionnaires on impact of community based approach in the rehabilitation of orphans in Dekina Local Government. The researcher used questionnaires in mode of face to face and pencil and paper, he used Questionnaires in collecting data from the desirable sample.

Where face to face was applied the researcher asked the respondents questions, after they have answered he wrote answers down in order to analysis them in details to obtain information intended. Questionnaires were sharply limited by the fact that respondents must be able to read questions and respond to them for those who can't read were assisted by the researcher to understand the questions. Questionnaires covered mainly community caregivers/volunteers and orphans.

3.6.2 Secondary Method

The secondary method involves the use of oral/in-depth interview and focus group discussion.

The oral/in-depth interview guide approach is more structured than informal conversational interview although there is still quite a bit of flexibility in its composition. Oral/in o depth interview through key informants interview guide is a research tool and are series of questions on key informants in order to gather information, was administered on key informants. It enables them to fill the information gaps that a research may have with regards where he/she is supposed to be in community to observe. It's in form of confidential to key informants and gives a particular perspective on specific problem in the particular group in community. The researcher used it for orphan coordinators, community caregivers and community volunteers.

A focus group discussion is a form of group interviewing in which a small group – usually 10 to 13 people is led by a moderator (interviewer) in a loosely structured discussion of various topics of interest. The focus group discussions guide is a series of questions that facilitates discussion for focus group discussion. The guide directs a moderator on how to ask specific question and what will follow. The guide provides familiarity on the topic of discussion and ability to speak. The researcher used the focus group discussions guide on impact of community based approach in the rehabilitation of orphans in Dekina Local Government using orphans coordinators, community care givers and community volunteers. The researcher used focus group discussion guide to explore meanings of survey findings that cannot be explained by use of statistics. It enabled the researcher to air out the opinions of people on the study topic and to collect detailed information. Focus group discussion guide has open end questions which allow the participants to express their thoughts and feelings and discuss their views from different understanding.

3.7 Data Analysis Techniques

Data analysis is the process of systematically searching, arranging, organizing, and breaking data into manageable units, synthesizing the data, searching for patterns, discovering what is important and what is to be learned. In the study the researcher collected data mostly basing on the purpose and objectives of the study or research.

3.7.1 Quantitative Data Analysis

The purpose of data analysis is to reduce data to an interpretable form, so that the relations research problem can be studied and tested. In this, data was analyzed by recording and showing the information in a tabular form, which allows for accuracy and good classification of information to make it meaningful. The recording and tabulation will be done using descriptive simple percentage method. The responses from the questionnaire will also be subjected to test to prove the hypotheses formulated.

The statistical method to be used to test the hypothesis will be chi-square method.

Chi- square formula is given as:

$$X^2 = \frac{\sum (fo - fe)^2}{fe}$$

Where:

Where:

X^2 = Value of the random variable whose sampling distribution is approximated, closely by the chi-square distribution or it represents the value of the chi-square statistic.

F_o = Observed frequency

F_e = Expected frequency

\sum = summation

The degree of freedom (df) = (r-1)(c-1)

Where:

r = total rows

c = total columns

1 = constant

3.7.2 Qualitative Data Analysis

The researcher employed qualitative analysis for qualitative data. Qualitative analysis applied to the open ended questions where the respondents were required to give their opinions. This is a systematic qualitative description of the composition of objects or material of study. The qualitative data, the researcher organized the data in themes and patterns, categorized through content analysis to capture in

providing rich descriptions in response to the research questions.

4.0 RESULTS AND DISCUSSION

4.1 Results

4.1.1 Socio- Economic and Demographic Data of key informants

Using Oral/in-depth interview and Focus Group Discussion, the Table 1 shows that the participants were divided into two groups. Participants group A consisting of two (staff) and five community volunteers constituted oral/ in-depth interview (key informants), while participants group B consisting of six caregivers were in Focus Group Discussions (FGDs). All participants who took part in this study were both male and female. All key informants had at least a First degree and one of them was pursuing their Masters degree. Both key informants were below 40 years. Out of the five volunteer informants, three were married and two widowed. Two of the volunteers were above fifty years; one was below 45 while two were above 60 years but below 65 years. Of the six caregivers who took part in the FGDs, six of them completed their four years of secondary education (O' Level). Four of the caregivers were married, two widowed and one single. Only one caregiver was 35 years, two were 43 and 45 years respectively, one was 56 and two were 69 and 66 years respectively.

Table 1: Socio- Economic and Demographic Data of key informants

Names	Occupation	Educational Qualification	Marital Status	Sex	Age	Years In Service
Key Informants on Oral/In-depth Interview						
Rose	Orphan Programmme Coordinator	Nursing Degree	Married	Female	38	10
John	Orphan Projects Manager	Economics Degree	Married	Male	30	5
Key Informants on Oral/In-depth Interview: Community volunteers						
Mary	Volunteer	O' level	Widow	Female	55	20
Blessing	Volunteer	O' Level	Married	Female	42	10
Musa	Volunteer	O' Level	Widower	Male	51	12
Daniel	Volunteer	O' Level	Married	Male	60	19
Moses	Volunteer	O' level	Married	Male	64	21
Focus Group Discussion Participants						
Gift	Caregiver	O' Level	Single	Female	35	9
Hadiza	Caregiver	O' Level	Married	Female	43	10
Halima	Caregiver	O' Level	Widow	Female	45	15
Ojone	Caregiver	O' Level	Married	Female	56	17
Grace	Caregiver	O' Level	Widow	Female	69	20
Joy	Caregiver	O' Level	Married	Female	66	20

4.1.2 Distribution of Community Caregivers by Sex

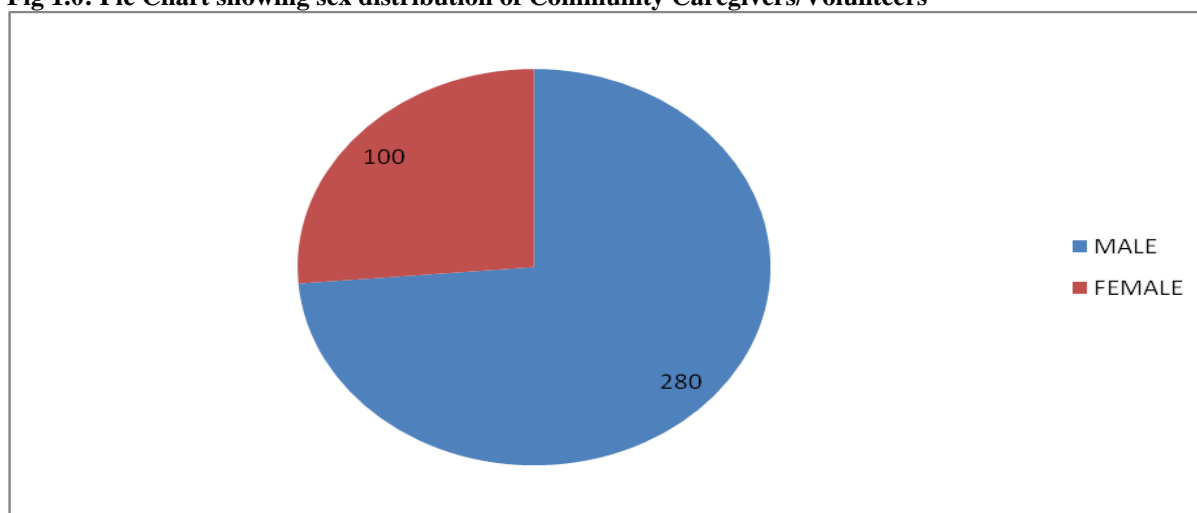
The distribution of Community Caregivers by Sex is presented in Table 2 and the pie chart below (Fig. 1.0) 73.7% of the Community Caregivers/volunteers were male while 26.3% were females.

Table 2: Distribution of Community Caregivers by Sex

Sex	Frequency	Percentage (%)
Male	280	73.7
Female	100	26.3
Total	380	100

Source: Field Survey, 2018

Fig 1.0: Pie Chart showing sex distribution of Community Caregivers/Volunteers



Source: Researcher's computation using Excel, 2018

4.1.3 Distribution of Community Caregivers/Volunteers by Age

The distribution of Community Caregivers/Volunteers by Age is presented in Table 3

52.6% of the Community Caregivers/volunteers fall within the age bracket of 20-29, 13.2% were 30-39 of age, 14.5% were 40-49 of age and 19.7% of the respondents were 50 and above of age

Table 3: Distribution of Community Caregivers/Volunteers by Age

Age	Frequency	Percentage (%)
20-29	200	52.6
30-39	50	13.2
40-49	55	14.5
50 and above	75	19.7
Total	380	100

Source: Field Survey, 2018

4.1.4 Distribution of Community Caregivers/Volunteers by Educational Qualification

The distribution of Community Caregivers/Volunteers by Educational Qualification is presented in Table 4.1.4. 30% of the Community Caregivers/volunteers acquired non formal education, 20.0% primary education, 30.3% secondary education and 19.7% tertiary education.

Table 4 Distribution of Community Caregivers/Volunteers by Educational Qualification

Educational qualification	Frequency	Percentage (%)
Non formal Education	114	30.0
Primary	76	20.0
Secondary	115	30.3
Tertiary	45	19.7
Total	380	100

Source: Field Survey, 2018

4.1.5 Distribution of Community Caregivers/Volunteers by Occupation

The distribution of Community Caregivers/Volunteers by Occupation is presented in Table 6
15.0% of the Community Caregivers/volunteers were civil servants, 11.8% were traders, 20.5% are farmers and 52.6% were students.

Table 5: Distribution of Community Caregivers/Volunteers by Occupation

Occupation	Frequency	Percentage (%)
Civil servant	57	15.0
Trader	45	11.8
Farmers	78	20.5
Students	200	52.6
Total	380	100

Source: Field Survey, 2018

4.1.6 Distribution of Community Caregivers/Volunteers by Religion

The distribution of Community Caregivers/Volunteers by Religion is presented in Table 6
30.3% of the Community Caregivers/volunteers were Muslim, 52.6% were Christians, 13.2% were traditionalist and the remaining 3.9% were from other religious beliefs.

Table 6: Distribution of Community Caregivers/Volunteers by Religion

Religion	Frequency	Percentage (%)
Islam	115	30.3
Christianity	200	52.6
Traditional	50	13.2
Others	15	3.9
Total	380	100

Source: Field Survey, 2018

4.1.7: Distribution of Orphans by Sex

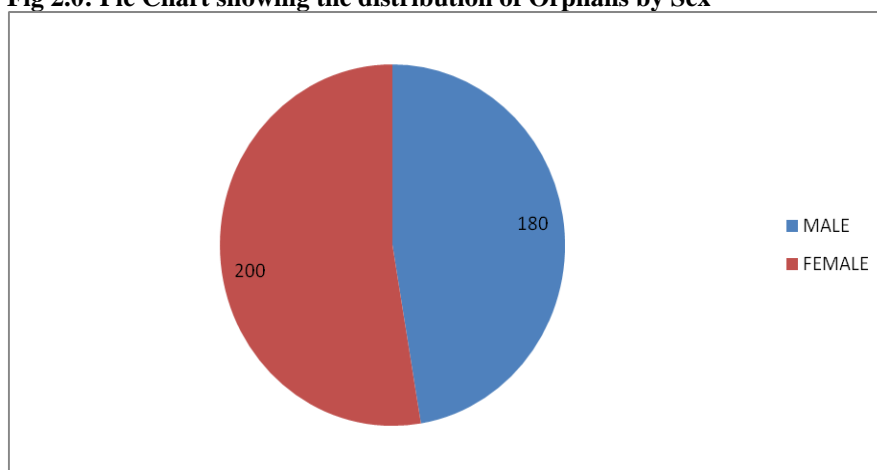
The distribution of Orphans by Sex in the study area is presented in Table 7 and in the pie chart in Fig 2. 47.4% of the Orphans were male while 52.6% were female.

Table 7: Distribution of Orphans by Sex

Sex	Frequency	Percentage (%)
Male	180	47.4
Female	200	52.6
Total	380	100

Source: Field Survey, 2018

Fig 2.0: Pie Chart showing the distribution of Orphans by Sex



Source: Researcher's computation using Excel, 2018

4.1.8 : Distribution of Orphans by Age

The distribution of Orphans by Age is presented in Table 8 . 13.9% of the Orphans fall within the age bracket of 0-5, 51.8% were 6-10 of age, 14.5% were 11-15 of age and 19.7% of the Orphans were 16 and above of age

Table 8: Distribution of Orphans by Age

Age	Frequency	Percentage (%)
0-5	53	13.9
6-10	197	51.8
11-15	55	14.5
16 and above	75	19.7
Total	380	100

Source: Field Survey, 2018

4.1 .9: Distribution of Orphans by Level of Education

The distribution of Orphans by Level of Education is summarized in Table 9 15.3% of the Orphans have non-formal education, 38.7% primary education, 31.6% secondary education and 14.5% tertiary education

Table 9: Distribution of Orphans by Level of Education

Educational qualification	Frequency	Percentage (%)
Non formal Education	58	15.3
Primary	147	38.7
Secondary	120	31.6
Tertiary	55	14.5
Total	380	100

Source: Field Survey, 2018

4.2 DISCUSSION OF FINDINGS

A total of 400 questionnaires were administered to the respondents and a total of 380 were returned representing 95% returns this is not unusual, the percentage of questionnaire returned is high. 74% of the Community Caregivers, male and 26% females could be that more males have the freedom of movement, the females may have been limited by marriage, religion and other socio cultural practices that tends to limit the movement and activities of females. It shows that 53% of the Community Caregivers fall within the age bracket of 20-29, probably they are students young and able bodied, majority (52.6%) of the care givers /volunteers are students this corroborates the view above, most of the care givers had low to moderate education (non formal 30% and secondary 30%) this may mean that those with tertiary education may feel too busy to engage in volunteer works with orphans, Females constituted 52.6% of the orphans this may be in line with the general/ global population sex distribution where females are reported to be more in number. In terms of education the highest group was 38.7% with primary education, meaning that most of the orphans had very low levels of education, this may have to do with how far the orphan, or family resources could go, and even those who tried to assist. 51.8% of the orphans were within the ages of 6 – 10 years, meaning that most orphan lose their parents at a very tender age

5.1 CONCLUSION

There are more female orphans than male orphans, 38.7% of them are educated up to primary school level, 51.8% of the orphans were aged between 6 to 10 years.

73.7% of the care givers/ volunteers are males, 52.6% of them were students about 53% of them are between the ages of 20 to 29 years old most of them had low levels of education (non formal, primary and secondary)

5.2 RECOMMENDATIONS

- i. A larger socio economic and demographic data base of orphans and care givers is needed for better planning and hence

intervention by the relevant agencies and donor organizations

- ii. Government, donor agencies and wealthy individuals should do more to rehabilitate and help orphans in the society
- iii. Community based approach through Non-Government Organization should raise awareness in communities of the existence of orphans as well as the role of community members, including churches and youth groups in becoming part of the solution to the predicament of orphans In Dekina local Government Area of, Kogi State.

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