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**ADDIS ABABA UNIVERSITY  
SCHOOL OF SOCIAL WORK**

**Knowledge, Attitude, and Practice of Family Foster Care:  
The Case of Foster Parents in Adama Town**

**A Thesis Submitted to the School of Social Work, Addis Ababa University**

**In Partial Fulfillment of the Requirements for the  
Degree of Masters in Social Work (MSW)**

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## Abstract

The objective of this study is to explore the knowledge, attitude, and practice of foster care among foster parents in Adama Town. In order to achieve the objective of the study, mainly qualitative design was employed. The tools for primary data collection were in-depth interview, focus group discussion, observation checklist, key informant interview, and questionnaire. Accordingly, 21 female parents were involved in the in-depth interview and, three groups of focus group discussants also participated and key informant interviews have contacted in order to get ample information. Data gathered from the parents using qualitative design was analyzed by cross-case analysis creating meaning from the generated data. The findings on the study show that there are limitations in the family foster care process starting from recruitment of families. The recruitment process is time taking, and have the potential to cause some unintended outcomes. The knowledge of fostering by foster parents have also some limitations in addressing child lose and ambiguity, and child's social and emotional problems. The findings also indicate that foster parents have a negative feeling towards the birth families, child reunification, and permanency which questioned the practice of parents in achieving the best interest of the child. Therefore, foster families need some interventions by social workers and policy makers in order to enhance their knowledge and attitude towards foster care through the empowerment of families and adjustment of some legal frameworks.

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### **Acronyms**

**CSA:** Central Statistics Agency

**E.C:** Ethiopian Calendar

**ETB:** Ethiopian Birr

**DHS:** Demographic Health Survey

**UNCRC:** The United Nations Convention on the Rights of the Child

**ACRWC:** The African Charter on the Rights and Welfare of the Child

**FDRE:** The Federal Democratic Republic of Ethiopia

**KI:** Key Informant

**FGD:** Focused Group Discussion

**KAP:** Knowledge, Attitude and Practice

**HIV:** Human Immunodeficiency Virus

**AIDS:** Acquired Immune Deficiency Syndrome

**MoWCYA:** Ministry of Women, Children and Youth Affairs

**UN:** United Nations

**UNICEF:** United Nations Children's Fund

## Chapter One

### 1. Introduction

#### 1.1. Background

The continued existence of each and every society depends on the reproduction of new generation of the population. As stated by Jayaram (1987, p., 79), human infants undergo a long journey till they are matured enough to stand strong by themselves. But , to stand by themselves as stated by Jayaram (1987) children , especially those who are in crisis, require some form of parenthood, not only biological parenthood, rather social parenthood which encompasses socialization, protection and support. Here, family which is the basic institution in society plays a pivotal role serving as source of protection and emotional security: like care, affection, and companionship, (Smith, Hamon, Ingoldsby and Miller, 2009).

But due to various reasons, like poverty, HIV/AIDS, war, child abuse, violence and other manmade and natural problems, families are not able to perform those roles and responsibilities and children are also run out of home. This might increase the vulnerability of children to different circumstances. However, the magnitude and intensity of their vulnerability varies from continent to continent and from country to country.

In Ethiopia, according to the Demographic Health Survey (DHS,[CSA, 2011]), there are an estimated 5,459,139 orphans and vulnerable children of which 855,720 have lost one or both parents to HIV/AIDS, and 630,000 children have lost both parents to HIV/AIDS and other causes. As stated in the DHS, 14 % of Ethiopian children live with only their mother; three percent live with only their father, and 11% with neither parent.

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Compared to rural areas as stated in the DHS (2011), children in urban areas are less likely to live with two parent households.

Internationally, the right of children and specially the best interest of the child have been addressed in various legal frameworks. The United Nations Convention on the Rights of the Child (UNCRC) is the leading legal framework which addresses mainly the rights of children in general and vulnerable children in particular. The UNCRC of article 20 specifically addresses the issue of children without parental care and provides some basic guidance.

The other legal instrument is the UN Guidelines on Alternative Childcare which also gives emphasis to the implementation of the United Nations Convention on the Rights of the Child. It especially intended to enhance the implementation of the CRC and other international instruments regarding the protection and wellbeing of children who are deprived of parental care, and who are at risk.

Continently, the African Charter on the Rights and Welfare of the Child (ACRWC), and locally at a national level, the constitution of the Federal Democratic Republic of Ethiopia (FDRE), and the National Guidelines on Alternative Childcare are the main legal instruments safeguarding the rights of children.

The Constitution of the Federal Democratic Republic of Ethiopia (FDRE) reflects in Article 36 key principles of the United Nations Convention on the Rights of the Child, most importantly the best interests of the child principle. It specifically states that every child has the right to life, to a name and nationality, to know and be cared for by his/her parents or legal guardians, and not to be subject to exploitive practices nor be permitted to work in hazardous situations, and to be free of cruel and inhuman treatments (FDRE,

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1995). It also describes that “the state shall accord special protection to orphans and shall encourage the establishment of institutions which ensure and promote their adoption and advance their welfare, and education” (FDRE, 1995).

The national guideline on alternative childcare mainly focused on community based childcare, reunification and reintegration program, adoption, foster care and institutional care. The overall objective of the guideline is to monitor the service and service quality of agencies involved in childcare systems and to advance the welfare of orphans and vulnerable children (MoWCYA, 2009). Based on these legal frameworks, there have been initiatives and interventions by states and concerned agencies to halt the vulnerability of children in crisis. According to MoWCYA (2014) till September 2014 there were a total of 3.7 million children who have been involved and benefited from all the five alternative childcare programs. Even though children and families those engaged in the program are not well known, one of the alternative care and protection is child placement in foster families.

Foster care, according to Webb (2003, p. 223), consists of the temporary arrangement for childcare in a substitute home when the parents cannot take care of their own children because of some serious situation. The national alternative childcare guideline( 2009, p. 28) also defines foster care with the same manner adding that it is a difficult and demanding job for both the state and the foster family. However, in reality, compared to other countries, the practice of modern type of foster family care is a new type of child crisis intervention in Ethiopia.

Compared to other alternative child care services (MoWCYA, 2009), foster family care has some advantages for the children, families and the state, especially over

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institutional care. The benefits are calculated in terms of cost, and the affection and bonding with caregivers where family based foster care provides a nurturing environment for children.

Though the main aim of foster care is addressing the best interest of the child, according to Welbourne (2012), fostering families also need some competencies (knowledge and skills) concerning their roles and responsibilities, the needs and interests of children, knowledge how to nurture and care for the child, and address the challenges they face while parenting a foster child. Webb (2003) summarized the interdependency of children and their families stating “when one member of a family system experiencing difficulties, the stress reverberates to all members of the family”, (2003, p., 119).

### **1.2. The Research Problem**

According to researches, parenting in family foster care is a demanding task which needs trained and professional skills, and knowledge of staffs and care givers to facilitate and participate in the many steps of placement. It needs time, commitment and dedication from all sides, requires coordination and collaboration of actors or stakeholders, the adequate empowerment of fostering families on issues like parenting courses and sessions, promotion of positive parent child relationship, conflict resolution skills, any kind of abuse treatment skills, and other competencies how to care for and support children with different backgrounds and traumas (UNICEF, 2010).

The national alternative childcare guideline (MoWCYA, 2009) also give due attention concerning the duties and responsibilities of foster care organizations, other stakeholders, and foster families. The support and empowerment of foster families are also listed vividly.

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Basically as stated in literatures foster families need to have various parenting competences or knowledge and skills for the normal development of the child as well as to manage family challenges and stressors. Throughout the parenting process, foster families encounter so many challenges which are more psychological, financial, and emotional. These challenges encounter them while caring and dealing with the foster child, and while trying to balance the time they have been allotted for the rest of the family. Through time, this also leads them to stress and depression which directly or indirectly have an impact on their personal life and the wellbeing of the whole family including the foster child. So, in order to avoid such health, psychological, and emotional challenges, foster families have to be empowered and gain basic competencies which help them to deal with child development issues and resolve the child as well as family stressors.

But, there is no such researches done on the competences which include their knowledge and skills of parenting, and their attitude towards the foster care in general, and the challenges they have been encountered through the child care practice. Therefore, this research have explored and discussed the knowledge base of foster parents, their attitude, and the overall practice of the childcare process in order to forward valuable inputs for concerned actors, social work practitioners, and policy makers in addressing the best interest of the child, and sustain the objectives of family foster care.

### **1.3. Research Questions**

The study on the knowledge, attitude and practice (KAP) of foster care was proposed to answer the following main questions:

1. What are the practical foster care process and challenges associated with?

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2. Are foster parents competent enough to achieve their roles and responsibilities of child caring?
3. What type of attitudes do they have towards foster care, a foster child, birth parents of foster child, and child reunion and adoption?
4. How foster parents explain the practice of family foster care?
5. How do foster parents understand the core challenges that they have experienced in the child caring process?

### **1.4. Objectives**

The general objective of the study is to explore the KAP of foster care within foster families in Adama Town and its implication for social work practice.

Specifically, the research also aims to:

- Explore the processes of fostering a child, and challenges associated with child foster care
- Identify the practical knowledge and skills of foster families as well as their knowledge gap in achieving their duties and responsibilities
- Explore the attitude of families towards child foster care, child's biological parents and family foster care
- Explore the challenges they are facing while caring for a foster child, and
- Forward valuable findings that will assist foster care practitioners, and policy makers

### **1.5. Theoretical Framework**

Theories in research in general and social research in particular provides complex and comprehensive conceptual understandings of things that cannot be pinned down how

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societies work, how organizations operate, and why people interact in certain manner . In order to gain in-depth understanding of foster parent's knowledge, attitude and practice the ecological theory of human development, and the family stress theory was used as a framework to see the research problem and related issues of parenting from different perspectives.

According to Edward, as cited by Miheret Ayele (2007), most researches on child development in general and child rearing in particular are based on theories emanating from western cultural experiences and practices. But, as described by Webb (2009, p., 13), different cultures have different beliefs about child behaviors that are acceptable and that are not. Taking in to consideration the child rearing traditions in Ethiopia and the cultural values attached to fostering a child, here the researcher preferred the ecological systems theory of Urie Bronferbrenner, which gives space to see child rearing from different socio-cultural perspectives and considers the impacts of different systems of the environment or ecology on human development. Besides, the family stress theory is an additional theoretical framework which gives extra outlooks to explore the child placement related stresses of foster parents.

### **1.5.1. Ecological Systems Theory**

The thinker behind the ecological theory of human development is Urie Bronferbrenner. He argued that the family, social service agencies, schools, states, the media, and the current political thinking of the time all must be considered in comprehensive explanations of human development. The assumption of the theory is that child development is influenced by the personal, social and political systems within which children live in. And everything is seen as interrelated, and as explained by

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Darling (2007, p., 204), “our knowledge of development is bounded by context, culture, and history.”

The ecology of human development as theorized by Bronferbrenner is defined as “the scientific study of the progressive, mutual accommodation between an active, growing human being and the changing properties of the immediate settings (the family) in which the developing person lives, as this process is affected by relations between this setting, and by the larger contexts in which the settings are embedded” (Rogoff, 2003, pp., 44-45).

According to Gardnier and Kosmitzky as cited by Miheret (2007), the ecological perspective allows us to go beyond the setting being immediately experienced and helps to combine the different environments of human development. In child welfare, the ecological perspective according to Germain (1979) gives emphasis even to the importance of biological families (to supportive care than substitutive one) for the proper development of the child.

...every effort is thus made to support the family to enhance its functioning, and to avoid separation and placement. When separation is necessary, the importance of the family continues to be recognized through active efforts to maintain family ties, to support shared parenting by biological and foster parents, and to work, wherever possible, toward reuniting the family. Germain (1979, p., 205)

In ecological systems theory (Darling, 2007, p., 204), an individual or a child is seen at the center of a series of concentric circles which encompasses: the microsystems, the mesosystem, the exosystem, and macrosystem. As stated by Germain (1979, p., 190), in child welfare, an ecological approach suggests that the placement systems closest to

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the natural system (the microsystem) promise the least disruption both for the child and the family, and should be explored in advance. Therefore, Germain (1979, p., 190) argued that “this maxim has been accepted as we have preferred foster care over institutional placement in order to approximate the natural family relationship”.

Hence, the microsystems refer to the face to face relationship between a developing person (the child) and the immediate environment, such as the family’s parenting practice and parenting skills. Whereas, the mesosystems relates to the interactions the people in the microsystems have to each other. The interaction between the microsystems affects the family and which intern indirectly affects the child.

The Exosystems on the other hand as demonstrated by Darling (2007) is the broader community in which the child lives like, the extended family, family networks, the work places, neighbors, family friends, and social welfare services. Here the children do not have direct involvement but, according to Bronfenbrenner’s theory (Rogoff, 2003, p., 47) those settings have strong influence on child’s healthy development. “...whether parents can perform effectively within the family depends on the demands, stresses, and supports of the workplace and extended family...the flexibility of parents’ work schedules, adequacy of childcare arrangements, the help of friends and family, the quality of health and social services, and neighborhood safety” which as stated by Rogoff (2003) have a direct impact on parents’ child rearing practice.

And finally, the outer layer, the macrosystems contains the attitudes and ideologies, values, laws, and customs of a particular culture and subculture. As it has been shown by Bronfenbrenner (1994), the macrosystems includes the overlapping patterns of micro, meso and exosystems which characterizes a given culture or

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subculture, with particular reference to the belief systems, bodies of knowledge, material resources, customs, life styles, opportunity structures, hazards, and life course options that are embedded in each of these broader systems (Bronfenbrenner, 1994, p., 39).

The point of the ecological model is that each component is not standing by itself, but interacts with other components, making a highly complex context where a child grows up. The important features of children's daily routines for understanding cultural influences are:

the personnel who are available and interacting with children, the motivations of the people involved, cultural 'scripts' used by people to guide the way they do things, the type and frequency of tasks and activities in daily routines, and the cultural goals and beliefs of the people involved. ( Rogoff ,2003, p., 46)

On top of this, Charles Super and Sara Harkness (1977) as cited by Rogoff (2003, p., 49) also added three subsystems of the developmental niche like, the physical and social settings in which the child lives, the culturally regulated customs of childcare and child rearing, and the psychology of the caregivers (including parental beliefs regarding the nature and needs of children, goals for rearing, and shared understandings about effective rearing techniques).

Since the general objective of this paper is exploring the knowledge, attitudes, and practice of foster parents in relation to family foster care, therefore this theory helps to examine the divers systems at different levels in the child intervention process because Bronfenbrenner (1994, p., 37) argues that "in order to understand human development, one must consider the entire ecological systems in which growth occurs". Besides, applying this theory to family foster care may promote a holistic approach that facilitates

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and encourages the child care practice more successful in its outputs: which is addressing the best interest of the child.

### **1.5.2. Family Stress Theory**

The family stress theory focused on the family's reaction to stressful situations. According to Angell (1936) and, Cavan and Ranck (1938) as cited by Smith, Hamon, Ingoldsby, and Miller (2009, p., 95), the family stress theory is based on the depression of the 1930s where families were dealing with the loss of household income and the stress associated with unemployment. Family reaction to those factors at that time was based on integration and adaptability.

Integration according to Angell (1936) means how close or unified a family feels and how economically interdependent they are, whereas adaptability means how flexible families are in talking about problems, making decisions as a group, and modifying existing patterns, roles, and rules (Smith & et al., 2009). Angell found that families who are both integrated and easily able to adapt their family roles to meet the needs of the situation are most capable of dealing with stress.

Similarly, Cavan and Ranck as cited in Smith & et al., (2009) studied families both before and after the depression and found that those who were organized and cohesive were best able to deal with economic losses, whereas disorganized families faced further breakdown.

Hill's ABCX model according to Hutchison (1999) and McCubbin, Sussman, and Patterson (1983) theorize and address family problems. Accordingly, "to understand whether an event in family system(A) becomes a crisis (X), we also need to understand both the family's resources(B) and the family's definitions(C) about the event"

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Hutchison (1999, p., 466).

According to McCubbin and et al. (1983), stressor is a life event or transition impacting upon the family unit which produces, or has the potential of producing change in the family's social system, like family boundaries, goals, pattern of interactions, roles, or values. Smith & et al., (2009) also described that based on Hill's (1949) ABCX model families reaction to stressful situations encompasses four stages. Crisis or stress provoking event, disorganization, recovery and reorganization are the main components which guides what families supposed to do in each and every stage.

According to the family stress theory, stressors are neutral before interpretations. But the degrees to which they will impact a family have various criteria. The first criterion is whether they are internal or external. Then follows others like whether they focused on one member of the family or all members, sadness versus gradual on set, the severity of stressor, time to adjust to stressor which also affects how they cope it, whether it is expected or not and finally family's perception to cope the stressor are the main components.

### **1.6. Significance**

The significance of studying the knowledge, attitude, and practice of foster care among foster families is to pave the way to get the proper understanding of the competences of foster care families, their attitude, and behavior towards foster care. It also helps to design appropriate intervention tools by agencies and social workers working on families and children in general and family foster care in particular. The study has a significant contribution in addressing the attitude of foster parents towards a child's biological parents and relatives, as well as issues related to child reunion.

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Besides, the study also gives a clue for those agencies working hand in hand with foster families assessing their strengths and needs of intervention.

Many studies show that there are enormous numbers of orphan and vulnerable children in Ethiopia. Especially, when it comes to urban centers like Adama, there are also a large number of children, who are abandoned and vulnerable to various problems, like sexual and physical abuse, STD and HIV/AIDS, delinquency and crime, and others. The alternative child care system is also one way of helping children in such life circumstances. But, still it needs a continuous effort to enhance and maximize the number of families who have been engaged in the alternative family care services where family foster care is one and the best component. Therefore, conducting recurrent research concerning the pros and cons of fostering in general and that of fostering parents in particular helps to create conducive environment for children and families. It also creates competent fostering families, which also keen to recruit, promote and guide other foster families.

On top of this, the findings of the study also help policy makers, agencies working on children and family, social workers and other practitioners to identify what strengths foster families have and to intervene on their knowledge and skills gap to serve as a fostering parent.

### **1.7. Delimitation**

The alternative childcare service is not only limited to foster care. Even within foster care literatures also grouped different mechanisms of fostering and foster care. There are also traditional ways of fostering a child in different cultures, which is informal in its nature. But, this study was delimited only to modern foster care services which

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passed through different processes starting from recruiting and training of foster parents, and placing and mentoring the child placement (MoWCYA, 2009).

Besides, this research have confined to female fostering parents living in Adama Town. Hence, it was limited to those parents, and never represents the opinion of the whole family in the study area, and the foster care practice throughout the country.

### **1.8. Operational Definitions**

**Foster Care:** a temporary arrangement for childcare in a substitute home when the parents cannot take care of their own children because of some serious situations.

**Family Foster Care:** an alternative childcare service where volunteer families provide a planned, time limited, and substitute family care for orphans and vulnerable children.

**Adoption:** an alternative child care practice where a legal relationship of a parent and a child is established between persons who are not so related by nature.

**Institutional Care:** an establishment founded by a governmental, nongovernmental, or faith based organization to give care for unaccompanied children.

**Knowledge:** understanding of foster parents about family foster care and the needs of foster children

**Attitude:** cognitions that predispose an individual to act either positively or negatively towards a child

**Foster child:** a vulnerable human being below the age of 18 years who is placed in foster care.

## **Chapter Two**

### **2. Literature Review**

#### **2.1. Overview of Foster Care**

Foster care is one component of an alternative childcare service where children are provided a substitute parental care. As stated by Webb (2003, 224), foster care is needed when parents cannot take care of their own child because of some serious situations. The situations might be homelessness, abuse, alcohol use or substance abuse, domestic violence, HIV/AIDS, poverty or any other social or economic challenges that forced children to vulnerable life.

According to (Webb, 2003 & MoFWCYA, 2009), the overall objective of foster care service is to secure a substitute and temporary familial environment for orphans and vulnerable children on a temporary basis, till a child is reunified with her or his birth or extended family or placed in other permanent alternative childcare program like adoption.

Generally, when we examine the term foster care as described by Pecora, Kessler, Williams, Downs, English, White, and O'Brien (2010, p., 6), and MoWCYA (2009), it encompasses various forms of care and services for vulnerable children. For instance, according to Pecora and et al. (2010), foster care includes placement of children and youth in group homes, and residential settings. On the other hand, the national guideline on alternative child care (MoWCYA, 2009, p., 33) describes foster care in terms of child placement in transitional homes: where children placed in a family or a center until they get other permanent alternative placement , community based foster care: where a group of children who are full orphans or whose parents or relatives are untraceable shall be

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placed in the community and cared by a home mother , and foster family care : where children shall be placed with volunteer family supported by the foster care organization.

Therefore, family foster care, as defined by Blumenthal (1983) and cited in the works of Pecora and et al. (2010, p., 6) is “the provision of planned, time limited, substitute family care for children who cannot be adequately maintained at home, and the simultaneous provision of social services to these children and their families to help resolve the problems that led to the need for placement”. As it is clearly marked by Blumenthal, the family foster care is a comprehensive family support where the family is regarded as a focus of attention.

The family foster care according to Pecora and et al. (2010) has also functions of emergency protection, crisis intervention, assessment and case planning, reunification, preparation for adoption, and preparation for independent living. Here foster parents have also their own roles and responsibilities which are mainly based on the general objectives and functions of family foster care.

### **2.2. Foster Care, Adoption, and Institutional Care**

**Foster Care:** The national guideline on alternative child care (MoWCYA, 2009) describes that foster care is a short or long term care within the private house of foster families, mainly addressing those children who are unable to live with their biological parents and families. As clearly described in the guideline, family foster care is a demanding and difficult job, but it has several advantages over other alternative childcare services, especially over institutional care.

First, it can provide the child with a high level of attention, nurturing and continuity which is only possible within a family setting. Secondly, placement in the

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foster parent's family gives the child a better chance of getting acquainted with life in a family environment and facilitates his/her smooth integration into the community at a later stage. Thirdly, placing children in a foster family has served as a stepping stone to child family reunification. Finally, family foster care is much cheaper than institutional care which needs more staff and budget.

**Adoption:** is an alternative child care practice which is regulated through different legal and cultural practices throughout the world. As stated by Dessalegn Negeri (2006) citing the work of Taka Daba (1983), adoption is defined as “the means by which the legal relationship of a parent and a child between persons who are not so related by nature is established or created. It is the taking of one's family child into another as son and daughter and heir, and conferring up on it a title to the rights and the privileges of such” (2006, p., 13).

As reflected in literatures, there are two forms of adoption in Ethiopia: domestic adoption and inter-country adoption. According to the International Social Service (ISS), “domestic adoption which traditionally known as Gudifacha is a deep rooted, highly valued, and socially endorsed childcare practice” (ISS, 2006, pp., 9-10). Accordingly, adopted children in case of Gudifacha are legally and socially considered as biological children and entitled to all the privileges and benefits of biological children.

On the other hand, inter-country adoption is a recent phenomenon where children are only adopted on legal frameworks. As it was described in the national alternative childcare guideline (MoWCYA, 2009, p., 47), once a contract of adoption is signed and approved by the court, the biological parents, members of the extended family, and guardians of the child have no right and obligation concerning the upbringing of the

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child, and the adoptive parents assume all parental duties, rights and responsibilities over the child.

Adoption is as advantageous as foster care when it comes to its role in creating a family environment for the adopted child. Even it is better than foster care in addressing child permanency issues and in giving the child property rights and privileges. The drawback is that the inter-country adoption is a placement of children beyond their culture and community, which have a psychosocial impact on the child at the time of placement or later on.

**Institutional Care:** As stated by Family Health International (FHI, 2010), institutional care refers to an establishment founded by a governmental, nongovernmental, or faith based organization to give care for unaccompanied children. It sometimes referred as an orphanage, children's home, or residential care.

Compared to other alternative child care services like foster care and adoption, institutional care is not preferred for child placement due to its high operational costs and the vulnerability of children to abuse and maltreatment. Therefore, the national alternative child care guideline describes child placement in institutional childcare as "...long periods in an institution make it harder for a child to assimilate back into the community and deny them access to the lifelong attachments and community support systems that family relationships and communities can provide" (MoWCYA, 2009, pp., 47-48).

### **2.3. Processes of Foster Care Placement**

The UN guideline on alternative child care (UNICEF, 2009) of article 29 describes foster care as situations where children are placed by a competent authority for

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the purpose of alternative care in the domestic environment of a family other than the children's own family. The UN guideline stated that the child placement in the alternative family has its own process and steps. Accordingly, the parents or caregivers has been selected, qualified, approved and supervised for providing the expected care and support.

As stated in a draft report entitled "the need to strengthen foster care in Ethiopia", the foster care process has steps or stages which include recruitment of foster families, assessment phase which includes assessment of potential caregivers and foster children, training of parents or care givers, matching children with families and caregivers, follow up after placement and reporting.

Pecora and et al. (2010, pp., 6-8) also added the child reunification, preparation for adoption, and preparation for independent living as a processes and major components of family foster care. Specifically, they raised child permanency as a process of achieving a more permanent living situation for the child through reunification, adoption by relatives, foster parents, or other methods. According to Pecora and et al. (2010), the main benefit of child permanency is it minimizes the movement of the child from one home to another and from one school to another.

On the other hand, as stated in the National guideline (MoWCYA, 2009), the process of foster care includes the steps like assessment and screening of families, recruitment and case study of caregivers or parents, case study of potential foster child , matching of a potential parent, where the child's needs are paramount, than the prospective family. The approval of the foster family with introductory period is also part and parcel of the process. Next to the introductory phase then follows the placement of the child and the follow ups after placement (MoWCYA, 2009, PP., 32-37).

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The assessment or case study of the parents according to the national guideline of alternative childcare includes general socioeconomic and demographic information, family history and psychosocial and economic status. The eligibility of the parent which includes criteria like, Ethiopian nationality, age appropriateness which demands at least 25 years, sufficient income to raise the child, health status: free from any incurable and contagious diseases and mental health status are some among the many criteria.

The assessment of the potential foster child also includes his/her biological parent's status, child's psychosocial and mental health issues, his/her placement history, child's emotional, educational, medical, social, cultural, religious needs, physical status and other personal information (MoWCYA, 2009).

The roles and responsibilities of a foster family organization or the agency, the relevant authority and the caregivers in each and every step beginning from the recruitment to child reunion or permanency, also described in the guideline in light of the best interest of the child.

Accordingly, the foster family, with respect to the foster family care organization (MoWCYA, pp., 30-32), has the right to receive information that pertains to the psychological, emotional or health history of the child and his/her family. They are also obliged to provide the child with adequate material care and emotional support and protect the child from any type of abuse and neglect.

### **2.4. Duration of Stay at Foster Care**

Pecora and et al (2010, p., 5) argued that the primary goal of foster care is achieving a permanent living situation for the child. However, other practitioners in the field of child welfare have expectations that "the child will return to the biological parents' home or

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other relatives when the conditions those precipitating the foster placement have been corrected” Webb, (2003, p., 224). The options are either providing permanent home by returning to their biological parents or by placing with relatives which also seen as first and second best option consecutively. The third alternative is placing in legal bounded adoptive family and the final option is a reasonably permanent foster family. From all these options, it is easy to understand that foster care is either a temporary placement or a permanent one, but all are determined and based on the best interest of the child.

In all circumstances, whether it is temporary or permanent, children in foster care in general and family foster care in particular have difficulties of adjusting themselves in a new home where they may not be able to trust the foster parent or conform to a new routine and expectations. In addition to that, children born and grown up in families with various challenging social circumstances like, substance abuse, domestic violence , AIDS, emotional disturbance , poverty, incarceration and others suffer from its consequences in the form of attachment, trust, identity and loss difficulties. According to Webb (2003, p., 226), even their development has been compromised because of the environmental factors that have left their parents overwhelmed, helpless and hopeless.

Hence, those children with such background comes to the foster care with multiple problems and require the help of individuals or foster parents to assist them and work on their unfinished grief work and other psychosocial and emotional issues.

On top of this, foster parents have to be also very competent to address the losses and extensive needs of foster children as well as their own emotions and feelings in the course of caring out their parenting responsibilities. The reality is that as stated by Webb (2003, p., 232), most foster parents experience considerable stress in their course of

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parenting. So, in order to cope up all these multiple issues either from the side of the foster child or from their own side, foster parents must need competences or knowledge and skills concerning how to deal with diverse issues.

### **2.5. An Overview of Competences or Knowledge and Skills of Foster Care**

Erault (1994) cited in the work of Welbourne (2012) grouped knowledge as propositional and personal. Propositional knowledge is that which is found in public sources such as journals, and handbooks, and personal knowledge on the other hand is gained through experience and reflection. And Erault (1994) described that “competence and capacity come from experience, which supports the integration of propositional knowledge and personal knowledge” Welbourne (2012, p., 32).

When we come to parenting knowledge and skills as stated by Welbourne (2012), bringing up children involves providing a stimulating environment in which they can develop. “ It involves allowing children to explore their own capacities and create meaning in their lives for themselves, as well as offering adult understandings of the world they are living in” Welbourne (2012,p.,49). In order to achieve this according to Welbourne, parents need to provide security, stability and boundaries as well as opportunities so children can learn and explore with confidence and concentration.

Besides, there are also other competences for parents particularly for foster care parents forwarded by different scholars and researchers. According to Buchler, Rhodes, Orme, and Cuddeback (n.d.), there have been consistent principles identified by different institutions working on children and family in USA that should guide foster care practice. Among is the National Commission on Family Foster Care (NCFFC, 1991), PRIDE Model (a collaborative effort that was sponsored by 17 child welfare organizations),

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Casey Family Programs (CFP), and others (Buchler & et al., (n. d., p., 5). For instance, as discussed by Buchler & et al., there are five essential competences for foster parents in the PRIDE Model, like:

- (a) Protecting and nurturing children;
- (b) Meeting developmental needs and addressing developmental delays;
- (c) Supporting relationships between children and their families;
- (d) Connecting children to safe nurturing relationships intended to last a life time,
- (e) And, working as a member of a professional team

Similarly, Casey Family Programs (CFP) identified eight important competency areas which include: (a) providing a safe and nurturing environment; (b) meeting developmental needs of children in care; (c) supporting birth family work; (d) promoting long-term outcomes; (e) working in partnership; (f) self-care and family life; (g) growing as a foster parent; and (h) supporting children's cultural needs.

Mixing those and others altogether, Buchler & et al. also suggested that the conceptualization of the potential for successful family foster parenting include competencies in the following domains:

- Providing a safe and secure care environment
- Providing a nurturing care environment
- Promoting educational attainment and success
- Meeting physical and mental health care needs
- Promoting social and emotional development
- Valuing diversity and supporting children's cultural needs
- Supporting permanency plans

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- Managing ambiguity and loss for the foster child and family
- Growing as a foster parent (skill development and role clarification)
- Managing the demands of fostering on personal and familial wellbeing
- Supporting relationships between children and their families and
- Working as a team member

Taking in to account all those competence options it is possible also to summarize in to five main areas in order to avoid redundancy as follows:

- providing a safe, secure and nurturing environment
- promoting social and emotional development
- managing ambiguity and loss for the foster child and family
- working as a team and
- own or personal development

### **Providing Safe, Secure, and Nurturing Environment**

According to the explanation of Buehler, Cox, and Cuddeback, (2003), as cited in the works of Buchler & et al. (n.d.), this domain includes physical and emotional safety and security plus the acceptance, love, empathy and tolerance in between foster children and parents. Providing a safe and secure environment for a child and feelings of valued and acceptance by foster parents are an important aspect of the fostering experience for foster parents.

The safety and security related knowledge and skills of fostering parents alone (Wheal and Mehmet, 2012, p., 4) includes various essential aspects like, freedom from abuse, freedom from neglect, a home that diminishes the chance of accidents and injury, a safe neighborhood and school or built in protections when there are safety concerns,

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and an environment that promotes emotional security. Empathy and tolerance (Rycus & Hughes, 1998) as cited by Buchler & et al are also important foster parent characteristics and competences that promote nurturing parent child relationships.

### **Promoting Social and Emotional Development**

In addition to addressing children's physical and mental health needs, foster parents must be able to promote children's normative social and emotional development. "In order to accomplish this goal, parents need to have adequate knowledge about normative development at various stages of development" Buchler & et al, (n.d, p., 17).

Researches done on foster care children reflects that they have experienced the difficulties of developing once own identity, achieving sense of belonging, establishing meaningful relationships with people, and dealing successfully with developmental tasks. Citing the work of Kools, Buchler & et al., describes that foster parents might need to have competencies that allow them to support and care for children who might face difficult identity issues.

As explained by Center for the study of Child Care Employment (2008), child growth and development that should be understood thoroughly are the various domains of children's growth and development includes, cognitive, physical, social, emotional, linguistic, and others which are interrelated and interdependent.

Concerning issues relevant to emotionality and development of emotions,( Grotevant, 1997; Grotevant & Cooper, 1986) cited by Buchler & et al , foster parents need to have a good understanding of developmental tasks, potential threats to achieving these tasks for children who are in alternative child care, and strategies that can be used to promote positive psychosocial development.

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### **Managing Ambiguity and Loss of the Foster Child and Family**

Smith and et al. (2009) define ambiguous loss as a physical and psychological experience of families, including not knowing whether or not a loved one is living or dead. Therefore, foster parents need to become competent at managing ambiguity and handling loss. A study done by Tice and Suri (1990) in Delaware State of USA, as cited by (Buchler & et al.), reflects that about 30% of the foster parents in a State wished they had been better prepared for the difficulties that came with having children leave their homes. This implies that in order to deal with child ambiguities and losses, the foster families need knowledge and skills of dealing with and handling those issues.

As described by Smith and et al. (2009), families need to be defining their losses, assess their resources, and develop meaningful narratives about loss. Rycroff and Perlesz (2001) cited in the works of Smith and et al. (2009) state that “counseling can help the family ‘to find a balance between grieving and living, between the past and the future, and between despair and hope’,” (p., 121)

### **Working as a Team**

Wheal and Mehmet (2012, p., 4) listed the areas where foster parents are working in collaboration with others. The first area they mentioned was the professionals and others who have the capacity of contributing some valuable things in childcare planning. Confidential information, sustaining positive relationships and communications with others even during periods of stress, understand how stress affects foster parents and their family, especially their own children, and taking advantage of training opportunities to improve skills have been mentioned as areas where team work is must and necessary.

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Successful foster parenting involves communicating and cooperating with workers from the agency with whom the child is affiliated. Stone and Stone (1983) as cited by Buchler & et al found that “a good worker and foster parent relationship was a strong correlate of placement stability. Foster parents also might need to work in partnership with judges, therapists, teachers, and birth parents. This kind of teamwork requires good communication and problem solving skills, as well as a strong commitment to the partnership model” Buchler & et al (n.d. p, 26).

### **Personal Development**

According to Wheal and Mehmet (2012), personal development is all about the activities which are targeting the self empowerment of foster parents. They gave emphasis that foster carers must be able to update and develop their own skills and knowledge and know how to deal with the impact of fostering on themselves, their family and the people around them. In order to grow as a foster parent, it is a must to enhancing self interest, skills and efforts.

According to Buchler & et al, “a minimum level of success in this domain is indicated by foster parents recognizing the need for and receiving additional training in needed areas. A desired level of success is indicated by an expressed enthusiasm for increased competency, a clear understanding of role responsibilities and rights as a foster parent, and the receipt of additional training, as needed to increase competencies in particular domains”, (n.d. pp., 22-23).

### **2.6. Attitude towards Foster Care**

Attitude as defined by Holden & Edwards (1989, p., 37) “is an individual’s predisposition, reaction to, or affective evaluation of the supposed facts about an object

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or situation”. When we come to the issue of childcare, childrearing attitudes as stated by Grusec (2008) are cognitions that predispose an individual to act either positively or negatively towards a child. They have been considered to be good predictors of parenting behavior because they are an indication of the emotional climate in which children and parents operate and therefore of how good their relationship is.

As discussed by Grusec (2008) the study of parents attitudes, belief systems, and thinking has taken place along with changing conceptions of child rearing that have emphasized the bidirectional nature of interactions, with children influencing parents as well as parents influencing children. “Parents observe their children through a filter of conscious and unconscious thoughts and attitudes, and these filters direct the way they perceive their children’s actions and how they behave toward them”( Grusec 2008, p.,3).

Literatures stated that there are various attitudes towards the alternative child care system in general and foster care in particular. The attitudes in case of foster includes all the systems involved in the caring process: the fostering parents, the foster child, the fostering family, the foster child’s biological parents and the agency involved in guiding the caring process.

According to Howard (n.d.), myths in foster care reflect that children in foster care are incapable of assimilating to healthy family relationships. They have also a little hope for a positive future. Besides, there are also deep rooted stereotypes towards foster children (Howard, n.d., p., 3), which claims that foster children are not loved by their biological parents and there are also children with backgrounds of abuse and neglect. These generalizations mean that all children who end up in foster care are hope less, obstacles for healthy marriage and family and they are also coming from families which

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have a history of abuse and neglect, which is very far from empirical evidence but remains as a myth.

The stereotype that foster children will destroy a good, healthy marriage and family relations will only happen if the foster parents let it to happen. If they have ample knowledge and skills of interventions on how to handle all cases, of the foster child, their marriage and family, it never and ever happens. But marriage and family desolation happens in any scenario even in the absence of foster child.

According to Bissell & Geen (2006) as cited by Howard, the National Survey of Child and Adolescent Well-being in USA (of 2002) which is the first comprehensive study of children in the child welfare system, disclosed that “more than 85% of children in foster care reported they like the people they are living with, feel like part of their foster family, and believe their foster parents care about them” Howard (n.d., pp., 3-4).

The stereotype is not only towards the foster child but there are also literatures reflecting from the parents' side. Just like foster children, there are also misconceptions towards fostering parents which according to Howard includes parent's self satisfaction, need for payments and other monetary cases. “...People have become foster parents for various reasons, including ... job satisfaction, commitment to a worthwhile goal, extra income, non-monetary recognition, new opportunities for learning, social contact, personal satisfaction, and as an attempt to resolve personal problems” Howard (n.d. p.,4).

As stated by Browne (2002, p., 85), there is also a fractious relationship between the foster parent and the natural parents. Citing the works of Corser and Fumell, 1992: Kufeldt and Allison, 1990: Triseliotis, 1989, Browne states that:

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*...foster parents may easily develop negative feelings about birth parents, which are seen as intrusive or abusive. Very often hostile feelings develop after the foster parents become quite fond of their foster child, to whom they feel the natural parents have been cruel or unjust. Similarly, natural parents can feel hostile and jealous of the relationship forged between their child and the host family. These feelings of hostility can have serious consequences on placement. (Browne, D. C., 2002, p., 85)*

The research conducted on the foster parents in the Cork city of UK, according to Browne (2002) illustrates that out of the 127 total foster parents involved, 42% of them responded that they have a negative feeling towards the birth parents. Although 38% of the foster parents were expressed some degree of sympathy for the birth parents, their attitude was still more negative (Browne, D. C., 2002, pp., 84-87). These poor and hostile relationships according to researches not only harm the child placement but it also damages the relationship between the child and the natural parents.

### **2.7. Practice of Foster Care**

Literatures stressed that foster care is a demanding job which needs the firm cooperation and team work between the foster parent, the concerned agency or organization and the biological parents of a foster child.

The care of children as discussed by Engle, Menon, & Haddad, (1997) and cited by Manful E. & Manful S.E., (2013), is manifested in the ways a child is fed, nurtured, taught and guided. This practice of childcare has traditionally been the responsibility of families, either a nuclear or extended families or a kinship. According to Manful E. & Manful S.E., (2013, p., 4), “traditional forms of child care, especially for neglected or

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orphaned children, are often taken up by extended family members. This form of kinship fostering is slowly being replaced by... other alternative childcare systems because of urbanization and increase in poverty level”.

In spite of the many difficulties encountered by the various agencies in different parts of the world, as stated by Colton & Williams (2006, p., 201) the trends in childcare for vulnerable children show an increasing movement towards family foster care. But when we see its trend in different countries with people of various cultural values and traditions, the child care practice of vulnerable children in general and the foster care in particular has different grounds and perspectives.

The UN report (2009) on child adoption gives emphasis that de facto fostering (meaning the practice of caring for a child either temporarily or permanently without a legally recognized contract), has played a central role in ensuring care for children in many traditional societies. These practices of care accordingly (UN, 2009, p., 23) have been followed by care givers in order to expand the child’s network, to strengthen family ties and to provide sustainable care and nurture for those who are vulnerable.

According to researches by Anthropologists, the notion of de facto caring has been a common practice among various populations of sub Saharan Africa especially in Ethiopia among the Oromo and Amhara societies (UN, 2009, p., 28) where child fostering is a widespread and socially accepted practice.

The National Alternative Childcare guideline (MoWCYA, 2009, p., 3) describes that the practice of rendering child care service for vulnerable children has a long history in Ethiopia. But, it was in 2001 that standardized regulatory mechanisms were developed, which is the National Alternative Childcare guideline consisting of services

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on institutional care, community based child support programs, adoption, foster care and child family reunification.

As stated in the guideline (MoWCYA) which also addressed the UN convention on the rights of the child, all children have the right to participate in and state their views on all decisions that can potentially impact on their lives. “Service providers and care givers need to realize that children are not merely passive recipients of care and support: their views and wishes should be taken into account in the design and delivery of services” (MoWCYA, 2009, p., 5).

Historically, foster parents have been viewed as temporary caregivers for children in foster care. But through time as explained by Dougherty (2001) cited in the works of Barbell and Freundlich (2001, p., 20), in USA and other developed world, foster parents began to be viewed as more integral to the planning for the children whom they were fostering and also became more and more involved with the children’s birth parents.

Accordingly, currently (Barbell & Freundlich, 2001) foster parents take on a number of roles like, nurturing the children they are fostering, supporting the children’s health development, providing guidance and discipline, advocating on behalf of the children, mentoring birth parents, supporting the relationship between the children and birthparents, and also involved in the process of recruiting, training and mentoring new foster parents. Dougherty as cited by Barbell and Freundlich (2001) summarized those activities of parents as traditional responsibilities and newly emerging roles. Nurturing, supporting the children’s health development, and providing guidance and discipline are summarized as traditional responsibilities, whereas the rest responsibilities including adopting the children they have fostered are listed as the newly emerging roles.

### **2.8. Challenges of Foster Care**

Most foster parents experience considerable challenges while working on the child care services. As described by Webb (2003, p., 233), stress is one of the challenges they have been facing in the course of carrying out their parenting responsibilities. Most of the time children placed in foster care services accordingly experiences multiple problems and difficulties which includes trusting others, aggressiveness, sleep and eating difficulties and possible antisocial behaviors like stealing and others which in one or another creates a challenging situation for foster parents .

Added to that, according to Chipungu and Bent-Goodly (2013), the foster care system faces serious challenges like high rate of child and family poverty, substance abuse, HIV/AIDS, family and community violence and others which have a significant effect on families and directly impact the child wellbeing and welfare system. Besides, recognizing the limits of their (foster parents') emotional attachment to the child, understanding mixed feeling toward the child's birth parents, recognizing their difficulties in letting the child return to birth parents, dealing with the complex needs like: emotional, physical and psychological needs of children in their care and dealing with the child's emotions and behavior following visits with parents and others (American Academy of child and adolescent psychiatry,2011) are also the main challenges of fostering and foster parents.

## **Chapter Three**

### **3. Methods**

#### **3.1. Study Approach**

The research approach for this study is a qualitative research approach. In this study, a qualitative study was used in exploring the knowledge, attitude, and practice of foster care within foster parents in Adama Town. The rationale and justification for employing a qualitative approach is that, it enables the researcher to get in-depth and rich information on the topic. According to Krueger & Neuman (2006, p.9) qualitative research is not mainly concerned with drawing representative samples rather, it focuses on identifying and selecting cases or participants that have deep and rich knowledge of the research issue to provide a good insight. Creswell (2007, p., 37) also argued that qualitative research helps to collect data on the site where the participants experienced the problem under study.

#### **3.2. Design**

In this research, exploratory and descriptive research methods were employed. Exploratory research is employed when there is few or no earlier studies on the problem identified (Abiy, Alemayehu, Daniel, Melese & Yilma, 2009, p., 34). It also provides insights into and comprehension of an issue or situation for more rigorous investigation later. Here the competences of fostering parents: like basic knowledge of foster care and foster parenting, skills of child care and support, nurturing, providing social and emotional support, resolving child stressors, lose and ambiguities of children with different backgrounds and difficult circumstances, and the attitude of parents towards foster care and their practice have explored.

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On top of this, a descriptive approach was used to interpret the identified issues concerning the knowledge, attitude, and practice of foster care. Especially, descriptive research design is helpful in providing very engaging, rich explorations of a subject under study in a real world setting (Abiy, et al., 2009). Besides, it gave a chance to the subjects in framing and providing meaning for their lives rather than that imposed on them by the researcher (Monette, Sullivan, and DeJong, 2007, p., 238).

### **3.3. Study Area**

The study was conducted in Adama Town, Oromia regional state, which is located at 8.54 N and 39.27 S at elevation of 1712 meters 99 kilometers south east of Addis Ababa. Based on the 2007 population census (CSA) the town has a total population of 220,212 of which 108,872 are men and the rest 111,340 are women. The study site was selected because of the availability of fostering parents and its convenience to carry out the study. Besides, due to work exposure, the researcher has had also some information on the subjects and some contact persons with authorities and agencies working on family foster care. As of May 2014 there were 24 foster families in the town working as family foster care.

### **3.4. Participants**

The inquiry of the knowledge, attitude and practice of foster parents was based on purposive sampling where in-depth interviews, focus group discussion, and a key informant interview were conducted. The in-depth interview was conducted with twenty one female foster parents. As stated by Abiy, et al. (2009, p. 65), sample size is not predetermined in qualitative research since the sample size depends on whether the desired information is obtained by the researcher or not. However, the researcher can

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estimate the sample size ahead of time as precisely as possible. Thus, in this case almost all the population of female foster parents were included in the study in order to explore their experiences. Three focus group discussions (FGDs) were also conducted participating six, seven, and eight foster parents consecutively. In addition, two key informant interviews (KIs) were also conducted to obtain sufficient information from the side of the agency, and the responsible government organization concerning the recruitment and child placement processes and, the implementation of family foster care. The in-depth interview was conducted with female parents because, in Ethiopia due to cultural practices and social norms, females have more responsibility than males in socializing and nurturing children (Poluha, 2004, Badada Bayene, 2010).

### **Inclusion Criteria**

The participants on the study of the knowledge, attitude and practice of foster care were selected purposively, mainly based on their willingness and cooperation. In addition, parents who are serving as family foster care during the data were collected, and women above 25 and below 60 years of age are part of the inclusion criteria because the national guideline on alternative childcare permits the age limit of foster parents.

### **3.5. Instruments**

The instruments used in the study were both primary and secondary data sources. The primary data sources are in-depth interviews, FGD, KI and observations of the researcher. The secondary sources are Books, Newspapers, Magazines, Newsletters and Online sources retrieved from the Internet.

According to Creswell (2009, p.179), qualitative research depends on multiple sources of data to obtain a comprehensive understanding of the research issue. Using

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multiple tools also make the study more trustworthy. Therefore, among the qualitative data collection techniques, the following tools or instruments were employed to explore the study problem based on the research questions and objectives.

### **3.5.1. In-depth Interview**

The in-depth interview was conducted using unstructured open-ended guiding questions. Due to the fact that qualitative research primarily utilizes unstructured data collection tools to gather the required information using open ended questions (Abiy et al., 2009, p.39; Creswell, 2009, p.8), the in-depth interview guide was used open ended questions in order to create good environment for the participants to freely share their views and experiences. In order to get detailed information, probing questions was used when needed in-between the open ended questions. The in-depth interview guides were designed to answer research questions like the process of foster care, the knowledge of family foster care, the practice, and challenges of foster care. (See Annex two).

### **3.5.2. Focus Group Discussion**

Open-ended questions were forwarded to get qualitative data from the focus group discussants. Accordingly, the focus group discussion was carried out on May, 12 2014 at Adama Ras Hotel, Adama, and on August, 21 2014 at Kingdom Vision International Adama branch office. Here, the researcher acts as a moderator and listener posing predetermined open ended questions, (see Annex four) while notes were taken by two colleagues from postgraduate class of Social Work and Social Psychology. The forwarded questions mainly addressed the whole research questions.

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### **3.5.3. Key Informant Interview**

The key informant interview is the other primary source of data where prearranged open-ended questions were forwarded for the family foster project manager at Kingdom Vision International (KVI), Adama branch, and for the Adama town women and children affairs office process officer. Issues like the foster care recruitment and placement process and challenges of the family foster care were addressed in the KI interview.

### **3.5.4. Questionnaire**

Closed ended questionnaire was used to measure the attitude of the respondents towards family foster care in general and their attitude towards foster child, and birth families of the child. Accordingly, a self developed statement which contains 12 items was administered. Four options, specifically, strongly disagree, disagree, agree and strongly agree were given to the participants (see Annex three) in order to indicate their opinion for each item.

### **3.5.5. Observation**

The researcher's observation was considered based on the self developed observation checklist. The observation was conducted in the residential areas of the foster families in order to have in-depth information on their parenting or childcare service, which generally includes the foster care practice. Issues like the housing condition and housing environment, child family attachment, play sessions, age appropriateness of plays, and others issues (see Annex six) have been included.

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### **3.6. Processes of Data Collection**

In order to collect data from the foster parents, foster families were identified through the contact and involvement of government authority, the Adama town Women and Children Affairs Office, and the agency working on foster family, Kingdom Vision International. After the respondents were identified, an informed consent was forwarded verbally to each participant to assure their willingness with clear explanation of the purpose and objective of the study. In the process, confidentiality and anonymity issues were also addressed. It is because of the confidentiality issue that codes were used in place of parent's real name. Consensus had also been reached to use an audio tape recorder during the interview process. Therefore, data was collected through the aid of tape recorder, almost for all families, except for four families where a brief note was taken by the researcher. In the in-depth interview, each parent was interviewed for a minimum of one and half an hour, and maximum of two hours. The interview conducted in Amharic was transcribed and changed to English, based on the already created themes. The interview with the respondents was conducted face to face with one-to-one contact by the researcher.

The FGDs with the female foster parents were also conducted creating an informed oral consent. A discussion question was raised by the researcher and notes were taken by the assistants for triangulation of data. In addition to the practice of foster care, which includes the care, support and nurturing given by the foster parents, their attachment was also observed by the researcher in the presence of the family members using observation checklist.

### **3.7. Trustworthiness and Validity**

The researcher tried to avoid his personal judgments especially while conducting the in-depth interview and listing observations. Therefore, in order to avoid any bias while taking a note, a tape recorder was used for interpretation based on the willingness of respondents.

According to Monette and et al (2007, p., 111), validity refers to the accuracy of a measure. Even though several approaches to the question of validity exist, however, the researcher checked and has made some adjustments to the measurements based on face and content validity. The face validity issues were addressed while face to face interview with the respondents. However, the content validity of the measurements was considered before starting data gathering through peer reviews. The tools were commented by second degree students from both social psychology department, and school of social work. It was also commented by professionals working on children and families. All have contributed valuable comments and some corrections were made accordingly.

### **3.8. Data Analysis**

According to Creswell (2009, p. 183), data analysis is one of the major sections of a research where researchers get deeper understanding of the information they have gathered that enables them to extract meanings and where they have drawn an interpretation that will be offered to readers.

In conducting qualitative research, data analysis is continuous starting from the time of data collection (Creswell, 2009, p.184; Abiy Zegeye, et al., 2009, p.37). Hence, the data analysis part of this research was started along with the data gathering process through taking notes, observing coincidences and other important and emerging issues

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that need to be included in the final draft, reviewing the gathered information and cleaning data throughout the process.

Creswell (2009, pp.185-188) has clearly indicated the general steps that are mostly used in qualitative researches. In that regard, the data analysis of this research was started by transcribing the gathered data and in some instances directly coding the participants, the transcribed data was read thoroughly and organized so as to be familiar with the information, and themes were developed and the data was described under each theme. Finally, in the discussion of the findings, the information or findings were linked with reviewed literatures and theoretical frameworks, and meanings have been interpreted.

### **3.9. Ethical Consideration**

As stated by Walliman (2011), working with human participants in research practice always raises ethical issues. Accordingly, people involved in any research should be treated with respect during and after research (Walliman, N., 2011, p. 42).

Krueger and Neuman (2006, p., 98) also explained that especially social work research practice faces many ethical dilemmas. Therefore, in order to avoid those dilemmas, it is a must to decide how to act. According to Krueger and Newman, there should be a balance between two values in ethical issues, the pursuit of scientific knowledge and the rights of those being studied or other members of the society.

Based on this assumption, the researcher has conducted the study based on the free will and consent of respondents. In order to gain their willingness and participation, an informed oral consent was used.

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Walliman (2011) also raised two aspects of ethical issues in research process. “The individual values of the researcher relating to honesty, frankness and personal integrity” is the first issue (2011, pp, 42). Since the research was carried out particularly with the involvement of foster parents and children, issues like honesty and integrity are must to consider more. In addition to formal consents, the researcher has created a good relationship and rapport within the subjects in order to get appropriate data.

The second and most necessary aspect mentioned by Walliman (2011, p., 42) is the issue of confidentiality, anonymity and courtesy. In line with this the researcher from the very beginning have informed the families, the goal or objective of the research and reached on consensus on issues of confidentiality. Issues of anonymity were also handled properly in a faithful manner.

Krueger & Neuman (2006, p.98) described that researchers must try as much as possible to minimize risks to participants, colleagues, and society while attempting to maximize the quality of information they produce. Therefore, the researcher also gave due attention to avoid words that stereotype the participants based on their age, sex, economic status and health and physical conditions.

## **Chapter Four**

### **4. Findings of the Study**

The research findings of the knowledge, attitude, and practice of foster family care are mainly based on different or multiple tools or techniques of data gathering: In-depth interview, focus group discussions (FGDs), Key informant interview (KI), and the researcher's observation within foster care parents who are currently (while this study was conducted) are involved in the foster care service. The in-depth interview was conducted exclusively with twenty one women foster parents because of their reproductive and socialization role in the family. The FGDs were carried out involving three groups of discussants which encompassed six, seven, and eight participants. The key informant interview also involves two individuals, one from the Agency side, and the other from the government organization who is in charge of the foster care practice.

Hence, based on the aforementioned data gathered from the research subjects, this section of the finding contains two parts: the socio-economic and demographic part of respondents is the first component, and the second part includes: the processes of fostering, parents knowledge about foster care, parents attitude towards foster care, foster child ,and birth parents of a foster child, the practice of foster care ,and the challenges of fostering which were discussed based on the objectives of the study.

#### **4.1 Socio-economic and Demographic Profile of Respondents**

As illustrated in the table one below, the number of foster parents participated in the in-depth interview was twenty one women whose age ranges from 31 to 54. The respondents' educational level also ranges from grade six to first degree level. Five of the respondents have completed grade12, seven of them are diploma holders, one first degree

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holder, and the remaining are in between grades six to 11. From the total respondents, 19 of them are married, one is divorced, and one is single. Concerning the income of the respondents, the lowest income of the family is 1000 ETB, while the highest income is 10000 ETB, and the average income of the whole family is 4628.5714 ETB.

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No.	Family code	Age	Level of education	Marital status	No. of families			No. of children			No. of foster children				Bread-winner	Occupation	Income in ETB (monthly)	Years of service
					M	F	T	M	F	T	M	F	T	Age				
1	Parent one	45	12 <sup>th</sup> complete	Married	1	2	3		1	1		1	1	5	Man	Employee (private)	3,000	3 yrs and 5 month
2	Parent two	48	12 <sup>th</sup> complete	Single	1	3	4		2	2		1	1	4	Woman	Petty trade	3,000	3yrs.
3	Parent three	37	Diploma	Married	1	4	5		3	3		1	1	13	Both	Employed (private) & trade	7,000	3yrs.
4	Parent four	40	11 <sup>th</sup>	Married	6	7	13	3	4	7	1		1	3	Both	Own business	3,000	3yrs.
5	Parent five	40	8 <sup>th</sup>	Married	6	4	10	5	3	8	1		1	8	Man	Employee (private)	1,000	3yrs.
6	Parent six	38	10+4	Married	3	2	5	2	1	3	1		1	3	Both	Employee (NGO) & trade	2,500	2yrs.
7	Parent seven	42	12 <sup>th</sup> complete	Married	4	2	6	3	1	4		1	1	5	Both	Employee (NGO)	4,200	2yrs.
8	Parent eight	37	9 <sup>th</sup> grade	Married	3	4	7	2	3	5	1		1	4	Man	Employee (private)	6,000	1 year
9	Parent nine	44	BA Degree	Widowed	2	3	5	2	2	4		1	1	7	Woman	Employee (NGO)	4,000	3yrs.
10	Parent 10	51	Diploma	Married	3	5	8	2	4	6	1		1	14	Both	Own business	5,000	3yrs.
11	Parent 11	31	8 <sup>th</sup> grade	Married	2	1	3	1		1	1		1	7	Man	Employee (NGO)	6,000	3yrs.
12	Parent 12	38	12 <sup>th</sup> +1	Married	3	3	6	2	2	4		1	1	14	Both	Employee (NGO) & trade	7,000	3yrs.
13	Parent	32	6 <sup>th</sup> grade	Married	2	3	5	1	2	3		1	1	8	Both	Own	10,000	2yrs.

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No.	Family code	Age	Level of education	Marital status	No. of families			No. of children			No. of foster children				Bread-winner	Occupation	Income in ETB (monthly)	Years of service
					M	F	T	M	F	T	M	F	T	Age				
	13														business			
14	Parent 14	45	Diploma	Married	3	5	8	2	4	6	1		1	14	Both	Employee (NGO) & trade	8,000	3yrs.
15	Parent 15	46	8 <sup>th</sup> grade	Married	2	3	5	1	2	3	1	1	2	7(M) & 13(F)	Man	Own business	4,000	3yrs.
16	Parent 16	42	Diploma	Married	4	3	7	3	2	5		1	1	3	Both	Employee (NGO) & govt.	8,500	2yrs.
17	Parent 17	43	Diploma	Married	2	3	5	1	2	3		1	1	5	Both	Employed (private)	3,500	3yrs.
18	Parent 18	44	12 <sup>th</sup> complete	Married	3	3	6	2	2	4	1	1	2	4*	Man	Employed	4,000	3yrs.
19	Parent 19	54	10 <sup>th</sup> grade	Married	5	3	8	4	2	6	1		1	5	Man	Own business	2,500	3yrs.
20	Parent 20	35	Diploma	Married	2	3	5	1	2	3	1		1	3	Both	Employee	3,000	1yr. & five months
21	Parent 21	40	8 <sup>th</sup> grade	Married	3	3	6	2	2	4		1	1	5	Man	Employee	4,000	3yrs.

**Key:**

M=Male

F=Female

T=Total

ETB= Ethiopian Birr

Table 1. Socio-economic and demographic profile of respondents

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### **4.2 Respondent's Reaction to the Fostering Process**

The findings on the fostering process in general and placement process in particular are based on the KI, the in-depth interview, and FGD with foster families. According to the discussion made within the key informants, the fostering process has its own steps and stages which took in to account the National Alternative childcare guideline of the MoWCYA. Accordingly, the family foster care process includes the child placement process phase, child matching with foster parent, child follow up, child reunification and child permanency issues. The child placement phase alone has been approached from the child's side and from the parent's perspective. From the parent's side, the placement process encompasses the recruitment of parents, home study process, training and matching of the child with foster parents. Based on these steps, the foster families in Adama town have passed through those activities as stated by one of the Key Informants (KI) as follows:

*We started the recruitment process using religious institutions and iders, because they have a big role and values in the community. They preach solidarity and togetherness, helping the poor and the have-nots... They have mobilized some families and we started the recruitment of fostering parents using those families.*

*We have got around 42 parents and evaluated them based on our criteria, which is derived from the federal guideline on alternative child care.*

Next to the recruitment of fostering families, the home study process of those families which is very compressive in its nature proceeds. The key informants described that the home study phase includes the family relationship, their attitude towards the

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foster care and foster child, family income, families and family member's compassion for children.

All the in-depth interview participants also addressed that they have passed through a long process of examinations which includes the assessment of their income level, health status, life history in relation to any record of crime and related issues and their acceptance in the community. Four parents (parent 9, 14, 16, and 17) described the recruitment and placement process as a proper means to assess the whole things for the best interest of the child. But the rest parents explained that the recruitment and placement process is time taking and demanding. For instance Parent two described it as:

*They assessed the whole things. Our background and our health...it is very time consuming. It took me more than two years to take the child because of the assessment process. I remember some people who gave up because of lack of patience. They questioned 'why we suffer this much to raise a child?' she said.*

After the home study or foster family assessment, the training session proceeds. As it was explained by one of the KI, training of parents who were competent for the parenting was one key component of the placement process. Accordingly, from the total 42 parents recruited and assessed, 13 parents were dropped because they were not capable to raise a foster child, and 31 parents were advanced to the training.

The issues addressed in the training of parents are vast and wide-ranging. According to the KI, FGD participants and In-depth interview participants: parenting skills, child care and support, child behavior especially behavior of OVCs, child development issues, child punishment and suitability of environment for healthy child

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development were the main areas addressed in the consecutive trainings. One of the participants of the FGD explained its value in terms of awareness creation;

*We were trained on different topics and participated on workshops in different times. Before, our awareness about foster care and family foster care in particular was very minimal. But, through time we have gained a better knowledge about foster care service including how to raise, look after and support a foster child properly giving love and affection. It was a very nice empowerment indeed.*

Almost all, except parent eight and 21, the participants argued that they have attended the post placement empowerment training, which they described very necessary and valuable for them as a foster family.

*The pre-placement training was all about how to care for children specially who have lost their parents and have no relatives. I have got how to look after the foster child, how I can equally treat, approach and, rise as a parent. The training includes how to deal with child loses and stresses which have a negative impact on the child's development, and it also focused on how families work hand to hand to make them happy and good citizen. (Parent 14)*

The significance and areas of knowledge addressed through the trainings were also raised by both the in –depth interview, and FGD participants. Almost all of the foster parents agreed that the training has contributed a lot in their perception of child care in particular and family care in general.

*we have received various trainings on various issues like on child right or addressing the best interest of the child, how to punish children, how to rise*

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*properly based on their culture, how to communicate with their birth families, how to keep children's confidentiality issues and informing their identity. It was a very important and encouraging training. (Parent Three)*

The next step in the placement process is matching the children to the foster parents. As it was done with fostering parents, there has also been an assessment of foster children prior to matching. The assessments, according to the KI include “the background of the child (where she/he came from, who brought him/her, status of his/her birth parents or relatives), his/her health status (HIV/AIDS test, infections, other communicable and non communicable diseases), level of trauma of the child, his/her mental status and others.”

Some of the families also confirmed that they were informed about the background of their foster children, basically concerning their health status specially their status of HIV/AIDS. But all, except Parent One, Ten, and 12, have argued that there were gaps in documenting and handing out the information properly. Some argued that they have misinformed the health status of the child; others claimed that they have received improper data concerning the child's birth families and relatives, and others also argued they have not got any information at all about the foster child. Parent Four for example described her case as follows:

*Never! I did not get the real data and life history of the child from the Agency. The child himself told me his real past life. He told me that he was leading his visually impaired and physical disabled father begging on the street of Methara town, where he used to live with his mother, too. But, the Agency informed us that his birth families are not alive.*

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Like Parent Four, other parents also claimed that they have misinformed on some issues which have some direct impacts on their child preference. From the total participants, 12 of them have fostered children who are less than three years of age based on their age and sex preferences. Some also claimed (parent three, ten, and twelve) that they were forced by the agency to foster relatively matured children beyond their interest. As the KI was argued, the main objective of the child placement has been targeting the best interest of the child, not that of the families. But for the sake of child permanency, parents' child preference was also addressed and given attention.

*Family foster care is a short, medium and long time placement practice. But at the same time we are working on child permanency. We do not want to see the child to come back again to the agency in any scenario, because it is not good for the security and healthy development of the child. It is not usual in our culture to bring back the child to the Agency. Once they have joined the family, they become member of that family. So that is why we have gave emphasis to parent's child preference. They consider age, sex, health status, disability in their preference. Till now we have never seen parents who consider children who have special needs. KI (representing the Agency)*

Child preference, in terms of sex and age is vividly visible in all respondents except for seven parents (Parent Three, Parent Five, Parent Ten, Parent 12, Parent 13, Parent 14, and Parent 15) where all of the parents have explained that their intention is to help any abandoned children as a substitute family. However, except the seven parents the rest have given due attention to the child's age while fostering. Hence, their initial

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preference was an infant who never recognizes her/his environment, and birth families or relatives. Parent one explained her reasons for child preference saying,

*When I brought her she was only one and six months old. Even I wanted to foster a toddler very younger than her. My preference was a baby girl who could not have families, have no idea about her biological families. Because I do not want any interference and I want make her only mine. I do not want her to be disturbed later in her life because of her birth families. I want to be loved and accepted as mother because I do not have a baby of my offspring.*

Besides, when it comes to their enrollment to the foster care as foster family, all parents have their own reason. The most commonly mentioned reasons were their interest, passion, vision and empathy to help OVC. When we see some additional reasons, for example parent one and parent two argued that they were interested because they did not have children of their own offspring. Parent seven, parent nine, parent 18, and Parent 21 also mentioned that they were motivated to have a baby girl in the family. Parents four, eight, ten, eleven, and 14 were motivated to balance the number of boys and girls in the family.

In addition to personal internal motives, as it was stated by the respondents, either in the In-depth interview or FGD, their turning point to join the foster career is the information they have received from church and media concerning OVC and the impacts of inter country adoption on children. A preach and mobilization made by religious institutions has a significant role for their recruitment as a foster family.

In the placement process, and matching of foster parents and children, the challenges that the respondents have raised were the time taking process of child

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placement, and the unclear data or information they collected from the agency concerning the health status, age, and biological parents and relatives of the foster child.

*From the beginning, the agency misinformed me about the child background. They told me that he was from Jimma, and have lost all his parents. But later on after I have finished the process I learnt that his mother and grandmother are alive. I do not have any alternative except accepting the child. I would have been happy if he had not had a family, because I never want to lose him. I do not want see him hurt. (Parent Six)*

The KI also listed the challenges starting from the recruitment of the child to child permanency. Accordingly, the challenge begins from the concept of foster family care and its equivalent meaning in Amharic or other local languages, which they call it “Baladera” for the time being. Besides as the KI explained, it took time to convince parents on the values and objectives of foster care and their role as a foster parent.

*It took long time to convince them. At the beginning they were hesitating to accept it. There was a suspicion to foster care in fear of child reunion. Later on at the stage of home study, there was also a challenge in disclosing their income and taking blood test for HIV/AIDS. The guideline demands that the foster parents and their families should be free from any communicable diseases. But there is no trend of testing for HIV/AIDS. It needs their willingness. We cannot force them. Some families also challenged us arguing ‘we are bringing up our children because we have undergone testing for HIV? Why is the issue raised when it comes to a foster child?’ they bring in to question.*

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The KI also elucidated that matching the foster parent's preference with the children was another challenge because there was a gap in family preference and children needing placement at the agency. What makes the matching more difficult as forwarded by the KI was that the life history of many children placed in the agency was incomplete "many children have been sent to the agency without proper documents. Some government institutions sent us children who have their own birth families with false documents. There is a problem of documenting data", the KI added.

### **4.3. Respondent's Knowledge of Foster Care**

#### **Understanding of Foster Care**

Participants of both the focus group discussion and in-depth interview were asked about their understanding of foster care in general and family foster in particular. Accordingly, the focus group discussants explained the concept of foster care and what makes it unique from other types of alternative child care practice. All the FGD concludes saying that "foster care is a practice of raising a child who is abandoned or lost his/her birth families as own children giving love and care".

Besides, almost all the interviewed female parents, except four parents (parent eight, parent 10, parent 19, and parent 21) also explained that they have good understanding about the concept of foster care because of the training they have received after joining the family foster care. For example Parent One explained her understanding saying:

*Foster care is a child rearing practice where a child is brought up taking him/her from an agency or from individuals. When it is necessary, the child might rejoin*

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*his birth families. The foster parent can also give up the career when the birth families of the child get well and have the capacity to look after their children.*

The other respondents like, parent two, parent five, parent six, parent nine, parent ten, parent 12, parent 14, parent 15, and parent 18 have also argued that foster care is a temporary placement of a child where families receive a child to give them care and support.

### **Respondents Understanding of Foster care, Adoption and Institutional Care**

Concerning the respondents understanding about what makes unique all the three alternative child care practices, the majority of in-depth interview participants have clearly addressed the differences between foster care, adoption, and institutional care. But, parent four, parent seven, parent eight, parent ten, parent 11, and parent 16 have never differentiated what makes unique family foster care from adoption. The rest of the parents have explained that foster care and adoption are different from institutional care in that both create a family environment for the child which the institutional care lacks. Specifically some parents (parent eight, parent nine, parent 14, parent 15, parent 16, and parent 17) argued “placing a child in institutions is similar to putting them in prison”.

*Institutional care is the worst place for the healthy development of the child where they are getting depressed, feel abandoned, and not trusting others. Socially and psychologically they are not doing well. And I feel putting children in orphanage is putting them in prison. (Parent nine)*

In addition, all the respondents have argued that children placed in institutional care have many difficulties like:

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*They did not know what family mean, family bond and affection. They have difficulty of communicating people easily and never know what life looks like outside the institution. They grew up with values and norms which the community accepts and labeled as worthless and improper. (Parent Three)*

Parent two, parent nine, parent 12, parent 13, and parent 14 also explained that institutional care is a camp life for children and which hurts them mentally when they have started questioning why they are living there separated from the community and society. The respondents further more argued that the life style and environment in institutions makes them more aggressive and hot tempered compared to other children.

When it comes to foster care and adoption all except six parents (parent four, parent Seven, parent eight, parent ten, parent 11 ,and parent 16) stated that both gives a chance for OVCs to grow in the family setting. All the respondents also explained comparing the positive and negative impacts of inter-country adoption and the values of foster care.

*Foster care is much better than inter-country adoption and orphanage or institutional care. Foster care helps the children to grow up in their culture, religion, language, and traditions compared to inter-country adoption. They have the chance to reunite with their biological families too. The benefits are two folds, and the child has the opportunities of family attachment and companionship. (Parent nine)*

They also confirmed that they have been familiar with traditional adoption which is locally called Gudifecha, which gives the child the rights and privileges of property ownership. "...the difference between the two is that foster care is a placement where the

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child has no legal rights to own property, but adoption entitles the child equally as other family members” (Parent Two).

**Respondent’s reaction to their roles and responsibilities**

All the respondents and FGDs participants have listed and discussed that their main role and responsibility has been raising the foster children as their family member giving care, support, and love and affection. They also affirmed that guiding them according to the culture, norms and values of the community, consulting their needs and preferences and helping them in their schoolwork have been part and parcel of their commitment. Parent 14 explained her role saying “I am a mother! So I have to act as a mother sharing whatever in the house, and need to be trusted by her like a mother, and create good attachment with her.”

Concerning their roles and responsibilities, seven parents also have listed other responsibilities in addition to meeting children’s basic needs. Promoting child’s mental health, motivating their life skill, addressing child ambiguities and stressors, avoiding discrimination and labeling were mentioned as their responsibility. Parent One describes her role in changing her child’s perception as:

*When she joined us she used to call every one mom and dad. Even she never recognizes me and my husband as a family when we are among others. There was no attachment at all. My first sessions were changing those things, and strengthen her attachment to the family. I started calling my husband ‘Dad’ in front of her, and he also called me ‘mom’ till she started calling us the same. That was a tough task that we have performed. (Parent one)*

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**Competencies of Foster Parents**

The finding about the competences or knowledge and skills of foster parents was addressed using in-depth interviews with study participants. Accordingly, the respondents reflected different views regarding their competences. Competences like child care and support, healthy child development, health care, nurturing, hygiene and clothing, how to build on child's relation to family members, neighbors, the community and peers and relatives were the main points clearly briefed by the respondents.

However when we see their competences in relation to questions that evaluate their competence level, all the respondents have mentioned that they have ample knowledge and skills as a mother to create a safe, secure and nurturing environment for the child. Parent four explained her competence as "...before, I thought raising a child mean fulfilling their basic needs. But they need more intervention than that. Now after joining the family foster care, I know that children needs time, attention or acceptance, recreation, good environment to live and play".

They were also very confident while explaining their knowledge in maintaining the social and emotional development of the child. It is parent three who described the following:

*I have always been helping and guiding her how to create good relations with people of all walks of life, how to communicate with peers and neighbors. Help her in establishing good relation with family members, and her biological parents and relatives. I have been always motivating and helping her in order to maintain her vision, identity, belief and values. (Parent Three)*

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Asked about their knowledge and skill of coping with child loss and ambiguities, only seven parents have answered that they have the potential. The seven parents (parent three, parent four, parent nine, parent 12, parent 14, parent 15, and parent 19) argued that children who have lost their parents have many challenges that make them feel hopeless and worthless. As a parent they forwarded that it is their duty to cope up their stressors and solve their challenges together with them.

*...vulnerable children have something in their mind which might be associated with different life events they have experienced. It could be family loss or abuse, or depression, and isolation. It is must to solve and make clear all those problems through discussion and dialogue. I have to empower them in order to be a good citizen with a bright vision. It is also my duty sustaining their relation with biological families and relatives. So, as a foster family, I am working knowingly on that. (Parent 15)*

Concerning their knowledge in promoting parent child relationship, all the respondents have forwarded that they have been giving more attention promoting the relationship between the child and the family members. They also expressed that they have been well aware of how to solve conflict when it appears within the family in any circumstances. Almost all of the respondents have also discussed that they gained much particularly after joining the foster care service, how to keep alive the relationship between the child and their birth parents. But except five parents (parent three, parent 10, parent 12, parent 14, and parent 15) who have been working together with child's birth families and relatives, the majorities still are not willing to reconnect, or work with child's biological families or relatives. Parent 17 argued that:

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*...she (the child) has lost both parents... the agency told me that her grandmother is alive, but no one knows where she is...I trained that foster care is temporary child placement till the biological families or relatives have been getting better in their livelihoods. But, I do not think that I simply let her to go to her relatives. I cannot do that. Even I have never ever told her that I am not her mother. It is impossible, and it badly hurts her. It damages the attachment we have built so far.*  
(Parent 17)

Moreover, the majority of parents (parent two, parent four, parent six, parent seven, parent eight, parent nine, parent 11, parent 16, parent 17, parent 18, parent 19, parent 20, and parent 21) have explained that they are waiting for appropriate time to work on child reunion.

*I know better how to do the entire activity concerning my foster child especially, how to strengthen family relations, how to solve conflicts, way of solving child stressors. Now he does not know about his biological parents. But when he gets matured, I feel we are going to inform him.* (Parent Four)

All the respondents have argued that they gained, and empowered better than ever after joining the foster care practice. Accordingly, the empowerments they gained through trainings and workshops help them to know and act better, and sustain the child placement process. They also confirmed that the team work with the agency, the social worker, and the authority from the government side makes them more empowered, and successful in their career.

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**4.4. Respondent's Attitude towards Foster Care**

The finding on the attitude of foster families towards foster care, foster children and child's birth families aimed to measure the feelings of foster parents, and to explore any other preconceived ideas about foster care and foster children. Therefore, in order to achieve the objective, statements based on the Likert scale was forwarded to all participants. Hence respondents were asked to indicate the extent to which they agree or disagree to those statements on a predetermined scale. Besides, there also questions forwarded to evaluate their feelings towards the practice of foster care in general in in-depth interviews, and focus group discussions.

**Findings obtained about the Attitude of the Respondents towards Foster Care.**

**Table Two:** Summary of the result obtained about the attitude of the respondents towards foster care.

1. Strongly disagree 2. Disagree 3. Agree 4. Strongly agree

No.	Items	1	2	3	4
1	A foster child might destroy a good and healthy marriage of fostering parents and their family relationship.	6	11	4	
2	A foster child may have bad habits or antisocial practices because of her/his backgrounds compared to children raised with their biological families.	2	6	12	1
3	Confronting with a foster child might lead to stressful life events.	2	2	13	4
4	Child's biological parents are significant to the child's development.	1	2	8	10
5	Child's biological parents are problem creators.	2	6	10	3
6	Child's biological parents and relatives must visit the foster child.	4	1	12	4
7	The foster child might be reunited to his/her biological parents.	1	13	6	1

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8	The foster child must be reunited to his/her kin or relatives of biological families.	5	14	2	
9	The foster child could be adopted by his/her foster families.		6	7	8
10	The foster child could be adopted by other families.	8	12	1	
11	Foster family care is a challenging and demanding activity			11	10
12	Foster family care must be motivated and encouraged.			6	15

As described in the table above the statements designed to measure respondent's attitude aims to assess their internal and immediate feelings concerning the foster child, child's birth families and relatives, and towards foster care service in general. Accordingly items 1, 2, 3, 9, and 10 are designed to measure foster parent's attitude towards the foster child. Items ordered from four to eight consecutively were meant to measure foster parent's attitude towards child's birth parents or relatives. The rest items (item number 11 & 12) are designed to test their overall feelings to family foster care.

As stated in the table above, the respondents have different feelings towards the first item which intends to measure parent's attitude towards foster child's behavior, and its impact on their marriage and family relationships. Therefore, 11 of the total respondents replied that they disagree, while six parents strongly disagree to the statement that claims a foster child might destroy a good and healthy marriage of fostering parents and their family relationship. But four parents responded that they agree towards the statement.

The second statement is all about foster child's behavior in relation to bad habits and antisocial practices. Accordingly, 12 respondents agreed that foster children have

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some experiences of antisocial behaviors because of their backgrounds compared to their own biological children. But six of the parents disagreed, and two of them have strongly disagreed to the statement. From the total respondents, 13 of them agreed, and four strongly agreed that confronting with a foster child might lead to stressful life events, where two of the respondents strongly disagreed, and the rest two just disagreed to the statement.

Concerning child permanency issues like child adoption, most of the parents accepted that foster children should be adopted by the foster parents (where eight strongly agreed, and seven agreed with the statement), but six parents disagreed to adopt the foster child. However, when it comes to the possibility of foster child's adoption by another families, the majority of the respondents expressed that they strongly disagreed (eight parents), and disagreed (12 parents). And only one parent agreed to let the child for adoption.

As illustrated above, items 4 to 8 were designed to measure parent's attitude towards child's biological families and relatives. Therefore, ten of the 21 respondents strongly agreed, and eight parents agreed that the biological parents are significant to child's healthy development. Two parents disagreed, and one parent strongly disagreed towards the statement. In relation to item five, 10 parents agreed, and three parents strongly agreed that child's biological parents are problem creators. In contrary, six parents disagreed, and the rest three strongly disagreed that biological parents are problem creators.

The rest items (item 6, 7, and 8) were proposed to measure foster parent's feelings towards child reunion. Hence, 12 parents agreed, and four parents strongly

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agreed that child's biological parents and relatives must visit the foster child. Four of the respondents strongly disagreed and one parent disagreed to the statement. Concerning the reunion of foster child to his/her birth families the majority: 13 parents disagreed, and one strongly disagreed to the statement. However, six parents agreed and one parent strongly agreed with the statement. The next statement or item is child's reunion to biological relatives, where 14 parents disagreed, and five strongly disagreed with the statement. Only two respondents agreed with the concept of child reunion with relatives or kin.

The third and final components of the statement were designed to measure parent's feelings towards the service of foster care in general. Therefore, 11 respondents agreed and 10 respondents strongly agreed that foster care is a demanding job. However, six of the foster care parents agreed, and the rest 15 strongly agreed that foster care need to be motivated and encouraged.

### **4.5 Respondent's Description of Foster Care Practice**

The findings related to the foster care practice were based on in-depth interview of female parents, focus group discussion, and researcher's observations. In the FGD, and in-depth interview the participants described that their role as a foster family is a demanding task which needs commitment, passion and hard work. The FGD participants forwarded the demanding nature of foster care as "the foster children have different cases and behaviors. They came up with those unique behaviors when they joined us. We have also children with their own behaviors, where unifying both behaviors has been a demanding task as a foster parent."

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In addition to parent's commitment and hard work, all the in-depth interview participants, except parent seven, parent eight, and parent 19 have told the researcher that the foster care practice needs time, money and compassion. When asked about their feelings whether the practice has stressed them or not, the majority replied that they were stressed with the health related challenges, child's behaviors, and the strange actions of the children at the commencement of the foster service.

*I am happy joining foster care, but I have sacrificed a lot. Before, I was free to join relatives or shopping whenever I liked, but later on I could not able to do what I wanted to do because I was tied looking after the child. Things have never gone as usual. That was my challenge. (Parent Two)*

All the respondents discussed issues like, sickness of the child, child's discomfort with the new environment, bedwetting, children's loss of appetite, and depression as challenging factors when they started fostering. Parent eight stated her experience as "when we brought him home he was very discomforted, have some behaviors which are very odd in the family, easily annoyed, no manner in dining, and in communicating with others. Parent four also described her experience saying:

*When he joined us, the agency never told us that he has a health problem. So, at that moment we suffered a lot. We were at clinic day and night. I remember I was very stressed and sick at that moment because of his health conditions. He was also unique in behavior from our children. Mine have never touched anything in the house without our permission. But the foster child was so strange, and aggressive and restless. As a career, you need to be patient and responsible. (Parent four)*

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One of the in depth interview respondent (Parent Three) argued that “working as a foster family is like building a luxury house which demands a lot of finance for construction inputs. But, at the end the owners might be delighted looking at the shining house. Foster care is like that. It is a demanding task at the commencement, but later on its result is interesting” she said.

Besides, asked whether satisfied in their roles and responsibilities as a foster parent all the parents have replied that they have been happy being a foster parent. All agreed that their entire families are supportive and promoting the child care practice without any ambiguity. Even some of the parents, especially those who do not have their own children told the researcher that the children brought joy and happiness in their life.

Asked about any regrets in raising a foster child, all except parent six said never. Parent six argued that she was regretted at the beginning because of the challenges she has experienced.

*When I brought him home there was no one to stay with him. He has not begun even walking. I put him with my sister-in-law while I went to office. I suffered a lot for two months till I hired someone looking after him. That time I was unhappy in fostering the child, but now I am the happiest one having him as a child.*

The FGD participants explained the needs of the children saying “... their need is the basic need that every human being is in need.” But almost all the in-depth interview participants gave emphasis to some special needs which includes love and affection, family environment, and enjoyment.

As the researcher has observed all the families door to door, almost all the activities of child rearing practice have been exercised by mothers than any other member

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of the family. They are involved in each and every activity of the child like, with play sessions, feeding, bathing, tutoring and others. Besides, the family members are also cohesive and cooperative when it comes to meeting the needs of the foster child.

Based on the researchers observation using the pre arranged observation checklists, the environment where the children reside is good for all except for parent two, parent 10, and parent 17 which is a commercial area on the highway and not suitable for the healthy development of the children. The care and support is good and age appropriate for all families. The relationship between the child and the family is positive for all except parent two, parent three, parent five, parent 10, parent 12, parent 14, and parent 15 where the child family relationship looks strict compared to others.

Concerning child involvement in decision making in relation to his/her needs, and other issues, there is an involvement for parent three, parent five, parent seven, parent nine, parent 10, parent 11, parent 12, parent 13, parent 14, and parent 15 because they are relatively matured enough to negotiate ,and prioritize their needs or interests compared to others. The child family mood in play sessions or discussions is also good, and age appropriate except for parent two, parent three, parent five, parent 10, parent 12, parent 14, and parent 15 where the play mood is very passive.

The child parent attachment is good, and age appropriate for all families. The child's ability to communicate or approach to strangers is also advanced for all families except for six parents (parent two, parent three, parent four, parent 10, parent 12, and parent 14).

Children's peer or neighborhood relation is advanced for all children except for the child of parent two, parent six, parent 10, and parent 15 which are on average, and not

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good at all for parent four, parent eight, and parent 16 who lives and stays the whole day in a compound with siblings only. Some parents also tend to show judgmental attitudes towards their children because of their behavior. For example parent three, parent four, parent five ,parent six, parent nine, parent 10, parent 14, parent 15 judged their children as aggressive, depressed, not trusting others, lack family companionship ,and problems of antisocial habits.

### **4.6. Respondent's Reaction to the Challenges of Foster Care**

The findings concerning the challenges of foster care are based on the data gathered form KI, FGD, and in-depth interview of parents and researcher's observation of the foster care practice. Accordingly, all the participants have raised different challenges they encountered starting from the family recruitment which takes place at the agency level. The KI from the agency and the concerned government organization forwarded that the main challenges from the beginning were the recruitment of families, because the concept and practice of foster care is not well known by the community. The other challenges are the problem they faced while home study to check the health status of the family members, their income, and the child preference gap between the parent's choice, and available children at the agency.

From the parent's side both in FGD and in-depth interview, all have mentioned the behavior of foster children as a main challenge. One of the FGD participants said that:

*They are coming from different families with different backgrounds. They have different behaviors, which is more challenging to match with your own children's behavior. When they joined us they were depressed, stressed, crying, some have bad habits like stealing and the like...but*

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*keeping all aside we are trying to make them disciplined and good citizens. In order to achieve this we have suffered a lot.*

The other FGD participants also added that the environment they used to live in before and the new one which they have joined also makes them worried and frustrated. The housing condition, the play grounds and pet animals in the house also make them scary and fearful. For example, one of the FGD participants said "...we brought a four year child from the agency. He did not know the outside world. We have pets in home and when he saw them he used to cry. That incident was very challenging for us till he adapt to them and the new environment." The other parent also argued that the whole family got stressed because of the child's actions.

*I have six children. My foster child is the seventh one whom I am raising. While bringing up all these, I have never seen a child who is demanding and challenging like him. He was very offensive, not well mannered and impatient. Besides, he was sick and unhealthy. It was very challenging and I was sick because of him. (Parent four).*

The in-depth interview participants also discussed the challenges they encountered from the agency and the government organization side. All the parents except parent eight, parent nine, parent ten and parent 14 have raised some challenges in relation to child placement process, which they claimed time taking and tiresome. They have also mentioned that depression and frustration, acts of violence, child sickness, bedwetting, loss of appetite, lack of attachment and act of self detaching and disengagement acts of the foster children as a challenging tasks. The gossip in the neighborhood in relation to the child is also the other factor that some mentioned. This

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act of neighbors forced some like, Parent one to change their residential places “now she has been living protected from the gossip of neighborhoods. When she reached seven or eight years we will change this place. Then, the gossip will end there and we start living a new life...” she said.

## **Chapter Five**

### **5. Discussions**

This chapter of the study discusses the respondent's knowledge, attitude and practice of foster care in respective of the thematic areas identified in the findings. The thematic areas were discussed considering the theoretical frameworks and literatures reviewed in relation to the research topic.

The study on the knowledge, attitude and practice of foster care mainly aims at exploring what foster parents know about foster care, how they feel about foster children, the biological families and the practice of foster care in general. It also discusses the way in which they demonstrate their knowledge and attitude through their practice or action. However, in this chapter the process of foster placement, and the challenges that foster families faced also discussed based on the objectives of the study.

#### **5.1. Respondent's Reaction to Placement Process**

As discussed by the respondents, the foster care placement includes steps which have a significant role in the foster care processes. Family recruitment, child and family assessment, training of families, child matching with foster parent, child placement follow up, child reunification/reunion, and child permanency issues are process that were raised by the KI.

The foster parents who participated in the in-depth interview and FGDs also argued that they passed through all those process, which includes the assessment of their income level, health status, life history, residential environment, and their acceptance in the community.

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According to the UN guideline on alternative childcare (UNICEF, 2009), the parents or caregivers needs to be selected, qualified, approved and supervised for providing the expected care and support. Pecora and et al (2010, pp., 6-8) also added that in addition to those process, child reunification, child preparation for adoption and independent living are the major components of family foster care processes. Because these processes help the foster children to achieve a more permanent life, either unified to their birth parents or adopted by relatives, foster parents or other families.

However, as it was discussed by some respondents, the placement process which includes all those process was time taking and tiresome. Some of the in-depth interview participants asserted that it took them more than two years to finalize the placement process. They also confirmed that many parents who have the willingness to foster a child has quit because of the process. Such time taking and very discouraging process need to be improved and renovated in order to motivate more families.

After the recruitment and home study process, the next step is training of the families on the concepts, objectives and goals of family foster care, which the respondents said very valuable for their carrier. Accordingly, as described by the study participants parenting skills, childcare and support, child behavior especially behavior of OVCs, child development, child punishment and suitability of environment for healthy child development were the main areas addressed in the trainings. Trainings on childcare are very important for the parents because as stated by Welbourne (2012) bringing up children involves providing a stimulating environment in which they can develop.

As it was discussed in the findings, the majority of the in-depth interview respondents forwarded that they have never received proper data concerning the life

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histories and backgrounds of foster children. Even some of the data they have received in relation to the birth families and relatives of the child was distorted and they claim it is not well documented. However, the guideline on foster care emphasizes that "...the foster family, with respect to the foster family care organization has the right to receive information that pertains to the psychological, emotional or health history of the child and his/her family", (MoWCYA, pp., 30-32). Therefore, if parents are obliged to provide the child with adequate maternal care and emotional support, and protect them from any type of abuse and neglect, they need to have all the necessary information concerning the child's background.

The other point raised by respondents was the matching of foster children to parents, which is described by the KI and in-depth interview participants as a tough task. The parents described that they have had their own interest or preference, which is mainly based on child's age, sex and information regarding child's birth families or relatives, where they chose those who are toddler and have no parents or relatives at all.

But as it was stated in the national alternative child care guideline (MoWCYA, 2009), priority has to be given to the needs and interest of the child rather than the parent. It says, in the placement process, specifically in the matching phase the child's needs are paramount, than the prospective family. Therefore, in case of this study, the child placement process which gives more emphasis to parent's preference is a practice against the best interest of the child.

The findings of the study also depicts that one of the challenges in the placement process of family foster care is the health related issue raised by the respondents. As explained by some parents and the key informants, families were forced to have a test of

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HIV/AIDS, because it is a must to place a child in a healthy environment. On the contrary, families are questioning why they have been forced to that extent since they are raising their own children so far. The guideline on alternative child care (MoWCYA, 2009) demands families should be free from any incurable and contagious diseases and mental health. Since HIV/AIDS is one of the incurable and contagious diseases, it needs the free will of parents and their families to have the HIV test. Unless, if they are forced to have as it was mentioned in the guideline, it may result in unintended outcomes which affect both the family and the potential foster child.

### **5.2. Respondent's Knowledge of Foster Care**

The discussion on the respondent's knowledge of foster care mainly focused on linking the findings identified in the previous chapter in light of the reviewed literature and theoretical frameworks. The thematic areas identified were parents understanding of foster care and other alternative childcare services like adoption and institutional care. Concepts like the respondent's understanding of their roles and responsibilities, and their competences or knowledge and skills will also be discussed.

#### **Parents Understanding of Foster Care**

As implied in the findings of the study, the respondent's knowledge about the concept of foster care and family foster service is comprehensive. For the in-depth interview participants, foster care is a helping process where vulnerable children are placed in foster family. Based on their argument the placement is temporary, and the child is also reunified to his/her birth families.

According to Webb (2003), and MoFWCYA (2009), the primary goal of foster care is to secure a substitute and temporary familial environment for orphans and

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vulnerable children on a temporary basis, till a child is reunified with her or his birth or extended family or placed in other permanent alternative childcare program.

However, the FGD participants also forwarded that foster care encompasses duties and responsibilities of raising children, providing love and affection through the participation of the whole family. This view of respondents also reflected in the works of Pecora and et al (2010) explaining foster care as “the provision of planned, time limited, substitute family care for children who cannot be adequately maintained at home” ( p., 6).

To sum up, all the respondents and participants have good understanding about the concepts, and objectives of foster care in general, and family foster care in particular which they gained through trainings and various empowerments joining the family foster care service.

### **Understanding of Foster Care, Adoption and Institutional Care**

The concept and practice of foster care is not strange for the respondents as stated earlier. As discussed in the finding part, almost all the respondents have identified all the three alternative childcare services. The respondents explained what makes unique each service from one another except for some ambiguities in identifying family foster care from adoption.

For instance, almost all the respondents explained that family foster care and adoption are unique from the institutional care in creating a familial environment for proper child development. As indicated in the finding part, they also argued that children placed in institutional care have encountered difficulties of love and affection, family bond or attachment, communication skills, and social as well as emotional difficulties.

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According to MoWCYA (2009), family foster care has many advantages over institutional care in terms of providing the child a high level of attention, nurturing, and continuity which is only possible within a family setting. Secondly, the placement in the foster parent's family gives the child a better chance of getting acquainted with life in a family environment and facilitates his/her smooth integration in to the community at a later stage. Thirdly, placing children in a foster family has served as a stepping stone to child family reunification.

When it comes to adoption and foster care, some of the respondents explained that they are very familiar with the traditional local adoption practice, where the child has the full rights and privileges as a family member. Accordingly, they argued what makes unique foster care from adoption is the legal entitlement that the child has to own properties in case of adoption. The traditional adoption in Ethiopia is explained by the International Social Service (ISS), as "...a deep rooted, highly valued and socially endorsed child care practice (2006, pp., 9-10). Therefore, adopted children in case of Gudifacha are legally and socially considered as biological children and entitled to all the privileges and benefits of biological children.

However Taka Daba (1983) cited in the works of Dessalegn Negeri (2006) defines adoption as "the means by which the legal relationship of a parent and a child between persons who are not so related by nature is established or created" (2006, p., 13). The definition implies that the two never have a blood tie but a legally established familial relation. In this regard , based on the findings and the established knowledge, it is fair to say that the majority of the respondents have better understanding of all the three

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alternative childcare practices except some ambiguities in identifying family foster care from adoption.

### **Respondent's Reaction to their Roles and Responsibilities**

In the finding part, all the respondents forwarded that their roles and responsibilities have been wide and vast. All the participants emphasized that raising the foster children as their own family member giving care, support, and love and affection are the irreplaceable role.

Moreover, some of the respondents argued that they have a further role besides addressing child's basic needs. The unique role and responsibility that they have described includes, promoting child's mental health, motivating their life skills, addressing child ambiguities and stressors, avoiding discrimination and labeling. According to MoWCYA (2009), foster families are obliged to provide the child with adequate material care and emotional support and protect the child from any type of abuse and neglect. Based on this range, the families have been already playing their role and responsibilities.

However, Pecora and et al (2010, pp., 6-7) also added that the major functions or roles of family foster care include emergency protection, crisis intervention, assessment and case planning, child reunification, preparation for adoption, and preparation for independent living. When we see from this perspective, most of the parents still need some additional interventions of empowerment to proceed in such a way.

### **Competences of Respondents towards Foster Care**

The findings regarding the competences, or knowledge and skills of respondents concerning foster care varies from parents to parents. Erault (1994) cited in Welbourne

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(2012), described that “competence and capacity come from experience, which supports the integration of propositional knowledge and personal knowledge” (2012, p., 32). Therefore, the variation in competence is the result of their experience as a foster career and the knowledge they acquired personally.

The finding of the study illustrates that the most common knowledge and skills of respondents are child care and support, healthy child development, health care, nurturing, hygiene and clothing. How to build on child’s relation to family members, neighbors, the community and peers and relatives are also the main competences which were briefed by the respondents. The respondents also affirmed that they have competences in areas of creating a safe, secure and nurturing environment: specifically in giving time to the child, meeting their interest and assigning time for play session and recreation.

Buehler, Cox, and Cuddeback, (2003), as cited in the works of Buchler & et al. (n.d), described that the competence of creating safe, secure and nurturing environment includes physical and emotional safety and security plus the acceptance, love, empathy, and tolerance between foster child and parents. In this case, the competence of parents to some extent goes in line with the literature.

In maintaining the social and emotional development of the child some of the respondents reflected that they have been working on child’s family, peer and neighborhood relations. The Center for the study of Childcare Employment (2008) explains that child growth and development that should be understood thoroughly are interrelated and interdependent. Surprisingly, as discussed in the findings, there are only five parents working on reconnecting the child to biological families, which have a big impact on child’s personal, social, and emotional development.

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The finding concerning the parent's knowledge and skill of dealing with child losses and ambiguities reflect that parent's competences are still very minimal. Only seven of the participants replied that they have competences of solving child losses and distresses. According to Tice and Suri (1990), as cited by Buchler & et al. (n.d), "to understand loss, cope with it, and be strong enough to manage the losses of others is essential to fostering and adopting." In this regard, the respondents under study have exhibited a huge gap and need the extra effort of the agency or the authority in charge of family foster care in capacitating the foster parents in dealing with child losses and ambiguities.

Working as a team is the other competency which demands the involvement of foster families. According to the findings, all families have a good working spirit with the agency, the social worker, and the concerned government agency. Wheal and Mehmet (2012, p., 4) mentioned that one of the areas where foster parents are working in collaboration and cooperation is the professionals and others who have the capacity of contributing some valuable things in childcare planning. In this regard, foster families have knowledge and skill that they have accumulated through their experiences, which is valuable in planning childcare activities.

### **5.3. Respondent's Attitude towards Foster Care**

The findings on the attitude of foster care include respondent's feelings towards the foster care service, foster children, and foster child's birth parents. According to Holden & Edwards (1989, p., 37), attitude is "an individual's predisposition, reaction to, or affective evaluation of the supposed facts about an object or situation". Grusec (2008) also argued that the study of parent's attitudes, belief systems, and thinking has taken

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place along with changing conceptions of child rearing, because of the unidirectional interaction between the child and the parent. In Bronfenbrenner's ecological systems theory of human development, the impact each system has on one another also vividly marked. Thus, the findings of the attitude of foster care families will be discussed in relation to the reviewed literature.

### **Discussion on the Attitude of the Respondent's towards Foster Care.**

As indicated in the findings part, foster parent's attitude was measured from three perspectives. The first one is their attitude towards foster children, regarding his/her actions or behaviors. Accordingly, the majority (17 parents) of the foster parents have a feeling that foster children never destroy a good and healthy marriage of fostering parents and their family relationship. According to Howard (n.d.), myths in foster care reflect that children in foster care are incapable of assimilating to healthy family relationships and a little hope for a positive future. This mean children who end up in foster care are hopeless, and obstacles for healthy marriage and family. But the participants of this research ignore it as a myth and show sympathy to foster children. Comparing to their own biological children, the majority of foster parents also argued that foster children have some antisocial behaviors and bad habits because of their backgrounds. Besides, all the foster parents have a positive attitude towards foster children which is very important to sustain the values of foster care.

The second point raised in the finding part is parent's attitude towards the biological parents or relatives. As stated by Germain (1979), any child welfare should be made to keep, and support the family to stay together without separations. When separation is necessary, according to Germain (1979, p., 205), the importance of the

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family continues to be recognized to maintain family ties. Hence, almost all the study participants have a positive attitude towards the role of birth families for the child's proper development. But, as discussed in the findings, the majority of fostering parents have a negative attitude towards child's biological parents: which they claim birth parents are problem creators.

Concerning the reunion of a foster child to his/her birth families or relatives, the majority of foster parents have a negative feeling or attitude to let the child once and for all. Researches like that of Browen, C. (2002, p., 85) reflects that there is a fractious relationship between the foster parent and the natural parents which has its own impact on the placement of the child. The finding of the study also shows that foster parents have some negative attitudes towards child's biological parents, and child reunion.

Finally, parent's attitude towards foster care in general is the point where all the foster parents have reflected that they have a positive feeling towards foster care. As discussed by Webb (2003), and MoWCYA (2009), family foster care is a demanding job which needs parent's hard work, and stakeholder's commitment. Though all the foster parents feel it is a demanding job, they expressed that they have a positive attitude in promoting and supporting family foster care.

### **5.4. Respondent's Description of Foster Care Practice**

The finding of the study in relation to parent's description of their role reflects that their task as a foster family is a demanding task which needs commitment, passion and hard work. The majority of the respondents also explained that it consumes time, money, energy and compassion. This is because families have been the immediate

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environment or system as described by Darling (2007), in guiding and shaping children who are in need of care and support.

Webb (2003) ,and MoWCYA(2009) also describe foster care as a demanding job which needs the firm cooperation and team work between the foster parent, the concerned agency or organization and the biological parents of a child. Bronfenbrenner (1994, p., 37) also summarized the team effort describing as “in order to understand human development, one must consider the entire ecological systems in which growth occurs”. Therefore, in order to make the demanding work of family foster care smooth and simple, it needs the involvement of all stakeholders starting from the child who is at the center of attention, to the responsible organization or agency.

In relation to their role and responsibilities, the majority of the respondents replied that they got stressed due to various causes when they started the foster service. Accordingly, almost all the respondents stressed because of the health conditions of the foster children. The behavior and strange actions of the children, nurturing the child and work load at home and office were also the main stressors of the respondents when they commenced the service, as it has been discussed in the findings part.

The family stress theory according to Smith & et al (2009) stated that family stressors are crisis that lead families to stressful events. These events for example range from the birth of a child to the death of any member of the family. In this scenario, the integration of the foster child to the family may lead the parents to stressful situations as discussed in the findings.

Based on Reuben Hill's (1949) model as cited by Smith & et al (2009), families' reaction to stressful situations passes through four stages: Crisis or stress provoking

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event, disorganization, recovery and reorganization. Once the family faced a crisis, a period of disorganization follows as family members attempt to cope with the situation. As families figure out how to handle the crisis, they enter the stage of recovery, which can be either fairly quick or long term.

Therefore, as stated in the literature foster families may need interventions in order to recover from the crisis they encountered when they commenced fostering like the participants of this study, who were overwhelmed by their children's situation.

The finding also reflects that all the respondents are satisfied in their role as a foster parent. They also discussed that their family members are responsive and cooperative in addressing foster children's needs. Literatures also support that the needs and interests of children should be addressed properly. As described in the National Alternative child care guideline "service providers and care givers need to realize that children are not merely passive recipients of care and support: their views and wishes should be taken into account in the design and delivery of services" (MoWCYA, 2009, p., 5).

As indicated in the findings, the researcher has observed the physical and social environment, the child parent attachment, children's communication to strangers is good and age appropriate for the majority of families. But, almost all the activities of child rearing have been exercised by mothers than any other member of the family. They are involved in play sessions, feeding, bathing, tutoring and others.

The involvement of mothers in child rearing in Ethiopia according to Poluha (2004) is that "she (the mother) is the most important person in the children's lives...she spent more time at home, together with them (children) than the father, who even when

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unemployed stays mostly outside, she worried about them, asked them how their day had been, and served them food when it was available” (2004, p., 68). As stated by Evans & Myers (1994) cited by Badad Beyene(2010) mothers have a principal role in giving care and support ,and socializing children in most African countries. Therefore, as part and parcel of the continent, it is normal observing mothers as primary caregivers in this study area.

### **5.5. Respondent’s Discussion on Challenges of Foster Care**

The finding on challenges of foster care varies for all respondents based on the thematic areas and nature of the foster care service, which is a demanding job. The challenge at the placement process phase, as described by the KI, was the recruitment of voluntary parents. Then comes the home study phase where families and child placement organizations have faced the challenge of assessing the actual income and health status of families, and matching their child preference.

The FGD participants also forwarded that they have had challenges in terms of addressing the behaviors of foster children, which is very demanding and stressful. The in-depth interview participants on the other hand stated that the process of family assessment, which takes long time, balancing foster child’s behavior to their families and the environment they live in as a challenging situation.

As described by Webb (2003) because of the behaviors of the children under foster care and their social environment, foster families have been facing a challenge of stress in the course of carrying out their parenting responsibilities. Besides, Webb (2003, p.,233) addressed that “children placed in foster care services experiences multiple problems and difficulties which includes trusting others, aggressiveness, sleep and eating

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difficulties and possible antisocial behaviors like stealing and others which in one or another creates a challenging situation for foster parents”.

## Chapter Six

### 6. Conclusion and Implication

#### 6.1 Conclusion

The study on the knowledge, attitude and practice of foster care is interdependent and much related to one another. When families have ample knowledge, they are going to practice it based on their internal feelings. Their feelings also matters their willingness to learn more and act knowingly.

Therefore, the study on the knowledge, attitude and practice of foster care explores the foster process and its challenges, the knowledge of foster parents towards foster care, their attitudes towards foster care, foster children, and child's birth parents, and the way they have been practicing their knowledge. It also in somehow explores the challenges that linked to family foster care services.

Though, the practice of formal family foster care is a recent phenomenon in Ethiopia, the results of this study will help those practitioners working on child welfare in general and family foster care in particular to consider the findings of the study while working on families and children.

In the process of family foster care, which is the momentum for child placement, the study explored that the family recruitment has its own drawbacks that need to be reconsidered. The study explored that the recruitment of families and matching of children takes very long time than expected, which makes the foster families frustrated and suspicious about the foster care. In addition to that, families have also been forced to have HIV/AIDS test because the foster care placement demands that they should be free from any incurable and contingent disease. This in turn leads them to unintended

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outcomes which might result in psychosocial problems and family disintegration. The study also explored that the matching of children to families has practiced based on parent's preference (of sex, age, and others) without considering that of the child. This on the other hand violets the issue of addressing the best interest of the child, which is the main objective of alternative childcare services.

Based on the findings, most of the foster parents have never received appropriate information that pertains to the psychological, emotional or health history of the child and his/her family. Even, those who received some information in relation to child's birth families claimed that the data is distorted and inappropriate. These in turn makes the child placement more challenging for foster families and the permanency of the child.

The study on the knowledge of foster parents concerning their competencies of family foster care explored that parents have enough understanding of the concepts of foster care and what makes it unique from other alternative childcare practices. The challenge for some of foster families is the incapability of identifying foster care from adoption which needs the intervention of agencies working on foster care informing what both shares in common, and makes them unique.

The competencies of parents in giving care and support varies based on personal knowledge and skills which they have been experienced. Some families have better knowledge compared to others in nurturing the child, resolving child ambiguities and losses, solving child stressors, and reconnecting children to their biological families. Specifically, the study explored that there is a gap in reconnecting the foster child to his/her birth families or relatives which is practiced only by few parents. In addition to this, there are also limitations in dealing with child loses and ambiguities by the majority

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of parents. However vulnerable children who have experienced many challenges in their life need someone who has the knowledge and skills to intervene with their stressors and ambiguities. But, as it stated in the literature, to understand loss, cope with it, and be strong enough to manage the losses of others is very essential to fostering and adopting.

According to the findings of the study, almost all parents have a positive attitude towards foster care. But, when it comes to specific areas like, the child reunification to biological parents and/or relatives, and foster child's adoption by other families they have a negative feeling which is contrary to their understanding of foster care. Therefore the attitude of foster families towards child reunification, either to birth parents or their relatives would be addressed properly based on the best interest of the child.

The task of family foster care needs commitment, passion, compassion, time, and resources of the parents in particular and that of the family members in general. In order to meet all this needs of the child the foster parents might get stressed or disorganized. The study participants have also reflected that they were stressed when they commenced the family foster care because of the demanding nature of the practice. But now, after two to three years in the service they recovered and satisfied with their role as a foster parent. This also implies that families are in need of interventions before joining the foster care service concerning family stressors, how to react to those stressing events, and how to recover and reorganize themselves.

To sum up, the practice of family foster care is not free from challenges, from the beginning to end. As discussed in the findings, there are challenges from all sides: from the agency, the responsible authority, the foster family, and the child by itself which makes the child rearing process a tough job. This is why family foster care is called a

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demanding job which requires team work, partnership and cooperation of pertinent partners.

### **6.2. Implications**

#### **6.2.1 Implication to Foster Parents**

The study on the knowledge, attitude and practice of family foster care with particular emphasis on foster parents in Adama town reflects that, the foster families have enough understanding of foster care when it comes to issues like family foster care, institutional care and adoption except some confusion in identifying foster care and adoption. They have also knowledge and skill of child nurturing, and child care and support which they have gained through their own experience and excessive trainings after joining family foster care.

They have also positive attitude towards foster family care which is an important thing for their career as a foster parent. But, in order to continue their role as a competent foster parent, they still need competences in relation to child losses and ambiguities, and why and how to reconnect children with their biological families. Therefore, this study with its own limitations help the foster parents and pertinent partners working on foster care to identify their strengths and gaps in order to take some interventions.

#### **6.2.2. Implication to Social Work Practice**

The social work profession is a helping profession where practitioners are striving to serve all human beings without any discrimination. Especially, working with children who are under challenging circumstances and their families need the maximum effort and commitment of social workers because of their age and their vulnerability.

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As far as this study is concerned the foster parents need the involvement of social work practitioners from the beginning to end in mobilizing and recruiting foster families, guiding and training potential foster parents and the staff from the side of both the agency and the government organization. In the assessment of foster family's health, income, compassion to children and in identifying their background in relation to abuse and crime, the social workers have also a big role in addressing those issues properly taking in to account the unintended impacts they have.

The foster care placement process and matching of foster child to families could be the other area of intervention where the involvement of social workers is needed in guiding child preference and placement, in light of the best interest of the child. As far as possible, in child placement process, the interest and willingness of the child has to be given priority than the parent. Here, the child reunification and permanency issues also addressed properly.

Besides, issues like the empowerment of foster parents on proper child care and development, family stresses and stressors, child difficulties and losses, child's birth family role in child healthy development, the bond between birth family and the child, the relationship between birth family and foster parents are areas where the social workers needed to guide and promote the family foster care practice.

### **6.2.3. Policy Implication**

The rights of children were addressed in different International, Continental and local laws, regulations and frameworks including the Constitution of Ethiopia. The UN Convention on the rights of the child(UNCRC), The UN Alternative childcare Guideline, The African Charter on the Rights and Welfare of the Child (ACRWC) and The National

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Guideline on Alternative Childcare (2009) and other laws and regulations included in their articles what states have to do in order to avail children, especially those who are vulnerable. However, the issue of children under difficult circumstances is still on the spot. Particularly, when we see the child vulnerability in Ethiopia, it has been still an emerging issue where over five million orphans and vulnerable children are living in an overwhelming situation. The problem is that, all the laws and regulations do not give due attention to alternative childcare services like family foster care, and implemented properly considering the best interest of the child.

Based on the findings of the family foster care study, the family recruitment and child placement process, child reunification and permanency issues by themselves have many bottlenecks which should be resolved through proper policy measures which are not clearly identified in the National Alternative Childcare guideline. For example, the health status checkup in relation to incurable and contagious disease has come up with resistance from families because they do not want to test HIV/AIDS to foster a child. It also has its own unintended impact if they accept and proceed as it is. Thus, issues related to child placement, and permanency must be addressed with a policy framework particularly incorporating foster care in general and family foster care in particular.

### **6.2.4. Research Implication**

Child issues and child rights have been assessed and researched thoroughly considering different issues by various institutions and individuals throughout the country. However, there are no issues covered in relation to the knowledge, attitude and practice of foster care with regard to foster families.

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Even though it has its own limitations, this research comes up with findings which have a significant contribution in family foster care. It might be the springboard for those interested in the area for further study too.

This study also focused only on some foster parents, specifically only to female parents in Adama town, who has been practicing family foster care. Therefore, there is a space for researchers who want to dig out the other aspects and come up with new findings.

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**Annex One****Addis Ababa University****School of Social Work****Informed Consent for Study Participants**

Hello, my name is Habtamu Birhanu. I am a graduating student at Addis Ababa University working my final thesis on the knowledge, attitude, and practice of foster family care, with particular emphasis to foster parents in Adama town.

The main objective of the research is to explore the knowledge, attitude, and practice of foster parents towards foster care. The study is conducted for academic purpose, for the in-partial fulfillment of degree in Masters of Social Work (MSW). Therefore, your responses are not used for another purpose and I never also give your personal information for another person or institution which is not also allowed by the profession: ethics of Social Work.

First of all you are not forced to participate in the research unless you are fully committed to participate. And you can also have the right to withdraw without any hesitation any time in the process of the interview. You are not also forced to tell your name. But as long as you are one of the participants of the research, you are requested to participate from your heart and forward what you know and feel concerning the questions because your answers and comments matters the validity and reliability of the final output of the research. In case if you need to know more about me and other issues concerning the research any time later on you can access me through my personal cell phone +251 911 48 0084 or you can contact the University specially the School of Social Work using this Telephone : +2511225950.

THANK YOU INADVANCE!!!

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**Annex Two****I. In-depth Interview Guide for Respondents****A. Socioeconomic and Demographic Information of Respondents**

1. Age
2. Level of education
3. Marital status
4. Number of families
5. Number of children
6. Number of foster children (sex\_\_\_\_\_ Age\_\_\_\_\_)
7. Head of household (Breadwinner)
8. Means of income(government employ, NGO employee, employee of private company, run own business, petty trade, unemployed, other sources of income)
9. Level/ amount of income
10. Years of service as a foster parent

**B. Guiding Questions Concerning the Fostering/Placement Processes**

1. When and why you have joined the foster care service as a foster care family?
2. What steps or process you have practiced in order to be recruited as a foster parent? How valuable they are?
3. What challenges you have faced while recruitment so far and later on the process?

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4. How valuable the recruitment process is for the healthy development of the child?
5. Have you received any document about the child's full status from the Agency? If yes, what is its main content? And how helpful it is for the normal development of the child?
6. Have you got the proper age and sex you have preferred to foster? Why you consider those preferences?
7. Have you had got enough training or empowerment before you joined the service (of foster care as a foster parent)? If yes, what is the focus area of the training? How valuable it is?

**C. Questions Concerning Respondents Knowledge about Foster Care**

1. How you understand family foster care?
2. What makes unique family foster care from other types of alternative childcare schemes, particularly adoption and Institutional care?
3. How do you understand your role and responsibilities as a fostering parent?
4. What type of knowledge and skills do you have as a foster family to provide a foster care service? (Probing questions ...
  - In creating safe, secure and nurturing environment
  - Concerning the social and emotional development of the child
  - In dealing with the losses and ambiguities of the child
  - regarding coordination and collaboration of actors or team spirit
  - promotion of positive parent child relationship

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- conflict resolution skills,
  - skills of abuse treatment
  - how to care for and support children with different backgrounds and traumas
5. Have you ever got any type of training or empowerment after you have joined the service? (On issues like:
- How to care and support a vulnerable child?
  - the social and emotional development of the child
  - how to deal with the losses and ambiguities of the child
  - child and birth family relation and reunion of the child
  - self development
- If yes, how valuable it is?
6. What you want to know more in parenting a foster child or as a foster career?

**D. Questions Related to Foster Care Practice**

1. How do you describe your role as a foster parent? (Probe: tiresome and challenging? awesome and interesting? Demanding (in terms of time, money and love and affection) and stressful or entertaining?)
2. Who is mostly looking after the child in the family?
3. How integrated and cohesive the family is in providing care and support for the foster child? (financially? Psychologically? In giving love and affection etc...)

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4. Is the child has full rights and privileges of participation in decision making as a family member?
5. Have you been satisfied being as a foster parent? If so, what are its benefits (for the fostering family and foster child)?
6. Have you ever been regretted/disappointed being a foster parent?
7. What are the basic needs of foster children? (Probing questions...food? Clothing? Shelter? Love and affection? Security? Or any other)
8. Is there a means of follow up by the agency concerning the status of the foster children?
9. What are the challenges of parenting a foster child?

**Annex Three****Questionnaires to test foster parent's attitude**

1. A foster child might destroy a good and healthy marriage of fostering parents and their family relationship  
1. Strongly Disagree 2. Not Agree 3. Agree 4. Strongly Agree
2. A foster child may have bad habits or antisocial practices because of their backgrounds compared to children raised with their biological families.  
1. Strongly Disagree 2. Not Agree 3. Agree 4. Strongly Agree
3. Confronting with a foster child might lead to stressful life events.  
1. Strongly Disagree 2. Not Agree 3. Agree 4. Strongly Agree
4. Child's biological parents are significant to the child's development.  
1. Strongly Disagree 2. Not Agree 3. Agree 4. Strongly Agree
5. Child's biological parents are problem creators  
1. Strongly Disagree 2. Not Agree 3. Agree 4. Strongly Agree
6. Child's biological parents and relatives must visit the foster child.  
1. Strongly Disagree 2. Not Agree 3. Agree 4. Strongly Agree
7. The foster child must be reunited to his/her biological parents  
1. Strongly Disagree 2. Not Agree 3. Agree 4. Strongly Agree
8. The foster child must be reunited to his/her kin or relatives of biological families  
1. Strongly Disagree 2. Not Agree 3. Agree 4. Strongly Agree
9. The foster child could be adopted by his/her foster families  
1. Strongly Disagree 2. Not Agree 3. Agree 4. Strongly Agree

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10. The foster child could be adopted by other families

1. Strongly Disagree 2. Not Agree 3. Agree 4. Strongly Agree

11. Foster family care is a challenging and demanding activity

1. Strongly Disagree 2. Not Agree 3. Agree 4. Strongly Agree

12. Foster family care must be motivated and encouraged

1. Strongly Disagree 2. Not Agree 3. Agree 4. Strongly Agree

**Annex Four****II. Guiding questions for Focus Group Discussions (FGDs)**

1. What type of steps or process have you experienced/practiced before joining the foster care service?
2. How you understand foster care? And what makes it unique from other alternative childcare services specifically from adoption and institutional care?
3. Have you got any training or empowerment before you have joined the foster care practice? If yes, what issues have covered in the training and how valuable they are?
4. What competencies or knowledge and skills should foster parents need in order to look after the foster child?
5. What kinds of care and support have been given for the foster child?(probing: like feeding, clothing, tutoring, bathing and others)
6. What are the main challenges of foster care and foster parents?

**Annex Five****III. Guiding Questions for Key Informants**

1. How many foster children have been registered under family foster care at this moment?
2. How many foster parents have been also engaged in the service at this moment?
3. What are the steps included in child placement process starting from the beginning to end? How applied those placement processes in practice?
4. Is there any criterion for a parent to be involved in the foster care service? What are they?
5. Are foster children consulted in the process of foster care placement?
6. What competences or knowledge and skills should a foster parent needs to foster a child?
7. Is there any type of activity in empowering foster parents? If yes, what are the themes or focus areas?
8. What supports and follow ups have been given to the foster child and parents?
9. What activities have been carried out to reunion the child to his birth families or on child permanency issues? What are the challenges?
10. What are the main challenges of the foster care service in general?

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**Annex Six****Foster care practice observation checklist**

1. Suitability of the environment for the normal development of the child
  - Location of the housing
    - ✓ Good
    - ✓ Moderate
    - ✓ Not suitable at all
  - Physical condition of the housing for the security of the child
    - ✓ Good
    - ✓ Moderate
    - ✓ Not suitable at all
  - Playgrounds/ equipments and their age appropriateness
    - ✓ Age appropriate
    - ✓ Moderate
    - ✓ Not appropriate
2. Care and support given to the child
  - Good and age appropriate
  - Moderate
  - Not good
3. Relationship between the child and the family
  - Positive
  - Fair
  - Anxious
  - Aggressive
  - Negative
4. Role of the family members in giving care and support
  - Good
  - Moderate
  - Not good

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- Distractible
5. Integration and cooperation of the family members in giving care and support
    - Good
    - Moderate
    - Not at all
  6. Responsiveness of family members to child needs
    - Not at all
    - Some how
    - Very responsive
  7. Child involvement in discussing his/her situation
    - Frequently
    - Sometimes
    - never
  8. Child family mood/ quality in play sessions
    - Happy
    - Sad
    - Anxious
    - Creative
    - Aggressive
    - Passive
    - Others like...
  9. Age appropriateness of the play or enjoyments
    - Good
    - Average
    - Advanced
  10. Child's attachment to the parent
    - Good
    - Average
    - Advanced
  11. Child's ability to separate from the parent/caretaker

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- Appropriate based on his/her age
  - Not appropriate
12. Ability to relate to strangers
- Advanced
  - Average
  - Not at all
13. Do parents tend to show a judgmental attitude towards the child's behavior?
- Yes
  - No
14. Child's participation in religious activities
- Advanced
  - Average
  - Not at all
15. Peer or neighborhood relationships
- Advanced
  - Average
  - Not at all

Annex Seven

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**የሶሻል ዎርክ ትምህርት ቤት**

**ለጥናቱ ተሳታፊዎች በቃል የሚቀርብ የፈቃደኝነት ጥያቄ**

ጤና ይስጥልኝ፤ ሀብታሙ ብርሃኑ እባላለሁ። በአዲስ አበባ ዩኒቨርሲቲ በሶሻል ዎርክ ትምህርት ቤት የሁለተኛ ዲግሪ ተመራቂ ተማሪ ነኝ። ለአደጋ ተገላጭ የሆኑ ህጻናትን ተንከባክቦ ለማሳደግ ከሚታወቁ አማራጭ የልጆች አስተዳደግ ዘዴዎች አንዱ የባላደራ አስተዳደግ ነው። የዚህ ጥናት ዋና አላማም በአዳማ ከተማ አስተዳደር የባላደራ ልጆችን በማሳደግ ላይ የተሰማሩ ወላጆች ልጆችን በተገቢው መንገድ ለማሳደግ ያላቸውን ዕውቀት ወይም ክህሎት፣ አመለካከትና የአስተዳደግ ስልት ወይም ስርአት ማወቅ ነው።

ከላይ ለመግለጽ እንደሞከርኩት ይህ ጥናት ለሁለተኛ ዲግሪ የመመረቂያ ጥናት ማሟያ እንጂ ሌላ ለምንም አላማ አይወጣም። በሌላ በሰውነት ወገን እጅም አይገባም። በዚህ በኩል የእርዕሰ ሆነ የልጅ ሚስጥር የተጠበቀ ስለሆነ ስጋት ሊገባዎት አይገባም። የሶሻል ዎርክ ሙያዊ ስነምግባርም ይህን አይፈቅድም።

በመጀመሪያ ደረጃ በዚህ ጥናት ላይ ካለሙሉ ፍላጎትዎና ፈቃደኝነትዎ እንዲሳተፉም አይገደዱም። ከተሳተፉም በመኃል ላይ ጥሩ ስሜት ካልተሰማዎት ወይም በጥናቱ ደስተኛ ካልሆኑ የማቋረጥ ሙሉ መብት አልዎት። ሙሉ ፈቀደኛ ሆነው ከተሳተፉ ግን የእርስዎ ቀናና ትክክለኛ ምላሽ በጥናቱ ወጤት ላይ ከፍተኛ አዎንታዊ ሆነ አሉታዊ ተጽእኖ ስላለው ትክክለኛና ተአማኒነት ያለው መረጃ በመስጠት እንዲተባበሩኝ እጠይቃለሁ።

ከቃለመጠይቁ በኋላም ሆነ በማንኛውም ጊዜ ጥናቱንም ሆነ ከጥናቱ ጋር ተያያዣ የሆኑ ጥያቄዎች ካሎት በቀጥታ ስልክ ቁጥር 0911480084 ልያገኙኝ ይችላሉ። ወይም በአዲስ አበባ ዩኒቨርሲቲ በሶሻል ዎርክ ትምህርት ክፍል ስልክ ቁጥር +251 11 1225950 በመደወል መረጃ ማግኘት ይችላሉ።

ስለ ትብብርዎ በቅድሚያ አመሰግናለሁ።

KNOWLEDGE, ATTITUDE, AND PRACTICES OF ...

**ክፍል አንድ፣ ለወላጆች ቃለመጠይቅ በተናጠል የተዘጋጁ መነሻ ጥያቄዎች**

**ሀ. ማህበራዊ፣ ኢኮኖሚና ስነሕዝብ ነክ ጥያቄዎች**

- 1. ዕድሜ
- 2. የትምህርት ደረጃ
- 3. የትዳር ሁኔታ
- 4. የቤተሰብ ብዛት
- 5. የልጆች ቁጥር
- 6. የአደራ ልጆች ብዛት      ወንድ -----      ሴት-----
- 7. የቤተሰብ መሪ/ ወንድ /ሴት/ ሁለቱም
- 8. የገቢ ምንጭ
- 9. የገቢ መጠን
- 10. በባለአደራነት የአገልግሎት ዘመን

**ለ. ወላጆች በባለአደራነት ለመመልመል ያለፉበትን ሂደት የተመለከቱ ጥያቄዎች**

- 1. መቼና እንዴት ይህን ዘርፍ ተቀላቀሉ?
- 2. እንደ አንድ ባለአደራ ልጅ ወስደዉ ለማሳደግ ምን ምን ሂደቶችን አለፉ? ሂደቱ ምን ያህል ጠቃሚ ነዉ?
- 3. ከምልመላ ጀምሮ እስካሁን ድረስ ምን ምን ተግዳሮቶች ነበሩ?
- 4. የምልመላ ሂደቱ ለልጆች ጤናማ እድገት ምን ያህል ጠቃሚ ነዉ?
- 5. ልጁዎን ካስረከብዎት ተቋም ስለልጅዎት የሚገጽ ማንኛዉንም አይነት ሰነድ አግኝተዋል? ከሆነ ምን ይዘት አለዉ? ለልጆች ጤናማ እድገት ምን ያህል ጠቃሚ ነዉ?

KNOWLEDGE, ATTITUDE, AND PRACTICES OF ...

6. በምርጫዎ መሰረት የሚፈልጉትን ልጅ በጾታዎ ሆነ በእድሜ አግኝተዋል?

7. ይህን ዘርፍ ከመቀላቀልዎ በፊት በቂ ስልጠና አግኝተዋል? ከሆነ በምን በምን ላይ ያተኮረ ነው? ምን ያህልስ ጠቃሚ ነው?

**ሐ. ወላጆች ስለ ባላደራ ልጅ አስተዳደግ ያላቸው እውቀት**

1. ስለ ፎሰስተር ኬር ወይም ስለባላደራ ያሎት ግንዛቤ ምን ያህል ነው? በተለይም ከጉድፈቻና ከማደጎ?

2. የባላደራን ቤተሰባዊ ክብካቤስ ከሌሎች አማራጭ የሕጻናት አስተዳደግ ስልቶች ምን ይለዩዋል? ቢያብራሩልኝ?

3. የባላደራ ልጅ አሳዳጊ ወይም ቤተሰብ እንደመሆንዎ ኃላፊነትዎንና ሚናዎትን እንዴት ይገልጹታል?

4. እንደአንድ ፎሰስተር ኬር ወይም የባላደራ ልጅ አሳዳጊ ልጅዎን በተገቢው መንገድ ለማሳደግ ምን አይነት እውቀትና ክህሎት አለኝ ይላሉ?

- ለሕጻናት ምቹ፣ ተስማሚና ተገቢ የሆነ አካባቢ በመፍጠር
- የሕጻናትን ማህበራዊና የስነልቦና እድገት በመጠበቅና በማስቀጠል(ቋንቋ፣ ባሕል፣ ሃይማኖት፣ ተስፋን፣በራስ መተማመን፣ ማህበራዊ መስተጋብር በመስቀጠል)
- የሕጻናትን የኃላ ታሪክ በማጥናት፣ ሃዘን፣ ጭንቀትና ስጋት በመፍታት
- ከባለድርሻ አካላት ጋር ተባብሮ በቡድን መንፈስ መስራት፣ እና በትብብርና ቅንጅቱ አስፈላጊነት ላይ ያለ እውቀት

KNOWLEDGE, ATTITUDE, AND PRACTICES OF ...

- በህጻኑ(ኗ)ና በወላጆች መካከል ያለውን ቤተሰባዊ አዎንታዊ ግንኙነት ወይም ቁርኝት በማሻሻል ረገድ
- ቤተሰባዊ ግጭቶችን በመፍታት በኩል
- ማናቸውንም አይነት ጥቃቶች የመፍታት ችሎታ
- የተለያዩ ማህበራዊና የስነልቦና ችግሮች ያሉባቸውን ሕጻናት ችግሮች የመርዳትና የመፍታት ክህሎት

5. ይህን የባላደራ አገልግሎት መስጠት ከጀመሩ በኋላ የስልጠና እድል አግኝተው ያውቃሉ? ምላሽዎ አዎ ከሆነ ምን ያህል ጠቃሚ ነው?

- ለሕጻናት ምቹ፣ ተስማሚና ተገቢ የሆነ አካባቢ በመፍጠር
- የሕጻናትን ማህበራዊና የስነልቦና እድገት በመጠበቅ
- የሕጻናትን የኃላ ታሪክ በማጥናት፣ ሃዘን፣ ጭንቀትና ስጋት በመፍታት
- በህጻኑ(ኗ)ና በወላጆች መካከል ያለውን ቤተሰባዊ ግንኙነት ወይም ቁርኝት በማሻሻልና መልሶ በማቀላቀል ረገድ
- የራስን አቅም በማሳደግ ወይም በማሻሻል

6. በባላደራ ልጅ አሳዳጊነት ለመቀጠል የበለጠ ማወቅ የሚፈልጉት ነገር ስለምን ነው?

**አመሰግናለሁ!!!**

**ክፍል ሁለት፡ የባላደራ አተገባበርን የተመለከቱ ጥያቄዎች**

1. እንደ አንድ የባላደራ ቤተሰብ የእርስዎን ሚና እንዴት ይገልጹታል? (ዘርዘር ጥያቄ፣ አድካሚና አስቸጋሪ ነገር ወይስ ጥሩና ማራኪ? ወይስ ጊዜ፣ ጉልበት እና ገንዘብ እንዲሁም ፍቅርና እንክብካቤ የሚጠይቅ አስቸጋሪ ስራ ነው? ወይስ አስጨናቂ ወይም አዝናኝ የሆነ ስራ ነው?)
2. ልጅዎን በቤት ውስጥ በአብዛኛው ማን ይንከባከብዋል/ታል?
3. ለልጅዎ እንክብካቤና ድጋፍ በመስጠት ቤተሰቡ ምን ያህል ተባባሪ ነው? (የገንዘብና የስነልቦና ድጋፍ በመስጠት፣ ፍቅርና ርህራሄ በማሳየት እንዲሁም በሌሎች)
4. ልጅዎ በቤተሰቡ ውስጥ በወሳኔ ሰዎች ምን ያህል ተሰሚነት አለው/አላት?
5. በዚህ ሚናዎ እንደአሳዳጊ ደስተኛ ናት? ከሆነ ጥቅሙ ለሕጻኑም ሆነ ለእርስዎ ምን ድን ነው?
6. ይህን ልጅ መውሰድ ወይም ማሳደግ በቀረብኝ ብለው ተጸጽተው ያወቃሉ?
7. ከተሞክሮዎ የአንድ በባላደራ የታቀፈ(ች) ልጅ መሰረታዊ ፍላጎቶች ምን ድን ናቸው(ምግብ፣ መጠለያ፣ ልብስ፣ የወላጅ ፍቅርና ነፍቆት፣ ደህንነት ወይም ሌሎች)?
8. ለልጅዎ በተቋማት የሚደረግለት/ላት ድጋፍና ክትትል አለ? ካለ ብያብራሩልን
9. በባላደራ ልጅ አስተዳደግ ከባዱ ስራ ወይም አስቸጋሪው ነገር ምን ድን ነው?

**አመሰግናለሁ!!!**

KNOWLEDGE, ATTITUDE, AND PRACTICES OF ...

**ክፍል ሶስት፡ የአሳዳጊዎችን አመለካከት የሚመለከት መጠይቅ/ በወላጆች የሚሞላ**

1. የባላደራ ልጅ የአሳዳጊዎቹን መልካምና ጥሩ ትዳር እንዲሁም የቤተሰብ ግንኙነት ያበላሻል

- 1. በጣም እቃወማለሁ
- 2. እቃወማለሁ
- 3. እስማማለሁ
- 4. በጣም እስማማለሁ

2. የባላደራ ልጅ ከራስ ልጅ ጋር ሲነጻጸር ብዙ መጥፎ ባህሪያት እና በማህበረሰቡ ተቀባይነት የሌላቸው ችግሮች/አመሎች አሉት

- 1. በጣም እቃወማለሁ
- 2. እቃወማለሁ
- 3. እስማማለሁ
- 4. በጣም እስማማለሁ

3. ከባላደራ ልጅ ጋር ንትርክ ወይም ጭቅጭቅ መፍጠር አሳዳጊዎችን በኑሮአቸው ደስተኛ እንዳይሆኑ እና ለአእምሮ ወጥረት እንዲጋለጡ ይዳርጋል

- 1. በጣም እቃወማለሁ
- 2. እቃወማለሁ
- 3. እስማማለሁ
- 4. በጣም እስማማለሁ

4. የባላደራ ልጅ የሱጋ ወላጆች ለልጁ/ቷ ሁለንተናዊና ትክክለኛ እድገት ትልቅ ሚና አላቸው

- 1. በጣም እቃወማለሁ
- 2. እቃወማለሁ
- 3. እስማማለሁ
- 4. በጣም እስማማለሁ

5. የባላደራ ልጅ የሱጋ ወላጆች ችግር ፈጣሪዎች ናቸው

- 1. በጣም እቃወማለሁ
- 2. እቃወማለሁ
- 3. እስማማለሁ
- 4. በጣም እስማማለሁ

6. የባላደራ ልጅ የሱጋ ወላጆች ወይም ዘመዶች ልጃቸውን መጥተው መጎብኘት ይችላሉ

- 1. በጣም እቃወማለሁ
- 2. እቃወማለሁ
- 3. እስማማለሁ
- 4. በጣም እስማማለሁ

7. አንድ የባላደራ ልጅ ከሱጋ ወላጆቹ/ ቿ ተመልሶ/ሳ መቀላቀል አለባት

- 1. በጣም እቃወማለሁ
- 2. እቃወማለሁ
- 3. እስማማለሁ
- 4. በጣም እስማማለሁ

KNOWLEDGE, ATTITUDE, AND PRACTICES OF ...

8. አንድ የባላደራ ልጅ ከስጋ ዘመዶቹ/ ቻ ተመልሶ/ሳ መቀላቀል አለባት

- 1. በጣም እቃወማለሁ
- 2. እቃወማለሁ
- 3. እስማማለሁ
- 4. በጣም እስማማለሁ

9. አንድ የባላደራ ልጅ ለአሳዳጊዎቹ/ቻ በጉድፈቻ መሰጠት ይችላል/ትችላለች

- 1. በጣም እቃወማለሁ
- 2. እቃወማለሁ
- 3. እስማማለሁ
- 4. በጣም እስማማለሁ

10. አንድ የባላደራ ልጅ ለሌሎች ሰዎች በጉድፈቻ መሰጠት ይችላል/ትችላለች

- 1. በጣም እቃወማለሁ
- 2. እቃወማለሁ
- 3. እስማማለሁ
- 4. በጣም እስማማለሁ

11. የባላደራ የልጅ አስተዳደግ አሰቸጋሪና ትእግስትን የሚጠይቅ ነገር

- 1. በጣም እቃወማለሁ
- 2. እቃወማለሁ
- 3. እስማማለሁ
- 4. በጣም እስማማለሁ

12. የባላደራ ልጆች አስተዳደግ መበረታታት አለበት

- 1. በጣም እቃወማለሁ
- 2. እቃወማለሁ
- 3. እስማማለሁ
- 4. በጣም እስማማለሁ

**አመሰግናለሁ!!!**

**ከአሳዳጊ ወላጆች ጋር ለሚደረግ የቡድን ወይይት መነሻ ጥያቄዎች**

1. የፎስተር ኬር ወይም የባላደራ የቤተሰብ አገልግሎት ከመቀላቀላችሁ በፊት ምን ምን ሂደቶችን አለፋችሁ? እንዴትስ አገልግሎቱን ተቀላቀላችሁ?
2. የባላደራን ቤተሰባዊ ክብካቤ ከሌሎች አማራጭ የሕጻናት አስተዳደግ ስልቶች ምን ይለየዋል? ለምሳሌ ከጉድፈቻ፣ ከማደጎ ወይም ተቀማዊ የልጅ አስተዳደግ? ቢያብራሩልኝ?
3. ይህን የባላደራ አገልግሎት መስጠት ከመጀመራችሁ በፊት በቂ ሥልጠና አግኝታችኋል? ምን ምን ላይ ያተኮረ ነው? ምን ያህልስ ጠቃሚ ነው?
4. አንድ የፎስተር ኬር ወይም የባላደራ ልጅ አሳዳጊ ምን አይነት እዉቀትና ክህሎት ያስፈልጉታል? እናንተስ ይህን እዉቀት ጨብጣችኋል?
5. በአደራ የሚያሳድጉት ልጅ ከስጋ ወላጆቹ ወይም ዘመዶቹ ተመልሶ ቢቀላቀል ወይም በጉዲፈቻ ቢሰጥ ምን ስሜት ይፈጥርበታል? ለምን?
6. በባላደራ አገልግሎት ዉስጥ ለህጻናት ከሚሰጡ የእንክብካቤና የድጋፍ አገልግሎቶች ዉስጥ መሰረታዊ የሆኑትን ቢያብራሩልኝ? (ዝርዝር ጥያቄ፣ መመገብ፣ ማልበስ፣ ማስጠናት፣ ገላ ማጠብ ወይም ሌሎች... ?)
7. የሚያሳድጉአቸዉ ልጆች ከሌሎች ልጆች ወይም ከራስዎ ከተወለዱ ልጆች በተለየ መልኩ ልዩ ትኩረትና እንክብካቤ ይሻሉ? ለምን ?
8. በባላደራ አገልግሎት አሰጣጥ ሂደት ዉስጥ ያሉ ዋና ዋና ተግዳሮቶች ምንድን ናቸዉ?

**አመሰግናለሁ!!!**

**ለተቋማት ወይም ጉዳዩ በቀጥታ ለሚመለከታቸው አካላት የቀረቡ መነሻ ጥያቄዎች**

1. በአጠቃላይ በአሁኑ ሰዓት ምን ያህል የባለደራ ልጆች ተመዝግበዋል አለ?
2. ልጆቹን በማሳደግ ላይ የተሰማሩ ወላጆችስ ስንት ናቸው?
3. ከመነሻዉ ጀምሮ እስከ መጨረሻ አንድን ልጅ በባለደራ ቤተሰብ ለማስቀመጥ የሚያስፈልጉ ሂደቶች ምን ምን ናቸው? እነዚህ ሂደቶች ምን ያህል በተግባር ላይ ይወላሉ? ያሉ እድሎችና ተግዳሮቶችስ?
4. በባለደራ ቤተሰብነት ለመመረጥ መስፈርቶች አለ? ካለ ቢያብራሩልኝ?
5. የባለደራ ቤተሰብ እንዴት ይመረጣሉ? የመምረጥ ሂደቱ ተግዳሮቶችስ?
6. በባለደራ ቤተሰብ ከመቀመጣቸው/መሰጠታቸው አስቀድሞ ህጻናት ሰለጠናላቸው ይጠየቃሉ?
7. አንድ ቤተሰብ በባለደራ የቤተሰብ አገልግሎት ለመታቀፍ ምን ክህሎት ወይም እውቀት ያስፈልጉታል?
8. በባለደራ ተካትቶ ለተቀመጠ ህጻን ምን ምን ድጋፎች እና ክትትሎች ይደረጉለታል? በትምህርቱ፣ከአዲሱ ቤተሰብ ጋር ስለማጣቱ፣ ከጓደኞችና ጎረቤቶች ጋር ችላለዉ ግንኙነት፣ ስለጤናዉ፣ ስለመንፈስና አእምሮ እድገቱ፣ስለአመጋገቡና ተፈጥሮአዊ እድገቱ
9. አንድን የባለደራ ልጅ መልሶ ከሱጋ ወላጆቹ ጋር የመቀላቀል ወይም የማገናኘት ወይም በጉዲፈቻ የመስጠት ስራ ምን ያህል ይሰራል? የሰራዉ ተግዳሮቶችስ ምንድን ናቸው?
10. ለባለደራ ቤተሰቦች የሚሰጥ የአቅም ግንባታ ወይም የስልጠና እድል አለ? ካለ በምን ርእሰ ጉዳይ ላይ ያተኩራል?በምን ያህል ጊዜስ ይሰጣል?
11. በባለደራ አገልግሎት ዘርፍ የሚታዩ ዋና ዋና ተግዳሮቶች ምንድን ናቸው?

ስለ ትብብሮዎት በቅድሚያ አመሰግናለሁ!!!

KNOWLEDGE, ATTITUDE, AND PRACTICES OF ...

**DECLARATION**

This thesis is my original work, has not been presented for a degree in any other university and that all sources of materials used for the thesis have been appropriately acknowledged.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This thesis has been submitted for examination with my approval as University advisor.

Advisor: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_