

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES

PSYCHOSOCIAL PROBLEMS OF AIDS
ORPHANED CHILDREN: THE CASE
OF SIX CHILDREN IN HARAR

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JULY 2006

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A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE
STUDIES OF ADDIS ABABA UNIVERSITY

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BY
KEDIJA AHMED

JULY 2006

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SCHOOL OF GRADUATE STUDIES

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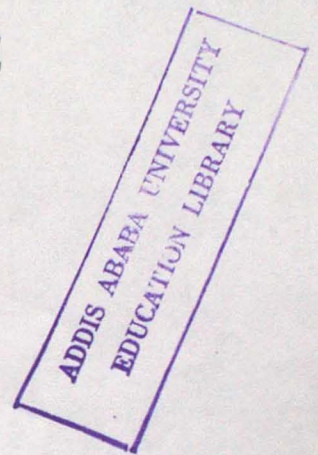
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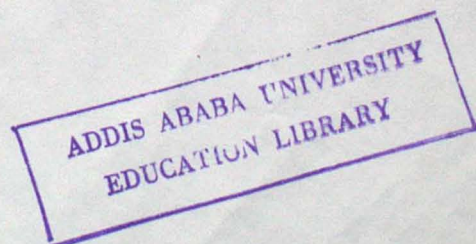


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Acronyms

HAPCO	HIV/AIDS Prevention and Control Office
MOH	Ministry of Health
MOLSA	Ministry of Labor and Social Affaire
OSSA	Organization for Social Services for AIDS
PLWHA	People Living With HIV/AIDS
UNAIDS	United Nation Program on AIDS

ABSTRACT

This study attempted to examine the psychosocial problems of AIDS orphaned children keeping in view the case of six orphans in Harar. Interview and focus group discussion guides were employed to collect data from the respondents. Data were collected from six AIDS orphaned children, their guardians and kebeles representatives who provide care and support for such children and non-orphans peers. Accordingly, the data collected from the participants were analyzed qualitatively.

The result revealed that, AIDS orphaned children face different psychological problems before, during and after the death of their parents. This includes grief, anger, guilty, fear, shock, shame, anxiety, depression, hopelessness and lowered self-esteem. Socially, they are subjected to various problems such as, stigma, discrimination, mistreatment, self-isolation and abuse. The guardians (caregivers) also face psychosocial problems. These include, shock, anger, guilty, stigma, shame, inferiority and social isolation. On the other hand, guardians (grandparents), relatives and neighbors take those orphans as a burden, and treat them unfairly. Accordingly, poverty, stigma, discrimination, mistreatment by their guardians, dropping out of school are considered as causes that trigger the psychosocial problems of orphaned children by AIDS. Hence, those children take their coping mechanisms such as crying, praying and playing or sharing ideas with others.

Finally, the study concludes that, HIV/AIDS affect the entire community. Social support system may enhance the psychosocial well being of AIDS orphaned children. The provision of various social support systems to those orphans and their guardians is the best strategy to reduce their problems. Moreover, creating awareness among the community is a critical measure to defend the psychosocial problems of children orphaned by AIDS. Ultimately, the study is optimistic that, the revelations of it would energize the perspective program planners to incorporate its findings in to all of their future plans aimed at the welfare of AIDS orphaned children.

CHAPTER ONE

INTRODUCTION

1.1 Background

The rate of HIV infection is growing globally; particularly, in Africa where the incidence of HIV infection is the highest. Out of the 40 million people living with HIV, 95% are said to be living in the developing world and among this 71 % (28.5 million) are found in sub-Saharan Africa. The rate at which the pandemic is spreading is also much higher in this region (UNAIDS, 2002). Ethiopia is among sub-Saharan Africa countries that are highly affected by the pandemic.

As one of the most deadly diseases in the world, HIV/AIDS is responsible for leaving vast numbers of children across Africa, without one or both parents. Millions of children have already lost at least one parent to AIDS pandemic and millions more are likely to lose over the next few years. Thus, the AIDS is the world's most deadly undeclared war, and Africa has so far borne its burnt (UNICEF, 2002).

By the end of 2003, 15 million children under the age of 18 had been orphaned by HIV/AIDS worldwide. About 12 millions of these live in sub-Saharan Africa. This number is expected to climb to more than 18 million in 2010(UNAIDS, 2003). According to report of MOH (2002), the prevalence of adults with HIV infection in 2001, was 6.6%, which had been 7.3% of the total population in Ethiopia. The number of orphan had been 1.2 million in 2001, the number was projected to increase to 1.8 million in 2007, and if no

change will be made in the situation, it may be aggravated to climb up to 2.5 million in 2014.

In line with this, AIDS orphaned are vulnerable in almost all aspects of their lives. The vulnerability of orphaned children starts even before the death of their parents. Long before a parent dies, children experience trauma and stress related to caring for terminally ill parents. Beside this, there are psychological and emotional sufferings of children that usually begin with parents' distress, a feeling of shame, guilt, anger, fear and isolation that often surrounds people affected by AIDS.

Therefore, the impacts of parental death on children are complex and affect the child's psychological and social development. Fredriksan and Kandous (2004) state that, orphaned children might have stunted development of emotional intelligence, and life skills such as communication, decision-making, negotiation skills etc. Moreover, they often show lack of hope for future and have low self-esteem.

Due to lack of awareness and negative attitudes among family members, caregivers, friends and the community at large, orphaned children due to AIDS are subjected to different forms of psychological distresses; maltreatments/abuses (physical, emotional, psychological and sexual); stigma and discrimination. In relation to this, Robryn (2004) state that, the implication of negative experiences are thus as much as a result of the circumstances surrounding such experiences and the way it is interpreted. Studies suggest that, orphans who suffered from such negative treatments tend to show internalizing rather than externalizing symptoms in response to such effects like anger, sad, depression,

anxiety, fear, withdrawals and other forms of antisocial behavior that may affect the security of the community (Geoff and Stefan, 2002).

It is generally believed that, social support reduces the psychological problems that AIDS orphaned. If social support is rendered appropriately psychosocial problems and others negative consequences of HIV/AIDS impacting orphans might be reduced. According to Karen (2003) special report, the danger is not only orphan hood, but also the way society deals with parentless children. It is believed that, more than losing parents, it is the stigma related to AIDS that makes life hard for orphans.

Regarding this, Rose and Sue (2003) state that, HIV/ AIDS in Africa have often been considered as a form of punishment for wrongdoing and associated with “promiscuity” and “witchcraft”. This has resulted in the stigmatization of affected families and discrimination against them. As a result, AIDS orphaned children suffer stigma and discrimination at home, at school and in their environments. Thus, these deep-rooted negative attitudes of society towards HIV/AIDS and lack of social support have made the orphans to be the most excluded, stigmatized and vulnerable to various psychological, social and economical problems. As a result, most children experience anger, depression, anxiety, fear, shame, low self-esteem, hopelessness, stigma, discrimination, isolation, mistreatments and exploitation.

However, in the face of visible financial and material hardship due to HIV/AIDS, the psychosocial aspects of HIV/AIDS may seem less important, less urgent and less compelling. Even though, the psychosocial problems of AIDS orphaned children are

heartbreaking and there is little research conducted on the problems of such children. Those limited studies in this area deal with numbers, ages, material needs as well as preventing more children from becoming orphans in the future.

The pandemic is not homogenous within regions, some countries are more affected than others, even at country level there are usually wide variations between different provinces, states or districts, and between urban and rural areas. Therefore, Harar is one of the most seriously affected towns to HIV/AIDS. Accordingly, around 2980 children are orphaned due to HIV/AIDS. Thus, keeping in mind the above-mentioned situations, this study attempt to investigate the psychosocial problems of orphaned children due to AIDS in Harar.

1.2 Statement of the Problem

HIV/AIDS pandemic has become a critical concern of our planet earth. Today, about 40 million people are living with HIV/AIDS across the world. Around 25 million of them live in Africa, where so far, more than 13 million people have already died from AIDS. Thus, so much has been said about the dramatic increase of HIV/AIDS but for many years AIDS orphaned has remained hidden, invisible and forgotten.

Studies revealed that children whose parents die of AIDS face the worst imaginable difficulties in life and confront psychological and social problems (Robryn, 2004). However, psychosocial support intervention recognizes that growing children need more psychosocial support than basic material provision (food, shelter, and clothing). Through appropriate psychosocial care and stimulation, children develop positive self-esteem,

decision-making capacities, skills for daily living, flexibility and adaptability, social capabilities, and the ability to manage their emotions appropriately, able to become healthy, well-functioning and productive people.

Nevertheless, the psychosocial impact of HIV/AIDS remains poorly understood, practically in low or middle-income countries. The major concern seemed to have been the knowledge of the transmission of the virus. The realization of the psychosocial impacts seemed to have come at a later stage. Still, psychosocial problems were seen mainly from the perspective of PLWHA in isolation from the AIDS orphaned. Whereas, AIDS orphaned have complex and multifaceted economic, psychological and social problems and also they need special care, support and protection. Thus, this research attempts to examine psychosocial problems of AIDS orphaned children.

In fact, government and non-government organizations working in the area of HIV/AIDS have been trying to address the issue, the intervention programs aimed at addressing the issues generally related to HIV/AIDS. Among the programs being undertaken workshops, dramas, dispatching of leaflets and posters are worth mentioning. However, the activities seem to have been designed to address the problems of PLWHA and have not been specifically planned for AIDS orphans, particularly, their psychosocial aspects. Though, any program related to the issue of AIDS orphaned children needs to be designed and undertaken on the basis of researches.

Thus, such situation necessitated the undertaking of this research with the aim of answering the following questions.

- ❖ What are the major psychological problems of AIDS orphaned children?
- ❖ What are the major social problems that AIDS orphaned children face?
- ❖ What are the causes that trigger psychosocial problems of AIDS orphaned children?
- ❖ What are the coping strategies that reduce the psychosocial problems of AIDS orphaned children?

1.3 Objectives

The general objective of the study is to identify and analyze the psychological and social problems of AIDS orphaned children in some selected areas.

The specific objectives of the study are to:

- ❖ Identify the major psychological problems of AIDS orphaned children.
- ❖ Identify the social problems that AIDS orphaned children face.
- ❖ Identify the causes that trigger psychosocial problems of AIDS orphaned children.
- ❖ Find out the coping strategies to reduce the psychosocial problems of AIDS orphaned children.
- ❖ Recommend possible intervention and rehabilitation strategies.

1.4 Significance

The study is believed to have the following importance:

- ❖ Motivate concerned bodies to give attention to the problems of AIDS orphaned children.
- ❖ Raise awareness by obtaining relevant information and providing the real psychosocial problems of AIDS orphaned children to caregivers, family members, religion leaders, governmental and non- governmental organizations.
- ❖ To insight and extend the existing program or to make modification, or to initiate new program in connection to psychosocial problems of AIDS orphaned children.
- ❖ It is hoped that the findings of this study and their implication may provide some important direction for conducting further researches in the areas of orphaned children due to HIV/AIDS.

1.4 Delimitations

This study does not absolutely attempt to address all matters concerning AIDS orphaned children in the country. It is rather de-limited to only psychosocial aspects of AIDS orphaned children in Harar town. Moreover, it delimited itself to six orphans, four guardians, and three representatives of kebele who provide care and support, and six non-orphan peers.

1.5 Limitations

- ❖ The problem of AIDS orphaned children is a countrywide issue hence studying the problem and its solution through out Ethiopia is necessary. However, the findings in this study are from the study conducted in three kebeles of Harar town. They do not necessarily represent the situation of AIDS orphaned children in Ethiopia as a whole, but it gives a good indication of psychosocial issues of the children.
- ❖ In spite of, some of the AIDS orphaned respondents were in their middle childhood age, there is a fear that they might not openly expressed their feelings and reserved from releasing relevant information due to fear of their guardians. Moreover, some children cried as they spoke and then they were unable to contribute much to further detail.
- ❖ It would be harder to guarantee confidentiality when conducting the interview; they may not understand the concept or the importance of the study.

1.6 Operational Definition

AIDS orphaned: For the purpose of this study, AIDS orphaned are children who lost their mother and father to AIDS before the age of 18.

Psychosocial problems: experience of children that reflect their feeling of anger, sadness, guilty, hopelessness, stress, anxiety, depression, lowered self-esteem, stigma, discrimination, mistreatment, isolation and sense of 'not belonging' as a result of losing parents due to HIV/AIDS.

Guardian: the one (grandparent, foster parent or relative), who took the responsibility of looking after a child, who lost both parents due to HIV/AIDS.

Parent: stands for either the father or mother of a child.

CHAPTER TWO

Review of Related the Literatures

Since AIDS is responsible for leaving vast numbers of children without parents, millions of children have already lost at least one parent because of the AIDS epidemic, and millions more are likely to over the next few years. There is an urgent need to help, care and protect these children, as well as preventing more children from becoming orphans in the future but their psychosocial problems remain invisible and seem less pressing.

-The purpose of this chapter is to present a comprehensive review of different research studies concerning the psychosocial problems of orphaned children due to HIV/AIDS. In relation to this, issues relate to the nature and prevalence of HIV/AIDS orphans; the impacts of HIV/AIDS in general and psychosocial problems of those children in particular, psychological effects; social effects; vulnerability of those orphans to psychosocial effects and coping strategies to reduce the problems of orphaned children due to HIV/AIDS are reviewed in detail.

2.1 Nature and Prevalence of HIV/AIDS

AIDS stands for acquired immune deficiency syndrome, a pattern of devastating infections caused by the human immunodeficiency virus (HIV), which attacks and destroys certain white blood cells that are essential to the body's immune system. It is one of the major problems of our world. Lack of proper vaccination has persisted as a global challenge.

Hence, the spread of the disease is resulting in a serious impact on psychological, social and economical problem (UNAIDS and UNICEF, 1999).

As far as research concerned, no other infectious diseases of the modern era have had such devastating impact on the world's youngest and reproductive citizens as HIV/ AIDS. Yet as shocking as these deaths are, the impact of HIV/AIDS does not end on the victims. Because those dying from AIDS are mainly people in the prime of their lives who are often parents; thus, a highly well- known effect of AIDS is the vast numbers of children orphaned by the disease.

HIV/AIDS is unique in human history in its rapid spread and extent in the depth of its impact. Since the first AIDS case was diagnosed in 1981, the world has struggled to come to grips with its extraordinary dimensions (WHO, 1994). Now more than 20 years later, 20 million people are dead and 37.8 million people worldwide are living with HIV. Still AIDS expands relentlessly and destroying people's lives in many aspects (UNAIDS, 2004). In the Ethiopian context, the total number of people living with HIV/AIDS (PLWHA) in the year 2003 was 1.5 million, from which 1.4 million are adults and 96,000 children (MOH, 2004).

Moreover, Ethiopia has the largest population of HIV/AIDS orphans in sub-Saharan Africa, next to Nigeria (UNAIDS, 2003). On top of this, the number of children orphaned due to HIV/AIDS in Ethiopia has already reached unbearable and shocking stages. These days there are 1.2 million children orphaned by AIDS. This is quite frightening for countries where poverty and famine are prevailing.

It is too well recognizing that, the crisis of children orphaned due to HIV/AIDS is one of the greatest humanitarian and developmental challenges facing the world. In the countries where the prevalence of HIV/AIDS is high, the number of orphans is also alarmingly growing. As the years and decades ahead, the impacts of AIDS on children, their families and communities at large will grow far worse and expanding its dimensions of difficulty, if the problems remain un- arrested by bringing significant changes in the global communities ([http://www.fhi/en/HIV/research .htm](http://www.fhi/en/HIV/research.htm)).

In general, neither words nor statistics can adequately capture the human tragedy of children grieving for dying or dead parents, stigmatized by society through association with HIV/AIDS, plunged into economic crisis and insecurity by their parents' death and struggling without services or support systems in developing communities.

2.2 Impacts of HIV/AIDS on Children, Families and Communities

In both low- and high-prevalence settings, HIV/AIDS hinder human development and it continues exact devastating toll on individuals, families and community at all. In its annual report of 2004, UNDP define human development as follow:

Human development is about creating an environment in which people can develop their full potential and lead productive, creative lives in accord with their needs and interests.... The most basic capabilities for human development are lead to long and healthy lives, to be acknowledgeable to have access to the resources needed for a decent standard of living and to be able participate in the

life of the community. Without these, many choices are simply not available, and many opportunities in life remain inaccessible (UNDP, 2004).

Overall, HIV/AIDS increases the number of vulnerable, malnourished, stigmatized, poorly socialized, depressed, and uneducated young people, which in turn heightens the prospect of social instability affect human development in various negative ways. With scarce resources, the impact of the pandemic is placing tremendous strains on families, communities and governments who are attempting to help support both the victims of the virus and the orphans (Gilborn, et al, 2002).

2.2.1 Impacts on Children

“A 13-years-old Kenyan AIDS orphan gave away her virginity in exchange for an apple. Asked why, she replied, no one has ever given me any thing before.” This shows that, the tragedy of AIDS does not end with the death of the sufferer. It continuous through the lives of the children who are orphaned. In Africa, where the epidemic is at its worst, a whole generation of children is growing up without parents (Guest, 2002).

— The joint united nation program on HIV/AIDS estimated that, at the end of 2002, over 10 million people had died of AIDS around the world, leaving over 14 millions orphans. Africa has been struck the hardest. The impact of AIDS on children is both complex and multifaceted. Children suffer psychological distress and increased material hardship due to AIDS. They may be pressed into service to care for ill and dying parents and required to drop out of school to help household work. Mostly, many of them are at risk of exclusion, abuse, stigma and discrimination. Beside this, Barnett and Whiteside(2002) state that, HIV/AIDS epidemic threatens children’s basic human right to survival, health, development, education, rest , leisure,

and protection from abuse, neglect, and any form of exploitation. Hence, compared to other children, orphans are more likely to:

- Do badly in school and /or dropout of school
- To be exposed to hard labors
- Lack love, care and attention
- Experience exploitation and abuse (physical, psychological and sexual)
- Lack emotional support to deal with grief and trauma
- Experience depression, withdrawal, poor self-esteem and helplessness.

The psychological, social and economic impacts of AIDS threaten the well-being and security of millions of children worldwide. As parents and other family members become ill, children take on greater responsibility for income generation, food production, and care of family members. Despite these, they face psychological problems such as shame, fear, anxiety, depression, and social problems like isolation, discrimination and mistreatment (Geoff, and Stefan, 2002).

UNICEF recently reviewed the effects of orphaning on schooling and child labor in 20 sub-Saharan Africa countries. In all countries, children aged 5-14 who had lost one or both parents were less likely to be in school and more likely to be working more than 40 hours a week. Furthermore, evidences suggest that, extended families take care of the majority of orphans who loss both parents. However, in many cases, orphaned siblings are sent to different households and experience a second profound loss due to this separation. On the other hand, many foster families are poor and have to stretch already inadequate resources to provide for both the orphans and their own children. In addition, it is more likely that some step or foster parents would treat the orphans harshly (Williamson, 1995).

Overall, the loss of one or both parents confronts a child with immense psychological and social problems. Parental death brings a loss of emotional security and confidence on children. The child finds that his or her previously "stable" world has collapsed. A high level of independence and responsibility that others only develop much later and much more gradually is suddenly demanded of the child.

2.2.2 Impacts on Families

In the past, the sense of duty and responsibility among extended families in Africa was almost without limit. Even when a family did not have sufficient resource to care for its extending members, orphans were taken in. This was the basis for the assertion that traditionally 'there is no such thing as an orphan in Africa' (Guest, 2003). Thus, families cope with relatives' death by ensuring that orphans receive care from a substitute caregiver. This traditional safety net is becoming saturated, overwhelmed and weekend by a combination of various factors: a huge increase in the number of orphans, poverty, a significant decrease in the number of prime age caregivers, stigma associate with AIDS and a systemic change to the social structure that underpins the traditional safety net.

In the countries hardest hit by HIV/AIDS, care for orphan and children affected by HIV/AIDS lies primarily with their families and communities. However, HIV/AIDS is placing huge burden on extended family system (Claudia and Jarratt, 1995), which make it very difficult for families and community to undertake their responsibilities at the expected extent. However, the impact of HIV/AIDS on the families' structure has not been widely studied but extensive anecdotal evidence suggests that, number of children living in various types of family settings,

including households headed by single parents, grandparents, other relatives and children themselves is increasing from time to time. According to Poulter (1997), a situation analysis of children orphaned by AIDS in Cot d'Ivoire showed that extended families find it harder to assign substitute parents to children orphaned by AIDS than to children orphaned by other cause.

These alternative forms of families are constantly evolving and psychosocial distress affects their ability to cope. Within them, HIV/AIDS can lead to loss of employment, loss of productive capacity, high expenditures for treatment of sick family member and care for children (Ibid). Another problem is that orphans' guardians are often poor women. Children in these households are significantly more disadvantaged than those children living with their parents; it is because women have less access to property and employment. Women also may feel pressure to exchange sex for material items or money, increasing their risk of HIV infection.

Furthermore, children also need love and affection. Both the older people and the children appreciate time together when they can laugh and enjoy themselves. Nevertheless, their guardians whatever their age, may be too tired or too busy to provide them with the affection, emotional care and attention they need. This can place considerable stress on relationships, making it difficult for both the older people and the children to cope. In addition, the age and the generation gap between the grandparents and children are large and this can lead to conflicts and misunderstanding.

2.2.3. Impacts on Communities

The impact of the epidemic is felt throughout communities and societies. The widespread loss of life from HIV/AIDS undermines the entire communities. Highly skilled personnel in public management, social workers, teachers and farmers have died and continue to die in enormous number. The pandemic is reducing labor and agriculture productivity, weakening social structures, increasing demand for health and other service, and reducing the capacity to deliver those services. (German, and et al, 2002).

In relation to this, Horizons (2001) state that, most people living with HIV/AIDS (PLWHA) are adults from 20 to 40 years of age. This means people are dying at an age when they are vital members of their communities. Illness and death of these ages affect the strength and productivity of community. In most places, women and men between the age of 20 and 40 take care of their own children and sometimes even their parents, grandparents or grandchildren. When these men and women die, the children and the elderly are often left without support. This is just one-way how AIDS affects families and communities.

Even though, the impact of this loss of life differs across families, communities and societies, one thing is clear, a child's life often fall apart when she or he loses a parent. In line with this, the reality has confirmed that, one of the most telling and troubling consequences of the epidemic is the number of children it has orphaned or seriously impacted (UNAIDS and UNICEF, 2002).

2.3 Psychosocial Effects of HIV/AIDS on Children

Where basic needs are not met, it is difficult for agencies to concentrate on addressing psychological needs, which may not be as obvious as physical needs and may seem less pressing. In fact, in some contexts, a blanket and food may be more appropriate than counseling. However, the effect that parental illness and death have on a child's mental health and ability to cope are complex and depend up on the child's development, resilience, and culture. Consequently, psychosocial effects are less obvious and often go unnoticed and neglected (Karlenza.1998).

Accordingly, the impact of AIDS on households leads to the sequential trauma associated with continuous traumatic stress syndrome. This is because, many children suffer multiple loses: father, mother, siblings, grandparents, uncles, aunts and other relatives. In addition, because of migration or poverty, many children lose friends, familiar surroundings, schooling and their hopes for the future and their remaining childhood. Separation of siblings is a major factor contributing to psychological distress among orphans. This underlines the importance of providing support for orphans in ways that go beyond traditional psychological interventions.

Horizons (2001) said that, even though most children showed psychological reaction to parental illness and death. A child's psychological health depends largely up on the status of his or her parents. Signs of mother 's depression, guilt, anger, or fear may be realized though not understood and may then become reflected in children as changed behavior. In this regard, Max et al, (2002) showed that, a study in Zambia found out that, 82% of those caring for children noted changes in their behavior during parental illness. Parents have also noted that children become worried and sad and that they tried to help more in the home and stopped playing to

stay near by. Beside this, the same document revealed that, a study conducted in Uganda, children expressed feelings of hopelessness or anger when their parents become sick and feared that their parents would die. Most orphans had lower expectation about the future. Compared with non-orphans, few orphans expected to get a job, wanted to get married or wanted children.

On the other hand, depression was highest among those between the ages of 10 and 14. Children showing these symptoms were more likely to be living with a widowed father than with a widowed mother, and the loss of a mother is more distressing than the loss of a father (Ibid). Additionally, orphans are found to internalize behavior changes, such as depression, anxiety, and decreased self-esteem, rather than to exhibit, acting out or sociopath behavior such as stealing, truancy, aggression, and running away.

It is difficult to predict the long-term consequence of AIDS related trauma for children in Africa. There are no longitudinal studies on psychological aspects of this epidemic. However, among children in developed countries, continuous traumatic stress, even of a mild form, is known to have long-term development consequences. Affected children may withdraw, resign, and isolate themselves from society (Hunter, 1990).

Guest (2001) said that, the failure to help children to overcome psychosocial impacts of AIDS, undoubtedly have a long-term negative impact on society and produce unpredictable societal changes. Moreover, failure to prevent HIV infection in this increasingly large group of children has implication for future generation. When orphans adolescents or adult contact HIV infection, they becomes ill, they have no mother to nurse them during their terminal illness. When orphaned adult die, there will be no grandparents alive to care for their children. This second

generation of the AIDS epidemic has already begun with increasing number of grandparent-less and being 'orphans of orphans'. Moreover, lack of middle age grandparents lead to failure of the alternate safety net and increase the dimensions of the orphan's crises.

Generally, children in household affected by HIV/AIDS were more likely to become solitary, to appear miserable and distressed, and to be fearful of new situations than were children in households not affected by the epidemic. Moreover, stigmatization, discrimination, social isolation, dropping out of school, moving away from friends, and heavy workload heightened the stress and trauma that accompanies the death of a parent(s).

2.3.1 Psychological Effects

- ✓ In our country Ethiopia, AIDS is not only one of the greatest health problems, but is increasingly a psychological and social problem as well. Children whose parents die of AIDS-related illnesses face the worst imaginable hazards in life. The psychological effects of the epidemic are reviewed in this sub topic.

Effects of losing parent(s): Children affected by HIV/ AIDS can show grief even before their parent(s) dies and after their death may act in a way that seems strange. Adults often believe that children will forget their parents after a few days or months. In many cultures, there is a little understanding of children's grief or of how grief is expressed by children of different ages. Adult often find it too difficult to cope with their own grief to be able to help the children deal with theirs grief. It can be difficult for children to acknowledge and talk about their strong feelings concerning a parent's illness or death. Even if, they are able to express these feelings, no one has time to listen. Although children react differently to the death of

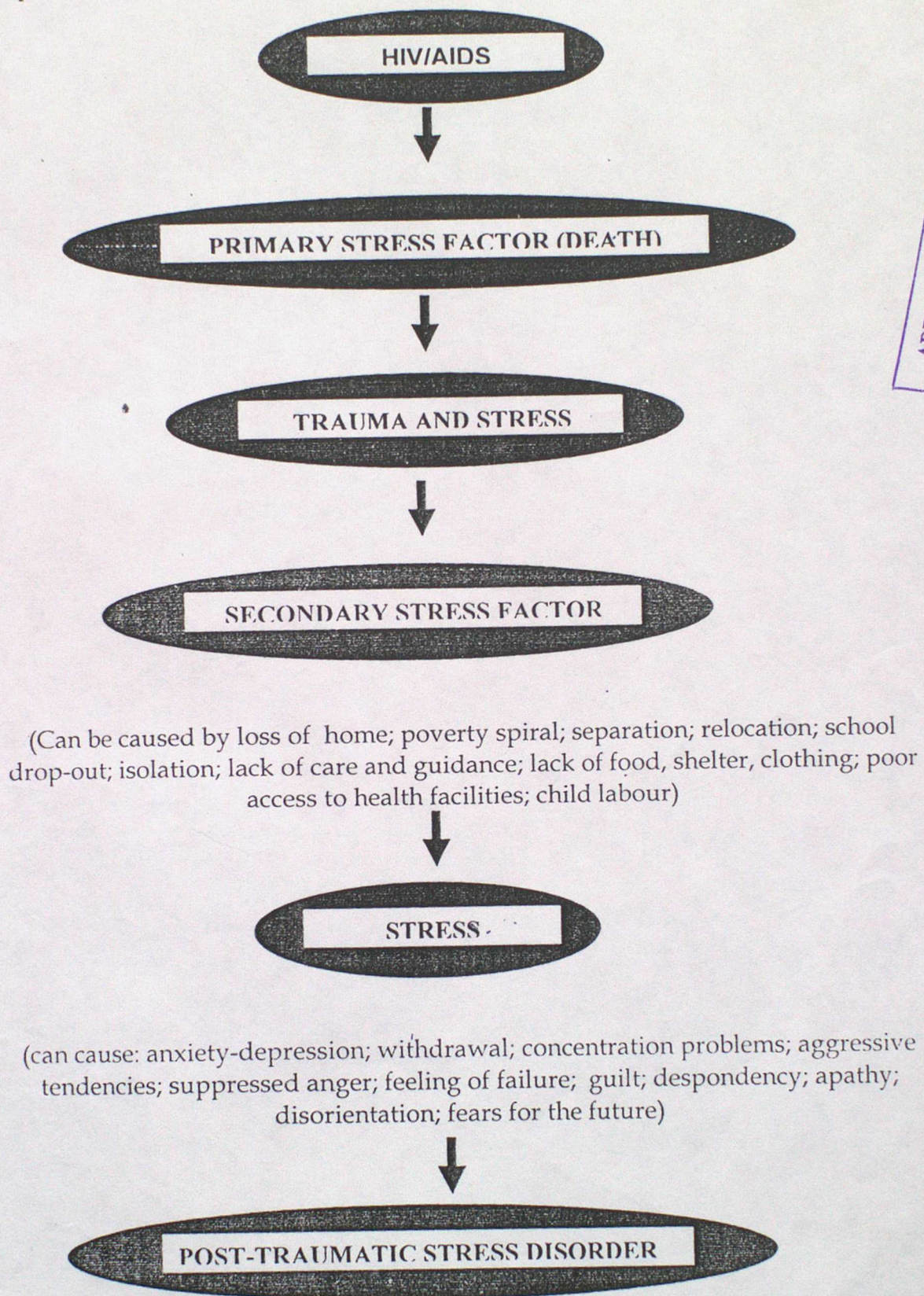
parent(s), there are some feelings, which commonly experienced; these include guilt, anger and sadness.

Guilt: Some children feel that they are responsible for the death of their parents. Regarding this, Gifford (2003) states that, many parents live for their children, struggling to pay school fees and get food for them. Sometimes they even take risks and get HIV. Children feel their parents got HIV in an attempt to provide for them, and therefore feel guilty. In addition, they feel guilty because they could not keep their parent(s) alive.

Anger: Some children especially adolescents are angry when they lose their parents. This anger may be directed against the deceased parents, who they think have abandoned them and left them to suffer alone, or against whoever the child feels has caused the death of his /her parent(s).

Sadness: It is a common and normal feeling experienced by children when they loss their parent(s). With support, most children can work through and overcome their anger. And even they realize their parents have gone forever they may become depressed and take a long time to recover. This may also result in "inhibited grief" that is, grief erupting later in the form of emotional disturbances, various kinds of phobias and eventually depression (Gifford, 2003). According to him, the psychological effects on orphaned children who are living with extended families will lead to emotional disturbance often characterized by stress, anxiety, depression, poor management of changes, poor self-esteem, lack of confidence, sense of not belonging, fears for the future and soon. The stages of psychological problems caused by HIV/AIDS can be seen in the diagram.

Figure 1: The stages of psychological problems caused to HIV/AIDS orphans.



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Source: Alliance. Resources for communities working for OVC.

Psychological problem is an emotional condition, experienced or felt when an individual has to cope with unsettling, frustrating or harmful situations. It is disturbing sense of helplessness, which is uncomfortable and creates uncertainty and self-doubt. Different things cause stress and trauma. Some of them are called 'primary stress factors'. These include death or sickness of a parent. These may be made worse by others factors, such as loss of home, worsening poverty, dropping out of school, stigma and discrimination and separation from siblings, and these are called 'secondary stress factors'. Children and young who are stressed often feel anxious and lack of confidence.

Unlike orphans due to other factors, orphaned children by AIDS are often vulnerable to psychosocial effects. They experience depression, anger, guilt, and fear for their future that can lead to serious psychosocial problem such as post-traumatic stress syndrome, alcohol and drug abuse, aggression and even suicide (Ibid).

Anxiety: Some parents find it too difficult to talk to their children about HIV/AIDS; in addition, this lack of communication can confuse them. The children may have their own source of information outside the family and draw their own conclusions. This also creates anxiety, as the children worry about their parents and their future. What will happen to them? Who will care for them and their siblings? Will they be able to go to school? How long will the parent live? Will they also be affected? Does others at school know? Will they lose friends?

Depression: It is a deep sadness with long-term, harmful effects on the health and development of the individual. When parent(s) died, children not only miss their physical

presence, but also many positive things they gave them when they were alive, such as love, care and protection.

Loss of self-esteem and confidence: According to Anthony (2001), loss of a father can mostly deprive children of economic security, while the loss of a mother deprives them of emotional and psychological security. However, children without parents may lose their confidence and self-esteem as a result. Often they feel ashamed that one of their parents may have died of AIDS. They may not be certain whether they are accepted. In some cases, they are not sure how to respond to questions such as how their father died.

Poor sense of identity: Parents normally help children to develop a sense of self. Without that, many orphans, particularly those who have been institutionalized, lack a sense of identity, culture, status and self-respect (Gifford, 2003). They also were aggressive, had limited knowledge of social norms and values, and found it difficult to live independently after leaving the institution because they had no families and community networks to rely on and inadequate skills to cope with the outside world. Though, MOH (2003) revealed in its report, non-government organization (NGO) in Ethiopia changed from institutional to community based care of orphans because they found that the children were alienated from society and mocked at school.

Poor management of change: Parents assist their child to cope with changes that occur in their lives. Children without parents may lack this support, particularly if they have little contact with family or community members. This is particularly a problem for children and young people living in institutions. However, Gifford (2003) state that, the effect on child's

psychological well being of losing or nursing a sick parent will live an indelible mark unless the child is helped to manage the subsequent changes in his or her life. In modern Africa, large extended families are becoming less common, so that, there are fewer opportunities for contact with aunties and grannies for advice. There is also less contact with other family members for moral and financial support when children lose their parents. Furthermore, self-awareness is a very important factor in managing change. It is important that the child knows his/her limitations, strength and weakness, and what they can and cannot do.

Sense of 'not belonging': There are many causes a child will experience 'not belonging'. Mistreatment, blame and neglect the child feel unwanted and alone. A sense of belonging is necessary for healthy social development. If children feel rejected, isolated, unloved or not valued, they will develop a sense of not belonging. They may find it difficult to mix with other children or adults and feel isolated even in every day activities.

Maladaptive Coping Mechanism: When children living in stressful situations receive little or no support, they may try to cope in ways that harm themselves, or others. For example, by becoming aggressive, withdrawal, taking drugs, drinking alcohol and even suicide (Williamson, 2004).

Moreover, children may run away to towns or cities to escape unhappy home circumstances, neglect and abuse. They often end up living in the streets without family or social support (Gifford, 2002). And also, children may get involved in activities that increase their vulnerability to HIV including; using drug and alcohol; poor school attendance; aggression and violence; early marriage for economic and social support and prostitution.

Psychosocial Impacts on Caregivers: Caregivers can also have psychological problems. This includes grief, fear, and anger-after the death of relatives. If severe, such psychological problems can also have an effect on the children they are looking after. Grandparents, children looking after younger children, and caregivers looking after many children often find it difficult to cope and blame themselves for not being able to do enough, even though they must also deal with their own grief and sadness.

Many caregivers/guardians struggle to meet their children's needs in conditions of financial hardship and with little practical, social, or medical support. Often their contribution is not recognized, and they may suffer some of the psychosocial effects as a result, includes depression, grief, helplessness, withdrawal, isolation, anxiety, frustration and confusion. Grandparents may also feel shame or frustration at not being able to care, as they will, as they would like to care their children and grandchildren.

2.3.2 Social Effects

The experience of major international child welfare organization has shown that orphans benefit greatly from, the care, personal attention, and social connection that extended families and communities can provide, particularly in the developing world, where the extended family and community are the primary social safety net. The absence of such connections greatly increases long-term vulnerability of children who lost their parent(s) (Guest, 2001). Hence, stigma, discrimination, rejection, self-isolation and mistreatment are some of the severe emotional problems orphaned children by AIDS are facing beyond the tragedy of losing their

parents and the insecure living conditions. This in return will affect psychosocial wellbeing and educational condition.

Stigma and Discrimination: HIV/AIDS is associated with taboo subjects such as sex, death and blood, and with behaviors such as commercial sex, drug use and homosexuality. This leads many people to stigmatize and discriminates against any one with HIV or affected by HIV. Since AIDS was first recognized as a fatal disease, it has caused wide spread fear, ignorance and denial, which have resulted in discrimination, abuse and violence not only against people with HIV but also their families.

Accordingly, blame is one of the main forms of stigma faced by children. In line with this Guest (2001) writes that, blame manifests in many guises: harsh words, isolation, avoidance, neglect, and sometimes violence. Children report that they often feel blamed for the situation they find themselves in, as well as for the actions and lives of their parents.

Stigmatization and discrimination create and reinforce the social isolation of those affected by the epidemic, including children. They engender rejection, hostility, isolation, and human rights violations; for example, reduced access to health care, education, employment (Ibid) Orphans and their guardians are often unaware of their rights, and the laws intended to protect them from discrimination. Sometimes orphans are aware of their rights but are not able to demand better treatment from their guardians or community. They may have no one to advocate on their behalf and lack access to legal advice.

Orphaned children by AIDS suffer stigma and discrimination at home, at school and in their environments. Regarding this, Rose and Sue (2003) state that, HIV/ AIDS in Africa have often

been considered as a form of punishment for wrongdoing and associated with “promiscuity” and “witchcraft”. This has resulted in the stigmatization of affected families and discrimination against them. Hence, if children know that, a parent died because of AIDS, they may be afraid to tell any one because of the associated stigma.

According to Horizons (2001), stigma and discrimination at home can result in:

- Shortened life span or increase illness in children affected by HIV because of neglect by caregivers;
- Rejection of orphans by extended families, leading to child headed households in community. Caregivers may feel that they are difficult children and a burden;
- Rejection by families, leading to exclusion from family gatherings and other social activities;
- Property grabbing by relatives when parent of vulnerable children die because the children are considered of no importance;
- Irregular school attendance and eventual drop out;
- Verbal abuse (for example, regular reminders from relatives that they have been orphaned due to AIDS) and physical or sexual abuse.

Moreover, children orphaned by AIDS are vulnerable to stigma and discrimination at school, where social acceptance is more important to them. In some cases, children are teased or verbally abused by teachers and peers. Thus, Horizons(2001) further mentioned, the stigma and discrimination against a child at school could lead to:

- Withdrawal and profound depression;
- Failure to concentrate in class and so poor performance;

- A fear of infecting others;
- A reluctance to go to school and irregular attendance school;
- The development of inappropriate or anti-social behavior.

Self-Isolation: Children who are worried about being stigmatized or who have already stigmatized or who have already experienced discrimination may isolate themselves from friends and neighbors avoid school and health service both before and after a parent dies. They feel that every one is judging them, and in extreme cases, they may commit suicide.

Social isolation: Households nursing people with HIV are less likely to be involved in ongoing cultural and traditional ceremonies and festivals. They are rarely included in the planning and implementation of these events. Consequently, when development programs are being implemented, these people are often invisible in the targeting and planning (Ibid).

Mistreatment (abuse): It is common, orphans and vulnerable children often suffer psychological problems, such as depression and low self-esteem. This makes them more likely to take risks, including some what can cause them to get HIV. Mistreatment or abuse, described by the children as being given a heavier workload than other children at home, sexual abuse and receiving harsher punishments. The harsh economic conditions affecting most families in Ethiopia takes its toll not only on available resources but also on the sympathy usually reserved for times of misfortune. Instead of being offered comfort and understanding, orphans are more and more becoming viewed as a burden on families, who feel too stretched to welcome them in (MOLSA, 2003).

2.4 The Vulnerability of AIDS Orphaned Children to Psychosocial Effects

Of the many vulnerable members of society, children who have lost one or both parents due to HIV/AIDS are among the most exposed of all. Moreover, this is particularly true in sub-Saharan Africa, where few social support systems exist outside of families and where basic social services are largely inadequate (Rose and Sue, 2003).

The social, economic, and psychological impacts of the epidemic combine to increase the vulnerability of children affected by AIDS with a range of consequence including illiteracy, poverty, child labor, unemployment, sexual abuse and exploitation, and HIV. However, children orphaned by AIDS run greater of being malnourished and stunted than children who have parent to look after them. They also may be the first to be denied education when extended families cannot afford to educate all the children of the household ([http://www.fhi/en/HIV/research .htm](http://www.fhi/en/HIV/research.htm)).

Regarding this, another writers Geoff and Stefan (2002) state that, one of the greatest indicators that HIV/AIDS orphans are vulnerable to psychosocial effect is their absence from school. The relationship or communication of children with peers has lot of implication and advantages. Peers relationships reduce a feeling of hostility and rejection. Hence, peer acceptance is positively correlated with willingness to enlarge in social interaction to the extent that students provide positive social rewards for peers and utilization of abilities in achievement situations. Peer rejection and isolation in classroom is also associated with high anxiety, low self-esteem and disruptive classroom behavior.

In addition to this, Monasch and Snoud (2003), cited by UNAIDS global report (2004) state that, without the protective environment of their homes, orphaned children face increased risk of violence, exploitation and abuse. They may be neglected by their guardians, and dispossessed of their inheritance and property. Those living with foster families are more likely to be malnourished, underweight, depressed, neglected and even short for their age in comparison to non-orphans.

Perhaps, children orphaned by HIV/AIDS are also at serious risk of exploitation including physical and sexual abuse. Isolated from emotional connection with the family, some engage in risky sexual behavior. Those forced to live on the streets may turn to prostitution and crime as a means to survive. While most of these children were born free of HIV, they are highly vulnerable to HIV infection (UNAID, 2002).

Overall, the practical observation in the life of thousands of orphans and suggested studies in this area leads to the conclusion that parental death especially doubles parent death as often in the case with AIDS is high risk factors that cause psychosocial problems with long-term development impact on children (German, and et. al, 2002).

2.5 Coping Strategies to Reduce Psychosocial Problems of AIDS Orphaned Children

Resilience research, which attempt to investigate which factors strengthen the ability to recover from severe traumata quickly and thoroughly without losing one's social and psychological abilities, has produced interesting results. It shows that, there is no single factor responsible for whether a child is psychosocial and intellectual development is impaired. Instead, it seems that

the context in which the trauma event occurs can be more important than the event itself. If favorable conditions can be created, there is a good chance that children may be able to cope relatively well with the trauma of losing a loved one (UNAIDS, 2004).

Different research studies outlined key strategies for supporting AIDS orphans on relation to their psychosocial problems. Therefore, local, national and international groups have adopted these strategies, which focus on helping AIDS orphans, their families or guardians and the communities to cope with the crisis (UNAIDS, and UNICEF, 1999). -

Encourage Openness And Truth: Encouraging openness and truth by giving enough information for children help to discuss the future and to prepare for the death of parent. However, there is controversial between informing and non_informing the child before the death of her/his parent by AIDS. According to some studies, child who knows about their parents HIV positive status are less stressed than those who have not been told. Gilborn and her colleagues for Meeker university and plan international in Uganda designed a research, they began when parents were alive and reported that earlier awareness is effective in improving the long term well-being of children than those that were informed only after parents die (Gilborn, 2002).

Ideally, children should receive counseling before a parent dies and should have the opportunity to talk about dying with their parents. Once children understand that a parent is going to die, they need practical information about what is going to happen to them; for example, who will care for them.

~ **Encourage Orphans to Express Their Feelings:** After a parent dies, other adults need to listen to children, acknowledge their changing roles and the responsibilities they have taken on. Listening to children and involving them in decision about their lives help to build their self-esteem and confidence. Giving children the opportunity to participate in decision-making also helps them to learn about cooperation, mutual understanding and social responsibility, and to develop communication and negotiation skills (Horizons, 2001).

Gifford (2003) further mentioned that, feelings associated with death of parent are usually negative and painful. Grief can be very difficult to deal with, especially in cultures that prevent children from expressing such feelings. Counseling approaches should give the child the opportunity to explore and express their feelings. Various approaches have been used to help children to this, poem and stories, drawing, role-play and dram, puppet and models.

Strengthen the Capacity of Families or Guardians to Protect and Care for

Orphans: Preserving some sort of family life is extremely important for children who have lost one or both parents to AIDS. The overwhelming majority of HIV/AIDS orphans are living with immediate or extended family members. The safety and well-being of these children depend largely on the ability of these relatives who protect and care for them. This means adopting programs that improves household's money earning capacity; provide children and their guardians with psychosocial and other support.

Although, female-headed household tend to be more vulnerable economically, children living with single, male parents suffered the most neglect and abuse. This appeared to be because men

were not accustomed to nurturing and rearing children, so they spent most of the time outside the home, leaving the children to fend for themselves (Gifford, 2003).

Promote and Strengthen Community Responsibility: The community is the second safety net for vulnerable children. Community group can help vulnerable children directly or assist AIDS affected families to provide for children's needs. In addition, organized communities are best able to determine which children and household are the most vulnerable. Many poor communities have organized themselves to assist the children, but they could be much more effective because of shortage resources (UNAIDS and UNICEF, 1999).

According to Guest (2001), community strengthening can be done by strengthening and using the existing community structures. Traditional structures in some districts, chiefs, village leader and religious leaders have become responsible for ensuring that orphans and vulnerable children in their communities are supported, including by providing counseling and helping them to recover from trauma (especially if a community traditions for dealing with death and grief already in place).

Ensuring Access to Education: It is a critical in responding to the orphan's crisis. Keeping HIV/AIDS orphans in school is the first line of defense. Orphans often fall behind or drop out of school compromising their psychosocial development and future prospective (UNAIDS, 2004). However, staying in school offers orphaned children best chance of escaping extreme poverty, psychosocial trauma and its associated risks. Thus, every thing possible needs to be done to keep them in school (Ibid).

Raise Awareness within the Society: Raising awareness among community leaders, health care workers, social welfare worker, religious leaders and other community member of the psychosocial needs of HIV/AIDS orphans are ensuring they can identify children with particular needs and generate a broadly shared sense of responsibility for action. Effective public information and social mobilization can accelerate change. So HIV/AIDS problems evolves from “their problem” to “our problem” (Gifford, 2003).

Generally, HIV/AIDS orphans can cope and overcome the problems through social support. There are some grounds for believing that social support reduces stress levels. If social support is available, the HIV/AIDS orphans may perceive negative occurrence as less severe, or spend less time worrying about the consequence the events, emotional and psychology support could be related to long-term affective state through enhancement of self-perception such as self-esteem and self-efficiency (Williamson, 1995).

Thus, in order to design effective rehabilitation program for this group of people, one should understand what kinds of psychosocial problems these people could face; what causes could aggravate their problems and what kind of coping strategies could help to reduce their psychosocial problems. This study therefore, will attempt to answer to these basic questions.

CHAPTER THREE

METHODS AND PROCEDURES

The main purpose of this study was investigating the psychosocial problems of AIDS orphaned children in some selected kebeles of Harar town. Hence, in order to explore the problems deeply, qualitative research approach is considered appropriate. Thus, the study employed qualitative approach and it has been applied in the following manner.

3.1 Sample

The target population of this study includes AIDS orphaned children, their guardians; their non-orphan peers and representatives of selected kebeles, who give care and support for orphans.

According to Merriam (1988), sampling in a qualitative study tends to be small number of people nested in their context and studies in-depth unlike quantitative studies, which aim for larger number of context of stripped cases and seek statistical significance. Hence, the same is applied in this study. From 19 kebeles of Harar, three kebeles were selected purposefully, which are suffering from poverty, highly infected by the pandemic because of most commercial sex workers flooded to these areas, and which had good contact with AIDS orphaned children. Qualitative research naturally recommends purposive sampling method, and hence the same is applied in this study to select the participant of the study. The factors taken into consideration to select children orphaned by AIDS were the following:

- The children's age should be between twelve to eighteen
- The child should be double orphan
- The child should know the status of his/her parents death

Having considered the above-mentioned factors, more than the required numbers of possible respondents were identified. Their willingness and availability too, were taken in to account. Hence, the focus of selection of participants of the actual study directed on identifying cases. According to the belief of the researcher, relatively common and strange features were considered for the sake of balancing and variety, and hence to enable the reader to receive a wide lesson from the phenomenon. Then, based on the belief that, they would be able to reflect the reality; two orphan children were selected, form each kebele. The orphans had also equal distribution interims of sex (three males and three females).

Similarly, guardians (caregivers) of those orphans were also involved in the study. There were four guardians, two of the selected orphans have no guardians, and they are head of household. All guardians were widowed women.

In addition to this, six non-orphan peers, whose ages ranged between 12-18; who have close relationship with AIDS orphaned children and who are volunteered to the discussion were selected for focus group discussion(FGD). Thus, based on the belief that, they would be able to explain the reality based on the above-mentioned criteria, two children from each kebeles were selected for focus group discussion.

Finally, from each kebele one representative, who works with orphans and volunteered for the interview were taken to the study.

3.2 Instruments

In order to obtain detailed information for the study, interview and focus group discussion guides were developed.

3.2.1. Interview

Semi-structured interview guides were the main data collection instruments. It was employed to collect data from HIV/AIDS orphans, their guardians and representatives of target kebeles. Accordingly, three types of interview guides were constructed to collect data. Thus, the following procedures were followed to develop the tools.

First, the items were constructed in English language by the researcher based on the literatures review as discussed in chapter two, and after long discussion with senior experts who are working in the field. Then these draft items were given to different experts who are working in the area of orphaned children and then an appropriate modification was made on the instruments. The first interview guide that include 35 questions for AIDS orphaned children, 28 questions for their guardians, 21 questions for representatives of kebeles who give care and support to orphans were given to the advisor for further corrections and improvements.

The final version of the interview guide included 27 questions for AIDS orphaned children, 22 questions for orphans' guardians, 15 questions for representative of target kebeles and the same was translated to Amharic language. Then, this Amharic version was give to an Amharic language expert for correction of its flows and the clearness of the

items. Then, after all the necessary thematic and grammatical corrections made, the tools were employed for the study.

3.2.2. Focus Group Discussion

Focus group discussion is designed to be conducted with non-orphans' peers of AIDS orphaned. After all the necessary procedures employed with the same passion as the interview guide, seven discussion themes were developed for focus group discussion with non-orphans peers.

3.3 Data collection procedures

First, before going to the research site, two assistant researchers were trained to collect the data. Then, the following procedures were followed sequentially:

- Before beginning an interview, the researcher introduced herself by explaining the purpose of interviews for kebeles staff members and concerned bodies. After consent from target kebeles was obtained, the researcher took necessary information for the purpose of participant selection.
- Then the selected orphan's guardians were contacted to ask their willingness to participate in the study.
- As they volunteered to meet the researcher, the researcher fixed appointment and met the guardians of the selected orphans on appointment date. After great efforts in convincing them, they were briefed about the purpose of the study and

encouraged to discuss the issue. Fortunately, all guardians were volunteered as far as their identity will not be revealed.

- Having received the guardian's consent, the interview with both the children and the guardians went on in places and time they preferred.
- Since the central theme of the research is sensitive, establishing rapport has been found to be essential. Accordingly, before the interview, rapport has been established.
- Then an in-depth interview carried on the appointment

The researcher asked them if they had objection in the interview being tape-recorded. Then, the researcher with her assistants (for note taking and recording) conducted the actual interview on the following appointment dates for three sessions. Each session lasted for one hour for each case.

On the other hand, Focus group discussion was carried out among purposely-selected non-orphans peers, to elicit the psychosocial problems of AIDS orphaned children. A semi-structured discussion guide was used to lead the discussion. After introducing herself, the researcher introduces the aim of the study and explained how long the session is expected to run. Then, the researcher moderated the discussion; the trained assistant researchers were involved in tape-recording and took notes from the discussion. The discussion themes were; feelings at the time of parents' death, psychological problems AIDS orphaned children faced, social problems regarding orphaned children by AIDS, causes that trigger

psychosocial problems of AIDS orphaned children and coping strategies to reduce their psychosocial problems.

After all interview sessions and the focus group discussion were conducted, the tapes were transcribed and translated to English language by the researcher.

3.5 Ethical Considerations

As the focus of the study forced to deal with the most sensitive and taboo issues, it is worth mentioning the ethical consideration taken into account while collecting data from respondents.

- The research objectives were articulated verbally and in written form to the children and their guardians. Hence, they were in a position to give informed consent. The children were approached after getting the consent of guardians.
- As the researcher believe that the children also have the right to decide to participate or not, their consent was requested despite the willingness of their guardians.
- The tape recording was also carried out taking into consideration the willingness of each participant. The interest of a child, who showed disinterest to be recorded, was well respected.
- Pseudonyms are used for all participants.

3.6 Data analysis

The data collected through an in-depth interview were tape-recorded and hence it was transcribed after repeated listening. Then, the collected data were then categorized in away it could give a meaningful link with the research question. Following this, the case stories were written-up in detailed way to give a solid framework for anyone interested to compare the findings.

The data collected have been analyzed and interpreted qualitatively. The data secured through interviews from AIDS orphaned children were presented case by case. The data gathered through interviews with those orphan's guardians; interviews with representatives of target kebeles and the focus group discussion with non-orphans peers were analyzed thematically and discussed through depth explanation. Then, depending on the findings of the study, discussions were made and recommendations formulated.

CHAPTER FOUR

FINDINGS

The purpose of this study was to investigate the psychosocial problems of AIDS orphaned children in Harar Regional government. Three kebeles were selected for the study. Six children, who are double orphaned by AIDS, were selected for the study.

Thus, to assess this, the data gathered are analyzed in this chapter. In the finding sections, there are four sub-sections. The first section presents case stories of the children. The second section focuses on their psychosocial problems as described by guardians of sampled orphans. The third section depicts their psychosocial problems as perceived by representative of kebeles who provides care and support for orphans. The last section looks in to their psychosocial problems as described by non-orphans peers.

4.1 Case Presentations

This part encompasses the presentation of the case histories of the participants while presenting the cases, information were utilized from the interview with the child.

Table 1: Background information of AIDS orphaned children

Table 1: Background information of children orphaned by AIDS

Name	Sex	Age	Grade Level	Keble	Guardians Relation
DK	Male	14	7	11	NO
AB	Female	13	7	11	Grandmother
YS	Male	15	8	12	Foster mother
KA	Female	13	6	12	Grandmother
ZK	Male	13	6	13	NO
MR	Female	16	9	13	Grandmother

Case 1 (DK)

DK is a 14 years old boy from kebele 11 of Harar town. He appears to be matured and stronger than expected for his age. He lives with his two younger brothers. They live in a small, box-like house with corrugated iron roof. It is dark except a shared of sunlight through a small, high window. Because of this, they have to sleep earlier than the normal sleeping time.

DK's life has started to change since July 2003, when he lost both of his parents to HIV/AIDS. His mother was in bed for long time and DK with his brothers shouldered the earth-shattering responsibility to take care of her and their father whom also got sick for two months. Though DK did his best to take care of his parents, he could not bring bright future on their health.

DK and his brothers have faced more than a dozen of psychological, economical and social problems since they became alone. When he speaks, he repeats phrases with an air of slight bewilderment. He thinks, the time of his mother died was the beginning of misfortune that changed his life once and for all to the worst. No relatives offered to take them in. Extended families relationship strained before his parents death and even if relatives asked them to bring, the children would have been reluctant because it would have meant leaving the family home and being split up. They want to stick together.

The child was asked about his knowledge about the disease before his parents' death, and responded nothing. He learnt about AIDS through caring for his mother. He knew nothing of how to take care of himself when handling blood and other bodily fluids; as he did not get any guidance from any one else.

When asked about the community's approach to his parents' illness, he has complained about neighbors and his relatives that they were not positive. He looked after his parents until they die. Their relatives, neighbors and friends did not come to their house. He expressed his complaint as follow:

Our relatives did not come. They did not want to see us. Some of them came before my parents' death. Right now, they do not come. No one visits us. I do not know why. They live close to us but we do not see them. We last saw them, at the 'funeral' of my parents. That always makes me angry.

In relation to this, the child expressed his psychological problems he faced during his grief and he said that it was not because of only losing his parents but also because of the lack of support from others and negative attitudes of the society that they were hurt. They did

not come back after the time of 'funeral', and this made him very angry, helpless and afraid of new situations.

DK started explaining his sorrow and suffering long before his parents' death i.e., at the time when he knew his mother's HIV status. DK remembered during the interview that he had heard his mother HIV status as follow:

I learnt that my mother had HIV/AIDS, when she provoked me not to touch her cloth that was covered with her blood. Though she did not tell me, she had HIV/AIDS, I knew. Another day, I have over heard about it when she told to her friend. They were talking and I heard this. She said, "I have HIV." My brother heard it too. After she had told these, they went on crying and I felt shocked and fainted.

After that day, he has started worrying about his mother's and their lives. He was worried what would happen to them, if his mother would die. His fear came true when their parents died after a time being. The family fell in a huge problem that makes it difficult to survive. They had no means of income since their parents were daily laborers. They had not any property to inherit. The only means of overcoming the problem of survival is reporting the events to kebele and concerned bodies. As soon as he reported the situation, he got material and financial support from local NGO, Organization for Social Service Affair (OSSA) And Down of Hope (thirty kilograms of flour, two liters of edible oil and five kilograms oats with 100-birr cash per month).

He also explained that his sense of anger was generated from the realization of losing companionship because of the problem. DK has difficulties to communicate freely in

social gathering; he is ashamed of his parents' death of AIDS. Above all, he is disheartened about his future and dissatisfied about anything.

Regarding friendship, he preferred orphans particularly, HIV/AIDS orphans. He said, "How can non-orphans feel like me? How can they understand my feelings?" Even, he wishes to get married with a girl of the same background, HIV/AIDS orphan.

Concerning his participation in family conversation, he said that his communication is mostly with his youngest brother. The eldest one is mostly seems depressed and silent, he had no attachment with neighbors and relatives and he had no friends at all. He said that he cries day and night, as every body hate him.

He had dropped out of school at seventh grade. He did not attend class after the death of his mother. This is why, he performs all household chores and nobody encouraged him about his education. He expressed his sorrow "I felt very sad when my mother died and I knew that was the end of school for me. I knew there would be no one to help me."

When he asked about his future, he said as follow:

I would like someone, to assist me with school materials... (Cries.), I cry when I think that, if only my mother was still alive...she would have been taking care of my school needs.

He feels shame and inferior when he heard the word 'AIDS orphan'. Finally, the child has suggested the following measures to be taken to reduce their problems:

- As we are part of the community, our problem should be the concern of all.
- Neighbors should play a vital role in improving the lives of HIV/AIDS orphans.

- Despite the help of others, HIV/AIDS orphans themselves should be strong to defend the problems.

Case 2 (AB)

AB is a girl of 13 years. She is a 7th grade student. She lost her parents to HIV/AIDS four years ago. After she lost both parents, she was adopted and raised by her grandmother. Her father died earlier than her mother. After the death of her mother, her grandmother took the responsibility of looking after the child. However, AB was not happy to go there; rather she was interested to live with her aunt. Her aunt was also not happy by the situation.

The child stated that her biological mother did not want her sister (AB's aunt) to adopt the child. AB's mother promised her mother for caring her child. AB's grandmother was selfish and cruel. She ill-treated AB regardless of her inheritance. The grandmother forced AB to act as a "servant" and serving the whole people including three girls who are living with them.

In the interview sessions, she appeared depressed though the place that the interview was held is interesting. She spoke so slowly with a broken heart when she was asked about her education. She explains:

As I was not stable in the year my mother died, her education was interrupted. I had high interest for learning; I felt sorry for interrupting my education. I had an ambition of growing into a great person and to be a scientist. But now... (Cries). Even if, I resumed my school, I had poor performance. I used to stand from 1st - 3rd rank from

the whole class, but now I stopped studying and I became one of the low achievers. At this time, I have no dreams for future. I am a hopeless person.

She thought that unless she can change her current education status, she would fail to materialize her dream. She felt worthless, inferior and inadequate.

She reported that she used to be afraid of her classmates as she was very late and inattentive. She is also feeling anxious and insecure, as she believes that her grandmother hurtled and pressured down her psychological spirit. She further added that the community treated her differently from other children. They insulted her, called names such as; a child with bad luck, (እድለቢስ), child created to destroy others (ገፊ), child of parents died of AIDS (እናትናአባቱ በኤድስ የሞቱበት), and child of a deceased (የሙት ልጅ). When she remembered the situation of her mother's illness and the reaction of the neighbors, she put it as follow:

When they saw my mother was ill, some of the neighbors brought food. However, some of them did not come because they knew it was AIDS. They just did not come any more, and some of them did not come even to the funeral. Even now, the neighbors do not speak to me. I already believe that, if some one does not talk to me there is nothing but AIDS. They make me cry, why won't they talk to me? Why won't they say, "good morning?"

In relation to this, she did not tell any one about her parents' death; and what was going on at home with her grandmother. She expressed her feelings about the reactions of others about the death of her parents:

Some people, when they knew that my parents have died of HIV/AIDS, they looked at me like....I don't know what I can say ... (Cries). So, I do not tell them, I know that's how they would act. However, I did tell to my best friend, because, she would help me when my mother and father were always at home. She knew it was AIDS but she was not frightened and also I felt happy when I talk to her. I felt relief to some extent. .

When asked about making friends, she responded that she does not like to be alone rather she likes to be with others. She could not tolerate to be alone for a second. This is because; she will pass each minute with stress, fear and depression.

She stated that, she usually felt better, after praying. She always prays and turns to religion, when some thing wrong happen to her and then she got some relief. She also explained the importance of friends to overcome the above psychological problems. Even though, she had one non- orphan friend from school, mostly, she prefers to have orphans friends for the sake of mutual understanding of feelings.

Regarding her participation in family conversation, she said that, there is almost no conversation with her grandmother as well as the three girls, who are living with them. They felt, as she was unlucky, inferior and inadequate. And she felt as a ' servant.' They communicate with her only to order what they want. She eats, sleep and seat alone. She expressed her feelings as follow:

I pass each minutes of my life with great stress. I cry a lot almost every day. I often experience headache. I never felt happy in any occasion. I had no good memories of holiday after my mother died. I feel depressed and

room (with out table). There are four mattresses, and they sleep in pairs. Fortunately enough, YS sleep with one of her own children.

When asked about his feelings and the community reaction during his parents' illness, he expressed his sorrow as follow:

I just felt anguish while my father's illness was going forward. ...what caused him to die is that, my mother was not disciplined. I do not know whether she was the one who brought it on him and he got sick with AIDS. I repeatedly blamed my mother as my father did, though I loved both of them. When his health continued to deteriorate, I was sad and started to face problems. During his illness, I used to sit in the house and I felt depressed looking at him. I used to feel hopelessness because I knew that he was going to die. When neighbors saw my father was ill; some of them brought food and treated him. However, some of them did not come any more. I was angry at their reaction to my father illness. I remembered that, he was very good for them. He was sociable and cooperative with neighbors.

Concerning feelings at the time of his parent's death, he felt very bad and he wondered how he would live, especially at the time of his father death. In addition, He expressed his feeling about his parents' death as follow.

"I did not believe my father has died. I could not cry on the first day, but the following day, I was hurt so much and I cried so much. He used to tell us that we were going to suffer after his death. I also remembered how he used to tell me to take my education seriously and how to live in harmony with other people. He used to tell me that living well with others, especially being obedient is important."

Unfortunately, YS'S mother died within two month after his father died. He felt the same. He was obliged to accept the situation. Actually, in his grieving time, his present foster mother played an important role. Still now, she is one who supports him.

Concerning social interaction with others, he reported that, he had one best friend who is an orphan due to HIV/ AIDS. In addition, he has a good approach with his classmates. His preference to make friendship is with both orphans and non-orphans. Moreover, he had two adult neighbors who try to help him. They encouraged him to go to school; called him to their house and advised him when he starts feeling bad.

He has a good participation in family conversation as he has a good relationship with his foster mother and her children. Moreover, he prefers to be with them rather than to be alone. However, some times he feels lonely and depressed when he remembered his father and he would start crying after looking at his photo.

To the question raised regarding to his teachers' treatment, he responded that, there is not special thing with them to him. He did not know whether they knew or not about his parents death. Further, he mentioned his guess about the teachers' attitude about AIDS orphans, which he expected to be positive.

Finally, the child suggested some solution to improve the life's of HIV/AIDS orphans.

- Classmates play a vital role in overcoming psychosocial problems of those orphans. They should avoid stigma and discrimination.
- Everybody has to pray to cope with psychological distress. Especially, we orphan should pray when we feel sad, angry and mistreated by others.

Case 4 (KA)

KA is 13 years old. She is a good-looking girl, very frank, easy to communicate and good at expressing herself. She explained that she would not have shared her problems with anyone. This interview session is the first time that she speaks out her problems. KA is a 6-grade student who lives with her grandmother. She had no siblings, relatives and friends. She lost her parents when she was 11 years old.

She felt angry and guilty for the fault of her father when she learned that, her parents are getting to bed due to HIV/AIDS. Her mother was a poor and silent woman; whereas, her father was easy going with other partners, promiscuous and unsaved. Still now, she blamed her father for losing her mother. She does not care about her father death because he died by his fault. She believed that, her mother was not died. In addition, KA proud of her mother, she said that, "even though she had not formal education, she was a well-matured and assertive woman." She loves her mother forever and she feels angry for not caring for her mother during her illness. At that time, KA was a kid and she had no knowledge about the disease.

I did not know AIDS. I did not know what it was, but when I saw them sick, I believed they had it, because they got so thin and they coughed a lot. Moreover, they were sleeping all over the day; they worry a lot, sometimes they cry day and night.

KA has mentioned that, she has difficulty to communicate freely with her grandmother. She has always quarrels with her and she punishes her very often. KA described her grandmother as a person who does not care for any one except herself; the one who could

not sense anything; who could not think for others and who could feel happy in others trouble.

KA started to sense the difference at home and in school. She feels better at school, because she will not see there her grandmother. At home, she does not have a good feeling. She feels extremely depressed. Some time she becomes aggressive and she repeatedly asked herself, "How could I possible feel same as who have parents, who cares about him/her"?

Regarding her regular education, KA is a quite in school. Because, she was too embarrassed about always arriving late due to heavy workload at home. She could not finish the household chores on time. Her grand mother did not perform any household activities. She expressed her feeling when she reaches at classroom.

I got a kind of scared walking in class because; I am late all the time; and the teacher, said, "KA, you are late again." Then, I will be shy. You know, she does not want me to be in school. When I get prepared to go to school, she orders me. She say, "Do this and do that" and I would go to school late. When I walk in the classroom and my classmates stare at me, I would try not to look at them. In addition to this, I do not have the clothes, shoes like them... (Cries). They are always teasing me about the way I looked that, is another reason why I am quite.

When asked whether her teacher knew her parents death, she said that, nobody knows her parents death of AIDS. She thought if they knew, they might be treating her differently as her neighbors and relatives. They might neglect, discriminate and insult her or they might treat the same as, or better than those non-orphan peers might. In addition, when asked

about her feeling, when she heard the word 'AIDS orphan' she said that, she feels ashamed, angry and sad.

When asked what her feeling about the future, she reported that, simply she wanted to help others, not like as she had been treated, rather she wishes to treat any body nicely and respectfully. Finally, she has also suggested the following ideas to overcome psychosocial problems of HIV/ AIDS orphans.

- Create awareness to the community about the problems of HIV/ AIDS orphans.
- Strengthen the capacity of those orphans to live by themselves without the help of some cruel guardians.
- There should be rules for guardians who mistreat orphans.

Case 5 (ZK)

ZK is a boy whose age is 13. He was born in kabridehar around Somali land. His parents took him to Harar town at the age of six to seek job. And he joined elementary school there (Harar). He is now in grade seven. He lost his parents due to AIDS before a year. He had no siblings, grandparents, relatives, and families at all. No one is there to take the responsibility of caring for him after his parents' death.

His father died three years ago. He did not remember the situation at the time of his father illness. However, his mother was ill for long time (three years). It was difficult for him, because; no one helped him for caring for his mother. He was the only one who shouldered the responsibility of caring for her. His mother had one friend but she did not help her at

the time of her illness. ZK had to act as an adult because, no one else treated him like a child and he has to do what adults perform. Even now, he has to wake up early in the morning to perform household chores and then he has to walk about five kilometers to school.

He used to feel very sad because when his mother was ill, she could not walk by herself. He used to help her get up and walk. He could not go to play because he had to be nearby all the time. He expressed the situations at the time of his mother illness:

I used to feel very sad during my mother's illness, because she used to be worries and had stress very much. She used to say 'who will look after my child?' and some time she would cry. Every time I saw her crying, I would also start crying when she cried, the pain I felt was worse than before. In addition, I thought that was the end of school for me. I knew there would be no one to help me but thanks to God, OSSA and Down of Hope offer 100 birr and different materials support each month. I could manage my life and my education is not interrupted.

When asked his feelings at the time of his parents' death, he remembered that, he fainted out and after three hours, he woke up,

Whenever I was at home, tears would start flowing. Even at night my tears would just be flowing. I do not cry outside home but the moment I go back home I would start crying. I feel this pain, when I sit alone at home and memorize my parents' approaches to me. Now, I am used to living alone and it hurts me so much.

He further mentioned about his academic status, he was an outstanding student, however, due to shortage of time and psychological problem of being a child head household, his

academic performance is affected to some extent. His previous year teachers asked him what happened to him, however, he did not tell any of them his parents had died. This is because of fearing of stigma at school. He did not tell any of his friends too. He said that:

I got fearful. I lack confidence and I feel inferiority. And, I get angry sometimes because I believe that I must have friends, but the way they treat me is not good. So I don't let people to become close to me.

In relation to this, he reported that, he has no friends at all. No one visits him after the death of his parents. His attitude towards others has completely changed. He is lonely, he dislikes others, and he has isolated himself from others. Mostly, he prefers to be in religious places rather than a playground with others. In his free time, he prefers to pass his time by praying and thinking a lot about his parents.

He mentioned his complain in relation to neighbors, classmates and the community at large for the absence of any empathy from them. He felt helpless and worthless, when he thinks about how he is ignored by others. In relation to this, he mentioned that, he does not feel his needs were being addressed adequately by the aid he get from the NGO. He feels that government and community at large should be more concerned about their problems. Moreover, there should be social support from the community.

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Case 6 (MR)

MR is a 16 years old girl. She lost her parents to HIV/AIDS before three years. She is a soft spoken and shy girl. MR's mother died when she was in grade six and her father died even earlier when she was in grade two. Now she is a grade nine student and she has one

youngest brother. After the death of her parents, her grandmother took the responsibility of caring for her and her brother was taken to their uncle's home.

When asked the feeling of the child during and after her parents' death, she expressed her feelings as follow:

I used to feel sad because I know that they were going to die. I used to feel so much pain in my heart, thinking what will happen when my parents leave me. How was I going to live without them; who are going to support me; I cried very much. I used to cry all the time thinking especially about my mother. I would feel very much hurt but what hurt me most was that I was not there while my mother died in hospital. I was at home doing the household chores. I was shocked when I saw my grandmother and my brother coming back from hospital crying. My legs and my hands felt 'cold'. I cried and screamed. I cried a lot. I still cry but I also pray. I ask God to guide me so that I would have a good life in the future. When I pray, I feel much better.

In addition to this, MR spent a lot of her time thinking about her parents and her brother. She feels depressed and hopeless. Most of the time she feels sad, angry and inferior remembering her parents, when she was beaten and when she was not given food by her guardian. As that time, she always thought that if they were her parents, they would never do such things to her.

Her grandmother never gave her enough food to eat. She would serve her the last. Sometimes the grandmother sends her out to do some work. When she comes back, the food is finished, so that she would have to stay hungry.

MR is miserable most of the time. Even though MR's uncle loves her, she is afraid of telling him about her workload and the inadequacy of food in the household. Her grandmother will beat MR, if she tells her uncle. She could not visit her brother as she wishes. They can only meet one day in a month.

When asked about her friends' support, she said that, she has only one good friend in school. The other children do not play with her. They have negative attitude towards her. They do not want to be with her. For this reason, she cannot attend class regularly. And she is inattentive to the lesson given by the teachers. After some times she managed to tell the teacher what happened in the play ground, that other children did not let her sit on the ground. She thought that, they knew about her parents' death due to HIV/ AIDS. Therefore, she feels so lonely. She thought, one of her class teachers was a good person and she told him about her friends reaction and asked him "can other children die by playing with me" the teacher laughed and said "of course not".

MR and his teacher conversed like this for long time and she told him how things worry her much and that she miss her mother and father. After while, the teacher advised her to make herself free from the emotional burden.

When she explained the situation of HER grandmother's approach, she said that, MR had to do a lot of housework before she goes to school and after she comes back from school. She does not have any time and chance to do home work and to play with her friends in neighborhood, as she is always kept busy in the house; cooking washing, sweeping and so on.

In relation to friendship preference and social interaction, she said that it is not good, as she seeks it to be. She prefers to have friends, who are orphans, because, non-orphans cannot understand her; rather she thinks orphans might share her feelings. Finally, she mentioned measures to reduce psychosocial problems of AIDS orphaned children:

- Guardians should be positive!
- Students should not stigmatize orphans!

4.2 Psychosocial Problems of AIDS Orphaned Children as Perceived By Guardians

Table 2: Background information of orphans' guardians

Name	Age	Sex	Educational level	Economic level	Relation to the child	Number of families
MN	48	Female	Illiterate	low	Grandmother	5
FM	38	Female	Elementary	low	Foster mother	8
RD	55	Female	Illiterate	low	Grandmother	2
CS	52	Female	Illiterate	low	Grandmother	2

All guardians were widowed women. Three of them are grandmothers and one of them is a foster mother. The researcher has made great effort in convincing them to conduct the interview.

First, the guardians were asked about how long they cared for the children and two of them said for three years and the rest two said, for one year and four years. They also added that all of them came from a harsh background of poverty, shortage of resources and unemployment; and they are struggling to meet basic needs living with these children.

When they were asked to describe how they felt at the time of their parents' death and how they feel now, they described that children frequently cry and find themselves crying when they watch their parents' health deteriorates. The guardians also expressed the psychological feelings of orphans as extra dimensions at the time of their parents' death. They said that, they worry about many things; are fearful of new situations, do things alone, and appear unhappy and distressed, when separated from their parents.

The guardians also reported on the difficulty of caring AIDS orphaned children. One of the guardians said that, "I am an old woman, who is suffering from caring for grand children. When I was young, I never thought such cruel things could happen to me." In straightforward manner, one of the guardians said, "when she passed away, I just kept him ... it had to be done" she believed that her daughter's death was caused by HIV/AIDS and it was a great shock for her.

The researcher could observe the guardians were not keen to say the word 'AIDS' but they knew what it is. There is still hangover of a feeling that it is an immoral disease because it is transmitted sexually.

On the other part, Case 2's guardians said that, 'it is a shame to have an orphan due to HIV/AIDS. I feel inferior and isolate my self, when I think of the attitude of the neighbors

towards us. I am neglected and discriminated by the community. Because of this, my granddaughter did not tell any of her classmates that her parents had died of HIV/AIDS fearing the stigma..."

Two of the grandmothers also reported that, they sometimes feel angry and guilty, because they feel it was their fault and, if they would have controlled or well reared their children (mothers of the orphan) in their early age, they might not have been affected by HIV/AIDS. Especially one of the grandmothers blamed herself with tears and labeled her daughter's husband (the father of the orphan) as 'promiscuous'. Her relatives refused to care for the child. Moreover, she feared very much that the child might follow his father's behavior and because of this, she punishes him, if he comes back late from school and shop centers. Sometime, she would beat him and call him 'an orphan', saying 'no wonder you don't have any parents!'

All the guardians expressed different psychological problems that their orphaned children have developed after the death of parents. They feel lonely and depressed, especially when they are alone at home. They worry for long time and they remember their parents, when they heard of stories related to parents. They do not want to listen about HIV/AIDS. In addition to this, when the neighbors insult and stigmatize them, they feel shame, fear, and angry.

When asked about why AIDS orphaned children are regularly mistreated by guardians, adults and other children instead of empathy, guardians strongly blamed those children who talked about being insulted, mistreated, ignored and beaten by their guardians. Moreover, they labeled those children as blameworthy. However, one guardian who is

foster mother of case three responded that treatment of orphans is determined by people's personality or behavior and it depends on individual characteristics. Some guardians mistreat the orphans, while others do not. She also expressed as follow what she heard some heart-breaking saying by one guardian who is her neighbor.

No wonder your father died of AIDS, after he made a mistake"When you fail in your exams, I will take you to the village, you cannot come back my home. I do not need you.

She added her feelings about the situation of AIDS orphaned children as follow:

In this community, it is very difficult to look after children. People who look after AIDS orphaned children are stigmatized, I can say, very few people can forward to look after such children. And also, it seems a burden, because the economic level is not good which is causing all these problem we are talking about. In the past, there were no problems, when your mother dies, another family will look you after. I would not even know that I am orphan until I grow up. So, I will just say this because, I was an orphan in my uncle house they kept me very well. However, these days how can one look after an orphan?

Moreover, the guardians reported that, the children feel sad and they cry a lot. They think about their parents and wish they were alive. Especially this happens when they was mistreated or stigmatized. Sometimes orphans thought as 'I should not have been born' and they show the sign of withdrawal, isolation, and difficulty to interact with other children of their age.

Finally, guardians promised that they would support these children by giving love, care and attention.

4.3 Psychosocial Problems of AIDS Orphaned Children as Perceived by Representatives of Kebeles

Table 3: Background Information of Representatives of Kebeles, Who provide care and support

No	Name	Sex	Kebele	Educational level	Occupation	Years of service	Service years with orphans
1	MS	Female	11	Diploma	Social worker	6	4
2	AH	Male	12	Diploma	Social worker	8	3
3	AF	Male	13	Diploma	Social worker	4	4

This result was obtained from three respondents. They are representative of kebeles who provide care and support for orphans. The representatives replied to the question raised about the main problems that AIDS orphaned children face and one of the representatives said that basic needs are the main problems whereas two of them mentioned a psychosocial problem that AIDS orphaned children face during and after the death of their parents are critical. The rest one participant said both; by referring, they are interrelated, and even if, psychosocial needs seem very crucial, it depends on basic needs (material needs).

In line with this, all of the representatives mentioned that, the psychosocial problems of AIDS orphaned children begin long before their parents die. Children suffer the emotional effects of seeing their parent's illness; they are the only ones who care for their parents; and hence they miss attending school. In addition, neighbors, relatives and friends stigmatize them. These lead them to feel shame anger, sadness, etc.

Concerning the problems of AIDS orphaned children, they said that, they experience depression, anger, guilt, and fear for their future that can lead to serious psychosocial problem. In many instances, they have no one to share their grief with, and this can compound their sense of helplessness. Lack of support during the grieving process, and inadequate help in adjusting to an environment may lead them to become depressed.

Concerning stigma and discrimination, participants said that the most frequently cited problems AIDS orphaned children face is, stigma, which is manifested at home. In relation to this the representatives reported the statement of a 14-years old boy; who said, 'I should not have been born' and the other 11-years- old girl child said that 'it is my fault, because I do not have parents'.

When they were asked about the attitude of the community about AIDS orphaned children, all responded that, some of the communities have positive attitudes and they believed that they try to treat them in a good manner and do not stigmatize and discriminate them. However, some parts of the community have awareness about HIV/AIDS and believed that whether their parents had AIDS, they could not transmit by casual contact. Therefore, they handle them like other children. On the other hands, there are people who stigmatize, isolate, neglect, abuse and insult those orphans; and who use different derogatory words.

Accordingly, the representatives explained that the psychosocial problems of AIDS orphaned children are the consequences of the stigma and mistreatment by guardians. They also explained the lack of awareness among the communities.

The respondents also informed that, the extent to which AIDS orphaned children suffered, when a family takes an orphan to their home and expect the child to contribute to the household by working. They said that, orphans are sent out to earn money, usually to sell goods in the market. Again, girls often faced greater pressure to earn their living and more likely to be sent to sell at market. Participants expressed their fear that the pressure on the children to earn money can lead to engagement in commercial sex. Especially, if girls are told not to return home without selling the goods or earning the money, they may be drawn into transactional sex to meet these demands. The participants also said that the orphans also confront certain abusive situations, explaining an example of a 15-year old girl, who went to live with her uncle, who started to abuse her sexually after sometimes. They further mentioned various kinds of maladaptive coping mechanisms AIDS orphaned children used, including beggary; engaging in economic activities e.g. working in bars, working as house servants, and prostitution.

During the interview, one of the representatives also explained the case of one child whose parents have died of AIDS. "One day she accidentally tore of her dress while she was playing. As a punishment, her aunt sent her to fetch water and fill on three barrel and then she gave her extra household chores to her. On top of this, she stayed without food for the whole day."

According to the participants, the punishments often seem to reflect the anger or frustration of the guardians (often women) rather than the severity of the child's mistakes. Orphans bear the burnt of this anger, which is aggravated by poverty and lack of recourses. They also added that, if orphans made mistakes, they are given punishments that are harsher than other children who are not orphans. Sometimes their mistakes are blamed on the fact that they are orphans.

Regarding the intervention measures taken to solve psychosocial problems of AIDS orphaned children, they all responded that it is not adequate. In addition to this, they blame themselves about their inadequate participation on attacking the problems orphans. Finally, they suggested the following ideas:

- Guardians should get support to improve the life of children whom they are look after.
- Those children need to be given various life skill training, which include assertiveness and social life skills.

4.4 Psychosocial Problems of AIDS Orphaned Children as Expressed by Non-Orphan Peers.

Table 3: Background information of non-orphan peers

No	Name	Sex	Age	Grade	kebele
1	ON	Female	14	8	11
2	TW	Male	16	9	11
3	TH	Female	17	10	12
4	FR	Male	13	6	12
5	FI	Female	17	9	13
6	SI	Male	15	8	13

The children who took part in focus group discussion were six non-orphan peers. All were students aged from 13-17. They came from different school settings. In focus group discussion, non-orphan peers were asked to explain the impacts of HIV/AIDS on children, family and community at large. They all expressed their awareness about the impact of HIV/AIDS on children, family and the community; and they said that, its impact is very high up on children. All the six non-orphan peers understood that its impact heighten on children.

In the FGD, it is also revealed that, whether he/she is young or old, all the orphans' experience grief and related stress and it is compounded by abject poverty and by the society's negative attitudes towards them. They discuss about the psychological problems AIDS orphaned children are suffering such as depression, anxiety, grief, anger, guilt, shame, lowered self-esteem, sense of not belonging and poor sense of identity. They also mentioned that, stigma, discrimination, rejection, self-isolation and mistreatment are some of the severe social problems AIDS orphaned children are facing beyond the tragedy of losing their parents.

In the FGD, the participants' witness that many grandparents take care of their grandchildren orphaned due to AIDS. One participant gave an example of one old grandmother who had no reliable income for survival and care for three children about a year ago. She depends up on the occasional support from some philanthropists. He also mentioned that an 11-year old boy has to fetch water at least ones a day by rolling a barrel full of water for the family he lives with. Still other 14-years old non-orphan participant said that, she had a friend of 10 years orphan, who was hired in a rural household and could not continue her education because of heavy workload at home and the mistreatment of the guardians. They also said that, AIDS orphaned children are highly subjected to psychosocial problems due to lack of social support. One of the discussant said that, "life for orphan is not easy. They stop going to school due to lack of support. For example, I have a friend who ran away from the guardian's house because of heavy mistreatment. She had gone to her boy friend's house and started staying with him, who is now the husband."

Most of the participants in FGD said that, relatives and neighbors neglect AIDS orphaned children and some times prohibit their children from mixing with them. They also suffer from stigma at school setting. Hence, children at times do not directly separate orphans. They simply stop playing the games when AIDS orphaned come to join them. Sometimes they may ignore them as if they have not seen them. The participants of the FGD also share the prevalence of some derogatory words and phrases. Such as: a child with bad luck, (እድለቢስ), child created to destroy others (ገፊ), child of parents died of AIDS (እናትናአባቱ በኢድስ የሞቱበት), and child of a deceased (የሙት ልጅ) and so on.

Moreover, the FGD participants reported that, some of the children who became orphans, at early age do not even know that they are orphans, because their guardians are reluctant to tell them that they are not their biological parents. They expressed it as stigma around the HIV/AIDS that some guardians attempt to protect orphaned children by not informing them that their parents have died of AIDS. When the children get the information out side, they feel cheated. They would prefer to have heard the truth from their guardians than from outside.

They also agreed up on how friends can help to reduce psychosocial problems of orphans repeatedly. They also decided to help them and suggested possible solution to reduce psychosocial problems of AIDS orphaned children.

- The role of friends and neighbors should not be under-estimated and children need time to interact with them.
- Orphans should get access to education and recreational activities as any child.

CHAPTER FIVE

DISCUSSION

In this part of the study, data from the participants are discussed in relation to different research questions. The discussion focuses on psychological problems, social problems, causes that trigger psychosocial problems, coping strategies to reduce these psychosocial problems of children orphaned by AIDS.

5.1. Psychological Problems of AIDS Orphaned Children

Children's experiences of psychological problems cannot be separated from the wider context of their lives. AIDS orphans felt psychological problems long before their parents' death. They described that, they frequently cry and find themselves crying when they watch their parents' health deteriorates. Those orphans and their guardians also explained that, feelings of hopeless and worthless are children's experience when their parents become sick and they feared that their parents would die. In line with this, a study conducted in Uganda by MOLSA (2003) state that, Children impacted by HIV/ AIDS can show grief even before their parent(s) death and after their death may act in a way that seems strange. Moreover, children remembered that, their feelings such as, a rush of extreme emotional pain, wanting to run, hide, and refuse to believe the truth of their parents' death. They also expressed the feeling of insecurity when they thought of who would look after them.

The death of parent is generally recognized as the most stressful event that can happen to a child. One's sense of the future and the security associated with having a parent is altered forever. However, children and adolescents vary in their response to the death of a parent as a function of age, gender of child, and cause of death (Joslin, 2002). All have suffered the tragedy of losing parents to AIDS, and many are growing up in deprived and traumatic circumstances, without the support and care of their immediate family.

Hence, parent's death appears to have long-term negative effects on most children. In line with this, the finding of the study revealed that, children orphaned by AIDS feel worried, hopeless, unhappy, angry, depressed, guilty, and helpless and decreased self-esteem. These findings also consist with previous studies of Poulter (1997) which revealed, children who lost one or both parents were significantly more likely to be unhappy, worry about many things than those living with parents, even if the parents are unwell.

Another writer revealed that, children who live in a family with HIV/AIDS experience stigma, shame, fear of disclosure, secrecy, multiple losses, and guilt. Moreover, parents with a diagnosis of AIDS are seen by society as undesirable, and their children feel humiliated at school and in the community (Gifford, 2003). In relation to this, in the course of the interview with guardians and the case stories revealed that, they worry about many things; they are fearful of new situations, do things alone, and appear unhappy and distressed, when separated from their parents. This is due to multiple losses that AIDS orphaned children face, after their parent's death, children are likely to be moved from their family home, and may be reallocated to another area and school; this separates them from their siblings and neighbors.

On the other hand, many guardians are poor and have to stretch already inadequate resources to provide for both the orphans and their own children. To confirm this idea, Williamson (1995) said that, most of the time extended families take in the overwhelming majority of orphans who loss both parents. However, in many cases, orphaned siblings are sent to different households and experience a second profound loss due to this separation. In relation to this, the FGD with non-orphan peers also revealed that, most the orphans experience grief and related stress; depression, loss of self-esteem, poor sense of identify and negative coping mechanisms .

Two of the orphans participated in the study that is bearing the burnt of the effects of HIV/AIDS are those without any adult support who have to fend themselves. These children are as young as 13 and 14 years old boys. They lived on themselves without any adult (guardian). One of the household head has not either siblings or relatives and extended families. Regarding this, Gifford (2003) states that, the loss of both parents confronts a child with immense psychological problems. Parental death brings a loss of emotional security and confidence on children. The child found that, his or her previously "stable" world collapsed. A high level of independence and responsibility, which others only develop much later and much more gradually, is suddenly demanded of the child.

Moreover, the psychological problems of these orphans seem strange. They also revealed that they never felt happy at any occasion even at holydays. They felt hopeless, as they cannot change their situation, they failed to see their purpose in life, and felt worthless, inferiority and inadequacy

Not surprisingly, all sampled orphans were not happy about being head of household or being living with their guardians. They said:

"Nothing makes me happy. I am too young to be a head of a household."(Case, 5)

"I am not happy either when I hear a friend calling 'mother' I feel very bad."(Case, 4)

"Nothing makes me happy because the problems are never ending."(Case, 2)

"Nothing makes me happy. I have so many problems in taking care of the children; some times I think of killing myself"(Case, 1)

Generally, the psychological problems experienced by all orphans are more or less similar. All were shocked at the time of their parents' death. Grief, anxiety, anger, inferiority, and hopelessness were among the common psychological problems experienced by all sampled orphans. However, the magnitude depends on the availability of social, economical and psychological support. Regarding this, YS's guardian, who treats her foster child seems appropriately, and the child also have less psychosocial problems than the other sampled orphans, state that , treatment of orphans' is determined by people's personality and it depends on individual characteristics. This is because; some guardians mistreat the orphans, while others do not.

In line with this, Guest (2001) states that, the psychosocial problems of those AIDS orphans are measured in terms of emotional and social adjustment problems they faced. As explained earlier, their emotional adjustment is seen in terms of frustration, worries,

All the sampled orphans were explained the mechanisms they utilized to overcome their problems. They reported that, the lack of adult supervision or social support to develop effective coping methods with the problems they encountered. Because of this, many of them explained that they are powerless to solve the problems they faced. However, when they feel psychosocial distress loneliness and isolated, most (4) of the children had found their own strategies for coping with the problems. Those included turning to Allah (God), talking to friend, sharing their feeling and crying. Some of the children thought to move from households where they were being mistreated, taken as coping strategies.

Therefore, crying, praying and playing with friends were the main coping strategies taken up by all sampled orphans during their parents' illness and after losing their parents. Praying was probably the most important coping strategy for all sampled orphans. Guardians also discussed the use of praying to help them through the difficult times. Most participants stated that they usually feel better after praying.

Even if those sampled children reported that they did not talk to any one they could still acknowledge the importance of expressing feeling. Moreover, children release their feelings and gain mastery over painful or traumatic experiences through play or pray.

AIDS orphaned thought sharing ideas with friends helps to cope with their grief. Most of the children in the study talked about being helped by activities such as playing, telling stories, and just talking to them. Many discussants in FGD viewed that sharing ideas as an important in helping them to cope with painful emotions.

Religion and playing seemed to be a major source of strength for many children. Several children orphaned by AIDS said that, they pray when they feel sad. One girl said that, she 'prays and forgives and forgets' when her grandmother is mistreating her. So, praying and going to religious place play an important part in the lives of most (4) orphans in the study. Some (3) of them said being with friends and away from the home environment gives them help forget about their pain. One of the participants from the orphans said that, "I go out to play when the pain comes to me. It helps me a bit but when I go to mosque to pray, all the pain disappears." Moreover, they also suggest measures that have taken to improve their psychosocial problems; especially they focused on guardians' mistreatment.

Supporting this idea, Geoff and Stefan (2002) said that, the hurt and damage that HIV/AIDS causes is alleviated when children talk about their feeling or expresses them directly. In relation to this, a project prepared by UNAIDS (2004) suggests key strategies that out lined by different research studies for supporting AIDS orphaned children in relation to psychosocial problems. Some of them are mentioned as follow:

- Encouraging openness and truth by giving enough information for those children help to discuss the future and those to prepare for the death of parent. Children should receive counseling before their parents dies and should have the opportunity to talk about dying with their parents. Therefore encourage those orphans to express their feelings is an important strategies.
- Preserving some sort of family life is extremely important for children who have lost one or both parents to AIDS. The safety and well-being of these children depend largely

on the ability of these relatives to protect and care for them. Therefore, strengthen the capacity of families or guardians are vital.

- Ensuring access to education is a critical in responding to the orphan's crisis. Keeping children orphaned by AIDS in school is the first line of defense. Orphans often fall behind or drop out of school compromising their psychosocial development and future prospective.
- Raising awareness among community leaders, health care workers, social welfare worker, religious leaders and other community member of the psychosocial needs of AIDS orphaned children is generating a broadly shared sense of responsibility for action.

In summary, in order to improve their psychosocial problems and factors affecting the development of AIDS orphaned children in psychological and social areas the above-mentioned strategies must be taken in to consideration.

CHAPTER SIX

Summary, Conclusion and Recommendation

6.1 Summary

The study was aimed at investigating the psychosocial problems of AIDS orphaned children in the case of children in Harar. Data were collected from six o AIDS orphaned, four guardians who look after the .selected orphans, three Keble representatives who provide care and support and six non-orphan peers. In-depth interview with AIDS orphaned children, their guardians and representatives were conducted using interview guide. And also focus group discussion was conducted with non-orphan peers. The data were analyzed qualitatively.

The result of the study revealed that, lack of love, attention, and being rejected and abused are some of the severe emotional problems AIDS orphaned children are facing. In addition to the tragedy of losing parents and insecure living conditions, they suffer from psychological and social problems. Hence, they would be unable to pursue their education. Those who manage to continue also have poor academic performance because of traumatic life style.

The result also revealed that, AIDS orphaned children are suffering from many psychological problems like depression, anxiety, grief, anger, guilt, shame, lowered self-esteem, sense of not belonging and poor sense of identity. Socially, they suffer from negative attitudes of the societies - stigma, discrimination and mistreatment and self-isolation.

Generally, the result of this study revealed that, the cause of psychosocial problems experienced by AIDS orphaned children are poverty; mistreatment by guardians, neighbors and relatives; lack of social support; stigma and discrimination.

Finally, crying, praying and playing with friends were the main coping strategies taken up by all sampled orphans during their parents' illness and after losing their parents.

6.2 Conclusion

HIV/AIDS pandemic took its toll on the lives of the entire Ethiopian population either directly or indirectly. This qualitative study was aimed at studying the psychosocial aspects in detail. From the findings of this research, the following conclusions could be drawn.

Children who are deprived of guidance and protection of their primary caregivers (parents) are more vulnerable to psychosocial problems. However, psychosocial impacts of HIV/AIDS on orphaned children are often traumatized and they suffer a variety of psychological reaction to parental illness and death.

The psychosocial problems of AIDS orphaned children begin long before their parents die. Children suffer the emotional effects of seeing their parent's illness, most of the time they are the only ones who care for their parents. They are forced to leave their parental residence following the death of their parents' and resort to live with their grandmothers or alone that makes them vulnerable to lack of love, care, guidance, support and follow up.

Orphaned children often undertake tasks that are beyond the level of responsibility to their age, for example, a 13- year old boy may be left to care for siblings. Their education is

often compromised because they need to stay at home to care for others or to work, or because of lack of school fees. This adds to stigmatization and lowered self-esteem.

The major psychological problems that indicated in the study are angry, guilty, shock, fear, shame, depression, inferiority, and hopelessness, which have a greater influence on their overall development of AIDS orphaned children.

Moreover as identified by the study, AIDS orphaned children are subjected to various forms of negative societal reaction such as, stigmatization, discrimination, mistreatment, social isolation, dropping out of school, separating from siblings and friends, and heavy workload. Especially, stigmatization, discrimination, and mistreatment are the major social problems.

The result of this study suggests that, most children orphaned by AIDS live in families with meager income, which has detrimental effect on the psychosocial adjustment. Accordingly, most orphans earn less than one hundred birr monthly. Though the study has shown that children are badly affected due to lose of their parents, it is the poverty that exacerbate the problem for them and tends to develop psychosocial maladjustment.

The death of parents affects the educational development of AIDS orphaned children. Hence, it was found that, especially, following the death of the mother, most children drop out of school since they face heavy workload and difficulties to cover expense to school fees, supplies and uniforms. This study also shows that orphans tend to stay from school or not attend school regularly due to the above-mentioned reasons. For example, the guardians are not interested to send orphaned children to school for fear of stigmatization.

Moreover, as identified by the study, all children (except one, YS), who lost their parents to HIV/AIDS pandemic usually do not get sufficient provision and care, and hence, become victims of various forms of abuses. However, the psychosocial well-being of children orphaned by AIDS is ill-treated in the following ways: negative response from adult and from their peers, forced to heavy household chores, stigmatized and discriminated. Moreover, those AIDS orphaned children who have been cared by guardians are not happy in living with them.

At school, those whose parents are alive see orphaned children as inferior. Hence, most of these orphans prefer to make friendship with those who had the same background (orphans). In line with this, the study found that neighbors and relatives often discriminate against the children and deny them social, economical and educational support. This intensifies the harmful effects of HIV/AIDS on children.

Guardians (caregivers) also face psychosocial problems that accompany the death of their relatives. These include, fear of stigma and discrimination, social isolation, shame and withdrawals.

Due to shortage of capacities and lack of awareness, community members fail to understand the various problems of AIDS orphaned children and they fail to contribute meaningfully. On the other hand, there is misconception that AIDS orphans can transmit the virus.

Crying, praying and playing with friends were the main coping mechanisms taken up by those children during and after the death of their parents.

Most programs for orphans focus on material support and meeting children's physical needs. Relatively few consider the psychosocial effects of losing parents. The loss of a parent is traumatic and stressful experience. Early intervention is vital. Moreover, we should not assume that children could always cope. They should be given plenty of opportunity to express their feelings. Different approaches to reduce the psychosocial problems of AIDS orphaned children need to be explored further.

6.3 Recommendation

Some progress has recently been made in understanding the psychosocial impact of losing parents to AIDS. Nevertheless, there is clearly a need for more rigorous qualitative and quantitative research in this area. Hence, it is hoped that the findings of this study and their implication may provide some important direction for conducting further researches in the areas of orphaned children due to HIV/AIDS and suggest viable strategies to curb the problem.

Therefore, based on the findings and conclusion drawn the following recommendations are made:

- ❖ As the number of children orphaned by the AIDS is large and rapidly growing, providing them with care and protection is an increasing national and global concern. So, further research should be initiated to identify children who are at particular risk for psychosocial difficulties and generate intervention efforts for them.

- ❖ Counseling children and their caregivers is a vital mechanism in reducing psychosocial problems of AIDS orphaned children. Particularly, Psychological support should be promoted. It allows children to cope with their grief and understand their parents' illness. It also provides children with a comfortable space to discuss their parents HIV status, and can help to prepare those who are soon to become orphans.

- ❖ Enhancing the capacity of families and communities to respond to the psychological and social needs of orphans is a best strategy to reduce the impact of losing parents. Since families are, the primary social safety nets for orphaned and vulnerable children, their capacities must be strengthened to minimize the deprivation of orphans and the migration onto the streets. Therefore, it is important to establish sustainable interventions with communities that respond to household economic needs by governmental and non-governmental organization.

- ❖ Schooling itself helps to promote psychological and social adjustment. With training, teachers can identify signs of distress and provide appropriate emotional and psychosocial support. Students also can support their peers, learn ways to advocate compassion and care within their communities and reduce stigma.

- ❖ Free education and greater material support for orphaned children help for coping with HIV/AIDS impacts. Since poverty has been identified as a major contributor to the problem, any measures that help to reduce family stress and economic hardship would be vital. On the other hand, older children who dropped of school

may not wish to return to school; therefore, it is very important to provide them with income generating skills.

- ❖ The role of friends and neighbors should not be under estimated and they should be positive as much as possible.
- ❖ Efforts should be made to create awareness among community and extended family to promote to psychological and social wellbeing of AIDS orphaned children.
- ❖ Sensitize religious institutions and community-based organization to play their own role in educating their members and communities to develop appropriate and comprehensive care and support for those children who lost their parents.
- ❖ Incorporating anti-stigma and discrimination education into training programs for professionals like teachers, health workers, counselors, home-based care provider, and social workers would be a big step on the road to tackling stigma. Those groups can then play a role in educating pupils, parents and families to reduce stigma in communities.
- ❖ Finally, orphans should be sensitized to get counseling and encouraged to take actions to ensure the observance of their rights. Hence, they should be empowered to form association to protect their right collectively.

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Appendixes

Appendix 1

ADDIS ABABA UNIVERSITY

SCHOOL OF GRADUATES

DEPARTMENT OF PSYCHOLOGY

Interview guide for children orphaned by AIDS

Part one: Personal Information

1. Age_____
2. Sex_____
3. Birth place_____
4. Living place_____
 - 4.1 Before the death of your parent(s)
 - 4.2 After the death of your parent(s)
5. Educational status:
 - 5.1. Illiterate
 - 5.2. Literate (reading and writing)
 - 5.3. Elementary school
 - 5.4. Secondary school
 - 5.5. College preparatory
 - 5.6. Others, specify

Part two: Psychosocial Problems

6. With whom do you live now?

7. How happy are you in living in this home?
8. Did you have knowledge about the disease before your parent(s) died?
9. How did you and your community were react to your parent(s) illness?
10. What were your feelings at the time of your parent(s) death?
11. How did your families support you during your grief and when you faced psychosocial problems?
12. How did your friends support you during your grief and when you faced psychosocial problems?
13. How did your neighbors and other local community support you during your grief and when you faced psychosocial problems?
14. Do you feel hopelessness? What do you feel about the future?
15. Do you prefer to be alone than to be with others? If you prefer to, why?
16. Do you suffer from stigma and discrimination?
17. Do you participate in family conversation? If no, what is the reason?
18. Do you participate in public and religious holidays? If you do not, why?
19. Do you have contact with neighborhoods?
20. Do you have friends? If "Yes", how do they treat you?
21. Do you prefer to make friendship with orphans or non-orphans?
22. If your answer for question 20 is "orphan", what is the reason?

23. Have you been attending regular school from the beginning?
24. Have you dropped out of school? If yes why?
25. Do your teachers know about your parent(s) death? If "Yes", do you think that they treat you better, the same as, or not as good as . . .
26. What did you feel when you heard the term, 'AIDS orphan'?
27. What measures should be taken to cope with such problems?

Thank you for your corporation!

Appendix 2

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATES
DEPARTMENT OF PSYCHOLOGY

Interview guide for orphans' guardians

Part one: Personal Information

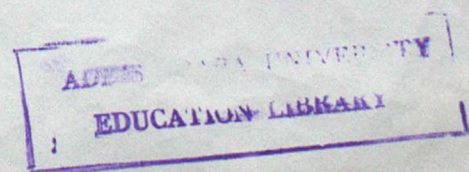
1. Age _____
2. Sex _____
3. Educational status:
 - 3.1. Illiterate
 - 3.2. Literate (reading and writing)
 - 3.3. Elementary school
 - 3.4. Secondary school
 - 3.5. College preparatory
 - 3.6. Others, specify
4. Martial status:
 - Never married
 - Married
 - Divorced
 - Widowed
5. What is your average monthly income?

Part two: psychosocial problems

6. What is your relation to the child?

7. Did you remember the felling of the child at the time of his/her parent(s) death?
8. How many years did you care orphan?
9. What kind of psychological problems he/she developed after the death of his/her parent(s) by HIV/AIDS?
10. What are the major social problems he/she faced after the death of his/her parent(s) by HIV/AIDS?
11. In what ways such psychosocial problems manifests at home, in school, among peers groups and in the community.
12. Does the child suffer from stigma and discrimination?
14. Does he/she become very angry?
15. How does this child get along with to other children?
16. Does the child suffer from depression?
17. Does the child feel lonely? If so, at what time?
18. What are the major problems in caring AIDS Orphans?
19. What kinds of psychological problems do you face from the local community?
20. Do you have a good relationship with your neighbors?
21. Do you suffer from stigma and discrimination because of caring children orphaned by AIDS?
22. Suggest possible solutions to solve the problems of these children.

Thank you for your corporation!



Appendix 3

ADDIS ABABA UNIVERSITY SCHOOL OF GRADUATES DEPARTMENT OF PSYCHOLOGY

Interview guide for representative of Kebele's who provide care and support for children orphaned by AIDS.

1. Sex _____
2. Years of services for children orphaned by AIDS _____
3. What is your educational status? _____
- 4 5. What is your occupation? _____
- 5 6. Number of children orphaned by AIDS who receive care and support in the kebele _____
- 6 7. What are the impacts of HIV/AIDS on children, extended families and community?
- 7 8. What are the major problems orphaned children by AIDS faced after the death of their parents by AIDS?
- 8 9. What are the major psychological problems of children orphaned by AIDS?
- 9 10. What are the major problems orphaned children by AIDS faced because of stigma and discrimination?
- 10 11. In what ways such psychosocial problems manifest at home, in school, among peers groups?

- 1) 12. Do guardians/extended families treat AIDS orphans differently with their own children? If " Yes " in what way?
- 12) 13. What are the intervention measures you are taking to solve psychosocial problems of children orphaned by AIDS?
- 13) 14. How do you perceive the reaction of the community towards children orphaned by AIDS?
- 14) 15. Suggest possible solution to solve the psychosocial problems of these children.

Thank you for your corporation!

Appendix 4

ADDIS ABABA UNIVERSITY SCHOOL OF GRADUATES DEPARTMENT OF PSYCHOLOGY

Focus Group Discussion Guide with Non-Orphans Peers

Introduction

Introduce self and explain how long the session is expected to run

Focus group discussion objectives

Introduce the aim of the study

Warm up discussion

How is learning?

How is your relation with children who are children orphaned by AIDS?

Have you come across with children orphaned by AIDS?

Discussion Themes

1. Feelings at the time of your parent(s) died

- Anger
- Sadness
- Guilt

2. Impacts of HIV/AIDS, extended families and community at large

3. Psychological problems experienced after the death of your parent(s)

- Shock
- Anxiety
- Depression
- Hopelessness
- Poor self-esteem/confidence
- Maladaptive coping mechanisms

4. Social problems experienced after the death of your parent(s)

- Mistreatment
- Isolation
- Poor socialization
- Stigma and discrimination
- Abuse

5. Causes that trigger psychosocial problems of children orphaned by AIDS

6. Coping mechanisms used by those children orphaned by AIDS

7. Measures should be taken to cope such psychosocial problems of children orphaned
by AIDS

Thank you for your corporation!