



RESEARCH ARTICLE

CONTRIBUTION OF TAKING CHARGE OF PSYCHOSOCIAL IMPROVEMENT OF ORPHANS AND VULNERABLE CHILDREN OF THE 4TH ADMINISTRATIVE SUBDIVISION OF COTONOU

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ABSTRACT

The expansion of HIV/AIDS pandemic all over the world during these last years has weakened havoc creating within families a great number of orphans. Benin has not been on the fringes of this really a real problem which has not stopped creating orphans and vulnerable children. Jean Pierre Pages's Theory (1993) has served us as a model of analysis so as to build a field example controversy through a consideration of opinions of one another on the subject. The information that we have received have led us to formulate the hypothesis according to which « the support to the psychosocial taking charge of orphans and vulnerable children by the ministry in the charge of the family is well appreciated by the receivers ». In order to check that hypothesis, we have conducted our surveys by three target groups. The obtained results have supported our hypothesis by bringing out that the supports constitute for the children and the parents the solutions to the difficulties that they encounter and the improvement of their situation.

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INTRODUCTION

In Africa, a child needs protection, love, affection and a good education for his integration in social active life. Therefore it becomes compulsory to take care of his well-being on the social, cultural, educational, psychosocial and school levels. This work which has a great importance falls to the family in which he lives. But unfortunately the latter nowadays meets a lot of difficulties such as the crumble of traditional mechanisms of solidarity, poverty growing in size, conflicts, vulnerability, the debt weight, the bad governance, unemployment, the lack of social security mechanisms, rural exodus, gender inequality, people displacement and the dislocation. Add to this various diseases (malaria, hepatitis), the HIV/AIDS, preventing him to fully ensure the protection of the child putting him therefore in a situation characterized by

factors likely to make him vulnerable. Indeed, the HIV/AIDS epidemic has created a significant number of orphans in the in the world. Thus, we observe "3.6 million each year. In 2013, for example, we count 13.2 millions of young orphans about 80% live in Africa." UN AIDS (2013). In Benin this number has already reached 30274 in 2015 (UN, 2010). Except HIV/AIDS disasters, other causes of parents' death are observed namely road accidents, malignant tumors, digestive diseases, heart and respiratory diseases, high blood pressure, diabetes, kidney infections etc (Fourn, 1991). Facing the situation the population of orphans and vulnerable children (OVC) continues to increase. It passes from 6274 in 2010 to 100940 in 2013 (Social Board 2010-2013). So, the State gives them a particular attention and considers them as a priority group in the politics of the fight against HIV/AIDS in Benin. Firstly in 2006, it elaborates a document entitled "Political norms and procedure of psychosocial taking charge of the HIV/AIDS carriers and the OVC. Likewise an OVC plan 2006-2010 accompanied by a schedule of vulnerability and the definition of a packet of activities of psychosocial taking

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charge of OVC. Secondly in 2010, the National committee of the fight against AIDS (NCFA) points out many actions to be carried out: NCFA sessions, worldwide fighting days against AIDS, the plea in favor of financial resources, materials... In the same way, many documents have been elaborated after the fashion of the National strategic plan 2012-2016 to define the strategical orientation of the fight against HIV/AIDS. Therefore, facing the different psychosocial services that the OVC receive in Benin, it is very interesting to question the astrayed changes on them by identifying them firstly, and secondly by appreciating them in order to see how they contribute to the improvement of their living conditions. For at the death of a mother or a father the orphans are demoralized by a great loss and they go through a period of psychological troubles (fear, serious, anguish) marked by a self-rejection; they are sometimes taken care of by old grandparents, the extended family members where they live with the sick parent.

The framework of the study

Cotonou: economic capital and political decisions making centre. Cotonou is the first city which accommodates foreigners at their arrival at the airport. Its population is estimated to "about one million six hundred thousand inhabitants" and regroups all the ethnic groups of Benin hence its cosmopolitan character (RGPH, 2004). "Coastal town, it allows Benin to play to role of big regional and international commercial crossroad thanks to its harbor and airport and living to habitual and traditional rate of African societies" (Hounga, 2003). By its geographical situation "it is located on the edge of Atlantic Ocean, and it stretches on about 79 km² along the coast hence its new name of coastal department (INSAE, 1997). It is a city with a particular status, with very important demographical and administrative data presenting a cosmopolitan aspect which regroups the most ethnic groups of the country. By its status of big economical metropolis it accommodates various structures and state Organisms of strategically importance of which the Republic presidency. Populated city on a very reduced space it has more Healthy Centres than the other urban centers owing to the different political, commercial and professional activities which are carried out there.

Cotonou: equipped city of an important number of private and public Health Centres

On the Health level, Benin has a public Health Center system which has six operational levels of which Hubert Koutoukou Maga National Health Centre settled in Cotonou which is the national referential structure receiving all the serious diseases cases coming from the other Health Centres or zone hospitals like: departmental Health Centres (DHC), zone hospitals the Council Health centres (CHC), Administrative subdivision Health Centres (ASHC), villager Health Unities (VHU). Add to this public system the private services.

The Presence of a ministry of the family social affairs, National solidarity, disabled people and old people

The ministry of the Family, social affairs, National solidarity, disabled people and old people has for mission the conception, the implementation, the steady evaluation of the state politics as regards of social development and of solidarity in accordance with the laws and the rules which come into force

in Benin and to the visions and government politics of development, such as, it is charged to elaborate, to implement, to follow and to evaluate the different national politics as regards of developments, protection and solidarity namely those concerning the taking charge of social risks of reliefs and helps to 2013 vulnerable levels of society.

The 4th administrative subdivision of Cotonou city: An administrative subdivision with significance administrative divisions

The 4th administrative subdivision of Cotonou city is composed of 11 districts which are : Abokicodjicentre, Abokicodjilagune, Dedokpo, Enagnon, Fifadji, Houto, Gbdjwin, Missessin, ohé, Sodjèatinmècentre, Sodjèatinmè EST, SodjèatinmèOuest. According to the villages and coastal department district book 2004, there are 8998 households with 4.4. heigh. The total population is estimated to 39012 with 19460 men and 19552 women. There are 10 primary schools 08 public secondary schools with cycle 1 and cycle 2, 01 maternity hospital located at Missessin, 01 social promotion Centre (villages and coasted department district book, May 2004). The structure of children is as follows: 0-5 years 5012; 6-11 years 4854; 0-14 years 12495.

MATERIALS

In the framework of our study that is quantitative and qualitative type, the survey is carried out within three target groups. The first groups is composed of fifty-six (56) orphans and vulnerable children (OVC) and who are the registered children to Akpakpa social promotion centre and receiving of a psychosocial taking charge. The second represents twenty (20) parents or tutors of these children and the third group three (03) authorities of structures of taking charge (1 from Akpakpa social promotion centre and 2 from heart hoping cell). The first part of quantitative type allows having children point of view on their psychosocial taking charge based on a questionnaire, whereas the second part of qualitative type aims to get the information on the different type of taking charge and the difficulties met by the structure authorities from a semi directive interview. Also, we have used a documentary research related to our subject based on the consultation of a given number of scientific reviews, journals, reports, research works thesis or specific books in the Ministry of the family, of social affairs, National solidarity, disabled people and old the people.

METHODS

The themes of social perceptions on the contribution of the impacts of the psychosocial taking charge to the improvement of the orphans and the vulnerable children living conditions of one of Cotonou administrative subdivision in Benin are therefore at the centre of our process. Of course many studies and seminars have led to the elaboration, the validation a find the scattering of a group of tools which have been categorized and have allowed the finalization of a National data base of the orphans and vulnerable children. Thus taking into account the perceptions and the representations of the different concerned actors, becomes an essential element to the understanding and the management of that vulnerable level of society in a global consideration of its environment. This would allow appreciating the impacts of the taking charge and the difficulties met by the partners and the supervisors in the

research of the improvement of services concerning the environment. It is about getting and analyzing the perceptions and the opinion of one another on the topic. And that is the reason why Pages's theory (1993) based on the opinions, will help us as a model for it considers that the discourses of one another are to be taken into account in such a circumstance and that all those discourses which form the field of controversies where the actors in competition and one public perpetually fit, to result in a dynamic balance, characteristic of the connectors of the forces, in a fight for appropriation of goods and the defense of values.

RESULTS AND DISCUSSION

The demographical advance of the OVC population in Benin and the efforts made by the ministry in charge of the family with the support of the development partners for the taking charge of these children has led us to carry out a research based on the evaluation of the contribution of the impacts of the psychosocial taking charge for the improvement of the OVC living conditions of the 4th administrative subdivision of Cotonou. The hypotheses which has served as the lead during this research has allowed analyzing the information according to the principal axis which are: the characteristics of the surveyed people, the supports received by the OVC, this level of the satisfaction and that of the parents regardless the real causes related to the increased number of OVC.

Presence of HIV/AIDS pandemic in Benin: fundamental cause of the increased number of OVC

Following the first official case of AIDS in Benin in 1985, the country is engaged with the other countries of the world, to fight against this pandemic which destroys human beings. 28 years later, Benin still counts some 63.000 people living with the HIV for a prevalence of 1,2% whit the general population. Since 2000, this rate is stabilized and the sexual intercourses without protection constitute the main means of the transmission of HIV/AIDS on the national level. Three studies inform on the epidemiologic data of the infection in Benin. It is about the sentry supervision survey by the pregnant women in prenatal consultation, second generation supervision survey by selected population more exposed to the risks of infection and the specific under populations (ESJG, 2008), the demographical and health survey associate to the biology of HIV and Stitches surveys have given the following results. So, the level-headed prevalence of HIV infection is estimated respectively to "1.7, 1,9% and 1,89% during "the years 2010, 2011 and 2010. Within the key populations more exposed to the risks of infection; the prevalence of the infection by the HIV is estimated respectively with the sex workers (SW) and their clients in 2012 to 20.9% and 2,3%" (ESDBIN Benin, 2012). With the specific groups "the prevalence of HIV infection is estimated to 3,2% in 2012 among the lorry drivers, and 16% among the tubercular's in all mixed up forms" (PNT 1, 2012), "2,9% among the prisoners in prison environment (2009), 6,7% among the injectable dry users (IDU)"¹ and "12,6%"² among men-men sexual intercourses". Benin, in 2011-2012, has organized a demographical and health survey associated to the Biology of HIV and STI.

¹ Monitoring survey second generation HIV and stis among users of injectable drigues in Bénin, 2013.

²Second generation surveillance survey of HIV and STIs in Benin, 2013

This has allowed to estimate a prevalence of 1.2% with 1,4% for women and 1% for men within the general population³ creating more and more orphans and part of the population live under the threshold of poverty. The other reason which justifies this increase is the HIV/AIDS pandemic which destroys within the families. As vulnerable children in our society. And, as one of the centre authorities precise it, "it is a deed that emanates from combination of many causes that is the more and more poverty increase within Beninese population. The major a silent killer, the HIV/AIDS kills more people and creates a great number of orphans. In other word, we can talk of the disappearance, of the crumble of traditional mechanism of solidarity that existed and have given place to a society where selfishness gets over and individuation reigns as a master", a very useful remark to be considered in order to limit the number of boys and girls in the social promotion center.

A population of OVC composed of more boys than girls

According to the chart 1, the boys are more numerous than the girls: of a total of 35 for boys and 21 for girls their age is comprised between 11 and 18 years.

Table 1. Distribution of OVC according to the sex and age

Sex	11-14 years	15-18 years	Total
Female	9	12	21
Male	9	26	35
Total	18	38	56

This justifies and explains compared with the general representativity observed at the level of both sexes at the reading of the different social board charts on the council, department and national levels.

Table 2. Distribution of OVC by place year and sex

Social board chart and sociodemographical data	Place	Years	Boys	Girls
1 st chart		2010	297	235
2 nd chart	Department	2015	07,80%	07,70%
1 st chart	National		4507	3809
2 nd chart	levels	2013	7059	6219
Sociodemographical data	Cotonou	2014	58	56

Source: chart drawn on the database received in 2010 at the ministry of the family. Through this table we notice that the boys are the more vulnerable among the number of children who have been taken by the structures of taking charge in Benin which require urgent and operational actions.

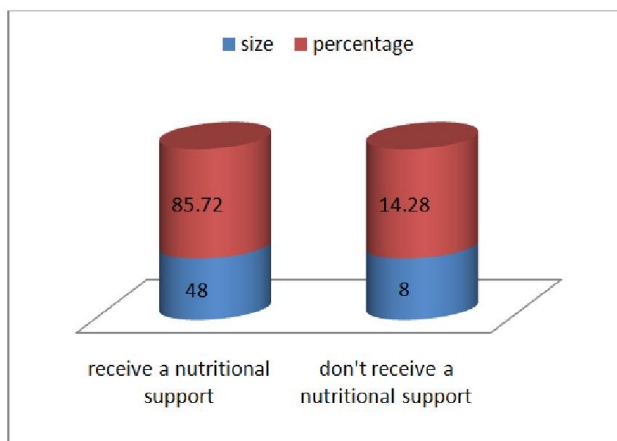
A setting of priority operational services in favor of OVC

The psychosocial services retained in Benin for the OVC of the 4th administrative subdivision in Cotonou relieve their difficulties and help them to ensure a better future: It is showed besides by one of them who states: "the taking charge is a good thing because its supports help us to live a more or less better life". We will have to present what is done in terms of basic priority services for the children by considering the different supports on the nutritional, medical, educative and professional levels.

³. EDSIN Benin, 2011-2012.

A nutritional support

“The right to food is an human right recognized by the international right which protects each human being to eat in the dignity, either he produces himself his food or he buys it”. “The right to an adequate food is realized when each man, each women, and each child individual or in community with other has access at any time physically and economically, to an adequate food or by the means to have it” (deSchutter, 1999). It is in this context that to relieve the OVC and to allow them to live and to blossom like those of their ages some services are given by the ministry of the family on their behalf among which the nutritional support. It will allow them to benefit of a good food which ensure them a good health and a well-being because the malnutrition within the poor household unbalance the children. For a child who doesn't eat well, cannot follow at school and will steal. That's why Massoda (2008) reveals that the children need a minimum of goods and services necessary to their development. But, due to the poverty, some household eat once a day. That is the reason why this support comes at the right moment in order to help them to overcome the psychosocial disruptions linked to the malnutrition. Besides, a parent shares this point of view by underlining that “sometimes we have nothing to eat and it is the received food which helps us” and the graph 1 shows us that on a total of 56 children 48 benefit of nutritional support that is to say 85,72% against 8 children that is to say 14,28% who don't benefit. It is already a feat which is going to be completed by a medical support.



Source : results from our surveys on the field (2014)

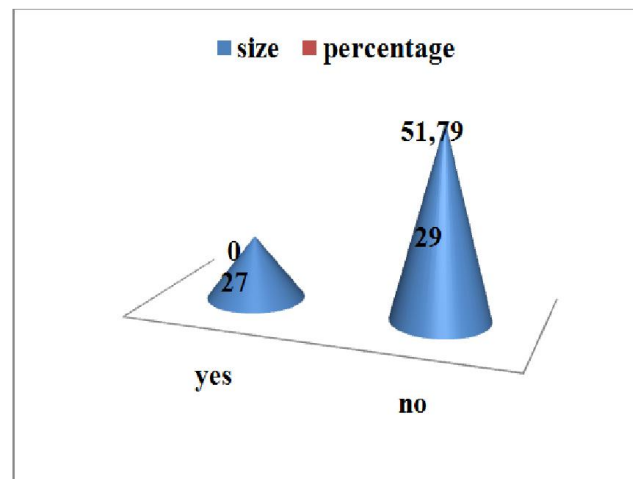
Figure 1. Distribution of the OVC

Medical support

Each child has the right to be protected against the diseases and to be taken care of. This means that he ought to: be taken care of if he is ill, be vaccinated, have access to clean water and to toilets, be well fed, grow healthy. That is one of the right of the international convention for children rights: Each child has the right to a sufficient level of life and to enjoy a possible better health state” (articles 3,6,24,26 and 27; thematic fiche UNICEF France). Based on what has been preceded, medical support initiated by the Ministry of the family towards the OVC, help them to have a moral and psychic well-being centered on a good health. For many people by the lack of financial means, they don't have access to medical care for example: to consultation, to a medical test, buy medicines. The result in this precised case is summed up to the buying and the consumption of the roadside or market medicines to the taking

of herbal tea which doses are not controlled. Aware of that reality, Daouda (2010) catches the state and the partners to the development attention on the necessity to help the parents to take charge all their children by giving them funds to carry out the generator activities of incomes.

This joins Awanougbe's idea (2005) which reveals that the realization of children potential depends for the most part of the capacity of the families and of the supporting structures therefore, even if the cover efforts remain to make, this medical taking charge allows the OVC to take care of themselves in a health center and to buy the medicines because it allows to deal with 45,21% against 51,79% as the graph 2 shows it.



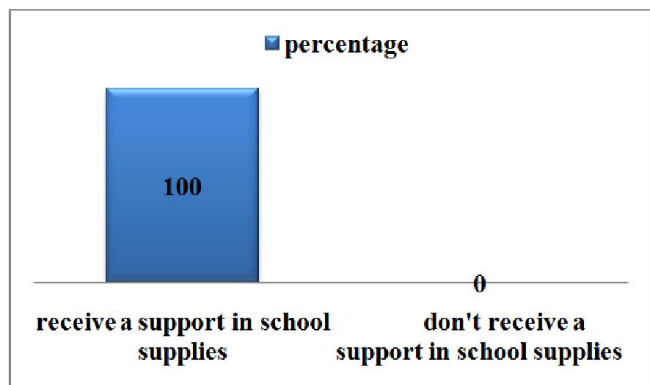
Source : results from our surveys on the field(2014)

Figure 2. Capacity of the OVC to buy medicines

Schooling and professional training support

Generally the OVC are object of school delay or abandon of classes due to accompaniment centered on the material and financial support and, they become school leavers (UNAIDS, 2004). But, UNESCO fights it through its motto “Education for all” (world forum on education Dakar 2000) to promote in the developing countries the improvement to the education access of a great number of people. According to this international institution, it constitutes an obstacle to the psychosocial development of the children and their future prospects also endanger the development of their country of which they are the future guarantors. In this way, to solve the crises of the OVC, it is important to ensure their access to education. A study carried out in 1998 by Dumaret and al has revealed that “the orphans have more o risk to quit school than the other children of their age, they must generally satisfy their needs and ensure the duties of adults in their household, they are moreover open to abandon or to lose”. Supporting these children becomes a necessity for the centre, of Cotonou in order to solve their school and professional training problems by helping them to continue their studies in good conditions and with the necessary adequate material (Figure 3)

In fact, one of the children shows his satisfaction by saying, “Thanks to the centre supports, I have been sent to school If not I had to be in apprenticeship”. For an OVC, education is the best luck to escape from the acute poverty and its risks and to ensure a better future supported by a very useful psychological support.



Source : results from our surveys on the field (2014)

Figure 3. Distribution of the OVC

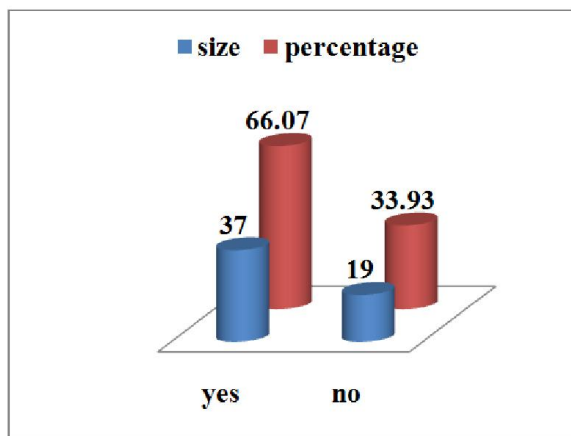


Figure 4. Distribution of the OVC

Table 3. Presentation of the results of our qualitative study

Themes	Talks/the centre authorities
Lack of staff	- lack of staff for training because OVC section is very huge and needs the presence of trained people in the domains
More assistance to partners	- a backed assistance of the partners to development would allow us to take charge all the OVC instead of proceeding to a selection which accepts the ones and rejects the others. The parents
Relevance of the supports	The different supports relieve the children and improve their living condition. We must apply the medical assistance to all the children: It is very important.

A necessary psychological support

The psychological support is given to OVC to allow them to maintain a good emotional balance and to help them to prevent and overcome the manifestations of distress and trauma they meet or that they could be able to meet. In this way, confronted to certain difficulties like the sick parent, the loss of a parent or to precarious environment, the discrimination and the stigmatization they are victim of due to their OVC status provoke an emotional unbalance resulting from a lack of psych affective. A study carried out on 1993 children by UNCEF in a district of in Ouganda on the expectations of the orphan children said non orphans face to their future has revealed that the orphan children are less optimists as far as their future is concerned (UNCEF, 2006). In this case, the psychological support is necessary to help them overcoming all these

situations that the centre according to the graph 4 privileges by assisting 66.07% among them.

Conclusion

Benin, West African Country doesn't escape to the HIV/AIDS pandemic and to the social problems which make vulnerable some categories of the population creating in this way the orphan and vulnerable children. To solve this situation, efforts are made and are still going on by the Ministry in charge of the family with the support of technical and financial partners to reduce the difficulties of the parents and contribute to the children well-being. On the international level, an international day of AIDS orphans has been created in 2002 by Alibine du bois Rouvrey, President of FXB foundation to catch the attention on the distress of the millions of AIDS orphans and affected children by the pandemic. Since 2001, Benin has been engaged by the UN in order to take charge of the AIDS orphans. In 2003, among the Sub-Saharan African countries, it develops a national aid politics to AIDS orphans. We must wait 2006 so that the norms and procedures of psychosocial taking charge of the OVC be settled, followed they are action project OVC 2006-2010. Since that year, appreciable advances are observed till today. And it is to better understand the impacts of the taking charge that this study entitled, "Evaluation of the contribution of support of the psychosocial taking charge to improvement of the living conditions of orphans and vulnerable children of the 4th administrative subdivision of Cotonou" is initiated. The obtained results show that the majority of the children benefit of psychosocial services offered by the social promotion centre. For the parents, they appreciate the taking charge and state that it improves the living conditions of their children by allowing them to be sent to school or to follow a psychosocial training. Better thanks to this taking charge the children lead a normal lifelike the other children of their age. All this avoids that they are not on the fringes of the society. It is also necessary that the ministry puts at the centre need a sufficient and adequate staff for a better management of OVC section. Better, an association of districts and administrative subdivisions to the identification process of OVC for a research and mobilization of finances would help the authority of the 4th administrative subdivision of Cotonou city to improve the quality of the psychosocial taking charge of these Benin future men.

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