

**ATTITUDES OF HIV/AIDS ORPHANS TOWARDS
TEACHERS, CLASSMATES AND THE COMMUNITY: THE
CASE OF THREE GOVERNMENT CHILDREN'S HOMES IN
ADDIS ABABA**

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BY

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**Attitude of HIV/AIDS orphans towards teachers, classmates
and the community: the case of three government children's
homes in Addis Ababa.**

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immune Deficiency Virus
MOLSA	Ministry of Labor and Social Affairs
UNAIDS	Joint United Nations Program on HIV/AIDS
UNICEF	United Nations Children's Fund
IRIN	Integrated Regional Information Network
ILO	International Labor Organization
ICRW	International Center for Research on Women
MOH	Ministry of Health

Abstract

The purpose of this study was to examine the attitude of HIV/AIDS orphans towards their teachers, the classmates and the community by using 3 point attitude scale questionnaire (consisting of 49 items), interview and focus group discussions.

The study also aimed at revealing the main perceived contributing factors to favor or unfavor their teachers, the community and the classmates.

Sixty HIV/AIDS orphans (grades 3 - 8 and ages 9-18) were included in the study. 55 percent of them were females. The respondents were purposely selected from the three government children's homes (Kolfe, Kibebe Tsehay and Kechene Children's Homes). Two social workers, two counselors and 6 HIV/AIDS orphans were interviewed and 18 teachers and 12 non-orphan classmates also participated in the focus group discussions. The teachers and the non-orphan classmates were selected from three primary schools (Tsehay Chora, Kechene Debreselem and Medhinalem primary school).

Analyses of the data were made using quantitative method; (percentage, mean, standard deviation and t- test) and qualitative methods. The mean score differences of the respondents based on sex, age and grade level was checked by using t-test.

The obtained data indicated that the majority of the respondents, (71.67%, 68.83% and 83.33%) had favorable attitudes towards their teachers, non-orphan classmates and orphan classmates respectively. However, majority (53.33%) of them had negative attitudes towards the community. The mean scores of the respondents 2.22, 2.17 and 2.43 towards the teachers, non-orphan classmates and orphan classmates, respectively (which are above the average value =2), indicating their positive attitudes to the respective sections of the society. But, the mean value 1.97 towards the community indicates their negative attitudes towards the community.

The major perceived contributing factors for the respondents to disfavor their teachers, the community and the non-orphan classmates were mainly related to stigma and discrimination by the section of the society mentioned above. However, the stigma and discrimination against them were not related with the impact of HIV/AIDS on the respondents.

The mean differences based on sex, age and grade level weren't statistically significant at alpha = 0.05.

Finally, recommendations were forwarded in accordance with findings and conclusions.

CHAPTER ONE

1. INTRODUCTION

1.1 Background and Statement of the Problem

HIV/AIDS pandemic has become a critical problem of the world. According to UNAIDS (2005), between 35 million and 42 million people are living with HIV/AIDS across the world. From this, around 25 million people live in Africa where more than 13 million people have already died.

HIV/AIDS is one of the causes for the negative outcomes of demographic, health care, economic and social impacts. The increase in the number of orphans who lost one or both parents due to AIDS is one of the worst impacts of HIV/AIDS (Ministry of Health [MOH], 1996).

Some research results show that the number of HIV/AIDS orphans could increase from year to year. For example, MOH (1996) states that the number of HIV/AIDS orphans in Ethiopia could increase to 620,000 by the year 2000 and to 1.8 million by the year 2009. This increase in the number of HIV/AIDS orphans in turn will add burden to society at local and national levels. As a result of this, many children will go without adequate health care and schooling and live with social, economic, psychological and other problems.

It is obvious that to prevent HIV/AIDS spread and its impacts and make HIV/AIDS orphans productive and healthy citizens, these individuals should get due attention. According to Tedela (1996), HIV/AIDS orphans are one of the groups of children in especially difficult circumstances who need particular care with regard to health, physical, mental, moral and social development for their normal growth in all dimensions.

Most HIV/AIDS orphans are cared by either household based care or institutional care. Household based care includes living with surviving parent and care provided by the extended family. On the other hand, institutional care comprises children's home,

children's village and orphanages (Befikadu, 2005).

Although most of these children are provided with care, they suffer from a number of problems. As many other developing countries, HIV/AIDS orphans in Ethiopia are found under difficult circumstances (Tedla, 1996). HIV/AIDS is considered as a punishment for "wrong doing". Persons with HIV/AIDS, their partners and children are rejected by their extended family, friends and so forth (Taylor et al. 1996; Nagler et al., 1995). These children are stigmatized, discriminated and neglected even by their closest relatives whether they are identified as HIV negative or HIV positive (Tedla, 1996).

Some recent research works conducted in Ethiopia concerning noninstitutionalized HIV/AIDS orphans indicate that HIV/AIDS orphans are found in difficult situations. For example, a study conducted by Tedla (2005) shows that HIV/AIDS orphans suffer from stigmatization, discrimination, social isolation, dropping out of school, moving away from friends and family members and bearing an increased work load in the home. In the schools, HIV/AIDS orphans show less involvements in club activities, classroom participations, peer group membership, and so on. Moreover, these individuals are victims of some of their teachers. They indicated that their teachers have unfavorable attitude towards them. For example, some teachers use downgrading and annoying words. They also scold, batter, look down and show grumbling behaviors.

Similarly, a study conducted by Abebe (2004) reveals that the psychological well being of HIV/AIDS orphans are abused in different ways. Some of these include:

- Receiving negative responses from adults and their peers;
- Being forced to work at home chores; and
- Being teased and ridiculed by classmates and peers.

Furthermore, a result of the study conducted by Befikadu (2005) entitled "A Comparative Study of the Psychological and Social Adjustments of Non-Institutionalized and Institutionalized HIV/AIDS Orphans in Addis Ababa," indicates that the psychological and social adjustments of HIV/AIDS orphans who get care and support from institutionalized settings are found far behind than non-institutionalized HIV/AIDS orphans.

Additionally, studies demonstrate that loss of home, dropping out of school, separation from siblings and friends, increased workload, and other situations result in negative impact on current and future mental health. These individuals show internalized behaviors such as depression, anxiety, sadness, withdrawal, fear, and hopelessness (Sengendo and Nambi, 1997, cited in Befikadu, 2005).

Moreover, some phrases such as "AIDS orphans" also aggravate the psychosocial problems of these children (Abebe, 2004).

From earlier research findings, one can understand that HIV/AIDS orphans are found under difficult circumstances. They are discriminated, stigmatized and isolated from the society. These situations are main instruments that cause to label HIV/AIDS orphans to develop negative attitudes towards others. As stated by Bogdan and Taylor (1994), labeling has a negative impact on the life of those people who are stigmatized (labeled) because most of the time labeling explains and focuses on their inability rather than their quality or ability, or on how they differ from other people. Thus, HIV/AIDS orphans who are stigmatized, discriminated and neglected are exposed to develop negative attitudes towards others such as their teachers, classmates and the community.

Individuals with negative attitude are exposed to depression. Most often depression causes individuals to feel isolated, rejected and unloved. This in turn results in pessimism, low-motivation, generalized negative attitude towards themselves, other people, environment and future life (Holmes, 1997).

From the above discussion, one can understand that HIV/AIDS orphans are prone to negative attitude and depression. Unless timely and effective intervention is undertaken, these children's future life will be at a serious risk.

In the Ethiopian situation, steps taken to prevent HIV/AIDS orphans' psychosocial problems are not adequate. As reported by Abebe (2004) and Tedla (2005), the counseling services given to HIV/AIDS orphans are not sufficient. The existing intervention programs in the country serve only people living with HIV/AIDS who are adults. It doesn't directly address the issues of HIV/AIDS orphans. The intervention programs for HIV/AIDS orphans are targeted only on care and support programs. Thus, meeting HIV/AIDS orphans material needs has taken preceding place over meeting their

psychosocial needs.

It is understood that Childrens Homes are one of the institutions which provide some care for the orphans including HIV/AIDS orphans. Some studies mentioned above show that institutional care compared to non-institutional care for HIV/AIDS orphans are less important for the holistic development of HIV/AIDS orphans. As stated by Kalanidhi (2003), in Children's Home children grow up with necessary basic needs and they may meet safety and psychological needs when they grow up within family like-settings and when the foster mothers are trained in caring systems.

From the above discussion, one can infer that a children's home meets safety and psychological needs when foster mothers are equipped with necessary skills and knowledge in caring for orphans (including HIV/AIDS orphans). However, in our existing conditions one can't be certain that whether or not these children are made to get safety and psychological needs that are important elements for the formation of positive or negative attitudes towards others, especially towards their teachers, classmates and the community members.

Studies related to attitude of Kechene, Kebebe Tsehay and Kolfe Children's Homes, especially HIV/AIDS orphans towards their teachers, classmates and their respective community members are rare, if not unavailable. The researcher attempts to find out HIV/AIDS orphans' attitudes (who attend their education in primary schools) towards their teachers, classmates and the community members. Thus, the researcher attempts to answer the following questions:

1. What are the attitudes of HIV/AIDS orphans towards their teachers, classmates and the community?
2. Are there attitudinal differences due to respondents' gender, grade level and age?
3. What are the perceived factors that affect the respondents' attitudes towards their teachers, classmates and the community?

1.2 Objectives of the Study

The study has been conducted with the aim of attaining the following objectives.

1.2.1 General Objective:

The study was intended to examine favorable or unfavorable attitudes of HIV/AIDS orphan students towards their teachers, classmates and the community and give recommendations that may help to develop future course of action.

1.2.2 Specific Objectives: The specific objectives of this study were to:

- a) Identify the HIV/AIDS orphans attitudes towards their teachers, classmates and the community
- b) Identify (assess) relation of some demographic variables (age, sex, and grade level) to attitudes of HIV/AIDS orphans towards their teachers, classmates and the community.
- c) Identify factors that are perceived as causes of favorable or unfavorable attitudes of HIV/AIDS orphans towards their teachers, classmates and the community.
- d) Examine the implications of the interventions' effectiveness of the three children's home care centers in addressing the attitudinal problems of HIV/AIDS orphans towards others.

1.3 Significance of the Study

The problem of HIV/AIDS orphans is not seriously considered as people living with HIV/AIDS. Intervention programs targeted to HIV/AIDS orphans are mainly based on care support programs. Other psychosocial and related problems that may result in negative attitudes towards others which, in turn, result in negative effect on the holistic development of these children are not considered very seriously when compared to the extent of the problem and the needs of these children. The result of this study may be helpful in:

- Identifying the attitudes and their impacts like psychosocial, educational, health, behavioral and other aspects of HIV/AIDS orphans which help create awareness in the teachers, classmates, the community and other sections of the society.
- Identifying HIV/AIDS orphans problems that help the government, decision makers, NGOs, counselors, social workers and the community based

organizations, community's religious organizations and others to deal with the identified patterns of attitudes and other associated problems.

- Providing some important directions for conducting further researches in the areas of attitudes of orphan children due to HIV/AIDS who are cared by institutional and non-institutional care centers.

1.4 Delimitation of the Study

The study did not cover the entire Children's Homes HIV/AIDS orphans' attitudes towards their teachers, classmates and the community which are found all over Ethiopia (including run by governmental and non-governmental organizations). It is rather delimited to Kolfe, Kechene and Kibebe Tsehay Children's Homes which are found in Addis Ababa and run by the government.

It is also true that HIV/AIDS orphans have their own attitudes towards different sections of the society based on their perceptions and past experiences. However, this study is delimited to children's homes HIV/AIDS orphans (who attend their education in primary schools) towards their teachers, classmates and the community members.

These children's homes orphans (including HIV/AIDS orphans) attend their education in many different primary schools in Addis Ababa. However, the schools selected for supplementary data collection were delimited to three primary schools in which most of these orphans attend their education. They were Tsehay Chora, Kechene Debreselam and Medhanialem primary schools.

1.5 Limitation of the Study

One limitation of the study is the small number of participants. This was because some institutions SOS Children's Village, Selam Children's Village, Hope for Children and others. The reason for their refusal was that HIV/AIDS orphans would be stigmatized and discriminated by others when they were made to participate in the study. The analysis of the study is only based on data obtained from 60 participants. Additionally, supplementary information to study the participants' attitudes towards their teachers, the community and classmates was collected from only three above mentioned schools' teachers and non-orphan classmates of participants. Therefore, a better picture would

have been obtained if more participants and school teachers and non-orphan classmates and the community members were included in the study.

Extensively written literature particularly on the attitude of HIV/AIDS orphans towards their teachers, classmates and the community members is scarcely available. The researcher, therefore, feels that sufficient (additional) information has not been presented to supplement the study.

The other limitation of the study is that since this study was conducted based on non-probability sampling technique, that is purposive sampling, it is not possible to generalize the finding to all the children's homes (either governmental or NGOs which are found in the country).

1.6 Operational Definition of Terms

- **Attitude:-** refers to HIV/AIDS orphans response/reaction in favoring or disfavoring towards actions, responses and relations, of their teachers, classmates and the community.
- **HIV/AIDS Orphans:-** for the purpose of the study it refers to orphans who lost one or both parents due to HIV/AIDS and are aged 9-18 years. Although the upper limit age for an orphan is less than 18 years, the researcher finds it important to limit to 18 in line with the Children, Youth and Family Welfare Organization (1992).
- **HIV:-** Immunodeficiency Virus, a virus that weakens the body's immune system ultimately causing AIDS (ILO, 2001).
- **AIDS:-** Stands for Acquired Immune-Deficiency Syndrome. 'Acquired' means that it is developed after infection rather than inherited; 'Immune-Deficiency' means that the body can't defend itself through its immunological systems; and 'Syndrome' means the specific diseases symptoms manifestations (Beyene and Solomon, 1993).
- **Government Children's Homes:** refer to children's homes run by the existing government, that is, Federal Democratic Republic Government of Ethiopia. They consist of a paid and usually trained foster mothers living in the institutions with a

group of children (usually 4 to 6 or more children).

- **Teachers:** refers to teachers who teach in Kechene, Kibebe Tesehay and Kolfe Children's Homes orphans (including HIV/AIDS orphans) in different primary schools.
- **Classmates:** refers to primary school students who attend their education with above mentioned children's homes as classmates. In this study the classmates include both non-orphans and orphans (HIV/AIDS orphans and other orphans other than HIV/AIDS orphans).
- **Community:-** refers to people living nearby (around) Kolfe, Kechene and Kibebe Tsehay children's Homes.

CHAPTER TWO

2. REVIEW OF RELATED LITERATURE

2.1. Background to HIV/AIDS and Its Impact on HIV/AIDS Orphans

HIV is acronym for Human Immunodeficiency Virus, whereas AIDS stands for Acquired Immune Deficiency Syndrome. AIDS is also "newly defined as a syndrome diagnosed by a low count of immune helper (T-helper) at or below 200 cells per cubic milliliter of blood which is a sign of depressed immune system" (Beyene and Solomon, 1993: 7).

As to the UNAIDS (2004), AIDS is an extra ordinary kind of crisis. It has unique features in human history. Rapid spread, extent of spread and its impact depth makes AIDS unique in human history. Fan et al. (2000) state that AIDS is the fourth cause of death after heart disease, strokes, and acute lower respiratory infections. However, in Africa AIDS is the leading cause of death.

HIV/AIDS epidemic has dynamic nature. It has growing and changing character because HIV viruses use new opportunities for transmission (UNAIDS, 2004).

Although the epidemic is not homogenous, there is no country which is not affected by HIV/AIDS. Variations can be identified even in a country's provinces, states or districts (ibid: 23). Prevalence rate of HIV are found to be higher in urban areas than rural areas because chances of getting infected in urban areas are higher than rural areas. However, there is evidence that indicates urban-rural gap may be inverted overtime since prevalence rate in urban areas may fall but in rural area it may rise (<http://www.unicef-icdic.Org/reseach/ESP/Aids/Chapter 1. pdf>).

Prevalence of HIV/AIDS pandemic is partly assisted by people's wrong assumption of its transmission. It is clearly stated that HIV virus transmits mainly through sexual contact, blood transfusion, sharing of sharp objects and mother to infant. However, there are wrong lay beliefs about its transmission that in turn increase the viruses' prevalence rate. Some of these lay beliefs include: some students believe that Abbreviation "AIDS" stands for:

A=American

I= Initiative to

D = Destroy

S= Sex

They believe that both HIV and AIDS do not exist at all. AIDS is the West's "propaganda to incriminate Africa as the origin of this scourge". The advertisement of condom and its use is aimed at promoting condom industry and clear off unsold condom at discount (Beyene and Solomon, 1993). There are also other lay beliefs which say that AIDS is a punishment from God against prostitutes and homosexuals. Moreover, some people believe that AIDS can be prevented by some kind of feeding and drinking like eating hot peppers and drinking hard alcohol (ibid). Furthermore, most people also have misperception that HIV/AIDS can transmit through kissing (excluding deep kissing), saliva, tears, sweat, insect bite, sharing of toilets, sharing of utensils, and so forth (<http://www.thebody.com/cdc/fact v.html>).

Moreover, Max et al. (2002) state that stigma, silence, discrimination, denial and lack of confidentiality have resulted in undermining of prevention and increasing of the epidemic's impact on individuals, families, communities and nations.

HIV/AIDS has resulted in negative impact on demography of a country: human resources are drastically affected; the number of AIDS orphan is alarmingly increasing; economies of a country are affected; and it has resulted in lack of treatment facilities, lack of hospitals, and homes for terminally ill people. The life expectancy of human beings is getting down in countries where the disease is wide spreading (UNAIDS, 2004).

With regard to HIV/AIDS orphans problems "no other infectious diseases of the modern era has such devastating impact" like HIV/AIDS (ibid). According to Mttanovich (2005), HIV/AIDS has resulted in the whole generations of unhealthy, uneducated, poorly socialized vulnerable children. HIV/AIDS orphans face economic, psychosocial and other related problems if a family is once infected by the virus. The following figure (Fig.

1) summarizes the impact of HIV/AIDS on children.

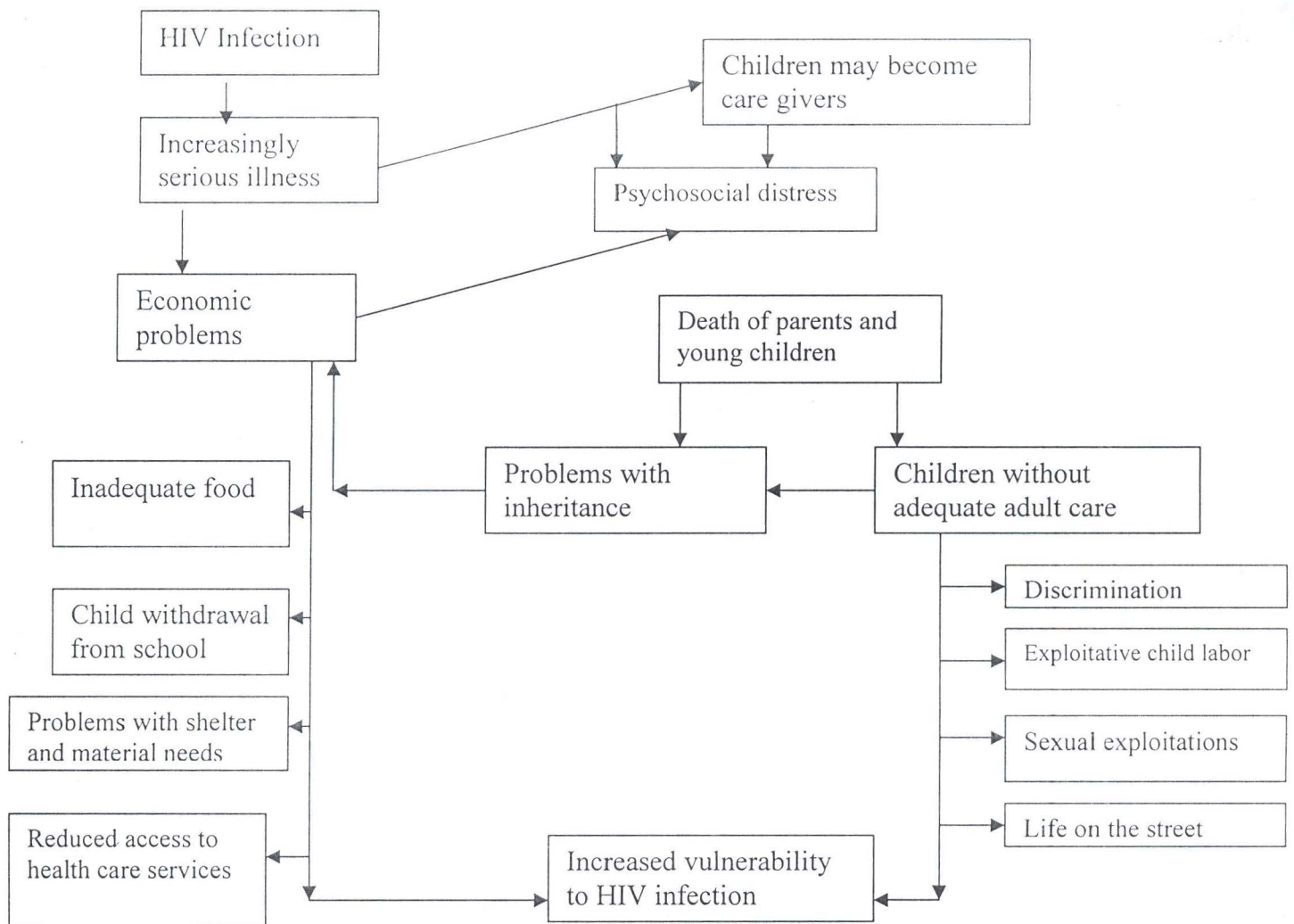


Fig1. Problems among Children and Families Affected by HIV/AIDS

Source: UNAIDS (2004: 62).

Unlike other orphans caused by other causes other than HIV/AIDS, HIV/AIDS orphans are stigmatized, blamed and isolated by family members, schoolmates and the community members (ICRW, 2003). This may be due to lack of awareness about how HIV/AIDS is transmitted. This lack of awareness has made HIV/AIDS orphans suffer from stigma and discrimination associated with the disease, loss of care and financial and material resources (UNAIDS, 2002).

Furthermore, as stated by Claudia et al. (1994), HIV/AIDS orphans' loss of home, dropping out of school, separation from siblings and peers, increased workload and social isolation may all impact negatively on current and future mental health.

2.2. General Concept and Formation of Attitude

Although there is no universally agreed definition of attitude (Olson and Zanna, 1993 cited in Tibebe, 1995), there are many definitions of attitude given by different researchers. For example, Stang and Wrightsman (1981: 6) defined attitude as "A hypothetical construct used to explain consistencies in affective reactions (both verbal and non-verbal to an object or proposition (attitude object)." Another definition of attitude is stated as is a tendency to react negatively or positively towards designated class of stimuli (Aggarwal, 1995).

Attitudes have three components: cognitive, affective and conative components. Stang and Wrightsman (1981: 6) state the components of attitudes as follows:

Attitudes are sometimes seen as having three components: (1) cognitive component made up of information and beliefs about an attitude object; (2) an affective component composed of feelings of pleasantness and disliking; and (3) conative component which is the behavioral orientation towards the attitude object.

Attitude has different features. As stated by Gilbert, et al. (1998), passions, hates, attractions, repulsions, likes and dislikes are some of expressions of attitude. People develop attitudes when they love or hate things or people and/or when they approve or disapprove them.

Attitudes are not objectively observable but they can be inferred, that is, they are hypothetical constructs. Attitudes are manifested in different forms like conscious experience, verbal reports, gross behavior and physiological symptoms (Gwinn, R.P. et al., 1993).

According to Gilbert (1993), attitude is a hypothetical construct, that is, no one has ever seen or touched one. The existence of attitude and its properties must be inferred indirectly.

Attitudes can be learnt in different ways from various sources. For example, we learn attitudes when we are exposed to similar views on the part of others (social learning);

are being rewarded for expressing social attitude (operant conditioning), and make associations between certain things or people and favorable or unfavorable emotions (classical conditioning) (Huffman, Williams, Vernoy and Vernoy, 1991 cited in Abate, 2001).

Most people may have limited experience. The majority of their attitudes are formed in school, or at home or are based on what other people tell them (Jones, 1984). Moreover, Sorenson (1964) stated that facts and ideas stated in books, watching TV, mass media, individuals ability and experiences (pleasant or unpleasant) result in impact on the formation of attitudes. Furthermore, formation of attitudes is determined by many factors like culture, religion, superstitious beliefs and so on (Hegarty and Pocklington, 1984, cited in Tsigie, 2004).

Attitudes are measured by attitude scores although their measurement is difficult for many reasons. Biased responses in which people deliberately seek to present themselves as socially acceptable and careless responses regardless of the importance of questions to measure attitudes are some of the problems for attitude measurement (Hayes, 1998).

2.3. Factors Associated With Formation of Attitude on HIV/AIDS Orphans

In the preceding discussion, the researcher has tried to indicate different possible sources for the formation of attitude. In the present study of HIV/AIDS orphans attitude towards teachers, community and classmates, three general categories of factors have been considered. They are (1) stigma and discrimination, (2) culture and belief, and (3) nature of institutions.

2.3.1. Stigma and Discrimination

Stigma and discrimination can be expressed in different languages or words and actions. They can have negative impact on HIV/AIDS orphans. For example, as stated by Bogdan and Taylor (1994), stigma (labeling) can be one of the factors for the formation of attitudes because it most often explains and focuses on inability rather than quality or ability and on how they differ from other people.

Languages or words to describe HIV/AIDS orphans differ from place to place and culture to culture. In many languages irritating, insulting, isolating etc. labels are attached to these children in Ethiopia. Naming HIV/AIDS orphans by using derogatory words or phrases is common. For example, *idlebis* (a child with bad luck), *geffy* (a child created to destroy or push others), *yemutlij* (a child of a deceased), *Yeaidسام lij* (a child of a parent(s) with AIDS) and so on. In Amharic, these are very negatively loaded words and/or phrases (Tedla, 2005). These may result in negative influence on holistic development of HIV/AIDS orphans.

2.3.2. Culture and Belief

Culture has a strong influence on the attitude that one group of people may have towards another one (Tsigie, 2004). The content of attitude is influenced by the culture of society although human beings have common values (Tibebu, 1995). In developing countries (including Ethiopia), people are greatly influenced by supernatural beliefs, witchcrafts, and other practices. Concerning HIV/AIDS orphans, some people believe that HIV/AIDS is due to a punishment from God against prostitutes and homosexuals (Beyene and Solomon, 1993). Thus, HIV/AIDS orphans are considered as sons and daughters of prostitutes and homosexuals. As a result of this, they are rejected, stigmatized and discriminated by others. For example, HIV/AIDS orphans were considered by their friends as unlucky and cursed (MOLSA, UNCEF, and Italian Cooperation, 2003).

Similarly, children who have lost their parent to HIV/AIDS may be convinced that they have done something awful or disgusting. This makes them behave differently and isolate themselves from others (Claudia et al., 1994).

2.3.3. Nature of Care Institutions

Institutions like children's homes are one of the alternatives for bringing up orphans. However, some researchers suggest that institutions have undesirable effect on children's development. In line with this, Colton (1992) stated that when institutions are compared with special foster parents, the institutions were generally found to be less child oriented than the special foster homes. Moreover, Colton says institutions expose

children to be stigmatized by the community and other sections of the society because they isolate the children from the society.

Children who grow in institutions show less reciprocity and less social closeness. Moreover, institutionalized orphans may show undesirable deviation on orphans, that is, poor social relations, feelings of dissatisfaction with peer relation, shyness, difficulty to talk to strangers, poor perceptions of their social competence and disturbing other people (Befikadu, 2005).

From the above discussion, one can understand (infer) that institutions' way of caring could be one of the causes for the formation of unfavorable attitudes on HIV/AIDS orphans towards others such as their classmates, teachers and the community members.

2.4. Attitudes of HIV/AIDS Orphans towards Classmates

Peer interaction has power to influence children's social self-confidence and interpersonal interaction. Moreover, peer relationships are important contributors to the quality of children's current life and future development(<http://www.ericdigestorg/pre-923/peer.htm>). Furthermore, relationship and acceptance are positively correlated with willingness to engage in activities and utilization of abilities in achievement situations (Gordon et al., 1968).

However, children's peer interaction and acceptance may be hindered by different situations. For example, in the case of HIV/AIDS orphans, Tedla (2005) states that these children are sensitive to the actions of classmates. This could be due to the very reason that they may think that it happens because of death of their parents due to HIV/AIDS. Some non-orphan classmates (peers) may also refuse to interact and to participate in-group activities and other situations that may isolate the HIV/AIDS orphans from peer interaction. Also parents of the non-orphan classmates may not allow their children to participate with the HIV/AIDS orphans (ibid: 83).

On the other hand, peer rejection may result in feelings of hostility, rejection, low self-esteem, disruptive behavior and other problems (Gordon et al., 1968).

2.4.1. Attitudes of HIV/AIDS Orphans towards Non-Orphan Classmates

HIV/AIDS orphans may develop either positive or negative attitude towards non-orphan classmates. This depends on their past experience, that is, they may encounter positive or negative attitudes from the classmates. For example, some studies indicate that classmates may avoid HIV/AIDS orphans fearing that they may also be victims of HIV/AIDS. This may in turn result in isolating of HIV/AIDS orphans from the classmates. The isolated HIV/AIDS orphans may suffer from serious behavior problems and other features like rejection and ridicule (Claudia, et al., 1994).

Rejection, ridiculing, insulting and so on were basic reasons for the formation of negative attitudes on HIV/AIDS orphans towards classmates (Tedla, 2005). Tedla's study reveals that out of 388 HIV/AIDS orphan respondents, 27.1% and 72.4% have negative and positive attitudes towards classmates, respectively. The reasons for 27.1% respondents' to have unfavorable attitude towards classmates were because their classmates tease them, make others laugh at them, batter them, insult them and hate them for no apparent reasons.

2.4.2. Attitudes of HIV/AIDS Orphans towards Orphan Classmates

Although there are some scattered researches' results conducted related to the HIV/AIDS orphans attitudes towards their non-orphan classmates, the researcher couldn't find any research documents concerning HIV/AIDS orphans attitudes towards orphan classmates.

However, the few studies result indicate that individuals have favorable attitude towards individuals (peers) who share attitudes, interests and circumstances that resemble their own (<http://www.focusas.com/peerinfluence.html>).

Moreover, "Similarity fosters social acceptance, conversely children tend to encounter social rejection when they are perceived as to be dissimilar from their peers (<http://www.ericdigest.org/pre-923/peer.htm>).

From the above discussion, one can infer that HIV/AIDS orphans may have favorable attitude towards orphan classmates because they are similar in circumstances.

2.5. Attitude of HIV/AIDS Orphans towards Their Teachers

As indicated by Matshalaga (2002), HIV/AIDS orphans get opportunities to be productive employee, minimize their risk of being exploited and minimize their risk of being infected with HIV/AIDS through the means of education. Moreover, staying in educational provision setting gives HIV/AIDS orphans the best chances to escape from extreme poverty and its associated risks (UNAIDS, 2004).

To this end, teachers have roles and responsibilities to make school and other facilities conducive and interesting to their students (including HIV/AIDS orphans).

However, some HIV/AIDS orphans reported that they do not participate in classroom activities because the school environment is not inviting them to participate actively (Tedla, 2005). Moreover, the students reported that some teachers are unsympathetic to HIV/AIDS orphans. They do not encourage them to participate and do not motivate them to have positive attitude towards them and education. In line with this, a study made in Kenya indicates that HIV/AIDS orphans reported that unsympathetic teachers yelled at them, made fun of them or put them out of the classroom (http://www.Lawunmaryland.edu/marshall/crsreport/crsdocuments/RL_3225202_112005.pdf). Similarly, a study conducted in Ethiopia by Tedla (2005) portrays that out of the 388 respondents, 22.4% and 77.6% said that they have unfavorable and favorable attitude towards their teachers, respectively. As Tedla stated, some students' negative attitude towards their teachers was due to the following reasons: their teachers use downgrading and annoying words against them, scolding them, battering them, look down on them and show grumbling behaviors. These respondents also stressed that the rude behavior was manifested upon them because of their being HIV/AIDS orphans.

The rude behavior of teachers may cause HIV/AIDS orphans hate teachers and even dropout of schools. For instance, one community worker in Addis Ababa reported that a teacher ordered an eight year old HIV/AIDS orphan who was HIV positive to put on hand gloves while learning and playing for no apparent reasons. The boy developed negative attitude to the teacher and dropped out of the school. He also refused to join another school because he expected that the same discrimination may face in other schools (Tedla, 2005).

2.6. Attitude of HIV/AIDS Orphans towards the Community

Although most people are aware of the problems connected to stigma and discrimination, they discriminate and stigmatize HIV/AIDS orphans. This shows that considerable amount of behavioral change is not achieved yet (Tedla, 2005).

Shalina and Suninder (2004) reported that many of the HIV/AIDS orphans were stigmatized for no fault of theirs; many of these children weren't HIV positive but communities ostracized them which results in their young minds and bodies completely mutilated. Similarly, a study made in China reveals that a group of 72 AIDS orphans who arrived in Beijing were refused to be served by some 40 schools, hotels and hostels. These children were not infected with HIV but schools and hotels refused to serve them for the reason that guests of the schools and hotels would feel uncomfortable knowing that their facilities had been used by AIDS orphans (<http://www.rfa.org/english/news/social/2004/08/10/AIDS/17K>). Furthermore, some HIV/AIDS orphans are subjects of some derogatory words or phrases that emanate from the community.

The above mentioned the community responses are some of the negative experiences to HIV/AIDS orphans that make them have negative attitude towards the community. For instance, a study conducted by Tedla (2005) indicates that majority of HIV/AIDS orphan respondents reported that in their respective communities, some people are unfriendly and indifferent. As a result, they started to suffer from some kind of negative attitude of the communities. As a result of this, HIV/AIDS orphans developed negative attitude towards the community.

In line with this, some HIV/AIDS orphans reported that they feel discomforted about the community because they faced stigma and discrimination by the community members. They also said that the community members considered them as trouble makers just because they didn't have parents to guide them in the right direction (Selamawit, 2005).

2.7. Effect of Attitude on Holistic Development of HIV/AIDS Orphans

A major part of one's life depends on himself/herself attitudes towards him/her and others and how he/she feels as a result of those attitudes. Fulfillment in one's attitude

can contribute to lead a satisfying and successful life ([http://www. school-for-champions.com/life/attitude. htm](http://www.school-for-champions.com/life/attitude.htm)).

People need to have attitude for various reasons. Jones (1984: 29-30) describes some of the reasons as follows:

- Attitudes help people to understand the world around them by having predispositions to respond and act quickly;
- Attitudes help people to protect their self-esteem, either by avoiding unpleasant truths about themselves or cover up uncomplimentary thoughts;
- Attitudes help people to adjust to a complex world so that they will do the right rewarding things at the right time; and
- Attitudes help people to express their fundamental values.

As indicated earlier, people may develop positive or negative attitude towards other people or object of attitude that may serve as a positive or negative reinforces or as stimuli (Jones, 1984).

Studies indicate that people with positive attitudes become successful than those people with negative self attitude. A positive attitude is a very important asset at any time. People with positive attitude are able to find something positive or see possibilities that will help them to have energy and motivation. Additionally, positive attitude helps people create their future instead of being held back by allowing negative feelings to affect their attitude and behavior ([www.the.dominican.net/articles/ attitude. htm](http://www.the.dominican.net/articles/attitude.htm)).

On the other hand, negative attitude hinders not only one's positive outlook, but also makes others deal with him/her in a negative manner ([http://www.school-for-champions.com/life/attitude. htm](http://www.school-for-champions.com/life/attitude.htm)).

As indicated earlier, HIV/AIDS orphans are stigmatized, discriminated and maltreated by others. These actions make them feel isolated, depressed and anxious. As a result of those feelings, they may develop negative attitude towards themselves and others. A negative attitude will lead to unhappiness, poor relationships, difficulty at work and finally poor health (www.sales training plus.com/salesmark /articles/attitude.htm).

Individuals who think badly about themselves and the world (including the environment and other people) become depressed (Holmes, 1991). Moreover, individuals who feel isolated, rejected and unloved face depression. These depressed individuals feel low self-esteem, pessimism, low motivation and generalized negative attitude (Holmes, 1997). Individuals who are depressed interpret themselves, their environment and their future negatively (Holms, 1991:169). Depression affects thoughts, feelings, and the ability to function in everyday life (file:///F:/NIMH Depression and HIV-AIDS.htm).

From the above discussion, one can infer that since HIV/AIDS orphans are stigmatized, discriminated, neglected, and isolated, they may develop negative attitudes not only towards others but also towards themselves. Their negative attitudes towards others affect their holistic development. Thus, they become victims of low self-esteem pessimism, low motivation, inability to function in everyday life and generalized negative attitude towards everything. This in turn results in a generation with behavior problems, non-productive and burden citizens to a country.

2.8. What has to be done to Develop Positive attitudes on HIV/AIDS Orphans towards Other People?

Studies indicate that team building, forging strong interpersonal relationships and communicating within groups are some of the methods to change unfavorable to favorable attitudes of people (<http://www.fiance-isixsigma.com/r-c040501.asp-55k-12Aug2006>).

Furthermore, HIV/AIDS orphans holistic development can be fostered by effects of different sectors and sections of society. With regard to this notion, UNAIDS (2004: 61) says:

Despite the daunting number, children orphaned by the epidemic can still have safe, healthy, and productive childhood but only if all sectors of society respond with immediate, sustained and coordinated efforts that give high priority to protecting children and preserving the family unit.

Similarly, as indicated by Willis (1999), social support has strong influence to reduce stress level of negative affect by making AIDS orphans to perceive negative occurrences as less severe. These social supports can be achieved by forming associations of HIV/AIDS orphans and by integrating family, peers and the community supports to HIV/AIDS orphans (UNAIDS, 2004; Abebe, 2004). Moreover, negative impact of stigma and discrimination on HIV/AIDS orphans can be reduced using different methods like respecting children's right, awareness raising of general public, mobilizing of community and religious leaders, and involving media (Abebe, 2004).

Positive relationships between HIV/AIDS orphans and their classmates is another method of developing positive attitudes on orphans. It can be fostered by devising cooperative classroom activities by the teachers.

The following research finding strengthens the above notion:

Cooperative classroom interactions projects can foster peer acceptance of children who are trying to improve their social relationships including children who are seen as different by their

classmates. Under this scheme teachers assign interesting tasks to small work groups. The group members must work cooperatively to achieve the tasks. In so doing they must interact with their peers they would typically avoid and often discover new basis for liking them (<http://www.ericdigest.org/pre-923/peer.htm>).

According to Fan et al. (2000), educating the public in various types and in various forms can help to reduce the fear of HIV/AIDS by increasing knowledge about what HIV/AIDS is, how it is transmitted and how it is medically treated.

Research which focuses on a detailed factor such as cultural and social aspects in preventing the epidemics, impact on different sections of society is another essential method. Studies focus on HIV/AIDS related issues and assessment of changes in knowledge, attitudes, intentions, practice, status of HIV may also play a vital role in lessening and preventing its impacts on different sections of the society (ibid:257).

From the above discussion, one can infer that educating the public and research may result in some of the ways in which the HIV/AIDS orphans attitudinal problems towards other people can be mitigated.

CHAPTER THREE

3. METHODOLOGY

3.1. Study Method

The main aim of this study was to assess the attitude of HIV/AIDS orphans towards their teachers, classmates and the community. To this end a descriptive survey method was employed.

3.2. Participants of the Study

The respondents of the study were 60 HIV/AIDS orphans who live in three children's homes: Kechene, Kolfe, and Kibebe Tsehay Children's Homes. Three of these Children's Homes are run and operated by the government. 55 percent of the respondents were females.

To the study, two social workers and two counselors of these institutions were selected participate in the interview. The research also included 12 non-orphan classmates from the two and 18 teachers from the three primary schools which were found in nearby the institutions. They were selected for the focus group discussions.

3.3. Sampling Design

As mentioned above, 60 HIV/AIDS orphans were taken for the study using purposive sampling method from the three children's homes. The rationale for the use of purposive sampling technique was that it was the only alternative to select all the HIV/AIDS orphans who were attending the classes ranging from grades 3 to 8 and ages ranging from 9 to 18 years(except that were participated in pilot test). The rationale for the selection was that the researcher felt that firstly, these children can understand the questionnaire and could give dependable information about the attitude of HIV/AIDS orphans towards others that had to be considered. Secondly, the reason for choosing HIV/AIDS orphans who attend their education in primary schools was that most of them are found under the age in which proper intervention can bring in dependable outcome.

The third rationale for using purposive sampling method was that these were the only identified HIV/AIDS orphans who were found in the three institutions.

They were selected using the document of their life history and voluntary exposition of being HIV/AIDS orphans.

The respondents who participated in the interviews (two counselors, two social workers, and 6 HIV/AIDS orphans) and focus group discussions (18 teachers, 12 non-orphan classmates) were selected purposefully. This was because the researcher felt that they were resourceful about the attitude of HIV/AIDS orphans towards their teachers, the community and the classmates.

The classmates of HIV/AIDS orphans and their teachers who participated in the interviews and focus group discussions were selected from the three primary schools: Medihnealem, Tsehay Chora and Kechene Debreselem primary schools. All of them were found in Gullele Sub City. The schools were purposely selected because most of these HIV/AIDS orphans attend in them.

3.4. Data Gathering Instruments

This study employed both quantitative and qualitative data gathering approaches. An attitude scale was used as the main instrument. Interviews as well as focus group discussions were also used as complementary instruments to get the essential data.

3.4.1. The Attitude Scale

A questionnaire which had two parts was prepared for the main data collection. The first part was intended to gather background information about the respondents. The second part was scale to measure the attitudes of the orphans. The attitude scale has three parts. It was planned to collect data about the respondents attitudes towards their teachers, the classmates and the community (see appendix A). Three point attitude scale indicators that range from agree to disagree, that is, agree = 3, uncertain = 2, and disagree = 1 was used.

The scale was adopted from different sources and made to suit to this study.

It was also administered to panel of judges to be more refined and developed.

Five judges participated in the ratings. One of them was a social worker in one of the children's homes in Addis Ababa. The rest, (4) of the judges, were post graduate students from the Departments of Psychology, Educational Administration and Planning, Institute of Language Studies and Curriculum and Instruction.

Their major task was to rate each of the items based on the given instruction. They were asked to rate 3= highly, 2= moderately and 1= poorly. Based on the responses of the judges, a reliability of the internal consistency of items was calculated using Cronbach alpha (α). As a result a reliability coefficient of 0.69 was obtained. Item screening was also made to identify good items for the data collection. Thus, based on the judges rating score of 2.0 and above were retained as good and used for the study, whereas 6 out of 57 items were discarded because they were considered as not good for data collection.

The attitude scale was also further tested by using a pilot test before it was applied for the main study. A pilot test was conducted in Kolfe and Kechene Children's Homes. It was administered to 20 HIV/AIDS orphans. The researcher selected them using available sampling technique. Fifty percent of them were females.

The participants who were selected for the pilot test weren't included in the main study. The data collection for the main study took place after a month's gap of the pilot test. 16 items for the teachers, 16 items for the community and 19 items for the classmates were used for the pilot test.

The internal consistency was calculated for the attitude measurement scale. The reliability coefficients the pilot test for HIV/AIDS orphans attitudes towards their teachers, the community and the classmates were 0.80, 0.81 and 0.85, respectively. Thus, the instrument was found consistent to collect the data for the main study.

However, the statements from the attitude of the respondents towards their teachers were discarded after the data was collected. Some vague questions were rejected

based on the suggestions given by the most of the respondents. Finally the researcher used 49 items for the study (see Appendix -A)

3.4.2. Interview

The interview was the second type of instrument used in the study. 15 close-ended and open-ended question were prepared types. It was first made in English language and then translated into Amharic language when it was administered to the interviewees. This was because the researcher believes that the respondents could communicate more clearly and easily with the researcher and his assistants when the medium of communication is in Amharic language.

3.4.3. Focus Group Discussion

Focus group discussion was the third type of the instrument that was used in the study. The questions were open-ended types.

3.5. Instruments' Administration Procedure

3.5.1. Attitude Scale

Before the onset of data collection, locations of the study areas (Kolfe, Kechene and Kibebe Tsehay Children's Homes found in Kolfe Keranio and Gullele Sub cities) were visited, and rapport was established with the institutions' principals. The respondents were screened using above mentioned methods. These selected respondents were told to be gathered with other orphans (other than HIV/AIDS orphans) and told that the purpose of the study was to investigate the attitude of orphans towards their teachers, the classmates and the community. Then, the instrument was administered by the researcher and his two assistants. The assistants were trained and briefed how to administer and collect the questionnaires. Likewise, during the administration of the questionnaire, appropriate instruction was given to the respondent orphans.

3.5.2. Interview

Closed-ended and open-ended interview questions which were translated from English to Amharic were administered to purposely selected six HIV/AIDS orphans, two social workers and two counselors of the institutions.

Questions which were prepared for each respective interviewee were presented by the researcher and his assistants. The same questions were asked for each category respondent in the same sequence. The researcher and his assistants appeared neutral all the times except probing and controlling the pace and direction of the interview. On average each interview took about 45 minutes.

3.5.3. Focus Group Discussion

Open-ended and close-ended questions were translated from English language to Amharic language. Then, the questions were presented to focus group discussion participants who were selected purposefully (12, classmates of HIV/AIDS orphans and 18 teachers). The discussion was carried out with each group of participants separately. The responses were recorded by the researcher's assistants. The researcher's role was introducing issues and insuring that no one dominates, keeping the participants on the track and encouraging the discussion. On average each group's discussion took about an hour.

3.6. Methods of Data Analysis

Some statistical methods such as mean, standard deviation and percentages were used to examine the attitudes of HIV/AIDS orphans towards their teachers', classmates and the community.

t-test was used to check whether or not there were significant attitude differences among the respondents based on sex, age and grade levels. The level of significance was set to be $\alpha = 0.05$.

The data obtained through interviews and focus group discussions from the different groups (mentioned above) were analyzed qualitatively to supplement the quantitative results.

CHAPTER FOUR

4. RESULTS

As it has been mentioned earlier, an attempt has been made to examine the attitudes of HIV/AIDS orphans by administering a 49 items attitude scale to a total of 60 (m=27, f=33) participants. These participants were selected from three children's homes: Kolfe, Kechene and Kebebe Tsehay children's homes.

4.1. Distribution of the respondents by the Study Area and their Demographic Characteristics

4.1.1. Distribution by Institution

Table 1: Distribution of the Respondents by Sex and Children's Homes

Sex	Kolfe		Kechene		Kibebe Tsehay		Total	
	N	%	N	%	N	%	N	%
Male	21	100	2	7.41	4	33.33	27	45
Female	-	-	25	92.59	8	66.67	33	55
Total	21	100	27	100	12	100	60	100

As it is indicated in Table 1, 21(100%) of the respondents were selected from Kolfe Children's Home. All of the respondents were males. Female respondents weren't selected from this institution because the institution serves only for male children. 27 (100%) of the respondents were selected from the Kechene Children's Home. 25 (92.59%) of them were females, whereas 2 (7.41%) were males. 12 (100%) of the respondents were selected from the Kibebe Tsehay Children's Home. Among these, 8 (66.67%) were females, while 4 (33.33 %) were males.

4.1.2. Demographic Characteristics of the Respondents

Table 2: Demographic Characteristics of the Respondents by Age and Grade Level

Age				Grade Level			
9-12		13-18		3-4		5-8	
N	%	N	%	N	%	N	%
22	36.67	38	63.33	15	25	45	75

Table 2 presents the demographic characteristics distribution of the selected HIV/AIDS orphan respondents by age and grade level. The total numbers of the respondents were 60.45 percent of them were males while the rest, (55) percent were females.

With regard to age level, 36.67 percent fall between 9-12 years of age, whereas 63.33 percent of them were found between the ages 13 to 18.

Concerning grade level of the respondents, 25 percent of them were found in first cycle (grades 3-4), whereas 75 percent of them were found in a second cycle (grades 5-8).

4.2. Attitude of the Respondents towards Their Teachers, the Community and the Classmates.

The data obtained from the respondents are presented and analyzed under three sections, that is, attitudes of HIV/AIDS orphans towards their: (1) teachers, (2) community, and (3) classmates. Again, their attitudes towards the classmates were divided into two parts: non-orphan classmates and orphan classmates.

On the basis of participants' reaction to each specific item in the attitude scale, percentages, means and standard deviations were computed in order to describe the position of the respondents' attitudes along the continuum.

In this study, individuals (respondents) with mean score values of 2 were considered as the respondents with neither favorable nor unfavorable attitudes, whereas those with greater than 2 and less than 2 were considered as the respondents with favorable and unfavorable attitudes, respectively.

Consequently, the mean differences based on some variables (age, sex and grade level) were computed to check whether they have impact on changing of attitudes on the respondents.

4.2.1. Attitude of the Respondents towards Their Teachers

Table 3. Frequencies and Percentages for Ratings of Items Related to the Respondents Attitudes towards Their Teachers.

Item No	Item		Agree	Uncertain	Disagree	Total
1	Teachers are biased to non-orphan classmates	N	21	11	28	60
		%	25	18.33	46.67	100
2	I like the teachers because they treat me very well	N	25	18	17	60
		%	41.67	30	28.33	100
3	I feel comfortable whenever the teachers enter to the class	N	22	8	30	60
		%	36.67	13.33	50	100
4	I feel worried whenever the teachers enter to the classes	N	15	7	38	60
		%	25	11.67	63.33	100
5	Teachers are unsympathetic people	N	16	17	27	60
		%	26.67	28.33	45	100
6	I like to have close relationship with the teachers	N	36	12	12	60
		%	60	20	20	100
7	I feel discomfort when the teachers talk to me.	N	22	7	31	60
		%	36.67	11.67	51.67	100
8	I feel at ease when the teachers make me participate in different activities	N	50	5	5	60
		%	83	8.33	8.33	100
9	The teachers favorable attitude towards me has made me feel happy	N	26	12	22	60
		%	43.33	20	36.67	100
10	I dislike close physical proximity with the teachers	N	15	16	29	60
		%	25	26.67	48.33	100
11	I like the teachers because they treat me motherly and fatherly	N	24	13	23	60
		%	40	21.67	38.33	100
12	I don't want to see the teachers in the school compound	N	12	12	36	60
		%	20	20	60	100
13	I like to stay with the teachers whenever possible	N	28	14	18	60
		%	46.67	23.33	30	100
14	My unfavorable attitude towards the teachers made me poor academically.	N	18	11	31	60
		%	30	18.33	51.67	100

Table 3 shows, the respondents were asked to indicate their agreement, disagreement or uncertainty on the idea of attitudes towards their teachers. Their attitudes were rated based on issues like social relationship and physical proximity; general perceived attitudes; and educational and related activities.

As to the general perceived attitudes of the respondents towards their teachers (see items 1,2,5,9 and 12), 21 (35%) and 28 (46.67%) of the respondents indicated agreement and disagreement to the statement "Teachers are biased to non-orphan classmates", respectively while 11 (18.33%) of them showed reservations (item 1).

In relation to the sympathy of the teachers towards the respondents 16(26.67%) of the respondents said that their teachers were unsympathetic people, whereas 27 (45%) and 17 (28.33%) of them indicated disagreements and reservation to the issue, respectively (item 5).

Twenty six (43.33%) of the respondents showed agreement to the statement, "The teachers' favorable attitudes towards me has made me feel happy." On the other hand, 22 (36.67%) and 12 (20%) of them rated "Disagree" and "Uncertain" to the issue, respectively (item 9).

As shown in the item number 12, 12 (20%) and 36 (60%) of the respondents showed agreement and disagreement to the statement "I don't want to see the teachers in the school compound", respectively. The rest indicated neither agreement nor disagreement to the issue.

Concerning the attitudes of the respondents based on social relationship and physical proximity (items 6,7,10,11 and 13), 36(60%) of the respondents indicated favorable attitudes towards establishing close relationship with their teachers. On the contrary, the same number of the respondents, that is, 12 (20%) showed disagreement and reservation towards the idea (item 6).

In connection to item number 7, 22 (36.67%), 31 (51.67%) and 7 (11.67%) of the respondents replied "Agree", "Disagree" and "Uncertain" to the statement "I feel discomfort whenever the teachers talk to me", respectively.

In relation to physical proximity (item 10), 15(25%) of the participants revealed negative attitudes towards physical proximity with their teachers, while 29 (48.33%) of them indicated favorable attitudes but (26.67%) of the them showed reservations to the issue.

As it is indicated in item number 13, 24 (40%) and 23 (38.33%) of the respondents rated "Agree" and "Disagree" to the issue "I like the teachers because they treat me fatherly and motherly", respectively while 11 (21.67%) of them didn't show agreement or disagreement to it.

Twenty eight (46.67%), 18(30%) and 14(23.33%) of the respondents indicated agreement, disagreement and reservation to the statement "I like to stay with the teachers whenever possible", respectively (item 13).

With regard to the attitudes of the respondents towards their teachers in relation to educational and related activities (see item numbers 4, 8 and 14), 15(25%), 38(63.33%) and 7 (11.67%) of the respondents showed favorable attitude, unfavorable attitude and reservation respectively to the statement "I feel worried whenever the teachers enter to the class" (Item 4).

As it is shown in item number 8, 50 (83%) of the respondents indicated favorable attitude towards the statement "I feel at ease when teachers make me participate in different activities". On the other hand, the same number of participants, that is, 58.33% rated "Uncertain" and "Disagree" to the statement.

As to the attitude of the respondents towards their teachers and its impact on educational achievement, 18 (30%) of the respondents believed that their negative attitude toward the teachers made them poor academic achiever, whereas 31 (51.67%) of the respondents didn't agree to the issue. Others showed neither agreement nor disagreement to it (item 14).

4.2.2. Attitudes of the Respondents towards the Community

Table 4: Frequencies and Percentages for Ratings of Items Related to the Attitude of the Respondents towards Their Community.

Item No	Item		Agree	Uncertain	Disagree	Total
15	I don't want to have any relationship with the community members	N	21	15	24	60
		%	35	25	40	100
16	The community member have unfavorable attitudes towards me	N	29	15	16	60
		%	48.33	25	26.67	100
17	The community members are friendly to me	N	15	19	26	60
		%	25	31.67	43.33	100
18	I enjoy participating in the community social activities	N	34	8	18	60
		%	56.67	13.33	30	100
19	I should always avoid joining to any community member	N	22	13	25	60
		%	36.67	21.67	41.67	100
20	The community people are kind and sympathetic to me	N	14	17	29	60
		%	23.33	28.33	48.33	100
21	I don't really enjoy anything connected to the community	N	17	14	29	60
		%	28.33	23.33	48.33	100
22	People who live outside the school make me feel nervous	N	29	15	16	60
		%	48.33	25	26.67	100
23	I like to talk to strangers who come from the community	N	30	10	20	60
		%	50	16.67	33.33	100
24	I like to play with the community members in my spare time.	N	27	11	22	60
		%	45	18.33	36.67	100
25	People who live outside the institution are unkind to me	N	13	26	21	60
		%	21.67	43.33	35	100
26	I will feel comfortable if the school is far away from the community	N	22	15	23	60
		%	36.67	25	38.33	100
27	I always like to live together with the community members	N	22	13	25	60
		%	36.67	21.67	41.67	100
28	I think I will enjoy living with the community members after I leave the institution	N	24	16	20	60
		%	40	26.67	33.33	100
29	I think that leaving the institution and joining the community life will make me feel uncomfortable	N	26	12	22	60
		%	43.33	20	36.67	100
30	Having friends from the community is fun to me	N	24	9	27	60
		%	40	15	45	100

The respondents were asked to show their agreement on the idea about their social relationship and participation in social activities with the community; living in the community; and perceived attitudes towards the community.

Concerning social relationship and participation in the community (items 15,18,19, 21, 23, 24 and 30), as seen in item number 15, 21 (35%) and 24(40%) the respondents rated "Agree" and "Disagree" to the statement "I don't want to establish any relationship with the community", respectively. The rest rated "Uncertain" to the issue.

As item number 18 indicates, majority (56.67%) of the respondents' revealed agreement to the issue "I enjoy participating in the community social activities". The rest, 18 (30%) and 8(13.33%) of them showed disagreement and reservations, respectively.

As it is indicated in item number 5, 22 (36.67%) of the respondents indicated they wanted to avoid interacting with any community member, whereas 25 (48.67%) of them replied that they didn't want to avoid interacting to any community member. On other hand, 13 (21.67%) of them showed doubts.

Seventeen (28.33%) and 29(48.33%) of the respondents said "Agree" and "Disagree" to the statement "I don't really enjoy anything connected to the community", respectively while (23.33%) of them didn't show agreement or disagreement to the issue (item 21).

As it is shown in item number 23, 30 (50%), 10 (16.67%) and 20 (33.33%) of the respondents rated "Agree", "Disagree" and "Uncertain" to the statement "I like to talk to the strangers who come from the community", respectively.

Twenty seven (45%) and 22 (36.67%) of the respondents showed favorable and unfavorable attitude to the statement "I like to play with the community in my spare time", respectively. The rest of them showed neither favorable nor unfavorable attitude towards the issue (item 24).

As it is seen in item number 30, 24(40%) and 27 (45%) of the respondents indicated that they had favorable and unfavorable attitudes towards having friends from the community members, respectively while other showed doubts to the issue.

With regard to the perceived attitudes of respondents towards the community (items 17, 20, 22 and 25), 14 (23.33%) and 29 (48.33) of the respondents replied that the community had favorable and unfavorable attitudes towards them respectively, whereas 17 (28.33%) of them showed reservations to say whether the community has sympathy or not (item 20).

29(48.33%) and 15 (25%) of the respondents indicated that the community people make them feel nervous and do not make nervous respectively, while 16 (26.67%) of them rated "Uncertain" (item 22).

Thirteen (27.67%) of the respondents replied that community people are evil to them, whereas, 21 (35%) of them indicated disagreement on the same issue. However, the majority of the respondents (26(43.33%) had doubt about the issue.

As indicated in item number 16, 29 (48.33%) of the respondents indicated that the community had unfavorable attitudes towards HIV/AIDS orphans. On the other hand, 15 (25%) of them said that the community had favorable attitudes towards them, whereas 16 (26.67%) of them indicated reservations.

In item number 17, 15 (25%) of the respondents showed agreement while, 26 (43.33%) them indicated, disagreement whereas 19 (31.67%) of them rated "Uncertain" to the statement "The community members are friendly to the HIV/AIDS orphans", respectively.

Concerning the participants attitudes towards community life (items 26, 27, 28 and 29), the result indicated that 22 (36.67%) of the respondents indicated agreement to the statement "The school should be far way from the community", whereas 23 (38.33%) of them indicated disagreement while 25% of them showed reservation to the issue (item 26).

As it is indicated in item number 27, 22 (36.67%) and 25 (41.67%) of the respondents showed agreement and disagreement respectively to the statement. "Living in the community will make me feel comfortable" while 13 (21.67%) of them rated "uncertain".

From the given responses (item 28), 24 (40%) and 20 (33.33%) of respondents showed agreement and disagreement to the statement "I will live a happy life in the community

after I finish my education, whereas 16 (26.67%) indicated neither agreement nor disagreement respectively.

As item number 29 shows, 26 (43.33%) of the respondents replied that they will feel uncomfortable when they live in the community after they leave the institution. On the contrary, 22 (36.67%) of them indicated favorable attitudes while 20 percent showed uncertainty to the issue.

4.2.3. Attitudes of the Respondents towards the Non-Orphan Classmates

Table 5: Frequencies and Percentages for Ratings of Items Related to the Attitude of the Respondents towards Non-Orphan Classmates.

Item No	Item		Agree	Uncertain	Disagree	Total
31	The non orphan classmate are friendly to me	N	34	10	16	60
		%	56.67	16.67	26.67	100
32	I would like to spend much more time with the non-orphan classmates	N	30	12	18	60
		%	50	20	30	100
33	I hate doing group activities with the non-orphan classmates	N	21	10	29	60
		%	35	16.67	43.33	100
34	I don't feel discomfort when I play with the non-orphan classmates	N	23	11	26	60
		%	38.33	18.33	48.33	100
35	I dislike physical proximity with non-orphan classmates	N	17	17	26	60
		%	28.33	28.33	43.33	100
36	I don't want to see the non-orphan classmates in the school compound.	N	17	11	32	60
		%	28.33	18.33	53.33	100
37	I liked learning with the non orphan classmates	N	31	11	18	60
		%	51.67	18.33	30	100
38	I will enjoy living with the non-orphan classmates whenever possible	N	23	11	26	60
		%	38.33	18.33	43.33	100
39	Attending classes with the non-orphan classmates made me feel uncomfortable	N	20	9	31	60
		%	33.33	15	51.67	100
40	I want to have close relationship with non-orphan classmates	N	27	11	22	60
		%	45	18.33	36.67	100
41	I don't want to make friends from the non-orphan classmates	N	17	11	32	60
		%	28.33	18.33	53.33	100
42	I dislike participating in sports activities with the non-orphan classmates	N	17	15	28	60
		%	28.33	25	46.67	100
43	My unfavorable attitude towards the non-orphan classmates has made me poor academic achiever	N	20	10	30	60
		%	33.33	16.67	50	100

The respondents were asked to show their agreement based on their social relationship; physical proximity; educational and related activities; and general perceived attitudes towards the non-orphan classmates.

Concerning the attitude of the respondents in relation to the social relationship with non-orphan classmates (items 32, 34, 35, 38, 40 and 41), as shown in item number 32, 30 (50%) of the respondents indicated favorable and unfavorable attitudes towards the issue "I would like to spend much more time with the non-orphan classmates whenever possible", respectively. The rest rated "Uncertain".

Twenty three (38.33%) and 26 (43.33%) of the participants portrayed positive and negative attitudes, respectively to the statement "I don't feel discomforted when I play with the non-orphan classmates" while the rest of them showed reservation (item 34).

As it is seen in item number 38, 23 (38.33%) the respondents indicated unfavorable attitudes towards the statement "I will enjoy living with the non-orphan classmates whenever possible". However, 26 (43.33%) and 11 (18.33%) of them showed favorable attitudes and uncertainty to the issue, respectively.

As seen in item number 40, 27(45%) and 22 (36.67%) of the respondents indicated that they had favorable and unfavorable attitudes towards establishing close relationship with non-orphan classmates, respectively, whereas 11 (18.33%) of them showed neither agreement nor disagreement to the issue.

As to the making friendship, 17 (28.33%) and 28 (46.67%) of the respondents indicated agreement and disagreement to the statement "I don't want to make friends from the non-orphan classmates", respectively. The other respondents showed reservation to the statement (item 41).

With regard to physical proximity, the same number, that is, 17 (28.33%) of the participants showed negative attitudes and reservation towards physical proximity with non-orphan classmates, respectively. However, 26 (43.33%) of them showed favorable attitudes towards the issue (item 35).

Concerning the attitudes of the respondents towards non-orphan classmates in relation to educational and related activities (items 33, 37,39,42 and 43), 21 (35%) and 29 (48.33%) of the respondents rated "Agree" and "Disagree" to the statement "I hate doing group activities with the non-orphan classmates", respectively, whereas the rest showed neither agreement nor disagreement concerning the issue (item 33).

As to item numbers 37 and 39, 31 (51.67%) the respondents in both cases showed favorable attitudes towards learning with non-orphan classmates. On the other hand, 18 (30%) and 20 (33.33%) of the respondents reacted unfavorably towards the issue. The rest of the respondents 11 (18.33%) and 9 (15%) said that they were uncertain to say whether they feel comfortable or not.

As item number 42 indicates, 17 (28.33%) of the respondents said "Agree" to the statement "I dislike participating in sports activities with the non-orphan classmates." On the contrary, 28 (46.67%) of them showed favorable attitudes while one fourth of them indicated reservation to the issue.

With regard to item number 43, 30 (50%) of the respondents indicated that they did not become poor achievers due to unfavorable attitude towards non-orphan classmates, whereas 20(33.33%) of them revealed the opposite reaction. The rest indicated neither agreement nor disagreement to the issue.

Concerning the perceived attitude of HIV/AIDS orphans attitudes towards non-orphan classmates (items 31 and 36), 34 (56.67%), 16 (26.67) and 15 (25%) of the respondents rated "Agree", "Disagree" and "Uncertain" to the statement "Non-orphan classmates are friendly to me", respectively (item 31).

As item number 36 indicates, 17 (28.33%) and 32(53.33%) of the respondents indicated agreement and disagreement on the issue "I don't want to see non-orphan classmates in the school compound", respectively while 11(18.33%) of the respondents rated "Uncertain".

4.2.4. Attitude of the Respondents towards Orphan Classmates

Table 6: Frequencies and Percentages for Ratings of Items Related to the Respondents Attitudes towards Orphan Classmates.

Item No	Item		Agree	Uncertain	Disagree	Total
44	Spending much time with the orphan classmates makes me feel happy	N	33	11	16	60
		%	55	18.33	26.67	100
45	I feel nervous when I play with the orphan classmates	N	16	10	34	60
		%	26.67	16.67	56.67	100
46	I have liked attending classes with the orphan classmates	N	40	14	6	60
		%	66.67	23.33	10	100
47	I dislike physical proximity with the orphan classmates	N	11	9	40	60
		%	18.33	15	66.67	100
48	The orphan classmates are friendly to me	N	45	5	10	60
		%	75	8.33	16.67	100
49	I can say I am rather forced to live with the orphans	N	19	9	32	60
		%	31.67	15	53.33	100

As Table 4 indicates, the respondents were asked to show their agreements or disagreements towards the other orphan classmates. They were asked to indicate their responses in relation to social relationship; physical proximity; educational and related activities; and perceived attitudes.

With regard to social relationship (item 44, and 45), 33 (55%) and 16 (26.67%) and 11 (18.33%) of the respondents showed favorable, unfavorable attitudes and reservations to the statement "Spending much more time with the orphan classmates makes me feel happy", respectively (item 44).

Sixteen (26.67%) of the respondents indicated agreement and disagreement to the issue "I feel nervous when I play with the orphan classmates" respectively, whereas 10

(16.67%) of them showed neither agreement nor disagreement to the statement (Item 45).

As to the education of the respondents, 40 (66.67%) of them showed favorable attitudes towards attending classes with the orphan classmates, whereas 6 (10%) of them showed disagreement to the issue. 14 (23.33%) of them had doubt (item 46).

With regard to physical proximity, 11(18.33%) of the respondents disliked physical proximity to orphan classmates. On the contrary, 40 (66.67%) of them showed favorable attitudes, while 9(15%) of the respondents indicated reservations to the issue (item 47).

As to the perceived attitude of the respondents to the orphans (items 48 and 49), 45 (75%) and 10 (16.07%) of the respondents rated "Agree" and "Disagree" respectively to the statement "Orphan classmates are friendly to me", whereas 5 (8.33%) of them indicated uncertainty to the issue.

As it is seen in item numbers 49, 19 (31.67%), 32 (53.33) and 9(15%) of the respondents showed agreement, disagreement, and reservations to the statement "I can say I am rather forced to live with orphans", respectively.

4.3. Percentage of the Respondents on the Basis of Their Favorable or Unfavorable Attitudes

In the proceeding section, the individuals mean score was computed based on the responses given for the attitude items of the questionnaire. The individuals with mean score value of less than 2 were considered as not in favor of the respective section of the population, whereas the individuals with mean score greater than 2 were considered as with positive attitudes and individuals with mean score 2 were considered as with no favorable or unfavorable.

Table 7: Participants' Attitude towards Their Teachers Based on Numbers, Percentages and Mean Values.

Respondents who have:	Number	Percentage	Mean
1. Favorable attitude	43	71.67	2.4
2. Neither favorable nor Unfavorable attitude	3	5	2.00
3. Unfavorable attitude	14	23.33	1.77
Total	60	100	2.22

As Table 7 displays, the majority of the respondents 71.67 percent, (mean= 2.40) indicated favorable attitudes towards their teachers while 23.33 percent (mean = 1.77) and 5 percent (mean =2.00) expressed unfavorable attitudes and neither favorable nor unfavorable attitudes towards their teachers, respectively.

Table 8: Respondents Attitudes towards the Community in Relation to Their Numbers, Percentages and Mean Values.

Respondents who have:	Number	Percentage	Mean
1. Favorable attitudes	25	41.67	2.32
2. Neither favorable nor unfavorable attitudes	3	5	2.00
3. Unfavorable attitudes	32	53.33	1.72
Total	60	100	1.97

As to the participants attitudes towards the community, the obtained result which is displayed in Table 8 indicates that 53.33 percent (mean=1.72) of the respondents were not in favor of the community, whereas 41.67 percent (mean=2.32) of them showed favorable attitude. Among the 60 participants, it was only 5 percent respondents (mean = 2.00) who revealed uncertainty about the issue under discussion.

Table 9: Participants Attitudes towards the Non-orphan Classmates Based on Their Number, Percentage and Mean Values.

Respondents who have:	Number	Percentage	Mean
1. Favorable attitude	41	68.33	2.40
2. Neither favorable nor unfavorable attitudes	-	-	-
3. Unfavorable attitudes	19	31.67	1.65
Total	60	100	2.17

As Table 9 indicates, out of 60 participants, the majority of them (68.33% mean =2.40) indicated that they had favorable attitudes towards their non-orphan classmates. However, nearly one-third, that is, 31.67 percent (mean= 1.65) expressed unfavorable attitude towards the non-orphan classmates.

Table 10: Participants Attitudes towards the Orphan Classmates Based on Numbers, Percentages and Mean Values

Respondents who have:	Number	Percentage	Mean
1. Favorable attitudes	50	83.33	2.93
2. Neither favorable nor unfavorable attitudes	-	-	-
3. Unfavorable attitudes	10	16.67	1.63
Total	60	100	2.43

As Table 10 shows, 83.33 percent (Mean= 2.93) indicated favorable attitudes towards the orphan classmates. On the other hand, 16.67 percent (Mean = 1.63) of the respondents portrayed unfavorable attitudes towards the other orphan classmates.

In the proceeding paragraphs, the general profile of the respondent's attitudes towards the respective section of the society is shown based on mean scores and standard deviations.

4.4. Comparison of the Respondents Attitudes on the Basis of Mean Scores

Table 11: Respondents Mean Values on Attitudes towards Their Teachers, the Community and Classmates.

No	Respondents attitudes towards:	Number	Mean	SD
1	Teachers	60	2.22	0.87
2	Community	60	1.97	0.87
3	Non-orphan classmates	60	2.17	0.88
4	Orphan classmates	60	2.43	0.80

As can be seen from Table 11, the mean scores of the respondents towards teachers (2.22), non-orphan classmates (2.17) and that of orphan classmates (2.43) were above the neutral/average value (2).

This indicates the respondents as a whole appeared to have somewhat positive attitudes towards their teachers, and non-orphan and orphan classmates. On the other hand, the mean score, that is, 1.97 indicates that the respondents appeared to have negative attitudes towards the community members.

One can also see from the table that the respondents seems to have more favorable attitudes towards their teachers than the non-orphan classmates, whereas the respondents had the most favorable attitudes towards the orphan classmates.

4.5. The Respondents Mean Differences Based on Demographic Variables (Sex, Age and Grade Levels)

The mean differences between the respondents based on sex, age and grade level were compared and checked by a t-test and the following results were obtained.

Table 12: T-test Comparison of Attitudes of Respondents by Sex

No	Respondents attitudes towards	Sex	Number	Mean	SD	t-values	df	P	Sig.
1	Teachers	M	27	30.7	4.89	0.3774	58	0.7072	ns
		F	33	31.15	4.34				
2	Community	M	27	31.33	5.56	0.1578	58	0.8751	ns
		F	33	32.1	5.66				
3	Non-orphan classmates	M	27	27.43	5.99	0.9694	58	0.3364	ns
		F	33	28.77	4.72				
4	Orphan classmates	M	27	14.97	2.76	0.8882	58	0.3781	ns
		F	33	14.33	2.79				

ns = not significant

$\alpha = 0.05$

As indicated in table 12, t-values for the attitudes of the male and female respondents towards their teachers, the community, non-orphan and orphan classmates are 0.3774, 0.1578, 0.9694 and 0.8882 respectively. For all of the cases, df is 58 and $p > 0.05$. Therefore, there appeared no statistically significant mean differences between male and female respondents in their attitudes towards their teachers, the community and non-orphan and orphan classmates.

Table 13: t-test Comparison of Attitudes of the Respondent Based on Age Level

No	Respondents attitudes towards	Age level	Number	Mean	SD	t-values	df	P	Sig
1	Teachers	9-12	22	32.59	4.30	1.9049	58	0.0618	ns
		13-18	38	30.26	4.71				
2	Community	9-12	22	33.32	5.20	1.7330	58	0.0884	ns
		13-18	38	30.74	5.75				
3	Non-orphan classmates	9-12	22	28.95	3.5	0.9232	58	0.3597	ns
		13-18	38	27.61	6.26				
4	Orphan classmates	9-12	22	14.68	2.68	0.1772	58	0.8599	ns
		13-18	38	14.55	2.77				

ns= not significant
 $\alpha = 0.05$

As shown in Table 13, t-values for the attitudes of the respondents based on age (9-12 and 13-18) are 1.9049, 1.7330, 0.9232 and 0.1772 respectively. The degree of freedom (df) is 58 and $p > 0.05$ for all of the cases respectively. Thus, there appeared no statistically significant mean difference among the respondent towards their teachers, the community, non-orphan and orphan classmates.

Table 14: t-test Comparison of Attitude of Respondents by Grade Level

No	Respondents attitudes towards	Age level	Number	Mean	SD	t-values	df	P	Sig
1	Teachers	3-4	15	31.67	4.58	0.4592	58	0.6478	ns
		5-8	45	31.04	4.67				
2	Community	3-4	15	30.8	4.62	0.8199	58	0.4157	ns
		5-8	45	32.02	6.01				
3	Non-orphan classmates	3-4	15	27.93	3.69	0.1782	58	0.8592	ns
		5-8	45	28.16	5.9				
4	Orphan classmates	3-4	15	14.27	2.89	0.5195	58	0.6054	ns
		5-8	45	14.71	2.68				

ns= not significant
 $\alpha = 0.05$

As indicated in Table 14, t-values for the attitudes of the male and female respondents towards their teachers, the community the non-orphan classmates and orphan classmates are 0.4592, 0.8199, 0.1782 and 0.5195 respectively. For all of the cases, df is 58 and $p > 0.05$. Thus, there is no statistically significant mean difference between grades 3-4 and 5-8 respondents in their attitudes towards their teachers, the community, the non-orphan and orphan classmates.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1. Discussion

In this part of the study, the findings are treated first in relation to the leading research question, that is, "what are the attitudes of HIV/AIDS orphans towards their teachers, classmates and the community?" The attitudes of HIV/AIDS orphans towards their teachers, classmates and the community are treated separately. Then, the factors that may predispose the participants to favor or disfavor towards others (mentioned above) are treated in each of the cases. Moreover, some demographic variables that may contribute to the variations in attitudes are discussed separately (in section 5.1.2)

5.1.1. Attitudes of the Respondents towards Their Teachers, Classmates and the Community

5.1.1.1. Attitude of the Respondents towards Their Teachers

As can be seen in Table 7, 71.67 percent (mean= 2.4) of respondents have favorable attitudes towards their teachers. The majority (more than 50%) of them showed positive attitudes towards their teachers in relation to social relationship and educational activities. For example, 60 percent of them indicated favorable attitudes towards establishing close relationship with their teachers. Moreover, 51.67 and 63 percent of them said that they weren't uncomfortable when they talk to their teachers and didn't feel worried whenever the teachers enter to the class, respectively. Furthermore, 83 percent of them reported that they felt at ease when the teachers make them participate in different activities. 51.67 percent of them also reported that they didn't have unfavorable attitudes towards their teachers that results in negative impact on their academic achievement.

This study supports the study conducted by Tedla (2005), that is, out of 388 HIV/AIDS orphans, 77.6 percent of them reported that they have favorable attitudes towards their teachers.

An interview conducted with the orphans indicated that a few teachers have favorable attitude towards the orphans (including HIV/AIDS orphans). They make the orphans feel at ease and participate actively. The teachers do not show discriminatory activities between non-orphans and orphans. This implies that some teachers' favorable attitudes may be the main cause for the majorities favorable attitudes.

Furthermore, a focus group discussion which was held with Kechene Debreeselam Primary School teachers revealed that most of the orphans (including HIV/AIDS orphans) have favorable attitudes towards their teachers.

All these discussions imply that the majorities' favorable attitudes towards their teachers may be due to conducive environment of some schools and some teachers' awareness about safety and psychosocial needs of the orphans (including HIV/AIDS orphans).

However, as mentioned above it is only 71.67 percent and 5 percent (mean=2) who had favorable and neither favorable nor unfavorable attitudes towards their teachers, respectively. As indicated in Table 7, 23 percent (mean= 1.77, SD=0.87) of the respondents have unfavorable attitudes towards their teachers.

An interview conducted with orphans who live in Kolfe Children's Home revealed that some orphans (including HIV/AIDS orphans) have negative attitudes towards their teachers because their teachers mistreat them. Some of the mistreatments include: using downgrading and annoying words like *Warobella* (thief), *berenda adari* (street child), *balegae* (naughty) and *sirat yelesh* (orderless). Moreover, an interview conducted with Kolfe Children's Home counselor indicated that some teachers mistreat the orphans. They take immediate measures even when the orphans commit a minor mistake that can be corrected or simply passed without punishment. The counselor further reported that there are also some teachers who do not consider the psychosocial needs and problems of the orphans. Furthermore, the interview result conducted with Kechene Children's Home social worker portrayed that some school teachers undertake "positive discriminations" (actions that seem sympathetic and helpful but harmful to the orphans.) For example, some teachers publicly speak about the orphans to the classmates or others. They may say like "Don't discriminate the orphans. Treat them

brotherly and sisterly." The social worker further suggested that such kind of approach makes the orphans feel different from others which in turn results in behavioral problems.

As it has been mentioned earlier, 5% of the respondents computed mean was=2. This indicates that the respondents had neither favorable nor unfavorable attitudes towards their teachers. However, conducted interviews and focused group discussions didn't show the reasons for these respondents doubt (reservation).

However, the computed average mean for the whole respondents (Mean = 2.22, SD= 0.87) reveals that the majority of the respondents had favorable attitudes towards their teachers.

With regard to discrimination, studies indicate that some people may discriminate orphans intentionally or unintentionally because they consider their actions are appropriate. By so doing these actions, they feel that they are becoming sympathetic to the orphans. However, for the recipients the actions make them feel different from others and hopeless (Tedla, 2005).

The result of this study also agrees with some other studies. A study conducted by Tedla (2005) reveals that out of 388 HIV/AIDS orphans, 22.4% of them reported that they had negative attitudes towards their teachers. The main reasons for their unfavorable attitudes include: their teachers use downgrading and annoying words, scolding, battering, looking down, and showing grumbling behaviors against them. Moreover, a study made in Kenya shows that some unsympathetic teachers made the HIV/AIDS orphans to develop unfavorable attitudes towards their teachers. The orphans reported that the teachers yelled at them, made fun of them, put them out of classrooms, and so forth ([http://www. Lawn unmoryland. edu/marshall/crsreport/crsdocuments/RL3225202112005.pdf](http://www.Lawn.unmoryland.edu/marshall/crsreport/crsdocuments/RL3225202112005.pdf)).

In this study, however, the interviews and focus group discussions conducted with HIV/AIDS orphans, social workers, counselors and teachers indicated that the mistreatment of some teachers against the HIV/AIDS orphans doesn't seem to have relationship with the impact of HIV/AIDS. Since the HIV/AIDS orphans included in the

study live with other orphans who lost their parents other than due to HIV/AIDS, most of the teachers do not know whether or not the orphans lost their parents due to HIV/AIDS or other causes. Thus, some teachers' mistreatment seems more or less the same to all orphans (including HIV/AIDS orphans).

As it was suggested by one of the children's homes counselors, some teachers' mistreatment against the orphans may be due to the misunderstandings of the teachers as orphans grow-up with behavioral problems. This is because no one guides them to grow with a given socially accepted behavior, norm and other developmental aspects. As seen especially from the interviews and focus group-discussions, misunderstanding and mistreatments directed by some teachers against some orphans (including HIV/AIDS orphans) seem to serve as a cause for the orphans to develop negative attitudes towards their teachers.

The key informants were asked the question "What do you recommend for the future of action to develop positive attitudes on HIV/AIDS orphans towards their teachers?" Most of the key informants suggested as follows: teachers shouldn't stigmatize and discriminate the orphans (including HIV/AIDS orphans). They should also understand the orphans problems and treat them accordingly. Moreover, the teachers should encourage the orphans and give them moral support as much as possible.

Hence, the complains forwarded by the respondents above as the causes for some of the orphans negative attitudes towards their teachers need to be taken into account for possible interventions.

5.1.1.2. Attitude of the Respondents towards the Community

As it is shown in Table 4, with the exception of item numbers 18 and 23, the percentage of the respondents who showed favorable attitudes to each of the item was less than 50 percent. Moreover, as Table 8 reveals, the mean values of the responses of items were calculated for each respondent. In relation to this, the majority (53.33%) of the respondents mean value falls below neutral mean value indicator (2). Furthermore, as Table 11 portrays, the computed mean value for the whole items (mean=1.97, SD=

0.87) is less than the neutral mean value (2). Generally, this implies that the majority of the respondents had unfavorable attitudes towards their community.

As Table 8 indicates, although the majority of the respondents have shown negative attitudes, 41.67% (mean=2.32) of them had favorable attitudes while 5 percent (mean=2.00) had neither favorable nor unfavorable attitudes.

With regard to negative attitudes of the respondents, interviews conducted with the orphans revealed that quite many of the orphans (including HIV/AIDS orphans) have no good relationship with their community members. As the interviewees suggested, most of the orphans and the community members, have no favorable attitudes towards each other. This is because the community people stigmatize and discriminate the orphans. They further reported that some parents do not want their children to play with the orphans. Some others also consider the orphans as naughty, and destructive to the community. Still some others stigmatize them in relation to their orphanhoodness. Some of the derogatory words or phrases that the community uses to stigmatize the orphan include: *galamota* (a child of deceased), *berenda adari* (street child), *Yerguman lij* (a child of cursed parents), and *sid adeg* (a child grow up without socially accepted norms and rules). Moreover, the interviewees added that above mentioned and other unfavorable situations that emanate from the community are the causes for their unfavorable attitudes towards the community. Past experience, either negative or positive, is believed to result in favorable or unfavorable attitudes towards attitude objects (Tsegie, 2004).

The information obtained from the interviewees indicated that the stigma that originates from some community members caused most of the orphans isolate themselves from the community social relationship and has made them to take revenges like attacking peers and other people in groups. The stigma and discrimination of these community members have also made the orphans suspicious of every actions of the community which in turn made them to have negative attitudes towards the community members.

Some studies conducted in line with this study revealed that majority of HIV/AIDS orphans reported that in their respective communities, some people were unfriendly and indifferent to them (Tedla, 2005). The orphans also reported that they felt uncomfortable

about the community because they faced stigma and discrimination by some community members (Selamawit, 2005). Moreover, these orphans were stigmatized for no fault of theirs, some community members considered them as trouble makers just because they didn't have parents to guide them in the right direction. Some of them were also subjects of some derogatory words or phrases that emanate from the community (Tedla, 2005; Selamawit, 2005; Shalina et al., 2004).

The community's unfavorable attitudes towards the HIV/AIDS orphans may affect social, emotional and psychological development of these orphans. The result of such occurrences may manifest at various level of their developmental stages in the form of various behavior disorders. This in turn may also make the orphans develop negative attitudes towards the community (Tedla, 2005).

On the other hand, the information obtained from the interviews with the HIV/AIDS orphans, counselors and social workers indicated that the causes for the orphans (including HIV/AIDS orphans) to have unfavorable attitudes towards their community were not associated with psychological impact of the HIV/AIDS. The interviewees confirmed that the community does not use the derogatory words or phrases associated with HIV/AIDS like *aidsam lij* (a child of parent(s) with HIV/AIDS) and *enatu/abatu beaids yemotebet* (*yemotechbet* (child of a man or a woman died to AIDS)). Therefore, the community members' stigma and discrimination seems the same to all orphans (including HIV/AIDS). The above obtained information with regard to HIV/AIDS's psychological impact on the HIV/AIDS orphans disagrees with the study undertaken by Tedla (2005) revealed that: according to the perception of the society, HIV/AIDS is associated with stigma and discrimination while the other diseases are considered as killers only. Hence, children who lost their parents due to HIV/AIDS are vulnerable to stigma and discrimination.

Thus, as this study indicates the respondents unfavorable attitudes towards the community was not associated with the impact of HIV/AIDS.

The interviewees were asked the question "Generally, what do you recommend as the future course of action to develop positive attitudes of HIV/AIDS orphans towards the

community?" Almost all the interviewees (HIV/AIDS orphans, social workers and counselors) suggested that the community members should stop stigma and discrimination, provide care and support, give equal treatment as other children as well as give love and moral support to these children.

5.1.1.3. Attitudes of the Respondents towards the Classmates

5.1.1.3.1. Attitude of the Respondents towards the Non- Orphan Classmates

The mean values of the responses of items were calculated for each respondent. In relation to this, the majority, (68.33 percent) of the respondents mean values fall above neutral mean value (2). Moreover, as Table 8 shows, the computed mean value for the whole items was 2.17, that is, slightly greater than the neutral mean value (2). This implies that HIV/AIDS orphans under discussion had some what favorable attitudes towards the non-orphan classmates.

As Table 5 indicates, 53.33 and 56 percent of the respondents revealed that they had interest to establish close relationship and stay long time with the non-orphan classmates whenever possible respectively (items 31 and 41). Furthermore, 51.67 of them had shown favorable attitudes towards attending classes with the non-orphan classmates. This implies that the majority of the respondents want to develop healthy relationship with the non-orphan classmates if the conducive atmosphere is created in the schools' community and other related areas.

Interviews held with the HIV/AIDS orphans indicated that most of the non-orphan classmates had friendly relationship with orphans (including HIV/AIDS orphans). Furthermore, a focus-group discussion held with non-orphan classmates revealed that some of the HIV/AIDS orphans have positive relationship with some non-orphan classmates. Some non-orphan classmates do not segregate the orphan classmates in different group and play activities like football, valley ball, and so on.

A study conducted in line with this study shows that majority, (72.4 percent) of the respondents reported that they had favorable attitudes towards their non-orphan classmates. Similarly, 70.7 percent of these respondents reported that they had a

favorable environment to involve in various games with the non-orphans (Tedla, 2005). This implies that the majority of the respondents had favorable attitudes towards the non-orphan classmates.

On the other hand, as Table 9 indicates, 31.67 percent (mean=1.67) of the respondents had unfavorable attitudes towards the non-orphan classmates.

Interviews held with the HIV/AIDS orphans revealed that some of the orphans have developed negative attitudes towards non-orphan classmates. The main reasons for their hatred include: the non-orphans tease them, laugh at them make others laugh at them, collaborate with some other community peers and attack them in groups and so on. Moreover, the interviewees reported that the non-orphans tease them using nick names like *yemadego liji* (a child brought up by others other than parents) and *yemengist liji* (a child cared by the government) and *Yetetale* (a child thrown in the street). On the contrary, the orphans tease the non-orphan classmates using the nick names like *menderie* (villagers) and *Chigregnä* (poor). Furthermore, an interview held with one of the children's homes social worker indicated that sometimes the orphans and the non-orphans fight each other. The social worker added that although such incidence is rare, there are some orphans who are aggressive and have unfavorable attitudes towards the non-orphans and other peers.

This study agrees with Tedla's (2005) study that indicates out of 388 HIV/AIDS orphans, 27.1 percent portrayed negative attitudes towards the non-orphan classmates. Some of the reasons for their hatred include the non-orphan classmates tease them, make other laugh at them, insult them, hate them for no apparent reasons, batter them, and so forth.

However, in this study some respondents' unfavorable attitudes towards the non-orphan classmates did not seem to be associated with HIV/AIDS impact on these orphans. As the interview result conducted with the HIV/AIDS orphans, the social workers and the counselors of the institutions revealed, most of the non-orphan classmates do not know whether the orphans lost their parents due to HIV/AIDS or other causes. Thus, the discrimination and segregation that manifest on these orphans by the non-orphan classmates are the same to all orphans (including HIV/AIDS orphans). Therefore,

HIV/AIDS orphans unfavorable attitudes may be the same with other orphans who lost their parents other than due to HIV/AIDS. This part of finding contradicts Tedla's (2005) study that revealed that whatever the case may be HIV/AIDS orphans are sensitive to every actions of others than other orphans because they may think that it happens because of the death of their parents due to AIDS.

The interviewees were asked whether or not the children's homes and other concerned bodies have taken any measures to create conducive environment in the schools to develop positive relationship between the orphans and non-orphans classmates. They reported that as far as they know in most of the schools constructive effort has not been taken yet. However, focus group discussions held with Kechene Debreselam and Tsehay Chora Primary School's teachers indicated that the schools have created conducive environment to all students (including HIV/AIDS orphans, children with disabilities and non-orphans). As a result, most of the schools' children have favorable attitudes towards each other.

The interviewees were also asked the question "Generally, what measures do you recommend for future course of action to develop positive attitudes towards the non-orphan classmates?" Most of them recommended that the non-orphan classmates shouldn't be biased to the community peers, they should be friendly to the orphans like the non-orphan classmates and they should not tease, stigmatize and segregate the orphans.

5.1.1.3.2. The Attitudes of the Respondents towards the Orphan Classmates

Although the statements prepared to identify the attitudes of HIV/AIDS orphans towards the orphan classmates are few in number, the researcher believes that the responses of the participants may throw light on the issue.

As Table 6 indicates, the majority of the respondents reported that they had favorable attitudes towards the orphan classmates. For example, the response revealed that they

had friendly relationship and favorable attitudes with respect to spending much time, attending classes, living together and having physical contact with the orphan classmates (including HIV/AIDS orphans).

Moreover, as Table 10 portrays, 83.33 percent of the respondents responses mean value is greater than the neutral mean value (2). Furthermore, as it is seen in Table 11, the computed mean value for the whole respondents response is 2.40 (SD=0.80) which is greater than average mean value (2).

Generally, the above mentioned cases imply that the majority of the HIV/AIDS orphans had positive attitudes towards the orphan classmates.

The interview held with the HIV/AIDS orphans revealed that most of the orphans (including HIV/AIDS orphans) had favorable attitudes towards each other. For instance, if one of them is attacked by other peers or non-orphan classmates, the orphans take revenge on the rival(s) in groups. In addition to this, since they consider themselves as family members, they help each other when they face any difficulties.

Studies also show that individuals have favorable attitudes towards others who share attitudes, interests and circumstances that resemble their own. Moreover, they choose friends who accept and like them in a favorable light (<http://www.focusas.com/peerinfluence.html>).

As seen in Table 10, although the majority of the respondents indicated positive attitudes, a few respondents (16.67%) revealed negative attitudes towards the orphan classmates.

Interviews held with the HIV/AIDS orphans didn't identify the main reasons for some of these respondents hatred to the orphan classmates. However, the interview conducted with social workers revealed that some older and aggressive orphans beat and mistreat the younger orphans. Moreover, some orphans steal some properties of other orphans. Thus, these and other conditions may be the main reasons for some respondents negative attitudes towards the orphan classmates.

5.1.2. Attitude Difference or Similarity due to Respondents' Gender, Grade Level and Age

t-tests were computed to compare the attitude of the orphan respondents towards their teachers, the community and classmates, based on their sex, age and grade level. As presented in Tables, 12,13, and 14 although there appeared small mean differences in computed means, in each of the above variables, the mean differences were not statistically significant at $\alpha = 0.05$.

This indicates that in this study sex, age and grade level had no significant relationships with attitude HIV/AIDS orphans towards their teachers, classmates and the community.

As to the attitude difference between male and female respondents, this study seems to agree with a study made by MOLSA, Italian Cooperation and UNICEF (2003); there is no statistically significant difference between male and female AIDS orphans in emotional and social adjustment levels.

5.2. Conclusions

The following conclusions have been reached based on the result of the study.

As it was seen from the results the majority of the respondents (53.33%; mean=1.77) had unfavorable attitudes towards the community people. The given responses to some attitude scale items and information obtained from interviewees and focus group discussion participants confirmed that there was no smooth social relationship between the orphans (including HIV/AIDS orphans) and the community members.

The major perceived factors for the participants to disfavor the community people were mainly related to stigma and segregation of the community members against these orphans. Derogatory words or phrases such as *gefy* (a child created to destroy his/her parents), *Sirat yelesh* (orderless), *balegae* (naughty), *sidadeg* (a child grew up without socially accepted rules and norms), were the major predisposing factors used by the

community that in turn made the respondents develop negative attitudes towards the community.

It seems that the respondents had shown negative attitudes towards issues like social relation and activities and the community life after they leave the institutions they live these days. On the hand, as it is seen in Table 8, 41.67 percent (mean=2.32) showed favorable attitudes. Although some of the respondents indicated favorable attitudes, the obtained information from the key informants didn't indicate the major factors that make the respondents to have favorable attitudes.

However, the computed mean values of the whole respondents=1.97 indicates that the participants had negative attitudes towards the community members.

With regard to attitude of HIV/AIDS orphans towards their teachers, the majority (71.67%, mean=2.40) had positive attitudes. The major causes for the majorities' favorable attitudes as reported by the interviewees and focus-group discussants include some teachers treat equally and give moral support like non-orphan classmates.

On the other hand, 23.33 percent (mean=1.77) of the respondents had negative attitudes towards their teachers. The major predisposing factors to develop negative attitudes towards their teachers were related to some teachers' mistreatments like biased actions to non-orphan classmates, using down-grading and annoying words, battering, complaining to the actions of these orphans and "positive discriminations."

As a whole, computed mean value (2.22) indicated that the majority of the respondents had somewhat positive attitudes towards their teachers.

In relation to the attitudes of the HIV/AIDS orphans towards the non-orphan classmates, the majority (68.33) percent, mean=2.40) of the respondents had favorable attitudes. The major perceived factors for their positive attitudes include that some non-orphan classmates are friendly to the orphans, and they are cooperative in different activities.

However, 31.67 percent (mean=1.65) of the respondents had unfavorable attitudes towards the non-orphan classmates. The main factors that made them develop

unfavorable attitudes were related to the non-orphans: tease them, make others laugh at them, biased to the community peers and fight in groups against them.

Generally, the result of the study (the computed mean value (2.17) indicated that HIV/AIDS orphans have somewhat favorable attitudes towards the non-orphan classmates.

With regard to the respondents attitudes towards the orphan classmates, the majority, 83.33 percent (mean=2.93) of them had favorable attitudes. The main reasons for their favorable attitudes towards the orphan classmates were related to the orphan classmates are friendly and sympathetic to them and collaborative to each other in different situations.

On the contrary, 16.67 percent (mean=1.63) of the respondents had unfavorable attitudes towards the orphan classmates. As the obtained information indicates, beating of some aggressive orphans and stealing of some properties in their living home might be the main reasons for their unfavorable attitudes towards the orphan classmates.

The obtained information indicated that the respondents negative attitudes towards the community, their teachers and classmates wasn't seem to be related with the HIV/AIDS impact like stigma and discrimination that arise in relation to HIV/AIDS. The above mentioned problems of the society's stigma and discrimination against these orphans may be based on the culture and belief in relation to orphan hood.

t-test result for the respondents mean differences based on demographic variables (age, sex and grade level) confirmed that there was no statistically significant mean differences (between males and females; grades 3-4 and 5-8; and ages 9-12 and 13-18 years).

In conclusion, the overall picture of this study (with the exception of majority of the participants' negative attitudes towards the community people) indicated that the respondents seems to have favorable attitudes towards their teachers and non-orphan classmates. Moreover, the respondents had somewhat moderately favorable attitudes towards the orphan classmates. This may generally indicates that there is little

conducive relationship and understanding between the community and orphans (including HIV/AIDS orphans). Moreover, it also shows that there is less conducive atmosphere and relationship between the respondents and the sampled school community.

The above situation in turn suggests that much effort has to be paid to avoid the predisposing (perceived) factors that make the HIV/AIDS orphans develop negative attitudes towards their teachers, classmates and the community members.

5.3. Recommendations

Recommendations are made based on the findings and conclusions drawn. Depending up on the scope and areas of emphasis for taking actions, measures to be taken has to be carried out at several levels.

1. Measures to be taken by the Government

The study indicates that the psychological needs of HIV/AIDS orphans are down played and the emphasis has so far been mostly on material provision. Moreover, these children were stigmatized and mistreated by some community members, their teachers and classmates and other sections of the society which in turn resulted in negative attitudes formation on these children towards others. Thus, the government should play its part in creating public awareness about the nature of HIV/AIDS orphans and their attitudinal problems towards others and its resulting impact through:

- its organizational networks;
- different mass media;
- schools; and
- different community organizations like "idir" "mahiber", youth clubs, etc.

2. Measures to be taken by the Children's Homes

Studies indicate that institutions like children's homes when compared with non-institutionalized children's care are less important (Befikadu, 2005). However, institutional cares for developing countries like Ethiopia are the only alternatives because non-institutionalized cares are not sufficiently available for alarmingly increasing orphans. Thus, children's homes should give attention to safety and psychological needs that trigger the orphans to develop attitudinal problems. Therefore, the children homes should:

- Assess the attitudes of the orphans (including HIV/AIDS orphans) towards different sections of the society and should plan appropriate intervention programs;
- Give guidance and counseling services to promote favorable attitudes of these children towards others;
- Work closely with community people and schools to discuss the type of support that should be given to orphans (including HIV/AIDS orphans) to develop healthy social and psychological relations among the orphans and the school community and the society at large;
- Develop programs that facilitate social relationship between the orphans and different community members; and
- Create public awareness about the orphans attitudes and related psychological aspects using magazines, leaflets, mass media and other means.

3. Measures to be taken by the Schools

Schools have roles and responsibilities to create conducive school environment for their students. Developing positive attitudes among the school community (including orphans and non-orphans students) is one of the tasks of the schools. This can be achieved by creating awareness among the school community members about safety and psychological needs of the orphans. Therefore the schools should:

- Devise group and other joint activities to facilitate social interaction between orphans (including HIV/AIDS orphans) and the classmates. Because closer social and physical proximity may bring positive attitudes towards the school community; and
- Develop programs that help take corrective measures on teachers and students who mistreat the HIV/AIDS orphans.

4. Measures to be taken by Non-Governmental Organizations

Studies indicate that non-governmental organization focus on especially material and educational problems of orphans (including (HIV/AIDS orphans) (Tedla, 2005). They should have also given equal weight to the psychosocial problems that make the orphans develop undesirable attitudes towards different sections of the society. Therefore, the non-governmental organizations should:

- Pay due attention to provide psychosocial services to develop positive attitudes towards others on the orphans in general and HIV/AIDS orphans in particular;
- Give financial and technical assistance to organizations and individuals that give care and support (including psychological supports) to these children; and
- Teach the community members about the nature of HIV/AIDS orphans and their emotional needs using different means.

5. Measures to be taken by the Community

Community's conducive atmosphere is one of the decisive factors for the healthy emotional development of the children in general and HIV/AIDS orphans in particular. Smooth psychosocial relation among the community members and especially the HIV/AIDS orphans reduces stigma and discrimination that emanate from the community members.

The favorable relation among the community members and these children can be brought through the involvement of community influential individuals, religious leaders,

and others who have important role in the community life. Thus, the community members should:

- Involve in awareness raising about the nature of HIV/AIDS orphans and their emotional needs and other aspects;
- Give care and support and encouragement to these children instead of stigmatizing and discriminating them;
- Make the orphans interact actively with other no-orphan peers in different activities; and
- Work with the schools and children's homes cooperatively in the matters of these children.

6. Measures to be taken by Researchers

Studies show that researches have been conducted especially on the nature of HIV/AIDS and people living with HIV and their care and support. Most of the studies focus on the adult population. Especially psychosocial needs of children orphaned by HIV/AIDS are almost a forgotten issue. The researchers who involve in this area should also focus on the:

- Study of the attitude of the HIV/AIDS orphans towards the other sections of the society (including the community, the teachers, and classmates) and vice versa;
- Effective intervention methods to reduce the negative attitudes and develop positive attitudes towards each other;
- Finding of new techniques that reduce harmful cultural and traditional practices that result in stigma and discrimination against HIV/AIDS orphans.

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APPENDICES

ADDIS ABABA UNIVERSITY
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COLLEGE OF EDUCATION
DEPARTMENT OF PSYCHOLOGY

Attitude Questionnaire to be filled by HIV/AIDS Orphans

The main purpose of this questionnaire is to examine the Colfe, Kechene and Kibebe Tsehay Children's homes orphans' attitudes towards their teachers, community and classmates with regard to various issues.

The statements given in table below describe about how you feel about others (teachers, community and classmates). It is supposed that your genuine and honest answer to the questionnaire contributes greatly towards achieving the objective of the investigation. Thus, you are requested to answer all the questions genuinely and honestly.

Remember (1) This questionnaire is not a "test" and there are no answers that are right or wrong. The important thing is that you are able to express your own opinion.

(2) All answers will be kept in absolute confidentiality and you will not be responsible for the research outcome.

Thank you in advance for your cooperation!!

Part I

Personal Background Information

Direction: Please fill in your personal information in the blank space given below.

1.1. Grade _____ 1.2. Age _____ 1.3. Sex _____

1.4. Parents lost (Circle one)

(a) Mother only _____ (b) father only _____

(c) Both _____

Part II

Direction: - The following are the three point scale attitude indicators. The attitude indicator statements are given with the three point scale indicators (i.e., agree, uncertain and disagree). You are required to choose one that is suitable for you and circle it for your response.

Key: - If your response is "Agree" encircle "A".

If your response is "Uncertain" encircle "U".

If your response is "Disagree" encircle "D".

Item No	Statements	Agree (A)	Uncertain (U)	Disagree (D)
	Regarding the Teachers			
1	The teachers are biased to non-orphan classmates	A	U	D
2	I like the teachers because they treat me very well	A	U	D
3	I feel comfortable whenever the teachers enter to the class	A	U	D
4	I feel worried whenever the teachers enter to the class	A	U	D
5	The teachers are unsympathetic people	A	U	D
6	I like to have close relation ship with the teachers	A	U	D
7	I feel discomforted when the teachers talk to me			
8	I feel at ease when the teachers make me particpate in different activities	A	U	D
9	The teachers favorable attitudes towards me usually make me feel happy	A	U	D
10	I dislike to have close physical proximity with the teachers	A	U	D
11	I like the teachers because they treat me fatherly and motherly	A	U	D
12	I don't want to see the teachers in the	A	U	D

	school compound			
13	I like to stay with the teachers whenever possible	A	U	D
14	My unfavorable attitude towards the teachers made me poor academic achiever	A	U	D

Item No	Statements	Agree (A)	Uncertain (U)	Disagree (D)
15	I do not want to have any relationship with the community members	A	U	D
16	The community members have unfavorable attitude towards me	A	U	D
17	The community members are friendly to HIV/AIDS orphans	A	U	D
18	I enjoy participating in the community social activities	A	U	D
19	I should always avoid joining to any community member	A	U	D
20	The community people are kind and sympathetic to me	A	U	D
21	I don't really enjoy any thing connected with the community	A	U	D
22	People who live outside the institution make me feel nervous	A	U	D
23	I like to talk to strangers who come	A	U	D

	from the community			
24	I like to play with the community members in my spare time.	A	U	D
25	People who live outside the school are unkind to me	A	U	D
26	I will feel comfortable if the school is faraway from the community	A	U	D
27	I like to live together with the community people	A	U	D
28	I think I will enjoy living with the community after I leave the school	A	U	D
29	I think leaving the school and joining community will make me feel uncomfortable.	A	U	D
30	Having friends from the community people is fun to me	A	U	D

Regarding the Classmates

Item No	Statements	Agree (A)	Uncertain (U)	Disagree (D)
31	Non-orphan classmates are friendly to me	A	U	D
32	I would like to spend much more time with non-orphan classmates	A	U	D
33	I hate participating in group activities with the non-orphan classmates	A	U	D

34	I don't feel discomforted when I play with the non-orphan classmates	A	U	D
35	I dislike physical proximity with non orphan classmates	A	U	D
36	I don't want to see the non-orphan classmates in the school compound	A	U	D
37	I have liked attending classes with the non-orphan classmates	A	U	D
38	I enjoy living with the non-orphan classmates whenever possible.	A	U	D
39	Attending classes with the non-orphan classmates made me feel discomforted	A	U	D
40	I want to have close relationship with the non orphan classmates	A	U	D
41	I don't want to make friends from the non-orphan classmates	A	U	D
42	I dislike participating in sports activities with non-orphan classmates	A	U	D
43	My unfavorable attitude towards the non-orphan classmates made me poor academic achiever	A	U	D
44	Spending much more time with the orphan classmates makes me feel happy	A	U	D
45	I feel discomforted when I play with the orphan classmates	A	U	D

46	I liked attending classes with the orphan classmates	A	U	D
47	I dislike physical proximity to the orphan classmates	A	U	D
48	The orphan classmates are friendly to me	A	U	D
49	I can say that am forced to live with orphans	A	U	D

I thank you again for your cooperation!

- 3a) If your answer is "Yes" in what ways do these teachers express their positive attitudes? _____
- 3b) If your answer is "No" in what ways do they express the negative attitudes?

4. Do teachers commit discrimination and stigmatization against HIV/AIDS orphans?
a) Yes b) No
- 4a. If you say "Yes" in what forms and when they show discrimination and stigmatization? _____
- 4b. If these children are victims of these situations, do you think that they will face any problem? _____
5. Are there any derogatory words or phrases associated with HIV/AIDS orphans that teachers use to offend these children? a) Yes b) No
- 5a. If "Yes" what are they? _____
6. Do HIV/AIDS orphans use any system that counteract derogatory words or phrases that come from the teachers?
a) Yes b) No
- 6a. If your answer is "yes" what systems do they use? _____
7. In what forms do HIV/AIDS orphans express their negative attitudes towards their teachers? _____
8. How do the teachers respond to the negative attitudes of these children?

9. What are the common problems HIV/AIDS orphans suffer from as a result of negative attitudes towards their teachers? _____
10. Do you think that negative attitudes of HIV/AIDS orphans towards their teachers will result in unfavorable conditions to their holistic development?
a) Yes b) No
- If your answer is "Yes" how? State the reasons _____

11. Do you know case of orphans who faced serious problems in connection with having unfavorable attitude towards their teachers?

- a) Yes b) No

If you say "yes" state the situation briefly

12. Were there any measures taken to develop positive attitudes towards HIV/AIDS orphans towards their teachers? a) Yes b) No

If your answer is "Yes" what were they? _____

13. What do you recommend as future of course action to create favorable attitude on HIV/AIDS orphans towards their teachers? _____

14. Any other additional suggestion? _____

B) Regarding Non-orphan Classmates

1. What is the attitude of HIV/AIDS orphans towards non-orphan classmates?

- a) Positive b) Negative

1a. If your answer is "positive" what are the reasons that make them to develop the positive attitudes? _____

1b. If you say "No" what are the causes for the formation of negative attitude? _____

2. What is the attitude of non-orphans towards HIV/AIDS orphan classmates?

- a) Positive b) Negative

2a. If you say "Positive" how do you express their positive attitude towards these children? _____

2b. If your answer is "Negative" what behaviors do they show to express their hatred? _____

3. What is the HIV/AIDS orphans attitude towards HIV/AIDS orphan classmates?

- a) favorable b) unfavorable

- 3a. If "Favorable" how do you express it? _____
- 3b. If "Unfavorable" how do you express it? _____
4. Do you think non-orphan classmates stigmatize and discriminate HIV/AIDS orphans?
a) Yes b) No
- If "Yes" how do and when they stigmatize and discriminate? _____
5. Are there any derogatory words or phrases that are attached to HIV/AIDS orphans that are used by non-orphans that cause to develop negative attitude on HIV/AIDS orphans?
a) Yes b) No
- 5a) If "Yes" what are they? _____
6. What mechanisms do HIV/AIDS orphans use to take these derogatory words and/or phrase? _____
7. What kind of behavior(s) do HIV/AIDS orphans show when they hat their classmates?

8. From the HIV/AIDS orphans for whom do they have more favorable attitude?
a) male classmates b) female classmates
- Why? _____
9. In relation to age and grade level of HIV/AIDS orphans, what is their attitude towards their non-orphan classmates?
a) no change b) increases with increasing age and grade level
c) decreases with increasing of age and grade level.
- 9a. State the reasons for your answer briefly _____
10. Do you think that negative attitude of HIV/AIDS orphans towards their non-orphan classmates will result in unfavorable conditions to their holistic development?
a) Yes b) No
- 10a. If "Yes" what are the common problems? _____

11. Do you know worth citing cases of HIV/AIDS orphans who faced serious attitudinal problems towards their classmates?

- a) Yes b) No

11a. If "Yes" would you briefly explain the situation?

12. Do you think that attitudes of HIV/AIDS orphans towards their classmates will harm their holistic development a) Yes b) No How? _____

13. Are there any intervention strategies taken to reduce negative attitude of HIV/AIDS orphans towards non-orphan classmates, while help them learn and work together in harmony? a) Yes b) No

13 a. If your answer is "Yes" explain briefly _____

14. Generally, what do you recommend for the future course of action to develop positive attitude towards their non-orphan classmates? _____

15. Any other suggestion to add? _____

C. With Regard to the Community

1. What is the attitudes of HIV/AIDS orphans towards the community? A) favorable
b) unfavorable

1a. If "favorable" what are the main reasons for their positive attitudes?

1b. If "unfavorable" what are the main reasons for their negative attitudes?

2. Do you think the community members have positive attitudes towards HIV/AIDS orphans? a) Yes b) No

2a. If "Yes" how do you know their positive attitude? Explain the reasons briefly

2b. If "No" how do they show their negative attitudes? _____

3. Do the community members stigmatize and discriminate HIV/AIDS orphans?
 a) Yes B) No
- 3a. If "Yes" in what ways do they stigmatize and discriminate?
4. Are there derogatory names, words or phrases attached to HIV/AIDS orphans that are used by the community members?
 a) Yes b) No
- 4a. If "Yes" state the common ones. _____
5. What measures do these children use to tackle these derogatory words or phrases used by the community? _____
6. How do HIV/AIDS orphans express their negative attitudes towards the community members? _____
7. Who have more favorable attitude towards the community members among male and female HIV/AIDS orphans? Why? _____
8. What is the attitude of HIV/AIDS orphans towards the community in relation to their age and grade level? a) there is no change b) there is change
9. Are there problems which result from the unfavorable attitude of HIV/AIDS orphans towards the community? a) Yes b) No
- If "Yes" what is (are) common problem(s)? _____
10. Do you know worth citing cases of HIV/AIDS orphans who faced serious attitudinal problems due to negative attitudes towards the community? a) Yes b) No
- 10a. If you say "Yes" explain the situation of the problem(s) in detail

11. Do you think HIV/AIDS orphans negative attitudes toward the community will create influence on their personal, social, psychological and other developmental aspects?
 a) Yes b) No
- 11a. If "Yes" how? _____

12. Are there any intervention strategies taken to mitigate the unfavorable attitude of HIV/AIDS orphans towards the community members? If any explain briefly

13. Generally, what measures do you recommend to develop positive attitude on HIV/AIDS orphans towards the community members?

14. Any other suggestion (s)? _____

Thanks for your cooperation!

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES
COLLEGE OF EDUCATION
DEPARTMENT OF PSYCHOLOGY

Questions for focus group discussion with HIV/AIDS orphans' classmates

These questions are mainly prepared for the purpose of gathering information through group discussion. The information will be used only for the research purpose on HIV/AIDS orphans attitudes towards their classmates. The researcher would like to assure that the discussion participant may not be quoted without their consent in the research for what they mentioned. If the cases of orphans obtained through the discussion are to be included in the research, there is no doubt that code names will be used.

1. Number of participants: Male _____ Female _____ Total _____
2. What is the attitude of HIV/AIDS orphans attitude towards their non orphan classmates? _____
3. What about the attitude of non-orphan classmates attitude towards HIV/AIDS orphans?
4. What are the major causes that made HIV/AIDS orphans develop negative or positive attitudes towards their non-orphan classmates?
5. How do HIV/AIDS orphans express their positive or negative attitudes towards their non-orphan classmates?
6. Do non-orphan classmates use derogatory words or phrases against HIV/AIDS orphans? If "Yes" what are they?

7. Do you know worth citing cases of orphans who faced serious problems in connection with negative attitude towards non-orphan classmates? If "Yes", would you explain the situation briefly?

8. Do you think that the favorable or unfavorable attitude of HIV/AIDS orphans attitude towards non-orphan classmates will result in positive or negative impact on their holistic development? how?

9. Are there any intervention strategies taken to develop positive attitude on HIV/AIDS orphans towards the non-orphan classmates? If "Yes" what are the major ones? _____
10. What measures do you recommend to be taken for future course of action to develop positive attitude on HIV/AIDS orphans towards the non-orphan classmates? _____
11. If you have any other suggestion to add, explain briefly _____

Thank you for your cooperation!

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES
COLLEGE OF EDUCATION
DEPARTMENT OF PSYCHOLOGY

Interview Questions for Social Workers and Counselors

These questions are designed for the purpose of gathering information through interview. The information will be used only for the research purpose on HIV/AIDS orphans attitude towards their teacher, the community and classmates. The researcher would like to assure that interviewees may not be quoted in the research for what they mention without their consent. If cases of orphans obtained through interview are very important to mention in the study, the researcher would like to assure again that code name will be used without any doubt.

I. Personal Information

1.1. Level of Education _____ 1.2 Age _____

1.3. Sex _____

2. What is the attitude of HIV/AIDS orphans towards their teachers, the community and classmates? A) Positive b) Negative

2a. If "Positive" how do they express their positive attitude towards these people?

2b. If "Negative" how do they show their unfavorable attitudes towards them?

3. What is the attitude of the teachers, the community and classmates towards HIV/AIDS orphans? A) Positive b) Negative

- 3a. If "Negative" what are the causes for their unfavorable attitude towards these children? _____
4. Do they stigmatize and discriminate HIV/AIDS orphans? a) Yes b) No
- 4a. If you say "Yes" how and where do they stigmatize and discriminate these children?

5. How do HIV/AIDS orphans respond to these people's stigma and discrimination?

6. What is these peoples response to HIV/AIDS orphans who show negative attitudes towards them? _____
- a) Advice b) Punishment c) Other (Specify) _____
- 6a. If "punishment" state types of punishment? _____
7. Is there any problem to HIV/AIDS orphans that result from negative attitudes towards these people? a) Yes b) No
- 7a. If "Yes" what is (are) the main problem(s)? _____
8. Are there derogatory words or phrases associated with HIV/AIDS orphans that are used by them against these children? _____ a) Yes b) No
- 8a. If "Yes" what are they? Specify _____
- 8b. What is the response of these orphans against these offending situations?

9. Do you think HIV/AIDS orphans' unfavorable attitudes towards these people results in negative impact on their personal, psychosocial, educational and other developmental aspects? a) Yes b) No
- 9a. If "Yes" how? _____
10. Are there any interventions strategies taken by the concerned body to mitigate the attitudinal problems and develop positive attitudes on HIV/AIDS orphans towards these people? _____

11. Generally, what measures do you recommend for the future course of action to develop positive attitude on HIV/AIDS orphans towards others?

12. Any other suggestion(s)? _____

Thank you for your cooperation!

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COLLEGE OF EDUCATION
DEPARTMENT OF PSYCHOLOGY

**Questions for focus group discussion with teachers of HIV/AIDS
orphans**

These questions are mainly prepared for the purpose of gathering information through group discussion. The information will be used for the research purpose on HIV/AIDS related attitude of HIV/AIDS orphans towards their teachers. The researcher would like to assure that the participant of the discussion may not be quoted, without their consent, in the research for what they mentioned. If cases of orphans obtained through the discussion are to be included in the research the researcher would like to assure again that the code names will be used.

1. Number of group discussion participants

Male _____ Female _____ Total _____

2. What is the HIV/AIDS orphans attitude towards their teacher?

3. What about the attitude of the teachers towards HIV/AIDS orphans?

Explain the reasons for your answer

4. What factors made HIV/AIDS orphans develop positive or negative attitude towards their teachers?

5. How do HIV/AIDS orphans express their positive or negative attitudes towards their teachers?

6. Do the teachers use derogatory words or phrases associated with HIV/AIDS that annoy the HIV/AIDS orphans? _____
If "Yes" what are they? _____
7. Do you know worth citing cases of orphans who faced serious problems in connection with the negative attitude towards their teachers? If "Yes" would you explain the situation briefly? _____
8. Do you think that the unfavorable attitude of HIV/AIDS orphans towards their teachers will result in negative impact on the holistic development of HIV/AIDS orphans? If "Yes" how? _____
9. What are the measures taken to mitigate the negative attitude of HIV/AIDS orphans towards their teachers? If any, explain _____
10. What are your recommendations for future course of action to develop positive attitude on HIV/AIDS orphans towards their teachers and education?

11. If you have any other suggestion to add, explain _____

Thank you for your co-operation!!

በአዲስ አበባ ዩኒቨርሲቲ

ስነ ትምህርት ኮሌጅ

አባሪ - ሀ

ሳይኮሎጂ ትምህርት ክፍል

ኮድ- ኪ.ው. ኤ

የድህረ ምረቃ መርሃ ግብር

ወላጆቻቸውን ባጡ ተማሪዎች የሚሞላ የአመለካከት መጠይቅ

የመጠይቁ ዓላማ

የዚህ መጠይቅ ዋና ዓላማ ወላጆቻቸውን ያጡ የቀጨኔና ኮልሬ ወጣቶች ክብካቤና ማቋቋሚያ ተቋም እንዲሁም ክበበ ፀሐይ ሕፃናት ማሳደጊያ ተቋም ውስጥ የሚኖሩ የመጀመሪያ ደረጃ ት/ቤት ተማሪዎች በትምህርት ቤቱ መምህራን፣ ወላጆቻቸውን ያላጡ የክፍላቸው ተማሪዎችና በአካባቢው ህብረተሰብ ላይ በተለያዩ ጉዳዮች ዙሪያ ያላቸውን አመለካከት ለማጥናት ነው። ተማሪዎቹ በዕውነተኛነት በሐቀኝነት የሚሠጡት መልስ ለጥናቱ ጠቃሚ የሆኑ ጠቋሚ መንደርደሪያ ሐሳብ ይሰጣል ተብሎ ይታመናል።

ለዚህም ዓላማ ሲባል በሚቀጥሉት ገጾች አንተ (አንቺ) ከላይ ለተጠቀሱት አካላት ያለህን(ሽን) አመለካከት እንድትሰጥ(ጩ) ገላጭ ሊሆኑ የሚችሉ ዓረፍተ ነገሮች ቁዝጋጅተው ቀርበዋል።

በመሆኑም ከአንተ(ቺ) የሚገኘው የአመለካከት መረጃ ለታሰበው ዓላማ ስኬት እጅግ ጠቃሚ ስለሆነ ሁሉንም ጥያቄዎች በእውነተኛና በሐቅ ላይ በመመርኮዝ ምላሽ እንድትሰጥ(ጩ) እጠይቃለሁ።

ማሳሰቢያ: -

1. ጥያቄዎቹ ፈተና ስለአልሆኑ ትክክለኛ ወይም ስህተት የሚባል መልስ ስለሌላቸው የመሰለህን (ሽን) መልስ ስጥ (ጩ)።
2. ሁሉም መልሶች በሚስጥር ስለሚጠበቁ ለጥናቱ ውጤት ተጠያቂ እንደማትሆን(ኒ) በቅድሚያ እናስታውቃለን።

ለትብብርህ(ሽ) በቅድሚያ አመሰግናለሁ!!

ክፍል አንድ

ግላዊ የሕይወት ዳራ መረጃ

መመሪያ ትክክለኛ የግል ህይወት መረጃህን (ሽን) ቀጥሎ በተሰጠው ባዶ ቦታ ላይ ሙሉ (ይ)።

1.1. የክፍል ደረጃ ----- 1.3. የታ -----

1.2. ዕድሜ -----

1.4. ወላጅህን ያጣክበት(ሽበት) ምክንያት -----

1.5. ወላጅህን ያጣክው(ሽው) መልሱን አክብብ(ቢ.)

ሀ. እናት ብቻ -----

ለ. አባት ብቻ -----

ሐ. ሁለቱንም -----

ክፍል ሁለት

መመሪያ: - ከዚህ በታች ባለሦስት ነጥብ እስኪል የአመለካከት ጠቋሚ ዓረፍተ ነገሮች ወይም ሐረጎች ተሰጥተዋል። ለተሰጠው አረፍተ ነገር ለራስህ(ሽ) ተስማሚ ነው ብለህ(ሽ) የምትገምተውን(ችውን) በመምረጥ በዓረፍተ ነገሩ ፊት ለፊት ያሉትን ቃላት አክብብ(ቢ.)።

መግለጫ: - መልስህ(ሽ) እስማማለሁ ከሆነ «እስ» አክብብ(ቢ.)

መልስህ(ሽ) እርግጠኛ አይደለሁም ከሆነ «እም» አክብብ(ቢ.)

መልስህ(ሽ) አልስማማም ከሆነ «አል» አክብብ(ቢ.)

ቁጥር	ዝርዝር ዓ.ነገሮች	እስ	እም	አል
	መምህራንን በሚመለከት			
1	መምህራኖቹ ወላጅ ላላጡ ተማሪዎች ያደላሉ	እስ	እም	አል
2	መምህራኖቹ ጥሩ አድርገው ስለሚንከባከቡኝ እወዳቸዋልሁ	እስ	እም	አል
3	መምህራኖቹ ወደ ክፍል በገቡ ቁጥር ምቹት ይሰማኛል	እስ	እም	አል
4	መምህራኖቹ ወደ ክፍል በገቡ ቁጥር ጭንቀት ይሰማኛል	እስ	እም	አል
5	መምህራን ሀዘኔታ የማይሰማቸው ስዎች ናቸው	እስ	እም	አል
6	ከመምህራኖቹ ጋር ጥሩ ቀረቤታ እንዲኖረኝ እፈልጋለሁ	እስ	እም	አል
7	መምህራኖቹ ካዩኝ ወይም ከአነጋገሩኝ ጥሩ ስሜት	እስ	እም	አል

	አይሰማኝም			
8	መምህራኖቹ በአንዳንድ ተግባራት እንደሚተፋ ሲጋበዙኝ ጥሩ ስሜት ይሰማኛል	እስ	እም	አል
9	የመምህራኖቹ ለእኔ ያላቸው አመለካከት ደስታ እንዲሠማኝ ያደርገኛል	እስ	እም	አል
10	ከመምህራኖቹ ጋር በአካላዊ መጠጋጋት እንዲኖረኝ አልፈቅድም	እስ	እም	አል
11	መምህራኖቹ አባታዊና እናታዊ ዓይነት አቀራረብ ስለአላቸው እወዳቸዋለሁ	እስ	እም	አል
12	በትምህርት ቤታችን ግቢ ውስጥ መምህራንን ማየት አልፈልግም	እስ	እም	አል
13	ምንግዜም ቢሆን መምህራኖቹ አጠገቤ ቢኖሩ ደስ ይለኛል	እስ	እም	አል
14	ለመምህራን ያሉኝ አሉታዊ አመለካከት በትምህርቱ ደካማ እንድሆን አድርጎኛል	እስ	እም	አል

ማህበረሰቡን በተመለከተ				
ቁ.ቁ	ዝርዝር ዓ.ነገሮች	እስ	እም	አል
15	ከአካባቢው ማህበረሰብ ጋር ምንም ዓይነት ግንኙነት መፍጠር አልፈልግም	እስ	እም	አል
16	የአካባቢው ህብረተሰብ ለእኔ ጥሩ አመለካከት የለውም	እስ	እም	አል
17	የአካባቢው ህብረተሰብ በኤች አይቪ/ኤድስ ወላጅ ላጡ ሕፃናት ጥሩ ወዳጅ ነው	እስ	እም	አል
18	በአካባቢው በሚካሄደው ማህበራዊ ጉዳዮች ውስጥ መሳተፍ ያስደስተኛል	እስ	እም	አል
19	ምንገዜም ቢሆን ከአካባቢው ህብረተሰብ ጋር ግንኙነት መፍጠር አልፈልግም	እስ	እም	አል
20	የአካባቢው ህብረተሰብ ለእኔ ፍህሩህና አዛኝ ነው	እስ	እም	አል
21	ከአካባቢው ህብረተሰብ ጋር የሚያገናኝ ምንም ዓይነት ነገር አያስደስተኝም	እስ	እም	አል

22	የአካባቢው ህብረተሰብ የንዴት ስሜት እንዲሰማኝ ያደርገኛል	እስ	እም	አል
23	ከማህበረሰቡ የሚመጣ እንግዳ ማየት ወይም ቀርቦ ማነጋገር ደስ ይለኛል	እስ	እም	አል
24	በዕረፍት ጊዜዬ ከአካባቢው ህብረተሰብ ጋር መጫወት ምቹት ይሰጠኛል	እስ	እም	አል
25	ከትምህርት ቤት ውጭ የሚኖር ህብረተሰብ ክፉ ነው	እስ	እም	አል
26	ትምህርት ቤቱ ከአካባቢው ማህበረሰብ በረጅም እርቀት እንዲሆን አፈልጋለሁ	እስ	እም	አል
27	ከአካባቢው ማህበረሰብ ጋር መኖር ምቹት ይሰጠኛል	እስ	እም	አል
28	ትምህርት ከጨረስኩ በኋላ ከአካባቢው ህብረተሰብ ጋር በመኖር ደስተኛ እሆናለሁ	እስ	እም	አል
29	ተቋሙን ከተለኩ በኋላ ከአካባቢው ህብረተሰብ ጋር መኖር ምቹት አይሰጠኝም	እስ	እም	አል
30	ከአካባቢው ከማህበረሰብ ጋር ጓደኝነት መፍጠር ያስደስተኛል	እስ	እም	አል

	የክፍል ተማሪዎችን በተመለከተ			
ተ.ቁ	ዝርዝር ዓ.ነገሮች	እስ	አም	አል
31	ወላጅ ያላቸው የክፍሉ ተማሪዎች ጥሩ የሆኑ ጓደኞቹ ናቸው	እስ	እም	አል
32	ብዙ ሰዓት ከክፍል ጓደኞቹ ጋር ባላልፍ ደስ ይለኛል	እስ	እም	አል
33	ወላጅ ካላቸው የክፍሉ ተማሪዎች ጋር በቡድን መሥራት አያስደስተኝም	እስ	እም	አል
34	ወላጅ ካላቸው የክፍሉ ተማሪዎች ጋር መጫወት ምቹት ይሰጠኛል።	እስ	እም	አል
35	ወላጅ ካላቸው የክፍሉ ተማሪዎች ጋር አካላዊ ንክኪ ማድረግ ምቹት አይሰጠኝም	እስ	እም	አል
36	ወላጅ ያላጡ የክፍሉ ተማሪዎችን ከትምህርት ቤት ግቢ ውስጥ ማየት ምቹት አይሰጠኝም	እስ	እም	አል
37	ወላጅ ያላጡ ተማሪዎች ጋር አብሮ መማር ተስማምቶኛል	እስ	እም	አል
38	ወላጅ ያላጡ የክፍሉ ተማሪዎች ጋር ምንግዜም መኖር እፈልጋለሁ	እስ	እም	አል
39	ወላጅ ያላጡ ተማሪዎች ጋር አብሮ መማርን አልወደድኩትም	እስ	እም	አል
40	ወላጅ ያላጡ የክፍሉ ተማሪዎች ጋር የጠበቀ ግንኙነት መፍጠር እፈልጋለሁ	እስ	እም	አል
41	ወላጅ ያላጡ ተማሪዎች ውስጥ ጓደኛ እንዲኖረኝ አልፈልግም	እስ	እም	አል
42	ወላጅ ያላጡ የክፍሉ ተማሪዎች ጋር ስፖርት መስራት ምቹት አይሰጠኝም	እስ	እም	አል
43	ወላጅ ላላጡ የክፍሉ ተማሪዎች ያለኝ ጥሩ ያልሆነ አመለካከት በትምህርቴ ደካማ አድርገኛል	እስ	እም	አል
44	ወላጅ ከሌላቸው የክፍሉ ተማሪዎች ጋር ብዙ ሰዓት ማሳለፍ ደስ ይለኛል	እስ	እም	አል

45	ወላጅ ከሌላቸው የትምህርት ቤት ተማሪዎች ጋር አብሮ መጫወት ምቹት አይሰጠኝም	እስ	እም	አል
46	ወላጅ ከሌላቸው የክፍሉ ተማሪዎች ጋር አብሮ መማር ደስ ይለኛል	እስ	እም	አል
47	ወላጅ ከሌላቸው ተማሪዎች ጋር ተጠጋግቶ መቀመጥ ምቹት አይሰጠኝም	እስ	እም	አል
48	ወላጅ ያጡ ተማሪዎች ጥሩ ጓደኞቼ ናቸው	እስ	እም	አል
49	ወላጅ ያጡ ተማሪዎች ጋር አብሮ መኖር አልተመቻኝም	እስ	እም	አል

ለትብብሩ አመሰግናለሁ

በኤች አይቪ/ኤድስ ምክንያት ወላጆቻቸውን ላጡ ተማሪዎች የሚቀርብ ቃለ-መጠይቅ

ሀ) መምህራንን በተመለከተ

ከዚህ በታች የቀረቡ ጥያቄዎች የተዘጋጁት ዋና ዓላማ በኤች አይቪ/ኤድስ ምክንያት ወላጆቻቸውን ያጡ ተማሪዎች በመምህራናቸው ዙሪያ ያላቸውን የአመለካከት መረጃ በቃለ መጠይቁ አማካኝነት ለማሰባሰብ ነው።

አጥኝው ከመላሾች የሚገኘውን መረጃ ያለ ተሳታፊዎች ፍላጎትና ስምምነት በጥናቱ ላይ እንደማይጠቅስ ሊያረጋግጥላችሁ ይወዳል። በጥናቱ ላይ ለማካተት አስፈላጊ የሆነ መረጃ ከተገኘ የኮድ ስም በመጠቀም ጥናቱ ይካሄዳል።

1. ግላዊ መረጃ

1.1. የክፍል ደረጃ ----- 1.2. ዕድሜ ----- 1.3. ፆታ -----

2. ለመምህራንህ(ሽ) ያለህ(ሽ) አመለካከት ምን ይመስላል?

ሀ) ጥሩ ነው ለ) ጥሩ አይደለም

መልስህ(ሽ) «ጥሩ ነው» ከሆነ እንድትወዳቸው(ጂያቸው) ያደረጉህ(ሽ) ምክንያቶች ምን ምን ናቸው? -----

መልስህ(ሽ) «ጥሩ አይደለም» ከሆነ ላለመውደድህ ዋና ዋና ምክንያቶች ምን ምን ናቸው? -----

3. መምህራንስ ለእነዚህ ተማሪዎች አወንታዊ አመለካከት አላቸው ብለህ(ሽ) ታስባለህ(ሽ) ሀ) አዎን ለ) አይደለም

ሀ) መልስህ(ሽ) «አዎን» ከሆነ ጥሩ አመለካከታቸው በምን በምን ይገለጻል? -----

ለ) መልስህ(ሽ) «አይደለም» ከሆነ ጥሩ ያልሆነ አመለካከታቸው በምን ይገለጻል? -----

4. መምህራን አድሎና ማግለል ይፈጽማሉ? ሀ) አዎን ለ) አይፈጸሙም

መልስህ(ሽ) «አዎን» ከሆነ የችግሩን ሁኔታ አብራራ(ሪ) -----

13. ተማሪዎቹ ለመምህራን ጥሩ አመለካከት እንዲኖራቸውና ትምህርታቸውን በአግባቡ እንዲከታተሉ የተደረገ ጥረት አለ? ----- ካለ በዝርዝር ይገለጽ:: -----

14. በአጠቃላይ ወላጆቻቸውን በኤች አይቪ/ኤድስ ምክንያት ያጡ ተማሪዎች ለመምህራን መልካምና አስደሳች አመለካከት እንዲኖራቸው ለወደፊቱምን ዓይነት እርምጃዎች መወሰድ አለባቸው ብለህ(ሽ) ታምናለህ(ኛለሽ)? -----

15. ተጨማሪ አስተያየት ካለህ(ሽ)? -----

ለ) ወላጅ ያላጡ የት/ቤት ተማሪዎችን በተመለከተ

1. ወላጆቻቸውን በኤች አይቪ/ኤድስ ያጡ ተማሪዎች ወላጆቻቸውን ላላጡ ተማሪዎች ያላቸው አመለካከት ምን ይመስላል?

- ሀ) ጥሩ ነው
- ለ) ጥሩ አይደለም

ሀ) መልስህ(ሽ) «ጥሩ ነው» ከሆነ ጥሩ አመለካከት እንዲኖራቸው የሚያደርጉ ምን ምክንያቶች አሉ? -----

ለ) መልስህ(ሽ) «ጥሩ አይደለም» ከሆነ ለጥላቻ (ላለመውደድ) የሚያነሳሱ ምንምክንያቶች ምን ምን ናቸው? -----

2. ወላጅ ያላቸው ተማሪዎች ወላጆቻቸውን በኤች አይቪ/ኤድስ ላጡ ተማሪዎች አወንታዊ አመለካከት ይኖራቸዋል ብለህ(ሽ) ታስባለህ(ሽ)?

- ሀ) አዎን
- ለ) አይደለም

ሀ) መልስህ(ሽ) «አዎን» ከሆነ ጥሩ አመለካከት ያላቸው መሆኑ እንዴት ይገለጻል? -----

ለ) መልስህ(ሽ) «አይደለም» ከሆነ ጥሩ ያልሆነ የአመለካከት ባህሪያቸውን እንዴት እያንፀባረቁ ነው? -----

3. ወላጅ ያላጡ ተማሪዎች ወላጆቻቸውን በኤች አይቪ/ኤድስ ያጡ የክፍል ተማሪዎች ላይ አድሎና ማግለል ይፈጽማሉ?

መልስህ(ሽ) «አዎን» ከሆነ በምን ዓይነት መልኩ ነው የሚፈጽሙት? -----

4. ወላጆቻቸውን በኤች አይቪ/ኤድስ ባጡ ተማሪዎች ላይ የክፍል ጓደኞቻቸው ከኤች አይቪ/ኤድስ ጋር በማያያዝ አስቀያሚ (የስድብ) ቃላት ወይም ሐረጎችን ይሰነዝራሉ? ሀ) አዎን ለ) የለም

መልስህ(ሽ) «አዎን» ከሆነ የስድብ ቃላትን ወይም ሐረጎችን ዘርዘር(ሪ) -----

5. እነዚህን አስቀያሚ (የስድብ) ቃላት ወይም ሐረጎች ለመቋቋም ተጠቂዎቹ ምን ዓይነት እርምጃ ይወስዳሉ? -----

6. እነዚህ ወላጆቻቸውን ያጡ ተማሪዎች የክፍል ጓደኞቻቸውን የመጥላትን (ያለመውደድን) በምን ዓይነት ባህሪያት ያንፀባርቃሉ? -----

7. ወላጆቻቸውን በኤች አይቪ/ድስ ካጡ ሴቶችና ወንዶች ውስጥ የትኞቹ ለክፍል ጓደኞቻቸው የበለጠ አወንታዊ አመለካከት አሏቸው? ሀ) ወንዶች ለ) ሴቶች ለምን? -----

8. በክፍል ደረጃ እና በዕድሜም ሲታይ ምን ዓይነት የአመለካከት ሁኔታ ነው የሚታየው?

ሀ) ምንም ለውጥ የለም

ለ) እየተባባሰ ነው የሚሄደው ሐ) እየቀነሰ ነው የሚሄደው

8.ሀ) ለመልስህ(ሽ) ክስተት ምን ምክንያት ይኖራል ብለህ(ሽ) ታስባለህ(ቢያለሽ)? ---

9. ወላጆቻቸውን በኤች አይቪ/ኤድስ ያጡ ተማሪዎች በክፍል ጓደኞቻቸው ላይ ባላቸው ጥላቻ (ያለመውደድ) ምክንያት የሚደርስባቸው (የሚያጋጥማቸው) ችግር አለ? ሀ) አዎን ለ) የለም

መልስህ(ሽ) «አዎን» ከሆነ የተለመዱ ዋና ዋና ችግሮች ምን ምን ናቸው? -----

10. የክፍል ጓደኞቻቸውን በመጥላት ወይም ባለመስማማት ምክንያት አስከፊ ችግር የደረሰባቸው ወላጅ ያጡ ተማሪዎች አጋጥሞህ(ሽ) ያውቃል?

ሀ) አዎን ለ) የለም

መልስህ(ሽ) «አዎን» ከሆነ የችግሩን ሁኔታ አብራራ(ሪ):: -----

11. ወላጆቻቸውን በኤች አይቪ/ኤድስ ያጡ ተማሪዎች ለክፍል ጓደኞቻቸው ያላቸው አሉታዊ አመለካከት በሰብአዊ፣ በማህበራዊ፣ በሥነ ልቦናዊና በሌሎችም ዕድገት ላይ ተጽእኖ ያደርጋል ብለህ(ሽ) ታስባለህ(ቢያለሽ)?

ሀ) አዎን ለ) የለም

መልስህ(ሽ) «አዎን» ከሆነ እንዴት? -----

12. ወላጆቻቸውን ያጡ ተማሪዎች ለክፍል ጓደኞቻቸው ጥሩ አመለካከት እንዲኖራቸውና፣ ትምህርታቸውን በአግባቡ እንዲከታተሉና አብሮ ተግባብተው እንዲሠሩ የተደረገ ጥረት አለ? ሀ) አዎን ለ) የለም

መልስህ(ሽ) «አዎን» ከሆነ አብራራ(ሪ) -----

13. በአጠቃላይ ወላጆቻቸውን በኤች አይቪ/ኤድስ ያጡ ተማሪዎች ወላጆቻቸውን ላላጡ የክፍል ጓደኞቻቸው አዎንታዊ አመለካከት እንዲኖራቸው ለወደፊቱ ምን ዓይነት እርምጃዎች መወሰድ አለበት ብለህ(ሽ) ታስባለህ(ቢያለሽ)? -----

14. ተጨማሪ አስተያየት ካለህ(ሽ)? -----

ሐ) የአካባቢያቸውን ህብረተሰብ በተመለከተ

1. ወላጆቻቸውን በኤች አይቪ/ኤድስ ያጡ ተማሪዎች ለአካባቢያቸው ህብረተሰብ ያላቸው አመለካከት ምን ይመስላል? -----

ሀ) ጥሩ ነው ለ) ጥሩ አይደለም

ሀ) መልስህ(ሽ) «ጥሩ ነው» ከሆነ ለህብረተሰቡ ጥሩ አመለካከት እንዲኖራቸው ያደረጋቸው ምን ምክንያቶች አሉ? -----

ለ) መልስህ(ሽ) «ጥሩ አይደለም» ከሆነ አሉታዊ አመለካከት እንዲኖራቸው ያደረጋቸውን ምክንያት ግለጽ(ጭ):- -----

2. የአካባቢው ህብረተሰብ ወላጆቻቸውን በኤች አይቪ/ኤድስ ላጡ ተማሪዎች አወንታዊ አመለካከት አላቸው ብለህ(ሽ) ታስባለህ(ሽ)? ሀ) አዎን ለ) የለም

ሀ) መልስህ(ሽ) «አዎን» ከሆነ ጥሩ አመለካከት ያላቸው መሆኑ እንዴት ይገለጻል? -----

ለ) መልስህ(ሽ) «የለም» ከሆነ ጥሩ ያልሆነ የአመለካከት ባህሪያቸውን እንዴት እያንፀባረቁ ነው? -----

10. የአካባቢውን ህብረተሰብ በመውደድ (በመጥላት) ምክንያት ጋራ ጉዳይ ሆኖ የሚታይ የሕይወት ጉዳይ ሲሆን ለዚህ ጉዳይ ለሚከተሉት ሁኔታዎች ማስተካከል ይኖርባቸዋል፡-

መልስ(ህ) «አዎ» ከሆነ የትክክል ይሆናል፡-

9. ወላጆቻቸውን በአቶ አይቪ/አይቪ/አይቪ ያው ተማሪዎች ለህብረተሰብ ላይ ባላቸው ጥላቻ ምክንያት ጋራ ጉዳይ ሆኖ የሚታይ የሕይወት ጉዳይ ሲሆን ለዚህ ጉዳይ ለሚከተሉት ሁኔታዎች ማስተካከል ይኖርባቸዋል፡-

መልስ(ህ) «አዎ» ከሆነ የትክክል ይሆናል፡-

8. በክፍል ይረጃና በዕድሜ ይረጃ ለሕይወት ጉዳይ ሲሆን የሕይወት ጉዳይ ሆኖ የሚታይ የሕይወት ጉዳይ ሲሆን ለዚህ ጉዳይ ለሚከተሉት ሁኔታዎች ማስተካከል ይኖርባቸዋል፡-

7. ከአካባቢው ተማሪዎች መካከል ሌሎች ወይን ወይን የሚሰጡ ህብረተሰብ አባቶች ምክንያት ጋራ ጉዳይ ሆኖ የሚታይ የሕይወት ጉዳይ ሲሆን ለዚህ ጉዳይ ለሚከተሉት ሁኔታዎች ማስተካከል ይኖርባቸዋል፡-

6. አካባቢው ወላጆቻቸውን ያው ተማሪዎች ለአካባቢው ህብረተሰብ ጥላቻቸውን ወይን ምክንያት ጋራ ጉዳይ ሆኖ የሚታይ የሕይወት ጉዳይ ሲሆን ለዚህ ጉዳይ ለሚከተሉት ሁኔታዎች ማስተካከል ይኖርባቸዋል፡-

5. አካባቢውን የሕይወት ጉዳይ ሲሆን የሕይወት ጉዳይ ሆኖ የሚታይ የሕይወት ጉዳይ ሲሆን ለዚህ ጉዳይ ለሚከተሉት ሁኔታዎች ማስተካከል ይኖርባቸዋል፡-

መልስ(ህ) «አዎ» ከሆነ የትክክል ይሆናል፡-

4. ወላጆቻቸውን በአቶ አይቪ/አይቪ/አይቪ ባው ተማሪዎች ላይ የአካባቢው ህብረተሰብ አስተዳደር (የሕይወት ጉዳይ) ምክንያት ጋራ ጉዳይ ሆኖ የሚታይ የሕይወት ጉዳይ ሲሆን ለዚህ ጉዳይ ለሚከተሉት ሁኔታዎች ማስተካከል ይኖርባቸዋል፡-

መልስ(ህ) «አዎ» ከሆነ በምን ዓይነት መልኩ ነው የሚገኝው፡-

3. የአካባቢው ህብረተሰብ ወላጆቻቸውን በአቶ አይቪ/አይቪ/አይቪ ያው ተማሪዎች ላይ ምክንያት ጋራ ጉዳይ ሆኖ የሚታይ የሕይወት ጉዳይ ሲሆን ለዚህ ጉዳይ ለሚከተሉት ሁኔታዎች ማስተካከል ይኖርባቸዋል፡-

መልስህ(ሽ) «አዎን» ከሆነ የችግሩን ሁኔታ አብራራ(ሪ):: -----

11. የእነዚህ ተማሪዎች ለህብረተሰብ ያላቸው አሉታዊ አመካከት በሰብአዊ፣ በማህበራዊ፣ በሥነልቦናዊና በሌሎችም ጉዳዮች ዕድገት ላይ ተጽእኖ ያደርጋል ብለህ(ሽ) ታምናለህ(ሽ)? ሀ) አዎን ለ) የለም

መልስህ(ሽ) «አዎን» ከሆነ እንዴት? -----

12. ተማሪዎቹ ለአካባቢያቸው ህብረተሰብ ጥሩ አመለካከት እንዲኖራቸው የተደረገ ጥረት አለ? ካለ አብራራ(ሪ):: -----

13. በአጠቃላይ እነዚህ ተማሪዎች ለአካባቢያቸው ህብረተሰብ አዎንታዊ አመለካከት እንዲኖራቸው ለወደፊቱ ምን ዓይነት እርምጃዎች መወሰድ አለባቸው ብለህ(ሽ) ታስባለህ(ሽ)? -----

14. ተጨማሪ አስተያየት ካለህ(ሽ)? -----

አመሰግናለሁ::

ወላጆቻቸውን በኤች አይ ቪ/ኤድስ ያጡ ተማሪዎች የክፍል ጓደኞቻቸው ጋር የቡድን ውይይት ለሚደረግ የተዘጋጁ ጥያቄዎች

ከዚህ በታች የተመለከቱት ጥያቄዎች የተዘጋጁት ዋና ዓላማ ወላጆቻቸውን በኤች አይ ቪ/ኤድስ ያጡ ተማሪዎች ጋር የሚማሩ የክፍል ጓደኞቻቸው ጋር በመወያየት ወላጆቻቸውን ያጡ ተማሪዎች ለክፍል ጓደኞቻቸው ያላቸውን አመለካከት ለመለየት ነው።

አጥኚው በውይይት ተሳታፊዎች የተነሱ ሐሳቦችን ከተሳታፊዎቹ መልካም ፈቃድና ስምምነት በስተቀር በጥናቱ በቀጥታ በስማቸው እንደሚይጠቁ ሊያረጋግጥላችሁ ይፈልጋል። ሐሳቦቹን በጥናቱ ጽሑፍ ውስጥ ማካተት ካስፈለገ አጥኚው የኮድ ስም በመጠቀም እንዳሚያካትት በድጋሚ ሊያረጋግጥላችሁ ይወዳል።

1. የቡድን ውይይት ተሳታፊዎች ብዛት ወ ----- ሴ ----- ድ -----
2. ወላጆቻቸውን በኤች አይ ቪ/ኤድስ ያጡ ተማሪዎች ለክፍል ጓደኞቻቸው ያላቸው አመለካከት ምን ይመስላል?
3. የክፍል ጓደኞቻቸው ለእነዚህ ተማሪዎች ያላቸው አመለካከት ምን ይመስላል?
4. ወላጆቻቸውን በኤች አይ ቪ/ኤድስ ያጡ ተማሪዎች ለክፍል ጓደኞቻቸው ያላቸው አመለካከት አሉታዊ ወይም አዎንታዊ ያደረጉ ምክንያቶች ምን ምን ናቸው?
5. እነዚህ ተማሪዎች ለክፍል ጓደኞቻቸው ያላቸውን የጥላቻ ወይም የመውደድ ባሕሪያቸውን እንዴት ነው የሚገልጹት?
6. ተማሪዎቹ ለክፍል ጓደኞቻቸው አሉታዊ አመለካከት እንዲኖራቸው የሚያደርጉ አስቀያሚ ቃላት ወይም ሐረጎች በክፍል ጓደኞቻቸው ይሰነዘራሉ? መልሱ «አዎን» ከሆነ ምን ምን ናቸው?
7. እነዚህን ተማሪዎች በተመለከተ ሊጠቀስ የሚችል አሉታዊ የአመለካከት ችግር አጋጥሟችሁ ያውቃል? መልሱ «አዎን» ከሆነ አብራራ(ሪ)።
8. የተማሪዎቹ ለሌሎች ያላቸው አሉታዊ ወይም አዎንታዊ አመለካከት በትምህርት፣ በስነልቦናዊ፣ ወዘተ ችግር ያመጣል ብላችሁ ታምናላችሁ?

9. ተማሪዎቹ ለክፍል ዓደኞቻቸው አዎንታዊ አመለካከት አንዲኖራቸው የተደረጉ ጥረቶች አሉ? ካሉ ይጠቀሱ።

10. ተማሪዎቹ ለክፍል ዓደኞቻቸውም ሆነ ለሌሎች አዎንታዊ አመለካከት ይዘው እንዲያድጉ ለወደፊቱ ምን ምን ዓይነት የመፍትሔ እርምጃዎች መወሰድ አለባቸው? -----

11. ተጨማሪ አስተያየት ካለ? -----

ስለትብብራችሁ አመሰግናለሁ።

4. መምህራኖቻቸው፣ ህብረተሰቡና የክፍል ጓደኞቻቸው ወላጆቻቸውን በኤች አይ ቪ/ ኤድስ ያጡት ተማሪዎች ላይ አድሎና ማግለል ያደርሱባቸዋል?

ሀ) አዎን ለ) የለም

5. ወላጆቻቸውን በኤች አይ ቪ/ ኤድስ ያጡ ተማሪዎች ለሚያገሏቸውና አድሎ በሚፈጸምባቸው መምህራን፣ ለክፍል ጓደኞቻቸውና የአካባቢ ህብረተሰብ ምን ዓይነት ምላሽ ይሰጣሉ?-----

6. እነዚህ ህፃናት ከላይ የተጠቀሱት የህብረተሰብ ክፍች ላይ አሉታዊ አመለካከት ቢኖራቸው ሰዎቹ ለተማሪዎቹ ምን ዓይነት ምላሽ ይሰጣሉ?

ሀ) ምክር ለ. ቅጣት ሐ. ሌላ ካለ ይግለጹ።:-----

7. እነዚህን ተማሪዎች በተመለከተ ሊጠቀስ የሚችል ለሌሎቹ (ከላይ ለተጠቀሱት አካላት) ያላቸው አሉታዊ አመለካከት አለ?

ሀ. አዎን ለ. የለም

7ሀ) መልሱ «አዎን» ከሆነ ዋና ዋና ችግሮችን ይጥቀሱ።:-----

8. ወላጆቻቸውን ያጡ ተማሪዎች ላይ ኤች አይ ቪ/ ኤድስ ጋር በማገናኘት ህፃናቱ ላይ አስቀያሚ የስድብ ቃላት ወይም ሀረጎች ይሰነዘራሉ?

ሀ. አዎን ለ. የለም

8ሀ) «አዎን» ከሆነ ይግለጹ።:-----

8ለ) ለሚሰነዘርባቸው ስድብና አስቀያሚ ሁኔታ የእነዚህ ህፃናት ምላሽ ምንድን ነው?-----

9. ወላጆቻቸውን በኤች አይ ቪ/ ኤድስ ያጡ ተማሪዎች አዎንታዊ ወይም አሉታዊ አመለካከት በተማሪዎቹ ማህበራዊ፣ ስነልቦናዊ በትምህርትና በሌሎችም ዕድገቶች ላይ አሉታዊ ተጽዕኖ ያመጣ ብለው ያምናሉ?

ሀ. አዎን ለ. የለም

9ሀ) «አዎን» ከሆነ እንዴት-----

10. እነዚህ ተማሪዎች ለሌሎቹ አዎንታዊ አመለካከት እንዲኖራቸው የተደረጉ ጥረቶች አሉ?-----

11. ተማሪዎቹ ከላይ ለተጠቀሱት የህብረተሰብ ክፍሎችም ሆነ ለሌሎች አካላት አዎንታዊ አመለካከት ይዘው እዲያድጉ ለወደፊቱ ምን የመፍትሔ እርምጃዎች መውሰድ አለባቸው ብለው ያምናሉ?-----

12. ተጨማሪ አስተያየት ካለ ይጥቀሱ።:-----

ስለ ትብብርዎ አመሰግናሁ!!

አዲስ አበባ ዩኒቨርሲቲ
የድህረ ምረቃ መርሃ ግብር
የሰነ ትምህርት ኮሌጅ
የሳይኮሎጂ ትምህርት ክፍል

ወላጆቻቸውን በኤች አይ ቪ/ ኤድስ ያጡ ተማሪዎች ለሚያስተምሩ መምህራን
የሚቀርቡ የቡድን ውይይት ጥያቄዎች

ከዚህ በታች የተመለከቱት ጥያቄዎች እንዲዘጋጁበት የተደረገበት ዋና ዓላማ በኤች አይ ቪ/ኤድስ ምክንያት ወላጆቻቸውን ያጡ ተማሪዎች በመምህራኖቻቸው ዙሪያ ያላቸውን አመለካከት መረጃ ከመምህራን ጋር በሚደረግ የቡድን ውይይቱ አማካኝነት ለማሰባሰብ ነው። አጥኚው ከቡድን ተሳታፊዎች የሚገኘውን መረጃ ያለተሳታፊዎች ፍላጎትና ስምምነት በጥናቱ ላይ በስም እንደሚይጠቅስ ሊያረጋግጥላችሁ ይወዳል። አጥኚው በኤች አይ ቪ/ ኤድስ ወላጆቻቸውን ያጡ ተማሪዎችን በሚመለከት ለጥናቱ በጣም አስፈላጊ መረጃ ከተገኘ የኮድ ስም በመጠቀም እንደሚያጠናም በድጋሚ ሊያረጋግጥላችሁ ይወዳል።

1. የቡድን ውይይቱ ተሳታፊዎች ብዛት ወ ----- ሴ ----- ድ-----
2. ወላጆቻቸውን በኤች አይ ቪ/ኤድስ ያጡ ተማሪዎች ለመምህራኖቻቸው ያላቸው አመለካከት ምን ይመስላል? -----
3. መምህራኖቹስ ለእነዚህ ተማሪዎች ያላቸው አመለካከት? -----
4. ወላጆቻቸውን በኤች አይ ቪ/ኤድስ ያጡ ተማሪዎች ለመምህራኖቻቸው አዎንታዊ ወይም አሉታዊ አመለካከት እንዲኖራቸው የሚያደርጉ ዋና ዋና ምክንያቶች ምንድን ናቸው? -----
5. ወላጆቻቸውን በኤች አይ ቪ/ኤድስ ያጡ ተማሪዎች ለመምህራኖቻቸው ያላቸውን አሉታዊ ወይም አዎንታዊ አመለካከታቸውን እንዴት ያንጸባርቃሉ? -----
6. መምህራኖቻቸውስ በእነዚህ ተማሪዎች ላይ ከኤች አይ ቪ/ ኤድስ ጋር በማያያዝ አስቀያ የስድብ ቃላት ወይም ሐረጎችን ይሰነዝራሉ? -----
7. ወላጆቻቸውን በኤች አይ ቪ/ኤድስ ተማሪዎች መካከል በመምህራኖቻቸው ላይ በሏቸው አሉታዊ አመለካከት ምክንያት ሊጠቀስ የሚችል ችግር የደረሰባቸው ይኖራሉ? ካለ በዝርዝር ይገለጹ። -----

8. የእነዚህ ተማሪዎች ለመምህራቻቸው የሚኖራቸው አሉታዊ አመለካከት በአጠቃላይ ዕድገታቸው ላይ አሉታዊ ተጽእኖ ያመጣል ብለው ያምናሉ? እንዴ?

9. እነዚህ ተማሪዎች ለመምህራቻቸው አዎንታዊ አመለካከት እንዲያሳድጉ የተደረገ ጥረት አለ? ካለ በዝርዝር ይጠቀስ? -----

10. እነዚህ ወላጆቻቸውን በኤች አይ ቪ/ኤድስ ያጡ ተማሪዎች ለመምህራቻቸውም ሆነ ለትምህርታቸው አዎንታዊ አመለካከት አዳበረው እንዳያድጉ ለወደፊቱ ምን ዓይነት እርምጃዎች መወሰድ አለባቸው ብለው ያምናሉ? -----

11. ተጨማሪ አስተያየት ካለ ያብራሩ:: -----

ስለ ትብብርዎ አመሰግናለሁ!!

Declaration

I, the undersigned declare that this thesis is my original work and hasn't been presented for a degree in any other university and that all sources of materials used for this thesis have been duly acknowledged.

Name: Bitew Atnaf

Signature:  _____

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

Habtamu Wondimu (Professor)

Signature  _____

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