

Exploring Traditional Kinship Care Modalities as Child Welfare System:

The case of Wolaita People

Lukas Keshamo Lotta

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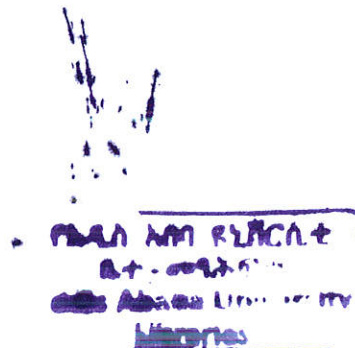
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Signed by the Examining Committee:

External Examiner	Signature	Date
<u>Getachew Kassa</u>	<u>[Signature]</u>	_____

Internal Examiner	Signature	Date
<u>Tenaw Ake</u>	<u>[Signature]</u>	_____

Advisor	Signature	Date
_____	_____	_____

Advisor	Signature	Date
<u>Abel Asefa</u>	<u>[Signature]</u>	_____


Chair of Department or Graduate Program Coordinator

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I the under signed, declare that this thesis is my original work and has not been presented for a degree in any other university, and that all the sources of materials used for the research project have been duly acknowledged.

The researcher:

Name Lukas Keshamo Lotta

Signature 

Advisor:

Name _____

Signature _____

Date of Submission _____

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Abstract

Traditional kinship care is one of alternative childcare with informal systems and services. This study was aimed at exploring traditional kinship care modalities as child welfare system in Wolaita people particular reference to Humbo district. Through purposive sampling, data consisted of participant observation, unstructured interviews with 25 participants and researcher field notes. Analysis of data was undertaken with Creswell's (2003) qualitative inquiry and research design choosing among five approaches. So that, the researcher chose ethnographic approach and consisted of coding data initially and an integrative process to develop categories to address the specific objectives stated at the beginning of the study. Thus, through intensive and extensive process of description, analysis, and interpretation, the ethnographic study concludes that the reasons for traditional kinship care practices are poverty, death of parents, instability and migration, insufficiency and ineffectiveness of other alternative cares, over population, and abuse. The study also concludes the treatment of the children in traditional kinship that they are feeling loved, valued, and stable, being listened to, sense of belonging, and safe though there are some restrictions. In addition, cultural and religious values as well as social networks-based support and intervention services are the way that traditional kinship modalities solve the problem of OVC so that attitudes of both children in kinship and their caregivers are positive in the care. On the other hand the study identified, risks like; the informality of the system, lack of professional support, legal framework, biases and problems in community elders, and abuse. It is anticipated that this study may lead to encourage the initial steps of resilience against the risks. This would be done by acknowledging this system by the formal sector kinship care for holistic child welfare system through the indicated implications so far.

Table of Contents

Acknowledgements.....	4
List of Abbreviations	10
Glossary.....	11
CHAPTER ONE	13
1. INTRODUCTION	13
1.1. Background of the Study.....	13
1.2. Statement of the Problem.....	16
1.3. Objectives of the Study	20
1.4. Research questions.....	20
1.5. The Rationale and significance of the study	21
CHAPTER TWO	25
2. REVIEW OF RELATED LITERATURE.....	25
2.1. Definition and Historical Background of Traditional Kinship Care Modalities.....	25
2.1.1. Defining the Term	25
2.1.2. Historical Background.....	27
2.2. Rationale for Traditional Kinship Care Practice.....	27
2.3. Child Welfare System and Treatment.....	28
2.3.1. Child safety	29
2.3.2. Placement Continuity and Permanency.....	30
2.3.3. The overall well-being of Children	31
2.3.4. Legal and Policy Issues.....	32
2.4. Ways of Traditional Kinship Modalities to solve the problem of OVC	35
2.4.1. Traditional and Cultural Values.....	35
2.4.2. Benefits and Preference of Traditional Kinship Modalities	35
2.4.3. Prevalence of Traditional Kinship Modalities.....	37
2.5. Attitudes towards Traditional Kinship Care	43
2.5.1. Children's Perspective.....	44
2.5.2. Care givers Perspective	44
2.6. Risks and Resilience in the Traditional Kinship.....	45
2.6.1. Risks.....	45
2.6.2. Resilience.....	48
2.7. Gaps in Literature	49
CHAPTER THREE	52
3. METHODS OF DATA COLLECTION	52

3.1.	Study Design.....	52
3.2.	Description of the study site.....	53
3.3.	Sampling Method.....	56
3.4.	Research Participants.....	57
3.5.	Data Collection Techniques.....	58
3.5.1.	Sources of Primary Data.....	58
3.5.2.	Sources of Secondary Data.....	59
3.5.3.	Selection Criteria for Participants.....	59
3.6.	The Role of the Researcher.....	60
3.7.	Research set-up.....	61
3.8.	Data Entry and Storage Process.....	61
3.9.	Triangulation.....	62
3.10.	Data Analysis.....	62
3.11.	Ethical Consideration.....	63
CHAPTER FOUR.....		66
4.	FINDINGS.....	66
4.1.	Data Description.....	67
4.1.1.	General Setting of the Field.....	67
4.1.2.	Entering the Field.....	71
4.1.3.	Participant Observation.....	71
4.1.4.	Field Notes.....	72
4.1.5.	Evaluation of Research.....	73
4.2.	Data analysis.....	74
4.2.1.	Personal Background of the Participants.....	74
4.2.2.	Field Observation.....	75
4.2.3.	The Interview.....	78
4.3.	Data Interpretation.....	83
4.3.1.	Reasons for Traditional Kinship Practice.....	83
4.3.2.	Ways of Child Treatment Mechanisms in Traditional Kinship Practice.....	85
4.3.3.	Ways of Traditional Kinship Modalities to Solve the Problems of OVC.....	88
4.3.4.	Attitudes towards Traditional Kinship care.....	91
4.3.5.	Risks and Resilience.....	92
CHAPTER FIVE.....		94
5.	CONCLUSION.....	94
5.1.	Limitation of the Study.....	95
5.2.	Implication of the Study.....	96

5.2.1. Implication for Social Work.....	96
5.2.2. Social Work research implication	97
Annexes.....	111
Annex 1: Background Information of the Respondents.....	111
Annex 2: Interview Guide.....	112
Annex 3: Observation checklist	118
Annex 4: Interview Guide in <i>Wolaitatto Donna</i> (in language of Wolaita).....	121
Annex 5: Interview Checklist	127
Appendix 6: Informed Consent form for Adults.....	129
Appendix7: Informed Consent form for Children	131

LIST OF FIGURES

FIGURE	PAGE
1. Sequential procedures of reasons for traditional kinship in Wolaita.....	82
2. The family bond triangulation of child treatment.....	85
3. Child’s feeling in traditional kinship family.....	86
4. The ladder of traditional kinship modalities in Wolaita	89

LIST OF TABLE

1. The summary of findings in light of research questions.....	91
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List of Abbreviations

BOFED	Bureau of Finance and Economy Development
CRC	Convention in the Rights of Children
CSA	Central Statistics Agency
CWLA	Child Welfare League of America
DHS	Demographic and Health Survey
FDRE	Federal Democratic Republic of Ethiopia
FHAPCO	Federal HIV/AIDS Prevention and Control Office
MoFED	Ministry of Finance and Economic Development
MoLSA	Ministry of Labor and Social Affairs
MoWCYA	Ministry of Women, Children and Youth Affairs
NGO	Non-Governmental Organization
OVC	Orphan and Vulnerable Children
PHC	Population and Housing Census of SNNPR
SNNPR	South Nations Nationalities and People's Region
UK	United Kingdom
UN	United Nations
UNICEF	United Nations Children's Fund
USA	United States of America

Glossary

- Caregivers** This refers to the guardians in the context of this study that a kinship family member or unpaid helper who regularly cares and looks after OVC.
- Child** A 'child' refers under the Child Care that anyone under the age of 18 years who is not married.
- Child protection** The process of protecting individual children identified as either suffering, or likely to suffer, significant harm as a result of abuse or neglect.
- Child Welfare** A problem experienced directly by a child, or by the family of a child, that is seen to impact negatively on the child's health, development, and welfare, and that warrants assessment and support, but may or may not require a child's protection response.
- Food Bank** This term refers the store that all farm products are collected by welfare team and kept until to be distributed to children in poor kinship family.
- Kinship** The term kinship is used in this thesis to refer to historical and cultural social bonds where clusters of individuals became involved in providing support to the family by caring for children. Kinship is considered within the context of Wolaita people through blood relationships (consanguineal), marriage (affinal), and beyond (result of cultural and social interactions).
- Kinship and Social Networks-based Care Provision System**
A universal term that is used to describe the extended family and a wider network of people who support the family by caring for children.
- Modalities** This term refers in this study as a traditional modal quality and a method of procedure to accomplish the child welfare system among Wolaita

people with the perception of problem solving mechanism of the indigenous people.

Social Network-based support and intervention

It refers to a process by which community elders identifies any child related problem, gives priority to them, develops the confidence and will to work at them, finds resources from the community to deal with them, and in doing so, extends and develops cooperative and collaborative attitudes and practices in the community.

Traditional kinship The term traditional kinship is a social ties or relationship concept. However it is used in this thesis to refer to large extended networks of relatives. This concept expands beyond blood ties to include significant people in the community. Instead, many writers used to describe this term 'informal kinship'.

CHAPTER ONE

1. INTRODUCTION

1.1. Background of the Study

This is a thesis on exploring traditional kinship care modalities as cultural or social networks-based child welfare system among the Wolaita People. The study aimed to explore traditional kinship care modalities with its social group's experiences, risks, and resilience as child welfare system in Wolaita. It gives attention to look at knowledge of indigenous socio-cultural ideas based care practices within families and communities, especially 'informal' kinship care, in order to increase the care and protection of children (Save the Children, 2012).

A guideline on alternative care of children (2009) indicates that majority of children without parental cares are looked after informally by relatives or others. Besides, it justified that the study area should seek to devise appropriate means, consistent with the present guidelines, and even the guidelines in the country itself whether fits to the wolaita's traditional kinship modalities in order to ensure their welfare and protection or not. While in such informal care arrangements, with due respect for cultural, economic, gender and religious differences and practices that do not conflict with the rights and best interests of the child. A guideline also states that the family is being the fundamental group of society and the natural environment for the growth, well-being and protection of children, efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members. The State agencies concerned with these issues should ensure that families have access to forms of support in the care-giving role.

According to Jani and Roby (2011) kinship care is a component in a continuum of alternative child care services. Kinship care is believed to have multiple of benefits. It helps to

preserve continuing contact with family, increase siblings and the extended family network, maintain identity, decrease trauma and distress of relocation and grief of separation from parents, to reduce the likelihood of multiple placements and to expand capacity for self-sufficiency, ongoing support throughout life, and that children and relatives provide mutual care and support (Jani and Roby, 2011).

Kinship care is family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature (Guidelines for the Alternative Care of Children, 2010). International Guidelines for the Alternative Care of Children 2009 explains kinship care as family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature.

In practice, care by grandparents is the most common form of kinship care (Every Child, 2009).

A major issue in discussing kinship care is that there is no agreed definition of the term. The child welfare league of America includes both formal and informal arrangements in defining kinship care as: the full-time nurturing and protection of children by relatives, members of their tribes or clans, godparents, stepparents, or any adult who has a kinship bond with a child (Child Welfare League of America 1998). Meanwhile, In the UK, the family rights group has defined kinship care equally broadly as: Children who cannot live with or be cared for by a parent and who are living with a relative or family friend who is responsible for their upbringing (Tapsfield, 2003)

In this regard, UNICEF (2004) summarizes kinship care as care by relatives or family friends, is the most significant form of out-of home care globally for children who are unable to live with their parents. Surprisingly, the importance of kinship care has only recently begun to be seriously acknowledged, and it is emerging as a policy and practice issue that needs to be

addressed in its own right. This form of care remains largely unregulated, with most families organizing alternative care for their children without contact with external agencies.

While kinship care can provide enormous benefits to children, particularly when compared to non-family based care, there are concerns that many caregivers may be struggling to cope without access to support, and that some children in kinship care are exposed to harm for risks or rationale (UNICEF, 2004). In the same manner, international Social Service defines Informal care that as any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends or by others in their individual capacity (Guidelines for the Alternative Care of Children, 2010; p., 29).

It is provided in three major settings: kinship, community and other family-based arrangements. The Guidelines refer to informal kinship care as private arrangement whereby the child is looked after on an ongoing or indefinite basis by relatives or friends. Accordingly, the alternative care is divided into major forms: formal, informal, and private). The purpose of this thesis was to focus on informal care.

The necessity of kinship in relation to legal framework is a vital for children's wellbeing. CRC confirms that children have the best chance of developing their full potential in a family environment and their care rests upon their parents and legal guardians who are entitled to support from the government in raising their children. When parents are not able or willing to fulfill this responsibility, kinship and community resources may be relied upon to provide care for the children. However, the ultimate responsibility falls on the government to ensure that children are placed in appropriate alternative care (CRC, 1989).

1.2.Statement of the Problem

There are various problems regarding kinship in Western societies. As researches indicate that it is difficult to know just how many children today are living in informal arrangements with their kin but in 2004, there were around 1400 children in Scotland living with kin or close friends in formal placements where care is supervised by the state (Scottish Executive, 2004). Certainly, the 21st century philosophy for children who cannot be with their parents, set out in the Children (Scotland) Act 1995, stresses the value of maintaining rather than severing connections between children and their families. Consequently, there has been a growing interest in the use of kinship care as a first placement option for children and young people who are formally 'looked after' by the state. However, at present, little is known about the issues arising from these formal placements for the children, their care givers and social work services. The Children are supportive of kinship care but the legal framework within which it is situated is complex (Jane and Miranda, 2006).

The USA studies, found that African American children were significantly more likely to be living in kinship care placements than white children (McFadden, 1998; p., 15; Dubowitz, et al., 1994; p., 47; Harden 1997; p., 12) while, in the UK, the study by Broad and colleagues found that there was an over representation of black children in kinship placements in Wands worth (Broad, et al. 2001; Broad, 2001). An increase in formal kinship care in the USA and, to a lesser degree, in the UK in recent years, has been attributed to family preservation policies; a decline in the availability of traditional foster care givers; the policy directive to place children with family or friends where possible; increased reporting of abuse and neglect; and an increase in parental drug misuse (Everett, 1995 and Child Welfare League of America 1998).

The UK has a lower percentage of looked after children living in kinship care than many other countries: 75% of looked after children in New Zealand are in kinship placements, 90% in Poland, 33% in the US and Belgium, and 25% in Sweden (Greef, 1999; p., 4). It has, therefore, been suggested that there may be potential for increasing the number of kinship placements, particularly as many local authorities are facing a reduction in foster care resources, and practices such as family group conferencing are becoming more common.

In the case of Africa, traditional kinship might provide the most reliable social security to its vulnerable members such as poor, children, and elderly. The traditional care system was built on kinship and extended family, which ensured the reciprocal care and assistance among generations (Aapt, 2002). However, governments in Africa have been slow at intervening kinship care practices of children who are orphaned, abandoned, or maltreated in a family setting.

In Ethiopia, traditional kinship or cultural support system is mainly available as child welfare provisions to abandoned, displaced, and orphaned children without the involvement of legal authorities (Seeling and Tesfaye, 1994; p., 15). Kinship care was by far the highest based on Demographic and Health Survey figures of children living away from parents, the greatest proportion with grandparents. In Ethiopia, 19% of all households include at least one child with no parent present. However, the exact breakdown of relationship to the head of household and the total percentage of households was not available for all countries (DHS, 2001; p., 5). MoLSA presented that the Ethiopian Alternative Childcare Guidelines indicate the commitment to deal with the ever growing number of orphan and vulnerable children. But researchers argue, "...the role of the State in the care of orphans and other children in need in Ethiopia is minimal" (Abebe and Aase, 2007; p., 2059).

In the recent report, many orphans and vulnerable children in Ethiopia are not getting sufficient care (FHAPCO, 2008; p., 3). Even there are no or few researches on cultural or indigenous kinship systems for holistic child welfare, which attempts to overcome the problems. Researches confirm that Wolaita society values marriage highly, all parents are eager to see their sons, and daughters married and bear children. Wolaita clans are exogamous and marriage represents an important way in which networks of social relations among various clans are established. Both monogamy and polygamy types of marriages are practiced depending on religion and economic statuses. Rich men especially, Orthodox Christians, and traditional religion believers marry several wives more frequently than Protestants and poor men. The children are usually vulnerable and the households to care of them traditionally. Every household tends to support the most vulnerable children in the society (Haileyesus and Menelik, 1995).

Dessalegn (1992) holds that the social support networks help to reduce the process of the kin members, provide a lifeline in times of crisis, and keep up the hopes of the needy and their family. Hence “the poor tend to invest in tradition more than others, are more active in customary activities, in social organizations, and observe traditional life cycle occasions such as births, wedding, deaths, etc. very seriously” (Dessalegn, 1992; p., 26). Dessalegn and Birhanu attempted to show the households and kinship cultural interactions of social organizations in Wolaita society. Wolaita households are formed around a nuclear and extended families and (sometimes)-other kin or fostered individuals. Yet, they always consider the matrilineal parents as members of the broader family resulting in strong ties between households. Average household sizes in Wolaita are between 5 and 9 persons (FARM Africa, 1992; Dessalegn, 1992; Berhanu 1995, and my own observation). Richer households have larger families due to the tradition that forces them to kin vulnerable children (FARM, 1992; Kindness, 1994) and thus

more labor for timely discharging of agricultural work as well as more opportunities for off-farm activities.

Historically, membership of a clan determined to a large extent eligibility to inherit land, local political alliances, and ritual celebrations. Kinship, social and ritual ties between clan members has been greater than political and economic co-operation. However, under crisis situations clan members are supposed to co-operate and help each other. Besides the lineage ties and customs there are other ways of building traditional kinship relationships such as 'eye-parenting', god-father and father-confessor (Berhanu, 1995). These complex forms of social bonding have strong implications for holistic care modalities as indigenous knowledge of child welfare during crisis. However, these traditional care systems not yet have a valuable attention by multitudes of researchers beyond focusing on its pessimistic issues and approaches.

CYAO (1995) indicates that the most common problems nowadays in Wolaita area are child rights violations, child trafficking, child labor exploitation, child prostitution, street children, child abuses, and neglects. This document indicated the reason for this problem as the country's limited resource capacity and misuse of the existing ones. The country needs an effort in appropriately addressing the problems of children in crises situation to put more with the existing socioeconomic resource environment. Accordingly, these and other child socioeconomic problems should be solved at different social, community, or organizational levels. The problems of children in the contemporary cultural society needs integrated efforts from the government, non-government organizations and community based organizations.

None of these researches come up with more relevant solutions for the problem, but they focus their work on the abundance of the problems rather than identifying the possible community based social systems with potential to intervene in the problems of children in

particular and the society in general. There are gaps in the existing studies which indicate little emphasis that placed on developing other alternative care options, such as kinship care beyond institutional care or adoption (FHI, 2010).

To this end, this study was mainly focused on how these social problems would be solved at community level within that society's cultural perspective and later implemented by the concerned bodies are paramount issue of the study. Therefore, the main goal of this study was to explore the traditional kinship care modalities in Wolaita people as child welfare system.

1.3.Objectives of the Study

The overall objective of this study was to explore the potential prospects of the traditional kinship care modalities as child welfare system in Wolaita People, SNNPR.

Specifically, this study aimed to:

1. Identify the reasons for functioning traditional kinship care practices in Wolaita society.
2. Comprehend mechanisms by which the traditional kinship child is treated in the family
3. Identify the role of traditional kinship modalities and mutual help in Wolaita society in addressing the problems and responding to the orphan and vulnerable children
4. Understand and explain the attitude of children and their care givers towards the traditional kinship cares

1.4.Research questions

Based on the above stated objectives, this study aimed at addressing the following research questions.

1. Why is traditional kinship cares practiced in the community?
2. How the children are is treated in the contexts of traditional kinship care within the family?
3. How do traditional kinship modalities in Wolaita community solve the problems of orphan and vulnerable children for their wellbeing system?
4. What are the attitudes of orphan and the most vulnerable children and their care givers towards the ideas and practices of the traditional kinship care system?

The Rationale and significance of the study

In clearly understanding, the ideas and socio cultural bases, purpose, and goals of kinship based system is assumed to be more likely to facilitate the promotion of appropriate values and policies that are consistent with the most basic and best interests of the children and their families who interface with the welfare system. Research indicates that one of the benefits of kinship based care is children being able to maintain a sense of social identity, belonging and stability because they are placed with people they know (Ankrah, Maxine E., 1993).

The socio-cultural and economic context of the Ethiopian family system in kinship care is usually and morally indigenous in context of relatives to assume greater responsibility for the provision of alternative childcare options. Therefore, “kin care giving for orphan and vulnerable children is inevitable in the effort to address the needs of orphans and vulnerable children in Ethiopia” (Meseret, 2006; p., 19). Socio-culturally based process of kinship care is a mechanism to maintain social stability, creating and helping to sustain bonds of cooperation and interdependence (Ankrah, 1993). In the context of the impacts of HIV/AIDS on the victim family and the social kinship based-care system provides positive and safe care for children away from their natural home (Serra et al., Child, 2007). The ...

of help and its practice is considered to nurture kinship or friendship bonds, reaffirm family ties as well as political relationships, and sometimes provide companionship or house hold help to a childless person. Kinship socio-culturally based care system also provides opportunities for a child in a rural setting to immigrate to town and, for urban based children, to live with better-endowed and experienced kin adults, who may help those kin children to enrich or enroll them in useful apprenticeship. In addition, kinship care is identified as an alternative source for domestic help and social support for childless and aged relatives (Nsamenang, 1992). A regional save the Children participatory research initiative (2013) was undertaken to build knowledge on indigenous child care practices within families and rural communities, especially, informal kinship care, in order to better understand how the practice works and provide recommendations for programming to increase the care and protection of children. The importance of increasing an understanding of kinship care, especially from the perspectives of children and caregivers was identified as a priority action area. Hence, kinship care is a mechanism to maintain social stability, creating and helping to sustain bonds of cooperation and interdependence (Ankrah, Maxine, 1993).

In the study area community, research findings indicate existences of child exploitations, various sorts of abuses, and violence. Accordingly, children are commonly guided to be enforced to work on farms and casual hard works or engaged in domestic help. Sometimes, disparate treatment within the household, poverty, lack of legal status, emotional and psychological stress are widely spread (Dessalegn, 1992). In addition, child neglect, labor and child trafficking are thought to be increasing, but reliable statistics are lacking (Thematic Briefing Note, 2013). Although no one disputes on the need for socio-cultural network kinship care, no one endorses it as the only feasible solution to the problems for which the system is invoked. When children are

abused or neglected by their parents, or when the parents cannot care for their children, someone must intervene to see that the children are adequately looked after; that someone is usually the government and the intervention is frequently kinship care. In addition, in my point of view indigenous assumptions towards child's care are more valuable because of non-indigenous assumptions are less consistent to the context of the people. The research on traditional socio-culturally based kinship care modalities is an innovative idea because, it brings the child welfare system with the focus on the opportunities of the indigenous tradition by discussing some specific constraints.

Some researches concentrate on the benefits of kinship care system. The argument is that the child is racial, cultural, religious, and linguistic needs are more likely to be met in their family than in any other placement (Inglehart, 1994). According to the National Alternative Child Care Guideline, institutional care and adoption are not better child wellbeing system though both are alternative childcare services. This is because of the unnecessary separation of children from their families and adaptive environment. So that, the issue demands the strengthening of social services and social welfare and alternative care responses within the country through the management and operation of alternative child care options including community-based child care, reunification and reintegration programs, foster care, and kinship cares (MoWCYA, 2009).

Despite the widespread use of kinship care, in fact, relatively little research has been undertaken so far to come up with comprehensive knowledge to help to know if it is working as a care practice for children and families. As per kinship care is under-researched and not well understood, the reason for this study benefits that the finding of the research was also served as a source of information for other researchers who might be interested to conduct research on

traditional kinship rural modalities as child wellbeing system, and also help for social planners to take it as an input for their development plan.

CHAPTER TWO

2. REVIEW OF RELATED LITERATURE

2.1. Definition and Historical Background of Traditional Kinship Care Modalities

2.1.1. Defining the Term

The definition of kinship varies from social human group to group and culture to culture. This is likely to depend on unique socio-cultural experiences, beliefs about the nature and functions of kinship, and the way in which kinship Care as a system of care has developed over time and space. In addition, it is central to social organization in many human societies; how people think about kinship identity and what should be relevant to social cognition. Thus, CWLA (1994) defines kinship care as it is the full-time nurturing and protection of children who must be separated from their parents, by relatives, members of their tribes or clans, godparents, stepparents, or other adults who have a kinship bond with a child. Kinship care is also referred to as relative, friends, family and kith (“persons from child’s or family’s community”) and kin (relatives) care (Bromfield & Osborn, 2007).

Many writers on the topic suggest on the traditional nature of kinship based-care categories which might be divided in to: informal, formal, and private placements. The notion of informal kinship care giving arrangements occurred without the proactive involvement of a child welfare agency and usually made by the natural family. Formal kinship care acted as foster parents for children in state custody. Private kinship care is a voluntary arrangement between the birth parents and family members without the involvement of a child welfare agency (Geen, 2000; p.45; Strozier A L & Krisman K, 2007; p. 17).

Most of the instances of kinship care arrangements are informal and private, in that they occur without any involvement from the child welfare system. This includes instances in which,

following an investigation of a report of abuse or neglect, the child welfare agency removes a child from the home and takes custody of that child and places the child in kinship care. Public kinship care also includes situations in which the child welfare agency makes contact with a family, and suggests that a child be placed with kin, but does not take the child into state custody. This practice is sometimes called voluntary or noncustodial kinship care (Jacob, 1999).

According to Strozier and Krisman, the term 'Kinship' include relationships through blood (consanguineal) and relationship through marriage (affinal) which formulate in every society, the formation of groups and the regulation of behavior depend to some extent on socially organized ties of kinship. Strozier and Krisman; also claim kinship as culturally defined ties of kinship have two basic functions. First, kinship provides continuity between generations. In all societies, children must be cared for and educated so that they can become functioning members of their society. The kinship unit is fundamentally responsible for this task. Furthermore, a society must provide for the orderly transmission of property and social position between generations. In most human societies, inheritance (the transfer of property) and succession (the transfer of social position) take place wit in kin groups. Second, kinship defines a universe of others on whom a person can depend for aid. This universe varies widely. Although a kinship system always rests on some kind of biological relationship, kinship systems are cultural phenomenon. Therefore, the ways in which societies classifies kin are cultural and may or may not be based on scientifically accurate assessment of biological ties at large (Strozier A L & Krisman K, 2007).

In the same manner, Jacob Leos-Urbel focus on traditional kinship care and shows that in each community there are usually a range of informal care arrangements that may be considered for various reasons if a child is not living with their own parents. These types of informal care

arrangements included: Living with extended family (grandfather, grandmother, aunt, uncle, brother, sister, cousin, and stepparent); friends, neighbors or members of the community Child Protection Committee (informal kinship care); and a local religious elder or being sent to a religious teacher outside of the local area (Jacob, 1999).

2.1.2. Historical Background

Evidence suggests that kinship care increased substantially during the late 1980s and 1990s. Several factors have contributed to the growth in kinship care. While the number of children requiring placement outside the home has increased, the number of non-kin foster parents has declined. In addition, child welfare agencies have developed a more positive attitude toward the use of kin as foster parents and a number of federal and state court rulings have recognized the rights of relatives to act as kin parents and to be compensated financially for doing so ((Jacob, 1999). Although known to society for centuries, kinship care is a relatively new phenomenon within systems of child welfare. In the past two decades kinship care the practice of extended family looking after children in state care has become an internationally favored system for children who are unable to be looked after by their parents. Not only has kinship care emerged as a significant contribution to the range of family foster care services, there has been a palpable shift in state preference toward kin as first option when an alternative to parental care is needed (Geen, 2000; Gleeson, 1999a; McFadden, 1998).

2.2. Rationale for Traditional Kinship Care Practice

A number of researches assert that here are many precipitating social factors cause children to go into care systems. These include parental substance abuse, teenage pregnancy, child abuse or neglect, incarceration, poverty, death, HIV/AIDS, abandonment, family violence,

unemployment, homelessness, the lack of adequate childcare, mental health problems, divorce, and military deployment (Scannapieco et. al., 1997, Geen, 2003).

Some studies describe the dynamic process in kinship and identify three simultaneously occurring influences: the reasons that the child's biological parents were unable to care for the child; the caregiver's motivations for providing kinship care; various pathways that children took to get to the current kinship caregiver's home (Crumbly and Little, 1997; Schwartz, 2002).

Anecdotal evidence suggests that parental substance abuse is the primary reason that children are placed in their relatives' care. Kinship care families are most often found in where needs are greatest and the willingness of relatives to step in is strongest (Geen, 2003).

On top of these, reasons suggested for the increase in kinship care are: changes in legislation and policy regarding placement preference (kin given priority e.g. Aboriginal Child Placement Principle); decreasing number and shortage of available foster care placements; substance abuse by parents so kin are caring for children; changing family structure and conditions; children and families indicating a preference for kinship care; and increase in children requiring out-of-home care (Green and Goodman, 2010; Backhouse and Graham, 2009).

2.3. Child Welfare System and Treatment

Multitudes of researches illustrate the mechanisms on how the child is treated in traditional kinship care within the family. Elements of quality care that have been identified by Shlonsky and Berrick (2001) are consistent with many of the kinship care objectives include: child safety (also physical safety within the home and neighborhood, medical and dental care); educational support and the capacity to promote the child's education; mental health and behavioral support (particularly the capacity to understand the child's mental health needs and the ability to deal

with difficult behavior); developmental factors (the stimulation required for children to achieve their developmental milestones); the furtherance of positive attachments; the characteristics of caregivers (both personal and demographic); and the child's quality of life (including the child's level of satisfaction). Whether or not kinship care promotes the well-being of children is a fundamental question. While state intervention clearly responds to the immediate care and safety needs of the child, it is important that it also protect the child's developmental trajectory and promote the enhancement of their life chances. Knowing whether kinship care is working for children is therefore of central importance. However, despite the centrality of this, research into whether kinship placements work well for children and provide for both immediate and long-term needs is limited. Specifically the research suggests about issues of child safety, placement continuity, and the overall well-being of children in kinship care.

2.3.1. Child safety

Kinship care has raised concerns about safety, particularly because of the intergenerational implications of child abuse and neglect, the use of substance abuse (Gennaro, York & Dumphy, 1998), and poor parenting practices across generations (Hunt, 2003). In addition, the complexity of family relations and continued access between children and parents has also been raised as issues of concern. Kinship care fits with a belief that children belong with their biological family and that family is the best place to raise children. There is also a belief that kin care givers have an extra level of commitment to the child because of the biological and emotional connection – 'blood is thicker than water' (Dubowitz, 1994). In general research suggests that kinship care offers greater stability for children living with their relatives and considered to be the least restrictive (Scannapieco, 1999) and safest setting (Gleeson, 1999) on the continuum of out-of-home placements.

2.3.2. Placement Continuity and Permanency

Using three types of continuity measures: the child's previous familiarity with the caregiver; the child's contact with parents while in care; and the child's continued involvement with a known community, the GAO (1999) study found that there was significantly more continuity in the lives of children in kinship care by comparison with children in foster care. One of the positive features claimed for kinship care is that it minimizes the shock of separation for children because they are transferring to a familiar household (Mackiewicz, 2009). Children who are placed in kinship care are able to maintain family connections with their birth parents and siblings; experience fewer moves within the foster care system; and experience fewer traumas. When children are in kinship placements, they are better able to maintain and continue family connections. This allows them to feel a sense of belonging, worth, history, and value to others (Crumbley, et al).

Kinship foster care also helps maintain family continuity by increasing the contact between children in foster care and their birth families. Children in kinship foster care have much more frequent and consistent contact with both birth parents and siblings than do children in non-kin foster care. Further, they are more likely to be placed with siblings than children in non-kin foster care. Kinship foster care also helps children maintain a connection with their communities (Geen, 2003). Research has indicated that they are more frequently placed in close physical proximity to the homes from which they were removed. Given that children are placed with relatives, they are also more closely connected with their cultural heritage and traditions. Prior research has also shown that children in kinship foster care are significantly less likely than children in non-kin foster care to experience multiple placements.

Placement stability is not only beneficial for children's overall well-being and sense of safety but research also finds that it is more cost effective. While placement changes for children in the Child Welfare System are inevitable and at times circumstances make it more beneficial and needed, the review highlights how important it is to minimize the number of changes children experience. Held (2005) identified some of the key components for improving practices for increasing the probability for placement stability. These include (but are not limited to): Strong tracking and case planning to ensure that foster drift is avoided to achieve permanence; early intervention; increasing the availability and use of placement choice; and increasing multi-agency support.

2.3.3. The overall well-being of Children

Researches confirm that the overall well-being of children is mainly comprehended by cultural beliefs about childrearing modalities. The differences in cultural systems of beliefs, values and behaviors open up the possibility that parents from different cultural groups will have different goals for their children, will interpret quality of care in terms of how well child care meets these goals, and thus will prefer child care arrangements that are likely to have the desired effects on their child's development (Rosenthal 2000; Sigel 1992). As Farquhar (1990: 80) notes: "What might be quality for one cultural group, or in one country, may not necessarily be so for other cultures or in other countries."

Attitudes towards childcare are likely to vary according to parents' beliefs about what experiences are most important to children, their views about who should be responsible for raising young children, and their attitudes towards work and family roles. For example, some parents, particularly those with children under the age of three-view child care as an economic necessity; given the opportunity, they would prefer to look after their children themselves.

According to several studies (Warren-Adamson, 2009; Green et al, 2010; and Zinn, 2010), the core values of the overall wellbeing of children can be outlined as:

- a) The system of care should be child-centered and family-focused with the needs of the child and family dictating the types and mix of services provided.
- b) The system of care should be community based, with the focus of services as well as management and decision-making responsibility resting at the community level.
- c) The system of care should be culturally competent, with agencies, programs and services that are responsive to the cultural, racial and ethnic differences of the populations they serve.

2.3.4. Legal and Policy Issues

The concern of child welfare revolves around in a problem experienced directly by a child, or by the family of a child, that is seen to impact negatively on the child's health, development and welfare, and that warrants assessment and support, but may or may not require a child protection response in light of its principles and policy issues. National Guidance of Child protection and Welfare practice Handbook (2011) presents the key principles that should inform best practice in child protection and welfare which include: Early intervention and support, proper rights and interests of child, parental care, prevention of abuse and neglect, professionals and agencies intervention in difficulties for child's welfare must come first. As Badeau's and Gesiriech's explanation, the principles lay the foundation for the key components of a kinship care service delivery System to an optimal system. These are categorized into: those that apply to both informal and formal kinship care families; additional components that are specific to informal kinship care; and additional components that are specific to formal kinship care (Badeau & Gesiriech 2003). Rights have correlative duties, which have to be carried out by identified and accountable duty bearers. The child's mother or father represents the first level of

duty bearers and there are a number of responsibilities for which this prime caregiver is responsible. The extended family, community, district and state have duties owed to the child too. In terms of the International Human Rights Law the state has three obligations: to respect, to protect and to fulfill the realization and enjoyment of rights (UNICEF, 2000). Approaches span across a continuum, with statutory substitute care at the one end and no statutory substitute care at the other. Statutory services involve the committal of the child through the courts to some form of supervised substitute care such as residential or foster care. Non-statutory substitute care does not go through the courts and refers largely to extended family and kinship care. The Child Care Act (74 of 1983) provides information on how children can be found to be in need of care legally as well as on the responsibilities of children's courts. The test for whether a child needs intervention has moved from assessing the fitness of parents to a more child-centered evaluation (Child Care Amendment Act, 1996).

CRC is an international agreement between governments about what should be the rights of children all in the world. CRC has major themes on the protection of children's rights by placing the basic human rights for children, by setting standards for both parents and state in education, health, civil and social services and by stating non-negotiable standards and obligations. In light of this, the Ethiopian government has ratified this document and has committed to protect and ensuring children's rights and to regularly report both their success and failures to the international community at large.

Seyoum Yohannes and Aman Assefa (2010) argued legal policy issues of Ethiopia in general welfare system and treatment of children. In this regard, Ethiopian laws seem to give protection that prejudices the best interest of the child. The constitution simply provides that the family is the natural and fundamental unit of society and is entitled to protection by society and

the state. It does not prescribe the limits of such protection. Nor does the family law provide sufficient limits to ensure the best interest of the child. They also continue to argue that the Revised Family Code places the child in the care of a guardian and a tutor in respect of the proper care of his person and the administration of his property, respectively. Naturally, the father and mother of the child are the guardians and tutors for their children. Sometimes, however, testamentary or court appointed guardians and tutors assume these functions. These powers of the guardian are generally unlimited so that no one will be able to object to such parental decision though it is manifestly against the best interests of the child and doesn't take into account the 'evolving capacities of the child'(Seyoum and Aman, 2010).

On the other hand, Ethiopia has Laws and Policies that attempt to discharge this Convention duty. Article 36(5) of the FDRE Constitution and the five pronged alternative care guidelines issued by MOLSA are cases in point. The Constitutional provision obliges the state to accord special protection to orphans and to encourage the establishment of institutions, which ensure and promote their adoption and advance their welfare and education. The latter dwells on Institutional Child Care, Community Based Child Care, Reunification, Foster Family Care and Adoption. In this point, Seyoum and Aman critically commented that Ethiopian children deprived of their family environment may be classified into three categories. These are orphans bereft of both parents, children who do not live with their biological mothers and children who reside in single-adult households. However, the constitutional provision appears to be insufficient to address the needs of all children deprived of their family environment. It singles out orphans leaving aside children deprived of their family environment for other reasons ((Seyoum and Aman, 2010).

2.4. Ways of Traditional Kinship Modalities to solve the problem of OVC

2.4.1. Traditional and Cultural Values

Kinship care is also frequently the most culturally appropriate form of care to solve the problem of OVC, rooted in long-standing traditions and cultural values of 'looking after one's own'. The degree to which members of the extended family feel responsible for a child who has lost or become separated from his or her parents varies. In many cultures in sub-Saharan Africa there is an unquestioning sense that the child 'belongs' to the extended family, who will automatically provide care. In many Asian countries, the sense of duty to care for one's kin is also prevalent; for example, in Myanmar (Burma), Indonesia, Thailand and Malaysia, care by relatives is deeply rooted in local cultures (UNICEF, 2006).

According to Crumbly and Little, in community-based traditional kinship model of Africa the modalities regularly solve the problem of OVC in collaborative spirit of the indigenous people. This reality is indicated in the familiar African proverb which says, "It takes a whole village to raise a child," and speaks to the concept of group responsibility and commitment to children. The strong role of extended family continued in the United States during the slavery era when relatives and nonrelatives on slave-holding plantations cared for children who were separated from their parents.

2.4.2. Benefits and Preference of Traditional Kinship Modalities

2.4.2.1. Benefits

Ample literatures suggested on benefits of traditional kinship modalities in its capacity and ways to solve the problem of OVC (Geen, 2003; Strijker et. al., 2003; Shlonsky & Berrick, 2001; UNICEF,2004; Aldgate, 2009; Conway and Hutson, 2007; Tapsfield, 2001). Accordingly, kinship care:

- Maintains family ties and culture.

- Can reduce children's separation trauma.
- Has less likelihood of multiple placements (although in some circumstances children may find themselves being "passed round" the members of the extended family).
- Reinforce a child's sense of identity and self-esteem.
- Has experience of fewer stigmas than other out-of-home living arrangements.
- Can be an avenue of social capital.
- Continued connection and contact with birth parents.
- Children are more likely to remain in the same community.
- Reports more positive perceptions of their placements and have fewer behavioral problems.
- Respects cultural traditions and may reduce racial disparities. In many cultures, the family is understood to include the extended family.
- Enables a child to live with a known and trusted caregiver.

The most commonly perceived benefits are that kinship care enables children to live with persons whom they know and trust, reduces the trauma children may experience when they are placed with persons who are initially unknown to them, and reinforces children's sense of identity and self-esteem which flows from their family history and culture (Wilson, 1996). The primary aims of kinship placements are family preservation, in which the permanency goal is reunification with birth parents, and substitute care, in which kinship care is considered to be a long-term arrangement.

2.4.2.2. Preference

Based on findings of various studies, a strong argument can be made that kinship care is seemingly more cost-effective than other alternative child cares (Geen, 2003; Dubowitz &

Feigelman, 1993; Skinner, 2004). Thus, almost all states not only give preference to kin when placing children, they actively seek out kin prior to placing a child with a non-kin foster parent. Some states that give preference to kin also prioritize placement among kin. For instance; in Idaho placement priority shall be given in the following order: Immediate family; extended family members; non-relative family members with a significant established relationship with the child; other licensed foster parent. On the other hand, Louisiana's policy lists the order of preference in even greater specificity. The following are those listed to whom care of the child may be entrusted and are listed in the order of priority: a) grandparent; b) aunt or uncle; c) sibling; d) cousin. In South Africa, Botswana and Zimbabwe, for example, children's order of preference for alternative care was (in descending order): immediate family; extended family; community members; foster care; and care in a child-headed household (Skinner, 2004).

2.4.3. Prevalence of Traditional Kinship Modalities

UNICEF specifically describes the prevalence of kinship care as problem solving modalities in the world. In the USA, an estimated 1.3 million children in the black community alone are in the care of relatives, as opposed to 300,000 in group care facilities and 290,000 in non-kinship foster care (Unicef, 2004). In many African countries, more than 90 per cent of orphaned children are living with extended families, with most cared for by their grandparents (UNICEF, 2006). It is a similar picture in Asia; in Funan (Cambodia), for example, more than 90 per cent of orphaned children are cared for by extended families (Shang, 2007). In post-tsunami Indonesia, 70–80 per cent of the 1,981 separated children who have not yet been reunified are living with members of their extended family in camps, barracks and host communities (UNICEF, 2007). In India, kinship care for children without adequate parental care is the most common form of care in almost all regions, religions, castes and ethnic groups. For instance,

some ethnic groups in the Andaman and Nicobar Islands do not use the word “orphan” for a child who has lost both his/her parents, as the extended family and community takes care of the child (Dunn, 2006).

In general, kinship care has been found to score higher with regard to the quality of relationships, although this is clearly difficult to assess and research is fraught with methodological difficulties. Nevertheless, research generally reports positively with respect to relationship quality (Hunt, 2003; Altshuler, 1999; Stelmazuk, 1999), Altshuler, also reporting greater depths of bonding. By comparison, Gaudin and Sutphen (1993) found no differences in relationship affection with respect to kinship care and foster care. From the research therefore, kinship care has been found to be either equal to or more positive than foster care with respect to the quality of relationships.

2.4.3.1. Kinship in the West

Literatures show that there are problem-solving mechanisms in the Western societies. Among them, the United States and the United Kingdom represent one extreme, holding that decisions about childcare should be left to individual families, with limitations in the level of government intervention in terms of quality, regulation and supply. At the other extreme stand the democratic and socialist countries of Scandinavia and the formerly Soviet countries of Eastern Europe, where it is believed that child care issues are the responsibility of society as a whole (Rosenthal 2000; Lamb and Sternberg 1992).

In West, there are Parents' beliefs and practices about children and their development are defined by what is considered adaptive in their cultural setting. For example, the early childhood developmental goals valued by parents and educators in many Western societies reflect an

underlying “individualistic” cultural script. They are usually related to the acquisition by an individual of competence and independence, and they often value competition.

2.4.3.2. Kinship in Africa

Lynda (2009) describes that a clear feature of African families was the multi-generational nature of their social networks and of their clusters of kin relatives. She argues that traditional African families were based on consanguinity rather than conjugal relationships. Other researchers agreed with Lynda and said that higher value was placed on biological kinship (biological relationships) rather than affinity or conjugality (relationship created by law/marriage) (Engels, 1884; Sudarkasa 1988).

According to Harber, in Africa there are tremendous traditional and indigenous modalities of kinship based care provision for the holistic interrelated welfare of children. The modalities are based in the context of the community and its respective strategies. Community based socio-cultural ideas and practices of care strategies support informal, indigenous and traditional ways of caring for children in need of care, most commonly by extended family or kinship members, usually a granny or aunt. This form of informal care is widespread and a practice acceptable in most cultures (Harber, 1998). Community home-based care models recruit community members to visit and care for needy people in their homes. Emphasis is placed on collaborating with community leaders in enlisting community members to be trained as voluntary home-based care workers in order to create a comprehensive, community-owned service.

Save the Children Research Initiative (2013) indicates that “informal” kinship socio-cultural network base, ideas and care practices are widely spread in the West Central Africa Region. According to this study, an estimated 15.8% of children in the West and Central Africa

Regions do not live with their biological parents and only a very small number (0.002%) of them live in formal alternative care (including formal institutional care); while the majority live and provide in informal care, especially provide kinship Care by their extended family. Kinship care practices have been identified as one of the traditional coping mechanisms, which if effectively empowered and supported with the necessary elements are supposed to contribute to resilient communities who are more able to provide the necessary care for and protect children in the face of adversity.

Despite its prevalence, the socio-culturally base informal kinship care ideas remains largely neglected in terms of specific and appropriate policies and programming needed to better support the care, protection and well-being of children. Save the Children Research Initiative (2013) also presents the informality and normality of kinship socio-cultural based care contributes to its key strengths ensuring on-going kin ties and child rearing in family and community based settings for significant numbers of children, some of whom would otherwise require formal care. The privacy of families makes it harder to monitor and intervene to ensure practice in a child's best interests, and cultural beliefs have contributed to a situation where many living parents relinquish their responsibilities once they have handed over their children to a relative.

Training resources group of child protection systems in sub-Saharan Africa (2012) describes the System strengthening in Sub Saharan Africa has consistently highlighted the importance of building sustainable community-based mechanisms that are coordinated with the wider system. Key determinants to consider are community ownership, support of traditional leaders and the use of existing resources coordinated and linked with the formal and non-formal structures. These approaches serve to address and manage issues of power and diversity through

participation and inclusiveness. Descriptive examples provide evidence that in the face of scarce resources, incorporating protective indigenous practices can strengthen the national system and provide a more equitable distribution of resources. This community modality mechanism coined up in four cultural values in the entire continent, which includes Spirituality, Collectivity, Interdependence, and Reciprocity (Lynda, 2009:126).

2.4.3.3. Kinship in Ethiopia

Traditional kinship systems are widely spread in Ethiopia among the diverse societies in considerable contextual approaches for the respective wellbeing provisions of children in their multiethnic and multicultural contexts; but the reliable statistics on this issue are lacking. A study conducted by FHI (2010) suggested that a quarter of child-care institutions in Ethiopia had no practical experience in implementing alternative child-care services, and the majority of those practicing alternative care depend mainly on the inter-country adoption as the only alternative placement, along with residential care. These drawbacks were mainly attributed to limited experiences and the dearth of practical information on the existing family-based child-care services, which includes informal kinship. Seeling and Tesfaye (1994) also explains about informal kinship as the main child welfare modalities in lack of formal child welfare system in the country.

UNICEF (2013) critically suggested on family and community based alternative cares of children in the way of problem solving modalities in the great deal of emphasis on legal and policy issues. On top of this, Ethiopia has ratified CRC and the African Charter on the Rights and Welfare of the Child. The country is also a signatory to the African Union Social Policy Framework, which has informed the development of a draft National Social Protection Policy (currently draft and submitted to the Council of Ministers for endorsement). The new Social

Protection Policy reflects a major transformation in the way Ethiopian society cares for its most vulnerable, including vulnerable children. As stated under the Social Protection Policy's focus area four, the aim of this policy is to protect and care for those who lack the capacity to protect their rights before the law, specifically children, women, the elderly, and the disabled.

The National Alternative Child Care Guideline (2009) is the sole instrument to set minimum standards on alternative childcare services. At the heart of the National Guidelines is a call for government to prevent unnecessary separation of children from their families by strengthening social services and social welfare and alternative care responses within the country. The National Guidelines acknowledge that some residential care will be needed for some children. However, the emphasis and priority is on developing and supporting family-based care alternatives. The Guideline particularly addresses the management and operation of alternative child care provision options including community-based child care, reunification and reintegration programs, foster care, adoption and institutional care. It sets minimum standards pertaining to issues of eligibility, recruitment, placement, assessment, and training, matching, and monitoring and reporting.

2.4.3.4. Kinship in Wolaita Society

Population and Housing Census of SNNPR (2007) present numerical details of the overall situations of children in Wolaita, which indicates the problem of orphan and vulnerable children. In this regard, the total child population of Wolaita Zone is 1,021,905 in 2013. However, 10.15% of the total population of Wolaita people is assumed to be vulnerable for illegal human trafficking. Research findings indicate existences of extensive child exploitations, abuse, and violence. Accordingly, every day, children are forced to work on farms and casual workers or domestic help. Disparate treatment within the household, school attendance, and

health and nutrition disparities, poverty, lack of legal status, emotional and psychological stress are widely spread (Dessaiegn, 1992).

Some qualitative researches (Dessaiegn, 1992; Berhanu, 1995) commented on impressive traditional and cultural values in kinship modalities in relation to family and household situations of the people of Wolaita in their land tenure system. According to Desalegn and Birhanu, the Wolaita households are formed around a nuclear extended family and other kin based social units or fostered individuals on the base of their traditional socio-cultural values. Yet, they always consider the patrilineal parents as members of the broader family kinship group or lineage units resulting in strong ties between households and traditional kinship cares. According to this idea, average household size in Wolaita is between 5 and 9 persons (Dessaiegn, 1992; Berhanu, 1995) which exposes for extreme poverty and vulnerability for children as well. Richer households have larger families (Kindness, 1994). Even though there are tremendous kinship modalities of child welfare system, there is lack of sufficient published documents to show the mechanisms among the people.

2.5. Attitudes towards Traditional Kinship Care

Bronfenbrenner contended that there is significant variation in childrearing behavior across cultures, the form and design of child care services also varies according to socio-cultural perspectives on non-parental care (Bronfenbrenner, 1992). According to Bronfenbrenner, societies differ in the extent to which the responsibility for the caring for young children is expected to be shared between the community and parents, and in the prevailing attitudes regarding the role and adequacy of non-parental care in meeting children's developmental needs. As Bronfenbrenner (1992: 290) notes, "the course of child care policy and practice is shaped to a substantial degree by the broader context in time and place." In a multicultural society such as

Australia, culturally-based differences in attitudes toward the care of children in their early years and toward forms of community support for parenting are potential sources of differences in expectations about, and utilization of, child care.

2.5.1. Children's Perspective

The current study on the child's perspective by Child Protection Initiative (2013) has suggested that key factors influencing positive or negative experiences of children living with their relative caregivers have been identified which include among other elements: socio-cultural traditions concerning closer ties with maternal or paternal relatives which influence the likelihood of a child being welcomed into the family; female and male caregiver active participation in decision making to care for a child, and in particular whether the primary caregiver chooses to care for or feels "forced" to care for a child; and the lack of or existence of shared responsibilities by parents and caregivers for children's well-being and needs. While better off relatives may feel obliged to take care of their relatives children, on-going efforts are required to readjust the balance to ensure children are seen as a benefit to the family rather than a burden and to increase parental involvement in their children's lives.

This study also comments on the formal mechanisms need to be built upon and strengthened to increase the agency and on-going participation of father, mothers, female and male caregivers, boys and girls in decisions regarding a child's placement and care and on-going monitoring of their circumstances (Child Protection Initiative, 2013).

2.5.2. Care givers Perspective

Larner and Phillips (1994) concluded that the kinship caregivers interviewed by each researcher were strongly committed to the children in their care, to ensuring that these children remained within the family, and that these children be assured of a good chance in life. These

conclusions were based primarily on the researchers' observations and other qualitative aspects of their studies. Perceptions of children are also important indicators of the effects of kinship care.

Lamb and Sternberg (1992) holds the position that here are primary reasons that motivated kinship care givers to assume the positive perspectives and responsibility to become involved in raising childlike; a sense of belonging, family legacy, Love, and Spiritual influence. Other study also confirms that Kinship caregivers are not a homogenous group and there are identified impacts towards their perspectives like; personal, financial, child and family-related. *Personal* denote those effects, which affect the kin individually. They encompass emotional and psychological issues and ways in which a kinship caregiver's personal aspirations may be changed. *Financial* impacts cover the potential economic implications of kinship caring. *Child-related* impacts represent the range of child needs kin caregiver may have to respond to or organize assistance for. *Family-related* impacts highlight the potential change in family roles, structure and circumstances for kinship care givers. Although these impacts could be classified in other ways, this framework does show the diversity of possible impacts on kinship care givers. It is evident that the impact of kin care can be substantial with potentially many adverse implications for caregiver (Zinn, 2010).

2.6. Risks and Resilience in the Traditional Kinship

2.6.1. Risks

Terling have identified that children living with relatives may face increased risks of discrimination, abuse and exploitation (Terling, 2001). International Save the Children Communication (2007) also argues that children in kinship care placements are frequently used to undertake some form of labor, in the home or outside. In Sri Lanka, for example, there is a

common belief that it is acceptable to get some work done by children as long as they are fed and sent to school. In the same manner, Holtan suggested that children in care are generally vulnerable because of the abuse and neglect experienced by many prior to entering care and are at increased risk of social and emotional problems including conduct problems and defiance, attachment insecurity and disturbance, attention deficit/ hyperactivity, trauma-related anxiety and sexual behavior.

Save the Children in Nigeria (2007) pointed out that how socio-cultural traditions and beliefs influence kinship care arrangements and experiences, thus findings from one part of the country may be different from another; and will vary according to different ethnic and tribal groups. The same research also reveals that children living with frail or elderly grandparents should be targeted as vulnerable children, and a package of support should be provided. So far, there is a perception that based on African culture families take in relatives in cases of death or other reasons including economic hardship, and that the government does not need to interfere in this arrangement. Shearin argued the risks of kinship by saying, although kinship care is provided by a range of people known to children (e.g. aunts, uncles, sisters, cousins) this form of care is often provided by individuals with the following characteristics: female (regularly grandparents), single, older, unmarried, less educated, living in overcrowded conditions, lower socioeconomic status, unemployed or out of the workforce and, existence of health issues (Shearin, 2007). Lernihan and Kelly, 2006 also argue that the motivations of kin for caring for a child are often: family loyalty, commitment and attachment to the child, obligation, not wanting sibling groups to be split up, wanting a child to stay within the family and a desire for the child not to be placed in kinship/foster care (Lernihan & Kelly, 2006). The distinctiveness between kinship and non-kin placements is also exemplified by the fact that the placement is often

requested in crisis and regularly unplanned. Many kin care givers have not had the opportunity to prepare emotionally and materially (e.g. beds, car seats). Many kin care givers are approached out of need and thus have not been assessed, trained and equipped (Burke & Schmidt, 2009).

According to UNICEF (2004) there are also a number of risk factors and problems associated with this form of care that can have negative repercussions for the children concerned. Thus, for example: intra-familial friction by insisting on caring for the child, or unauthorized contact between the child and the parents, abuse and neglect, financial disincentives, lack of respective service, improper use of power, victims of conflict, capacity of care givers, and generational and genealogical problems.

Berrick and Shlonsky (2002) agreed on the ongoing debate in the point of policy issues and financial support system of kinship modalities. The debate based on the issue that policymakers are still ambivalent about the appropriate responsibilities of kin in the child welfare system. As Berrick and Shlonsky, when there was an urgent need to find a placement for a child. Under these circumstances, the family could be approached to care for a child in need without a well-planned support system. Since there was a lack of policies and procedures, crucial information to help the caregiver understand her responsibilities might not be forthcoming. Whether kin play a role in child welfare that corresponds to that of traditional kin parents, or whether they should be considered family providing informal supports, remains a tension that is yet to be resolved. This tension plays out in debates about how child welfare agencies should financially support kin, as well as how policymakers assess how well kinship care meets the child welfare goals of safety, permanency, and well-being.

2.6.2. Resilience

Lynda in her doctoral study noted that kinship care practices have been identified as a traditional coping mechanism, which can support and contribute to resilient communities who are more able to care for and protect children in the face of adversity. She argues that a secure base is an important factor that promotes resilience by providing children with a sense of stability and connectedness (Lynda, 2009: 106). Brissett and Issacs (1997) shared the idea of Lynda in their conclusion rests on family's support system. This could help caregivers to transmit positive messages and values, which include spirituality and fostering interdependence, trust, respect and education over materialism and individualism.

Boyd-Franklyn (1989) study's contended that balance, harmony and leadership are important characteristic of kinship care, when there is lack of reciprocity it creates an imbalance. Cultural values within the kinship system rest primarily on exchanges of mutual aid and sharing between family and community members. Within a tradition of help, sources of support are a fundamental way of passing on cultural values. In addition the study focus on utilizing community resources has implications for building strong spiritual values and supports resiliency.

According to Burton and Dilworth-Anderson (1991), the utilization of extended family and kinship networks is an important source of support for family preservation, because historically many non-relatives were selected to support and care for children. On top of these, the notion of mutuality and reciprocity is a vital since kinship care is seen as a way of overcoming adversity and is a survival strategy (Sandven and Resnick, 1990). It is clear that informal kinship care was based on a way of life and supported unity and reciprocity between family and community as mechanisms for mobilizing social support (Gilligan, 2001).

Therefore, in order to develop and maintain resilience a reliable network of social support is necessary to offset risk (Taylor, Casten and Flickenger, 1993; Taylor and Roberts, 1995). Thus, there is a need for professionals to engage with family and community systems by developing an awareness of the cultural values that support kinship care with the aim of promoting resilience.

When resilience is considered in the context of kinship care, it is evident that there are strengths within kinship socio-cultural networks. However, as a welfare service, the literature indicates that it has been given very low priority, and falls short of an adequate framework to support caregivers and the children/young people in their care (Lynda, 2009:110).

2.7. Gaps in Literature

The literature review indicates that there is a gap in the entire studies in the area of kinship care and child welfare systems within the context of Western society, African philosophical belief system, Ethiopian, and Wolaita,s society at large. Looking back at the discussion, it was noted that there is a sharp demarcation between the formal and informal child care systems with socio-cultural and geographical variations. There are also gaps in literature showing the unique value of indigenous child welfare modalities in the entire society with its multi-aid social networks.

Both available formal and informal kinship modalities in the Western society have an individualistic and complex child welfare system against the socio-cultural networks though there are formal governmental interventions. Thus in comparison, non-industrialized societies and “traditional” cultural groups are often characterized by more “collectivist” or “inter-dependent” cultural scripts. They value collective goals more highly, such as learning to live in harmony with one another, competent participation in social events, obedience to authority, and a

cooperative and altruistic orientation (Rosenthal 2000; Triandis, Bontempo, Villareal, Asai and Lucca 1988). Such differences in goals and expectations mediate the daily experiences of children, their interactions with the persons, objects and symbols in their immediate environment (Rosenthal 2000: 7). Cultural values and traditions are mediated by more proximal processes of childrearing, such as specific childrearing practices (Hwang, Lamb and Sigel 1996), which “drive” their development.

Governments in Africa have also been slow at intervening kinship care practices of children who are orphaned, abandoned, or abused in a family setting. This is because of the perspective that child protection is political and cannot be understood outside the political context of governments and donors. New levers for supporting African governments need to be identified that can contribute to a better *understanding of the politics of child protection*, namely why governments and donors have particular preferences among policy options, and why there is more enthusiasm for certain child protection programs (e.g., OVC programs) than others (Lynda, 2009).

In Ethiopia, the MoWCYA is the governmental agency entrusted with the responsibility to oversee the enforcement of the proposed Alternative Child Care Guideline at National level. However, the Guideline does not effectively respond to the growing demand for comprehensive guiding standards and tools to ensure quality and standards of alternative care services in different parts of the country. As a ‘guideline’ it lacks the legal authority to serve as a regulation with force of law to ensure adherence to the guideline and accountability of care givers.

In the Ethiopian context, limited available studies have demonstrated how kin caregivers provide care for the majority of orphan children and their own difficult socio-economic circumstances.

As a component of a familial adaptation mechanism, kinship care within the

Ethiopian extended family system has been sustained for long period of time and has been serving as an alternative safety net for the sick, elderly, and children. However, it has gained significant attention after the HIV/AIDS epidemic.

Despite the role that kin caregivers play in caring for HIV/AIDS affected orphans and vulnerable children, none of the existing studies have explored kin caregivers' situation from their own perspective. More over in the case of Wolaita, even though there are tremendous kinship modalities of child welfare system, there is lack of sufficient published documents to show the mechanisms among the people.

In summary, the literature has provided a picture of the lack of research into kinship care and outcomes for children in these placements in traditional approach. The most serious omission is the lack of evidence relating to the wellbeing of children in kinship placements (Alshuler, 1999). Thus, it was as direct result of reading the national and international literature surrounding informal and formal kinship care the research questions were formulated. Therefore, this study intends to narrow the research gap regarding traditional kinship care and child welfare system with socio-cultural values of Wolaita people with the respective data collection methods and techniques.

CHAPTER THREE

3. METHODS OF DATA COLLECTION

3.1. Study Design

This is a qualitative descriptive study as it integrates and describes the phenomenon in detail using different data gathering techniques (Newman, 2004, p.24). The rationale behind using this design is because qualitative methods emphasize quality, depth, richness, and understanding, instead of the statistical representativeness and scientific rigor that are associated with quantitative techniques. This does not mean that they can be used without any thought (Strauss and Corbin, 1990). Qualitative design allows recognizing peoples' own statement, perception and attitude using the language and meaning that respondent give to their experience in the existing context (Aitken and Herman, 2009). It also allows flexibility in the research process to explore the nature of the problem to find answers to questions which begin with: why? How? In what way? (Creswell, 2003).

In qualitative design philosophical assumptions with implications for practice is freely embedded with ontological dimension to assess the nature of reality, the epistemological dimension to get as close as possible to the participants being studied, the axiological dimension to the role of values in the research, the rhetorical dimension to the language used in the research, and the methodological dimension to the inductive methods in the process of the research (Creswell, 2003; p. 6). In addition, qualitative researchers study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them (Denzin & Lincoln, 2000; p. 15).

Using a qualitative research design, this study employed an ethnographic study approach to explore traditional kinship care modalities as child welfare system in Wolaita people.

Ethnography is a description and interpretation of a cultural or social group or system. The research examined the group's observable and learned patterns of behavior, customs, and ways of life (Creswell: 2003:69). As John W. Creswell explanation, it is a qualitative design in which the researcher describes and interprets the shared and learned patterns of values, behaviors, beliefs, and language of a culture-sharing group as both a process and an outcome of research. It also involved extended observations of the group, most often through participant observations, in which the researcher were immersed in the day-to-day lives of the people, observes, and interviews the group participants. In this research I chose the impressionistic tale type of ethnography as it is a personalized account of "fieldwork case in dramatic form" (Van Maanen, 1988:7) and elements of both realist and confessional writing which permits to present a compelling and persuasive story with first-person point of view and personal style of writing.

As this approach studied the meaning of the behavior, the language, and the interaction among members of the culture-sharing group to understand the "natives'" view of their world or *emic* (insiders') view (Creswell, 2003), I could know *how*, *when* and *why* the people of Wolaita behave the way they do when they interact with traditional kinship in a particular setting or situation (i.e. social interaction). Furthermore, it aided to uncover the various contributing factors of child well-being due to the fact that the different social and economic impacts of children in the study area.

3.2. Description of the study site

The research was carried out in "Humbo District" which is found in SNNPR in Wolaita zone. The historical location of Wolaita is different from the current location, especially with regard to the coverage area. As some historians suggest, the administrative area of Wolaita extends up to Rudolf River in the south and North Shewa in the northern part of the current Ethiopia (PHC,

2007). Currently Wolaita is located in the southern part of Ethiopia with in the area of about 4,400 square kilo meters. The northern tip of the boundary of Wolaita is at about 360 km south from the capital Addis Ababa. Wolaita Zone is one of the 13 zones in SNNPR. It is roughly located b/n 6.4° - 7.1° N & 37.4° - 38.2° E. The boundary areas are Kambata Tambaro in the North, Sidama Zone in the East, Gamo Gofa zone in south, Dawro Zone in the west. In 2012 the zone has total population of 1743401 basing on the national census of 2007. Area of the Zone is 451170 hectare or $4511.7 /\text{km}^2$ (PHC, 2007).

To describe the socio-cultural welfare system of one people, information on population characteristics is very vital. According to the 2007 Census result of the population is 1,501,112 and in 2004 E.C projection it is 1,743,401 of which male 859,383 and Female 884,015 and the population distribution of the zone accounts 85.75 % and 14.25 % rural and urban respectively (PHC, 2007; p. 27). The numbers of households in the zone are 361,256 with average persons per household. Those of 4.8 urban household is 52,615 rural household is 308641. The Zone population is characterized by young age structure and rapid population growth. The population of children under age 15 is estimated at 839099 (48.13%). The proportion of the population of age in the age group 15-64 years is estimated at 873444(50.1%) and the proportion of populations 65 and above is estimated 30,622-1(1.77%). Thus, the crude population density of the Zone is 386 k.m2 people per Square Km. There are remarkable variation in population density from district to district. The most densely populated district in the zone is Damot Pulasa district (735 km^2), while the least populated district is *Humbo* (164 km^2) (PHC, 2007).

The majority of the population lives in rural areas and the prevalence of relative poverty is one of their features. The main livelihoods of the people are based on agriculture (farming and animal rearing). The agricultural activities are practiced using simple locally-made hand tools.

The land shortage (0.3 hectare per household), environmental degradation due to natural and man-made factors, loss of fertility of land due to prolonged over cultivation, were focused to be major challenges among many others that resulted in low agricultural productivity which has in turn led to food shortages. Nearly half the population suffers from food shortages; per capita income is about \$98 and much of the population is below poverty line (Fancho and Eyob, 2012). The major problem in the Zone as well as at the region is the absence of realistic qualitative data for socio-economic development endeavor is observed. The Wolaita Zone is one of the thirteen Zones of the SNNPR and it covers a land area of 4471.3 km². For administrative purposes, it is divided into twelve districts namely; Boloso Bombe, Boloso Sore, Damot Gale, Damot Weydie, Damot Pulasa, Damot Sore, Diguna Fango, Humbo, Kindo Koysa, Kido Didaye, Offa, and Sodo Zuria. The specific area in this study is Humbo district.

Humbo is one of the districts of Woliata zone located along Lake Abaya, 408 km south of Addis Ababa. It is found in SNNPR particularly in Wolayta Zone; 178 km from the town of the Region Hawassa and 18 km from the Zone's town, Woliata Soddo. It is bounded by Soaddo Zuria Woreda of Wolayta Zone to the north, Boreda Abaya Woreda of Gamo Gofa Zone to the south, Offa woreda of Wolayta zone to the west and Dale woreda of Sidama Zone to the east. The woreda capital (*Tebela*) is located at 18 km south of Soddo town on the main road to Arba minch. It has a total population of 140,237, about 96.5 percent of population lives in rural areas. Mix agriculture is the main economic activities and population density is estimated at 283 person/ km² one of the highest density in Ethiopia (WBSDP, 2005). The Woreda is sub divided into 41 rural *Kebele* administration and two urban centers. Mean household size is estimated at 6.2. (CSA, 1994). The altitude Ranges from 1100 to 2355 m.a.s.l. The district covers a total area of 86,646 hectares. The area is sub divided into two ecological zones: lowland (*Kola* in

Amaharic) with an altitude below 1500 m.a.s.l and midland (*Weinadega* in Amaharic) with an altitude range of 1500-2355 m.a.s.l. Most of the livestock population is reared in lowland (*Kola*) ecological zone. The rainfall pattern is bimodal, a short rainy season runs from March to May and long rainy season runs from June to September. The mean annual rainfall is 50.4mm but again this varies according to ecological Zone (lower in *Kola* and higher in *Weinadega*). The mean annual temperature of the district is about 19°C being maximum in February, which is 29°C and minimum in August, which is 15°C. The physical features of the district are 33% hilly, 59% plain, and 8% forestland (mountain). According to administrative division, Humbo District is 41 rural kebeles/villages and 3 small village towns.

3.3. Sampling Method

Sampling in qualitative research is purposeful and used to select participants in clearly described way of the processes. This is done for a specific reason such as; age, culture, and experience, but not randomly (Neuman, 2006). On top of this, qualitative sampling is described as purposive (or purposeful) when it aims to select appropriate information sources to explore meanings, and theoretical when its aim is the selection of people, situations or processes on theoretical grounds to explore emerging ideas and build theory as data analysis progresses (Rice,1999).

The target population of this study was orphan and vulnerable children among the society of Wolaita people. As far as the study method of the research was qualitative, the researcher used purposive sampling of non-probability sampling techniques. Purposive sampling has advantages like; use of the best available knowledge concerning the sample subjects, better control of significant variables, sample groups data can be easily matched, homogeneity of subjects used in the sample (Patton, 1990). Purposive sampling is virtually synonymous with qualitative

research. However, because there are many objectives that qualitative researchers might have, the list of “purposive” strategies that the researcher needs to follow Expert Sampling. An expert sampling helped me to be able to advance my interests and potentially open new doors. These do not exhaust the possibilities but illustrate some of the strategic lenses through which purposive sampling can be considered (Creswell, 2003). I used this sampling because of its opportunistic approach, which leads during fieldwork, taking advantage of the unexpected events, flexibility, triangulation, and also meets multiple interests and needs (Patton, 1990).

There are no fixed rules for sample size in qualitative research. The size of the sample depends on what the researcher try to find out, and from what different informants or perspectives try to find out (Newman, 1994, p. 37). As the result, a purposive sampling of twenty-five participants were selected and participated according to the stated criteria. These include: key informants, traditional kinship caregivers, children in kinship and institutional cares, and children in need of placement. Each of them is five in number. Therefore, purposive sampling of participants who had knowledge, experience, and attitudes regarding traditional kinship participated in this research.

3.4. Research Participants

The participants of the study were children who are in kinship care, in other alternative child care (in institutional care), and in need of any placement and currently living on street and key informants in the community who is believed to have traditional knowledge on the role of traditional kinship modalities in Wolaita people. Care givers of orphan and vulnerable children in traditional kinship were also the participants for the research. The target population of this research was the orphan and vulnerable children living in the research area. Vulnerable children were selected to participate in the interview. The numbers of participants in the research were 25

in number and such as; key informants, care givers, children in kinship and institutional cares, and children in need of placement i.e. each group of participant is five in number.

3.5. Data Collection Techniques

3.5.1. Sources of Primary Data

In most qualitative research, data collection methods require direct interaction between the researcher and participants. This method of data collection mainly involves two techniques, namely observation and interviewing ranging in “continuum from less to more involvement in the study site” (Schensul, 2008:520). Therefore, based on the appropriateness of the techniques of qualitative data collection tools at different stages of this study, I employed observation and in-depth Interviews.

3.5.1.1. Observation

I used both *Overt* and *Covert* Observation – while the overt observation was primarily used to understand the general settings of the study area and general living condition of children under study. I gave attention to the nature of interaction of children in traditional kinship care. The observation helped me to understand the role of different forms of traditional kinship care modalities. To this end, the observation was taken place in specified period during actual data collection periods in the field. To this method of data collection, I used a checklist for observations, which guided me in the process of observation (annex 3).

3.5.1.2. In-depth interview

Interview is of different types from which *in-depth Interview* is one of the widely used methods in qualitative research in social sciences. Here the researcher tries to get information that can be triangulated with information gathered from other methods (Dawson, 2002; p., 30).

The in-depth interviews were conducted with selected key informants including government officials and local influential people. In addition, it was also conducted with children in kinship and other alternative cares, orphan and vulnerable children in need of placement, and traditional kinship caregivers in the study area.

To this method of data collection, I used an unstructured interview guide for interview with the key informants that guided me in the interviewing process (annex 2). In the process, I translated the unstructured interview guide into '*Wolaitato donna*' (the Wolaita's language) cross checked and edited it with professional translators for its accuracy. In the same manner, transcription of data was also done with the help of these professionals before data coding in the data storage process.

3.5.2. Sources of Secondary Data

Secondary data collected from different sources were also used in this research. It was used to organize the relevant literatures and support data collected from the primary sources. The main sources of secondary data were books, publications, reports, journals, cases of religious controversies etc.

3.5.3. Selection Criteria for Participants

Before commencing the research, I met with the relevant individuals and government officials to guide and accomplish a thorough selection of the participants. The participants were selected based on willingness of the participants. The participant children were those who: a) can communicate easily with the researcher and under the age of 18; b) were removed from the home for abuse, neglect, or other maltreatment or vulnerable children and in need of placement; c) are in traditional kinship care, d) are in other alternative child cares.

In the case of key informants, the participants were selected according to their length of stay in the community, the extent of their indigenous knowledge and their belongingness to the culture, educational status and so on. Key informants include; government officials and local lay respected people who were from children and women affairs, culture and tourism sector, and local people from the research area. To this end, I informed the participants about the research process, its outcomes, and the role of the researcher and participants in the process. Eventually, the participants signed on the consent form and began the participation.

3.6. The Role of the Researcher

In ethnographic research the researcher is a participant and as the same times a part and parcel of the research instrument and its project. Polit and Beck (2008) clearly describes the idea of 'researcher as instrument' that the researcher plays a significant role in the duty of describing, analyzing, and interpreting the culture. Speziale and Carpenter (2007) also presents the fundamental characteristics like; the researcher as instrument, field work, and the cyclic nature of data collection and analysis which is central to ethnographic research. Therefore, the researcher as an instrument needs to constantly reflect on the cyclic process of observation, data collection as well as data analysis to direct the research study in the way the situation demands (Carolan, 2003).

As per the qualitative approaches emphasize on subjective nature of reality and provide 'insights from the perspective of the participant, I have had an ample experience of living in the research area. Therefore, I can be considered as an 'insider'. Being an 'insider' (emic perspective) helped me to examine the traditional and cultural, experiences, feelings, perceptions and practices of traditional kinship modalities and the way in which I interpret events. According to Röper and Shapiar (2000) an 'insider's perspective benefits for quick engagement into the

research environment and helps with easy transition into the setting and culture with the participants without the notion of being a foreigner in the field.

3.7. Research set-up

The set up for this research was accomplished by key informants, care givers, children in kinship and institutional care, and also children in need of placement. On top of these, with each of my key-informants, I conducted three series of interviews with the respective research questions: Reasons for traditional kinship practice, ways of child treatment, and ways of traditional kinship modalities to solve the problem of OVC for their wellbeing system. With the care givers I also conducted three series of interviews with the topics guide to research questions: ways of child treatment, attitudes towards traditional kinship care, and ways of traditional kinship modalities to solve the problem of OVC. Furthermore, I dealt the interviews with the children in kinship and institutional care, and children in need of placement with related research questions: Attitudes toward traditional kinship care and other alternative child care respectively (See appendix 2). No matter how the set up differs in the sessions, it was purposely made to explore traditional kinship modalities as child warfare system in one way or in another. The entire interviews were accomplished according to the free will of the participants, after the informed consents were filled and signed on the format.

3.8. Data Entry and Storage Process

Based on the interviewees' permission, all interviews were tape-recorded. Each interview was last for an hour on average including time spent to do observation of general circumstance. Relevant literature suggests that tape recording is better than other data capturing devises such as note taking (which can be slow and open to charges of selective recording) (Creswell 2005). Accordingly, I used tape recording assisted with note taking. Note taking adds to the formality of

the occasion and reduced the anxiety for those interviewees who feel nervous when the interviewer does not take notes. Qualitative researchers usually transcribe their data; that is, they type the text (from interviews, observational notes, memos, etc.) into word processing documents (Whyte 1989: 181-182). Thus, data transcription was done and the transcribed data was also edited and cross checked with the help of the professionals who engaged in the work of translation of the people's language before data coding in the data storage process. After all, according to Creswell (2005) the data storage process was taken place in a thorough coding discipline with the consideration of research ethics.

3.9. Triangulation

According to Padgett (2008) triangulation is an important means to enhance the rigor of qualitative data and obtain a comprehensive picture of the phenomenon under inquiry. Padgett describes that it is used as an instrument to assert the qualitative data is whether dependent or not and the quality of the interpretation. In this research I used multiple sources of data for triangulation like; observation, unstructured interview guide questions, field notes, published and unpublished document analysis so far.

3.10. Data Analysis

Data obtained from different sources were coded in terms of their themes. Thus, the data was transcribed into recognizable patterns, themes, and linkages. In this process both informants' perspective of reality about traditional kinship child care system (*emic perspective*) and researcher's perspective of the studied setting/actions (*etic perspective*) was given considerable attention. After this, the researcher compared both to explore any differences. In general in coding and developing category systems, I read my transcribed data line by line, and divide the data into meaningful analytical units (i.e., segmenting_the data). When I located

meaningful segments, I coded them as they are marking the segments of data with symbols, descriptive words, or category names. Again, whenever I found a meaningful segment of text in a transcript, I assigned a code or category name to signify that particular segment. I continued this process until I was segmented all of my data and have completed the initial coding. During coding, I kept a master list (i.e., a list of all the codes that will be developed and used in the research study). Then, the codes were reapplied to new segments of data each time an appropriate segment was encountered.

3.11. Ethical Consideration

First of all I established a proper rapport with the participants to discuss the issue of confidentiality. Then, the time and place of interviews was arranged after the informed consent was dealt. Bailey (2007) believes that ethical considerations permeate all aspects of the field research process, from selecting the topic of the research study to disseminating the results. In ethnographic research protecting the physical, social, psychological welfare and honor dignity and privacy of the participants is a vital activity (Spradley, 1979).

Therefore, I gave all participants assurances that I will follow a code of ethics to safeguard their rights. I was aware of my ethical obligation to treat all participants with respect, and human dignity and will conduct my research in the field in accordance with this code. All participants gave informed consent and agreement to be interviewed. I explained and agreed to continue to protect the identities of all participants in the whole academic process of the research. On the day of the interview, I asked each participant to sign a consent form to provide evidence of their willingness to participate in the study. As such, the informed consent was taken by using pre-prepared consent forms for the participants and the consent form of the children participants were prepared in a clear language at a level that the child can understand. However, OVC who

are living on the street were preferred only the verbal consent so that I respected their interests and rights. In this regard, BERA (2004) suggests that the best interests and rights of the child should be the primary consideration when conducting research with children and/or young people.

On the other hand, care givers in the traditional kinship signed the informed consent form on behalf of the children they caring for. This view on the other hand supported by Jean (2006) who argued that written consent should be obtained from parents, in cases where children are under the age of 18 and consent from children can be either written or verbal. Hence, children in the institutional care were the only children participants whom signed the informed consent by themselves.

In the interviewing process, the permission was sought to tape record each interview and these was transcribed verbatim. Each interview lasts approximately an hour. In addition, each participant was identified by the use of a coding system, but was eventually assigned a fictitious name so as to maintain confidentiality and anonymity.

All participants were advised that they do not have to disclose private information that would make them feel uncomfortable, and that they can decline to answer a question at any stage of the interview. This was given the participants rights of choice and self-determination. I gave them the option to terminate the interview, continue when they have regained composure, and return on another occasion.

The benefits of the research was explained, and a definition of kinship care as provided to ensure that the participants understand how I was using this term, so as to ascertain that it accords with their understanding of their experiences. Interviews were conducted in the privacy

of the participants' preference place. This was aided their comfort, and reduce the likelihood of trauma.

As a social work student, my first priority was the welfare of the child; therefore if a child discloses any form of abuse, I report my concerns to the responsible local authority so that they can investigate any disclosure under their child protection procedures. Lastly, it was explained that my prime objective is to learn from them and write a research paper in a partial fulfillment of the request for degree of masters in social work. Eventually, it contributes to the development of social work policy and practice surrounding kinship care.

CHAPTER FOUR

4. FINDINGS

In this study, I organized the findings by following the three components of the ethnographic research method as proposed by Wolcott (1999) with key steps: Description, Analysis/Themes, and Interpretation. Accordingly, in the description section I jotted down and organized the data from observation, interview, and field notes, published and unpublished documents. I indicated and performed coding the data by preparing and transcribing the raw data for the purpose of making it ready for coding, creating themes/categories/concepts, and interpretation (Padgett, 2008). I transcribed the raw data from *Wolaitatto Donna* (the language of Wolaita) in to English with the accuracy check up by professionals.

In the analysis section, I made a sense what I have collected by extracting and grouping the data into themes and categories. In this step, I developed the themes by the process of data reduction which puts together the same concepts in one thematic category. First, I identified 125 clusters of codes. Then grouping the same cultural values together, it was reduced to 30 super themes and 16 sub themes. Eventually, I categorized and explained these major themes in accordance with the research questions.

Lastly, in the interpretation section, I summarized all categorized themes under research questions respectively. I also attempted to create my own figures/diagrams and table to interpret and indicate the themes of the findings.

4.1. Data Description

4.1.1. General Setting of the Field

Historically Wolaita people had their own traditional culture and beliefs. Although Indigenous beliefs vary from place to place as long as the dominance of Christianity, all groups share in a common worldview they perceives and claims "*The more children you have under your care the more God blesses you*". They also view that if someone do not care OVC they might be exposed to the curse, angry, and consequences of land ancestral spirits and God. These strong cultural and religious beliefs shape the Wolaita people in their customary law and cultural traditions and guides social behavior.

Spirituality or morality for Indigenous Wolaita people takes many forms. They refer spirituality as their identities which are accomplished a sense of belonging to the lord and one to another. They followed their own religions and rich spiritual beliefs, which are based on a reverence for God and the influence of ancestral spiritual beings. The central tenet of the people is the belief in the interconnectedness and unity of spiritual, human, cultural, and tribal networks. It is misleading to try to separate Wolaita people's religious experience from other aspects of their life, culture and history. There are often significant cultural principles that inhibit effective communication between indigenous and non-indigenous people, even when an Indigenous person appears to understand *Wolaitato-donna*-the language of the people. Language and communication issues include: indigenous culture, the privacy of individual thoughts and feelings are respected and information is sought through a sensitive two-way exchange. Children are active and have confidence in communication.

Body language and behavior of the people is also interesting. In Wolaita people: high tone of voice, limited facial expression, eye movement, subtle gestures and posture are all highly

significant elements during communication. Body language which is common to indigenous people is culturally influenced, is not intended to be impolite, and is often misinterpreted by non-indigenous people. In addition, lowering one's eyes to show respect to older people or persons in authority is another feature. On the other hand, direct and prolonged eye contact with indigenous people show their expression of discomfort and angry. Further all, silence is an important part of communication between Indigenous people and may indicate to non-indigenous people, quite erroneously, that communication has broken down.

As a participant observer I investigated that in Wolaita greetings and introduction of the people have unique features. For instance initially in social settings, it is courteous for men to communicate with men, and for women to communicate with women. In addition, many indigenous Wolaita people do not traditionally greet each other in the same manner as non-indigenous people; simple non-Indigenous greeting habits such as shoulder contacts, waving, and saying hello may seem unnecessary. Therefore, handshakes are not universally given in all indigenous communities and it is crucial to follow the local lead which is the fast semi-arc kiss on both sides of cheeks.

Names and titles have also their own features in among the people. For instance; many Indigenous people do not use or are introduced by personal names; often instead use the appropriate kin relationship term is used. It may be appropriate to ask a third party for someone's name or extended family's nick name, tribal or clan's hero name. Even family name comes first when they are called and recorded in formal documentation as far as the publicity of their language is concerned in their area. Thus, in communities where traditional culture is practiced, an Indigenous person may be known by kinship, family, and tribal names.

Seating tradition of the people is also unique the arrangements for the meal times and holidays. For example; It is appropriate to observe how people are arranged and ask where to be seated when coming into a situation where indigenous people are gathered. Moreover, under the kinship system, there are regulations to sit in the same room without any discrimination of kin children particularly in the public holidays to eat together from the same dish to show strong relationship.

As I learned from published and unpublished document analysis, the people of Wolaita celebrate events of spiritual and social significance including death and events that are based on seasons and the supply of resources; but no strong culture in celebrating birth days so that there is no more celebration of birthdays both for biological and in kinship care children. Ceremonies and rituals take on many different forms and are often secret and/or sacred with attendance restricted to certain groups. In relation to these, Wolaita people have their own new year and calendar which is called *gifatta* (the finding of truth cross) in their language. This is the special holiday which is celebrated annually for the people of Wolaita in general and for OVC in particular. In *gifatta* OVC usually get special attention and treatment. However, all children in the area face a work load from usual. As the result, song and dramatic dance are intrinsic to ceremonies, and the word "*Yo-yo-maskalla*" is used as a generic term for the *gifatta* ceremonies involving singing and dancing. However this term does not adequately differentiate between sacred and non-sacred ceremonies. In addition, there are a number of annual festivals and cultural events around Wolaita which gives special attention for OVC's (Fancho and Eyob, 2012).

As far as my observation is concerned, the traditional structure of Indigenous society is based on extended family groups, which follow a kinship system that sets out how all members

are related and defines their position to everyone within the community as well as outsiders. The kinship system is an intricate set of social protocols that structure behavior and binds people together in complex social relationships. It is fundamental importance to physical and emotional survival among the people. Within the kinship system principles of reciprocity define the rights, obligations and responsibilities between individuals and within communities and underpin most aspects of community life, including ritual, ceremony and protection of sacred sites. For instance; sharing of shelter, food and resources is the norm among Wolaita's kin and the purpose and acts of giving and receiving reinforces and displays social relationships.

In traditional settings, all indigenous people have a recognized relationship with each other, be it through blood, marriage, language group or clan. Closest relatives are those related by blood or marriage, but a spiritual relationship or a connection with a language group may be acknowledged as part of the kinship structure. As the result, traditional family structures, kinship systems, and connections with country and culture are still evident in the organization of modern, urban indigenous families.

Elders of a community or language group are the custodians of traditional knowledge and customary law and are recognized and respected as such. The role of Elders is to pass down the traditional knowledge of the children, bridge the past with the present and provide guidance for the future. On light of these, even indigenous people have married people of non-indigenous backgrounds but Indigenous beliefs, customs and traditional kinship systems often remain as a strong part of the family's life even if only one parent is indigenous. It is important to note that children are not just the concern of the biological parents, but the entire community. Under the kinship system the raising, care, education and discipline of children are the responsibility of everyone - male, female, young and old. In Wolaita, for serious and/or sensitive issues including

traditional kinship, it may be appropriate to identify and speak to and consult recognized community leaders and Elders first. So, they have their own community consultation protocols to address the communal nature of Indigenous society and cultural expression.

4.1.2. Entering the Field

Permission to conduct the research was required. So, I collected the support letter from Addis Ababa University School of social work and gave to children and women affairs of Wolaita zone to get general information and facilitate convenient environment for participant observation. After I established formal and proper rapport, the government officials become interested in the research topic. They explained that the issue is also their current concern and plan. Thus, they tended to go back and refer indigenous child care system to promote traditional kinship in the zone in accordance with ineffectiveness and insufficiency of other alternative child cares. As the result, they initiated to participate in the research and guided me to enhance the research in Humbo district as they found the Humbo is a model district in traditional kinship modalities. Meanwhile, as I obtained a letter with permission granted to conduct the research, I went to Humbo district and established similar rapport to begin the research so that participants were selected and they all signed in the informed consent form. After all, I entered to the field and the research was begun in three selected rural kebeles (villages) which are named; '*Shochora Fisho*', '*Abela Sipa*', and '*Abela Kolshebo*' for their being model in traditional kinship modalities.

4.1.3. Participant Observation

In ethnography, participant observation involves not only talking to them and asking but also by observing them, participating in their lives and collecting information which relates to their situation. "Participation observation involves not only gaining access to and immersing

oneself in new social words, but also producing written accounts and descriptions that bring versions of these worlds to others”(Emerson, Fretz, and Show, 2001: 352).

Fieldwork is often interchanged with participant observation. Participant observation has been described as when the ‘ethnographer participates in the daily routines of this setting, develops ongoing relations with the people in it, and observes all the while what is going on’ (Emerson *et al.*, 1995: 1). With participant observation, I was committed ‘to intimate, repeated, and prolonged involvement in the life and community of the respondent’ (McCracken, 1988: 7). I was a participant in, and accepted as part of, the culture that is under observation (Trochim, 2000). Gaining access, participation, observation, and field notes are the key elements of participant observer (O’Reilly, 2005). Generally, my role involved observation and recording the relationship with the social scene and the description of the activities taken place in the setting in as objective a way as possible (May, 2001) in traditional kinship modalities of Wolaita people.

4.1.4. Field Notes

According to Liamputtong and Ezzy (2005), a field note is a document which consists of experiences and observations of the researcher that were taken in the field. Field notes contain not only the descriptions of what the ethnographer has seen and experienced, but also the ethnographer’s perceptions and interpretations of the field. I wrote down the field notes as soon as possible after each observation experience.

The advantage of field notes or keeping field diary was that I was able to revisit my observations later without having to rely on memory alone. Writing about my observations and experiences helped imprint them on my mind, something that would aid further analysis at a later stage. In relation to this, it became automatic that after recording data I would spend time trying to make sense of what I had written about. As Hammersley and Atkinson (2004) suggest, it is

important to regularly reflect and review field notes; throughout the time I spent in the field I would re-read entries, something I found very useful. Firstly, I was able to see how effectively I was recording observations and if I needed to be more elaborate in my write-up. Secondly, this was a useful way of filling any gaps, for example, reading over my diary entries led me to remember events, which I had forgotten to record and it greatly helped with the on-going analysis process. The data generated from participant observation was recorded using both a voice recorder and hand written field diary. Having a field note or a hand written diary enabled me to quickly jot down and record ideas. In addition, keeping a field diary enabled me to record what was happening in the field whilst conducting the participant observation; this involved making notes which included, descriptions of settings, various conversations and non-verbal behavior.

4.1.5. Evaluation of Research

Lincoln and Guba (1985, 1989) suggested criteria for evaluating qualitative research data. They are described under four areas such as credibility, transferability, conformability, and dependability. For the credibility or confidence, I built good relationships with the participants that enabled trust to be established for misinformation or distortions to be clarified. The research advisor checked the data and respective dimensions to conform credibility of data. In addition, the theme list developed from the literature review provided confidence in the data collection process being reflective of the objective of the research at large.

Regarding transferability which refers to the extent which the findings can be transferred to other settings or group (Lincoln and Guba, 1989) and the qualitative research does not aim to be generalizable. As the result, the outcome needs to be evaluated in relation to applicability to the entire society in Wolaita in the light of holistic child welfare. The participation of influential

individuals and government officials support the transferability of the data. Lincoln and Guba, (1989 dependability) again describes about that it refers to the stability of data over time and conditions. In this research, I myself collect and transcribe the data and this can be considered to provide dependability of data.

Holloway and Wheeler (2002) defined conformability that it means the research is free of biases and relatively value neutral. In this research, the methods and procedures have been described explicitly and with sufficient information to demonstrate the sequence of the research. According to Polit and Beck (2006), the research advisor checks were conducted and guidance was given that also provide further evidence of myself awareness about assumptions and values, thinking and decisions throughout the process of data collection and analysis in accordance with trustworthiness of qualitative research.

4.2. Data analysis

4.2.1. Personal Background of the Participants

During the interview the participants indicated their age, educational level, ethnic group, mother tongue, length of stay in the research area, experience of working or living with OVC and kinship care, participation in training on kinship related issues, and traditional and cultural value of kinship child care.

As the research showed that the age of key informants: between forty and seventy years; care givers: between thirty five and fifty two years; children in traditional kinship care: between eleven and fifteen years; children in institutional care: between nine and seventeen years; and children in need of placement: between eleven and fifteen years.

According to their response, the educational level of key informants are between BA and MA (three of them held BA and one MA) and care givers are between grade two and Diploma

(one diploma and the rest are in grade two, five, six, and eight respectively). Children in traditional kinship are between grade five and seven (three of them are grade five, the rest are grade six and seven); children in institutional care are between grade three and nine (two of them are grade nine, the rest are grade three, six, and eight), children in need of placement are between grade two and four (two of them are in grade three, two of them are in grade four, and one children is in grade two).

The result of interview indicates that all of the participants are from the native people of Wolaita in their ethnicity and all they speak '*Wolaitatto Donna*' (the language of Wolaita) as their mother tongue. As far as they are native people, they born and grew up in the research are with the traditional kinship cultural value of the living system of the indigenous people. However, their responses confirmed that only three participants from the key informants participated in trainings related in kinship related issues though all key informants and caregivers have an ample experience on working and living with OVC and kinship care.

4.2.2. Field Observation

I observed the overall situation of children in Wolaita zone in general and 'Humbo' district in particular. According to PHC (2007) Total child population of wolaita zone is 1,021,905 in 2013. However, 10.15% of the total population of wolaita people is vulnerable for illegal human trafficking. As I observed so far, and evidences of woredas and reformed towns confirm; there are 30,870 male and 19,483 female orphan and vulnerable children in 2004 E.C./2012 in Wolaita zone. Thus, evidences show that 54.6% are children and most of them are vulnerable children due to poverty. According to the information obtained from the key informant, most of them are in risk of illegal child trafficking, misuse of child labor, and abuses by illegal child brokers. Poverty and unemployment are mainly the causes of this illegal child

trafficking. The problem for human trafficking is basically increases by the weakening of indigenous supporting culture of wolaita people due to modernization and may be other factors. And lack of legal framework for community based performance. Children youth and women affairs of the zone have ample plan to overcome orphan and vulnerable children particularly by promoting traditional kinship/community-based care by sharing the model experience of humbo district.

Having this information, the overall situation of orphan and vulnerable children in the study area is very good. This is because of the Humbo district children and women affairs diligently work on the promotion of indigenous culture and strengthen of traditional kinship or community-based support and intervention in the entire district. However in all these overt observation around on the street in '*Humbo-tebella*' town (the capital of the district), there are children in need of placements which indicate insufficiency and ineffectiveness of other alternative child cares. In this regard I also investigate only few NGO's who are supporting OVC and the rest are closed due to lack of OVC centered service.

On the other hand, in the covert observation, I have observed the nature of interaction between children and their care givers, birth child and other relatives in the family within three villages such as; *Shochora Fisho, Abela Sippa, and Abela Kolshobo* which are models in traditional kinship/community based approach even in district level in the guidance of Humbo district children and women affairs. Thus, I confirmed that there are parent-child and brother-sister interaction among the kinship family in accordance with non-discrimination and neglect at all in various dimensions of family members interaction.

As far as my observation is concerned, there are alternative child cares in the study area (in entire Wolaita) such as; institutional care, adoption, and kinship foster /community based

cares. Among them, seven and two institutional cares are closed (two of them were in Humbo) due to their business oriented activities instead of service or charity activities in 2013 and 2014 respectively. The children affairs of the zone closed these institutions in the base of convention in the rights of children in accordance with other legal issues in the light of the interest of the child.

I also observed that some special child care modalities and cultural values for child welfare system. For instance, in Humbo community-based support and intervention which I have seen in different Kebeles were prominent and interesting. There are 22 formal food banks in 22 Kebeles among 41 Kebeles in the district. In the rest Kebeles the support and intervention system is taken place informally by community and religious leaders. Generally, the community-based support and intervention operates in the way of administrative structures which are assigned from district level to the home to home visitors. Home to home visitors identify, follow up, and distribute communal resources and they are responsible for village/Kebele team of the food bank. The duty of food bank team is collecting all farm products in semi-annual and annual term from every inhabitant for orphan and vulnerable children in traditional kinship care and in other alternative child cares. They also make equitable distribution for the needy families particularly in cultural holidays and beyond. In addition, they resolve if there are problems and conflicts which are informed by home to home visitors. In turn, they are responsible to the district's overseers which are currently organized by 20 humanitarians and called '*Hidota*' association meant hope. They are the top body to control the overall activities of traditional kinship care/community-based modalities of the district. Most of the coordinators are the elders and influential individuals in the community. The type of support in the community-based approach includes; providing food stuffs, farm lands, income generating systems, domestic animal rearing

facility, school materials and sponsorship, medical and clothing support, financial support, and so on. Community-based support particularly, supporting orphan and vulnerable children is very familiar in the community from the very beginning and even highly related to the people's belief system. In other words it has both cultural and religious values. The Wolaita people have some classical proverbs/mottos regarding this tradition like; '*ashuwa kantin sutena, taphuwa kantin sutes*' meant 'kinship care never ever hurts the care giver; but it blesses'.

Since there was good interaction among the participants and the issue by itself is very interesting, personal space of the participant was very close and even after the first observation everybody become the friend to one another in the base of the title of the research in addition to their previous relation of some of the participants. This simply demonstrates that the indigenous social network of the people. As the result, the participation in the observation became strong.

However, one participant from the children and women affairs of the district couldn't participate due to other work load in the last two sites observation taken place in the villages which is a little bit distant from the district's main town *Tebela*. Due to the strong interrelationship and consistent participation in observation, Participants from influential community elders got a lot of attention from others by explaining indigenous and traditional knowledge of Wolaita people regarding child welfare system. This indicates that the reciprocity and interconnectedness of the indigenous people in social and cultural networks.

4.2.3. The Interview

The overall interviews are summarized in five phases. In the first phase, key informants were asked three series of interview questions. The first series of interview include four questions and focus on reasons for traditional kinship practice. In regarding the popularity of traditional kinship, all of the respondents except one claimed that traditional kinship modality is

popular in Wolaita due to the extended family interaction, compassionate cultural and religious values and indigenous child care as well. Accordingly the respondents presented the basic reasons for this popularity. Thus, three of the respondents confirmed that insufficiency and ineffectiveness of other alternative cares as the causes for traditional kinship modalities. The rest two respondents sequentially presented that cultural and religious values, poverty, death, over population, and abuse as the major reasons. As a result, the key informants are agreed that something special to overcome such problem among Wolaita people. So that, three informants responded that Community-based supports and intervention is the special modality for child welfare in Wolaita. Two informants said that property and inheritance rights, cultural and religious values, and parenthood love as unique features in the study area. In addition all respondents commented that there are other advantages of children and care givers which can be seen as reasons of traditional kinship like; Social acceptance and respect, rising up with own culture, and communal connection and spiritual satisfaction though there are lack of legal framework, children behavioral problem, and abuse.

The second series of interview include three questions and focus on ways of child treatment. All informants responded on question that how the child is treated in traditional kinship care. All of the respondents answered that the way of child treatment in Wolaita is based on the community's traditional values and parent and childhood relationships. Thus, traditional kinship care is the best in the research area and has strong relationship between the children and their caregivers. As all informants agreed, beyond traditional childcare in the research area, other alternative childcare could not preserve the culture.

The third series of interview include seven questions and focus on the ways of traditional kinship modalities to solve the problem of OVC. All informants explained that Community-

based support, activity and intervention are the way of operation to solve any child related problem. The informants also agreed in common about the knowledge of local people on the issue and there are challenges like; the behavior of children, lack of legal system, and even the available guideline of alternative childcare do not consider the traditional kinship care of their culture. The informants focused the community-based support and intervention is special modalities in Wolaita for any child related situations and claimed that it should be again promoted instead of other alternative childcares. At the end, all informants responded that they do have their own term, which is familiarly called '*Suuta-tappo*' in their language for the English term of 'traditional kinship'.

In the second phase, traditional kinship caregivers were asked three series of interview questions. The first series of interview include nine questions and focus on ways of child treatment. The caregivers listed the outline: Poverty; Cultural and religious values, child migration, dense population, abuse, migration, and community-based activities as reasons for traditional kinship childcare. They proceeded and explained about how they started their feelings and guidance to become caregivers. Three of them responded that it was their own personal decision and cultural values that guided to become caregiver. The rest two are said that they are accepted their relatives' children because of their parents' death. After they accepted the OVC as their biological children, they all responded similar response that there are full respect of dignity and rights of children by describing the parent-child relationship in their family environment. In the case of emotional care and its expression including conflict resolution, two respondents answered that there are freedom to express emotion and discussions to resolve conflicts in their family. The other two of the respondents explained that they have their own regulations and mechanisms to express emotions and resolve conflicts. The way of expressing emotion and

resolving conflicts might be depended on the situation. At the end of this session, all respondents said that there are no safety risks towards the children in kinship family environment.

The second series of interview include five questions and focus on their attitudes towards traditional kinship care. The respondents suggested some positive or good things regarding traditional kinship modalities as it give priority to child's right and interest, accept the OVC as biological child, equity and equality of property and inheritance access, freedom, and consistent security.

In addition, all caregivers described that they do have equal concern for every household in all dimensions. So that they explained their general perspectives on traditional kinship modalities that it is good to be back to indigenious culture and acknowledged by respective bodies to promote as it is best for child welfare systems instead of other alternative childcares. Eventually, caregivers commented on some problems of traditional kinship care. Four respondents outlined: Lack of legal framework, biases, and problems in community elders, and abuse are some of the risks and problems in the modalities. Only one respondent claimed that there is no problem in this child welfare system.

The third series of interview include four questions and focus on the ways of traditional kinship modalities to solve the problem of OVC. In this interview, all respondents repeated their response, which is mentioned in session one question number two that how they become a potential care giver and explained that they are happy for being a care giver and no feeling of resentment at all. The caregivers responded the same responses as the key informants regarding the special features of traditional kinship modalities in Wolaita. Sequentially, they listed out: Sustainable cares with community-based approach, cultural and religious values, Acceptance of OVC as biological child and family hood relationship, social connection and network,

spirituality, and inheritance right and minimal abuse are unique system in Wolaita for child welfare system as far as these are special ways to solve the problem of OVC.

In the third phase, the children in traditional kinship were asked a series of interview questions. A series of interview include nine questions and focus on their attitudes toward traditional kinship care. According to the respondents of children in traditional kinship, they stayed in new placement for 3-6 years and all are very happy in the placement. In addition, they all suggested their general feeling in the care and they said that in kinship care there is family hood relationship and it is the right place for their well-being. In the same way, they all responded that they all are learning and they are in good educational progress. Regarding the contact with their biological family, three children have regular contact with their biological family and two of them have no contact at all due to they lost their parents by death. They all responded their feelings towards their caregivers that they thought them as a biological parent as they made for them family hood spirit with equal treatment to the rest of family members in the placement. Therefore, they worry nothing as far as they accepted as biological child, which is indicated in brother-sister hood relationship of birth children in the placement.

In the fourth phase, the children in other alternative childcare (in institutional care) were asked a series of interview questions. A series of interview include six questions and focus on their attitudes toward traditional kinship care. According to the respondents of children in traditional kinship, they stayed in new placement for 4-11 years. Four of the children responded that they have an idea of traditional kinship care that it is better placement and it has family hood relationship with the benefits like, freedom, living with the family forever, and having own property. Whereas one respondent said that, he has no idea about the care system and its benefits.

Therefore, except one respondent, all appreciate the traditional kinship child care for the mentioned qualities and they claimed that it is a better placement compared to institutional care. However all respondents in institutional care said that there is nothing to worry in their placement.

In the last phase, the OVC in need of placement who are currently living on the street was asked a series of interview questions. A series of interview include four questions and focus on their attitudes toward traditional kinship care. According to their response, all children on the street in need of placement like to live in any alternative childcares by comparing the inconvenient street life. Three of the respondents said that traditional kinship is the best for its family hood relationship, consistent love, and support, and for future security and freedom. On the other hand, two respondents responded that they prefer international adoption for further better life.

4.3. Data Interpretation

4.3.1. Reasons for Traditional Kinship Practice

Both key informants and caregivers answered the question that why traditional kinship cares is practiced in Wolaita. Poverty, death of parents, child abuse, instability, migration, and insufficiency and ineffectiveness of other alternative cares, over population, and abuse are presented as the major reasons. All these reasons are interconnected in the extent of consequence. For instance, Poverty in its multidimensionality has been seriously affected the welfare of children and revealed in variety of indicators in Wolaita like; the cause of bread winners death in house hold, child migration and instability, abuse, any vulnerability of children to risks, and so on. As far as my field observation is concerned, lack of basic necessities exposed the children to vulnerability and pushes them in need of either better placement or illegal

migration. According to the response from the in-depth interviews, the death of parents with various factors and having many children in one household exacerbates the consequences. Abuse and neglect is especially common when the child's parents have died of HIV/AIDS and the orphans themselves carry the stigma of the disease. Obviously, these children need somewhere else to go.

Traditionally, many children are not denied the opportunity to live under kinship care due to death of their parents, or the HIV/AIDS stigma in Wolaita kinship modalities. According to the key informant's response, Wolaita people have some classical proverbs/mottos which states; '*ashuwa kantin sutena, taphuwa kantin sutes*' meant contextually 'kinship care embraces all OVC and never ever discriminate the kin as long as blood relationship' which asserts the people's compassion towards OVC, cultural values and belief system. In addition, insufficiency and ineffectiveness of other alternative child cares due to lack of quality, business centered service, their passiveness to preserve the culture in the research area disappointed the OVC and tends them to look for traditional kinship care.

I summarized below the sequential procedures of reasons in Wolaita until OVC gets traditional kinship care. The figure also indicates the findings that other alternative child cares are not the final and best option for OVC.

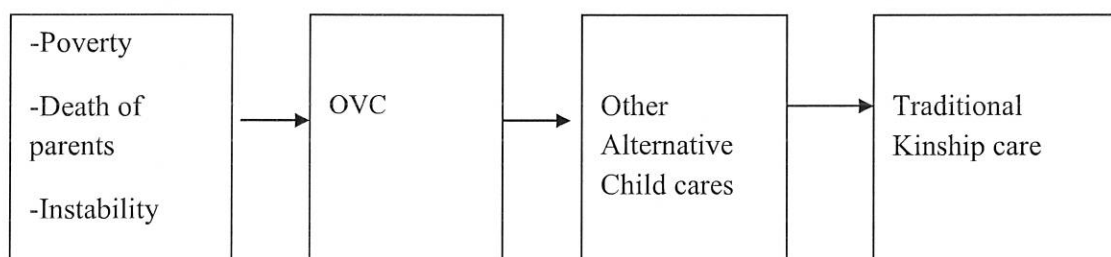


Figure 1. Sequential procedures of reasons for traditional kinship in Wolaita

4.3.2. Ways of Child Treatment Mechanisms in Traditional Kinship Practice

According to the respondents, the question that how the child is treated in traditional kinship care within the family can be seen as acceptance of OVC as birth child, attractive family environment, and cultural and religious values.

The first way is on the acceptance of OVC as birth child in kinship family. It is indicated in the research area with genuine parent-child love, which usually expresses without pretence for the sake of psychological treatment. **Access of owning property**, as the respondents explained in their language '*te'uwa*' is an interesting traditional feature of the research area which accelerates the welfare of the children with their own economic capacity. Mostly, this feature is done by care givers' provision of initial property, livestock, and financial support. Furthermore, there are **inheritance rights** of the family wealth and property in general as birth child that confirms future security and consistency of family membership.

The second way is on the attractive family environment which includes respect of dignity and interests of children. The relationship of kin child between caregivers and the entire family members is almost of all positive and consistent. As the result, the interests of the children is respected and in accordance with the spiritual aspect of the caregivers. Thus, the children in traditional kinship care have freedom to live and to do everything as their own biological family. In this regard, there are **freedom to express emotions** and discussions to resolve conflicts in the family. Therefore, the families have their own regulations and mechanisms to express emotions and resolve conflicts though there are few physical abuses is identified in triangulation of data process.

The third way is on cultural and religious values which coined up and triangulated with spirituality, connection/attachment, and reciprocity. Spiritual values of the family

members are comprehended their respect of moral values, discipline, and religious aspects like; praying, having faith, trusting in God, and reverence for traditional beliefs and rituals were manifested in a practical way for child wellbeing.

Thus, for the Wolaita people being aware of a spiritual entity also meant being aware of one's contribution to the support of others and realizing that spirituality makes people strong and able to cope with adversity. There is also strong social connection and attachment due to various communal interactions between the family and the society with opened doors for community elders to intervene in case of risks and conflicts, which secures the positive treatment of children in the family. It is the feeling of closeness and unity that provided the impetus to survive, and allowed them to keep the caring tradition alive. The ability to survive the caregiver's role meant reducing isolation, through reciprocity.

Reciprocity or mutual interdependence is another component as child treatment way in Wolaita kinship family. It is a central concern within kinship care and bond, since people enter into relationships between kin, without a clear expectation of return. It evokes '*empathy, concern and responsibility for others*' (Sahlins, 2008:50). The fact that families rely on each other provides a sense of belonging, to family and community. This is the point at which people in a community, that are not related by blood, contribute to the building of the family network and strive to establish membership within the kinship system. I tried to present the figure below to indicate and summarize the family bond triangulation of child treatment in Wolaita traditional kinship modalities. The triangle in the figure summarizes the findings towards the ways of child treatment mechanisms in the base of spirituality, connection, and reciprocity of the family bond.

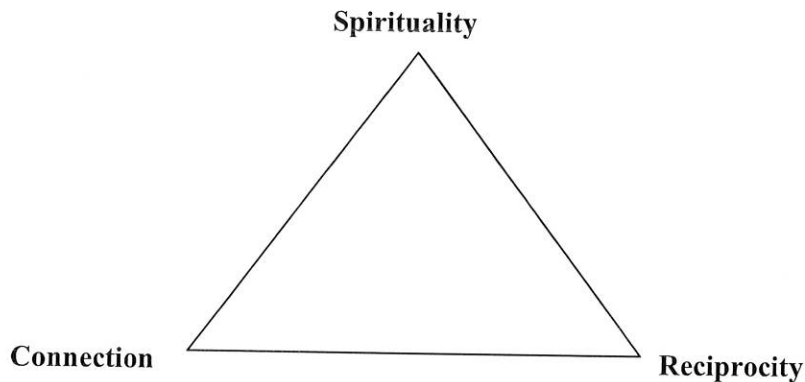


Figure 2. The family bond triangulation of child treatment.

As far as the response of children participants concerned, the way of treatment of child is expressed with a sense of belonging, resulting from the length of time they had spent with the caregiver. In addition, connection/attachment is the feeling of the children in kinship, which is indicated by closeness, and togetherness of caregivers to look after them and meet their needs.

This concept can be linked to interdependence and collectivity of the whole family interaction since they are referring to the core belief system. Similarly, the way of treatment revealed with the respect of their interests and freedom what they do have, as the result of cultural and religious view of their caregivers. Furthermore, the children in traditional kinship feel stability and sense of bright future due to *te'uwa* (opportunity to have own property and inheritance right). I attempted to present the figure below to demonstrate the feelings of children towards their treatment in traditional kinship family. In the figure, I put the child's feeling at the center of the rectangle as long as the child lives in the midst of his/her own perception. According to the responses, the identity and sense of belongingness comes first in the rectangle due to the respect of the child's interest and freedom by the kinship family. In the third corner of the rectangle, the connection/attachment feeling of the child the whole family members pushes the child to have the sense of stability and bright future at the end.

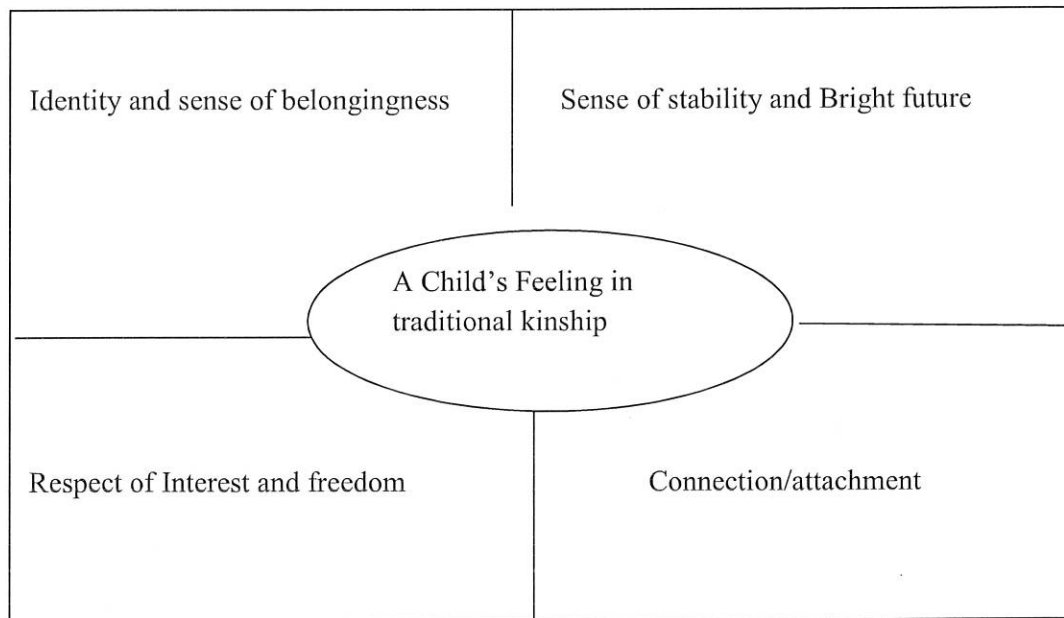


Figure 3. Child's feeling in traditional kinship family.

4.3.3. Ways of Traditional Kinship Modalities to Solve the Problems of OVC

The information investigated from field observation, interview, and unpublished document analysis answered the question that how traditional kinship modalities in Wolaita community solve the problem of orphan and vulnerable children for their wellbeing system. According to the responses, it would be explained in four intertwined ways.

The first way is cultural and religious values of the people. This is fundamental for the people and every social, economic, political, and spiritual perspectives emanates from these values. The central tenet of the people is the belief in the interconnectedness and unity of spiritual, human, cultural, and tribal networks. For instance, if somebody nearby to orphan and hesitate to kin the orphan he/she would be faced to cultural and religious judgment. They refer spirituality as their identities which are accomplished a sense of belonging to the God/ancestral spirit and one to another. Therefore, these values push the people to care for OVC in order to be

blessed by God (*The more children you have under your care the more God blesses you*-common belief of the people) and to escape from tribal spirit's anger. To sum up all these, there are elements of cultural and religious values among the people of Wolaita, such as; spirituality or fear of God with moral values and traditional discipline, interconnectedness or social network, and reciprocity or interdependence. These value elements perform community-based support and intervention for child welfare system.

The second way is community-based support and intervention. This is a holistic modality for child welfare system in the context of Wolaita. According to the context, the distinctive features of the modalities is that the nature of its setting which is its cultural and religious values to solve the community's problem. The nature of its goals and the techniques it employs are another dimensions of features to facilitate the welfare system of OVC. I observed the modalities in the research area that orphan and vulnerable children are first identified and then the potential caregivers are connected with the community elders for all traditional principles to secure the wellbeing of the children.

The third way is the "Food Bank" system. In this way, community-based support and intervention elders established food bank to support economically weak family who engaged in traditional kinship. In the modalities, there are welfare teams in each village assigned by influential community elders who identify orphan and vulnerable children, collect all farm products from inhabitants, make faire distribution of food stuffs, follow up and visit kinship cares in their village, and so on. The team by itself is evaluated by overseer team, which is organized in district level and the top responsible body to the modalities. This is how the community-based support and intervention operates in Wolaita in special modalities.

The fourth way is local people's behavior of participation and strong bond of social network. Local people in Wolaita are always trying to support orphan and vulnerable children by participating in all community-based activities with the guidance of community elders and food stuffs team like; facilitating kinship/foster cares, repairing residence of child-headed homes, advocating children in kinship for their inheritance rights with legal identity card assurance and traditional property owning system.

I attempted to present the figure below to show the operational modalities of traditional kinship in Wolaita to solve the problem of OVC. In the figure, the ladder indicates that the bottom-up approach of the cultural and religious values as the basics of the people's perception towards kinship care. In the second step of the ladder shows that the community-based support and intervention emanates from the basic cultural and religious values of the people. The third step shows the "Food Bank" which helps as a store for the farm products which is controlled by the welfare team. The overseer team oversees the welfare team, the overall operations of the modalities, and approves the OVC to join the kinship family.

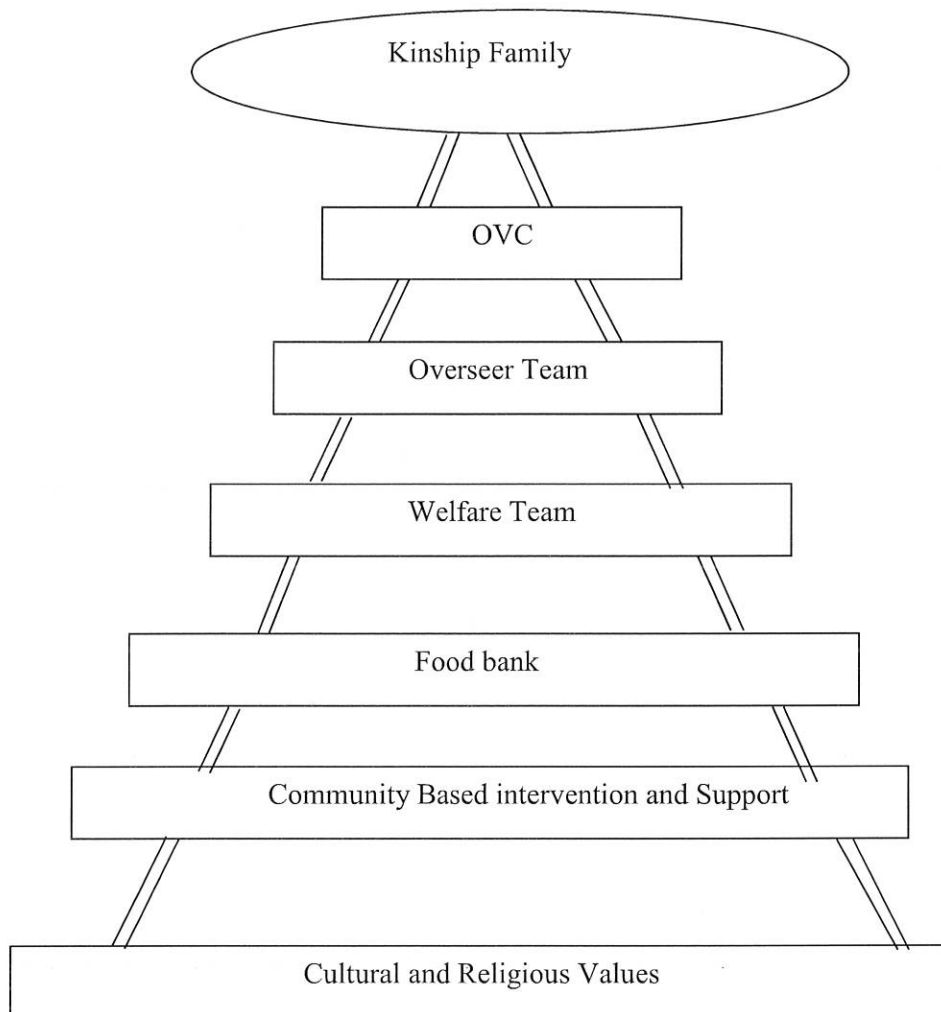


Figure 4. The ladder of traditional kinship modalities in Wolaita

4.3.4. Attitudes towards Traditional Kinship care

According to the respondents, the attitudes of OVC and their care givers towards traditional kinship care are that the children in kinship care have views which are depended on identity and sense of belonging, connection in parent child hood attachment, respect of their interest with freedom, and sense of stability and bright future. Generally, they are happy without any complain and positive outlook towards their caregiver and the whole system as well.

In similar way, caregivers have also a positive attitude towards the whole system due to their social acceptance and community networks, spiritual satisfaction, some reciprocal benefits from the community and relatives and so on. However, the care givers have complains towards the bias of community elders and lack of legal frameworks behavior of kin children in the family as a risk for their service because of children's background of previous placement.

4.3.5. Risks and Resilience

From over all investigation of the data; the informality of the system, lack of professional support and legal framework, biases and problems in community elders, and abuse are some of the risks and problems in the modalities. Regarding legal framework, the existing policy and legal documents lacks a bottom-up approach of policy formulation, which considers the indigenous culture in child welfare. For the point community of resilience, the whole community and even the government bodies are diligently working on to be back to indigenous culture and acknowledged by respective bodies to promote as it is best for child welfare systems instead of other alternative child cares. They are doing to associate it with a sense of security, self-worth, and control over one's immediate environment. Of particular relevance for this study is that people's values, beliefs, and cultural practices can promote resilience in the individual the family and community. So far, it involves the use of internal and external sources of support to successfully adapt to stress. According to Daro and McCurdy (1994), Social support can also contribute to resilience when the concept of reciprocity is present; particularly if the focus is placed on strengthen family and community connections (Daro and McCurdy, 1994).

I summarized the findings in light of the research questions in the following table.

No.	Research questions	Findings
1	Why traditional kinship care is practiced in the community?	Poverty, death of parents, instability and migration, insufficiency and ineffectiveness of other alternative cares, over population, and abuse
2	How the child is treated in traditional kinship care within the family?	The acceptance of OVC as birth child ;(Access of owning property, 'te'uwa', inheritance rights); the attractive family environment which includes respect of dignity and interests of children with freedom to express emotions; cultural and religious values which coined up and triangulated with spirituality, connection/attachment, and reciprocity. Therefore, children in the care are feeling loved, valued, stable, being listened to, sense of belonging, and safe (though some restrictions).
3	How traditional kinship modalities in Wolaita community solve the problem of orphan and vulnerable children for their wellbeing system?	Cultural and religious values of the people; Community-based support and intervention; The "Food Bank" system; Local people's behavior of participation and strong bond of social network
4	What are the attitudes of children orphan and vulnerable children and their care givers towards traditional kinship cares?	Both children in kinship and their care givers have positive perspectives. However, the informality of the system, lack of professional support, legal framework, biases and problems in community elders, and abuse

Table 1. The summary of findings in light of research questions

CHAPTER FIVE

5. CONCLUSION

Traditional kinship modalities in Wolaita have special features in its cultural values, community-based support and intervention, and “Food Bank” systems. This study has provided that kinship care is a valued tradition, and a strategy for family preservation. I attempted to answer the research questions throughout the whole process in the research. It was noted that the Wolaita cultural values support kinship care in that they provide the basis for a natural response to problem-solving. The focus of the research is on strength perspective, so that the study:

1. Explored the reasons for traditional kinship care in the research area and outlined that poverty, death of parents, instability and migration, insufficiency and ineffectiveness of other alternative cares, over population, and abuse as the major causes.
2. Investigated the treatment of the children in traditional kinship and identified the acceptance of OVC as birth child ;(Access of owning property, ‘*te’uwa*’, inheritance rights); the attractive family environment which includes respect of dignity and interests of children with freedom to express emotions; cultural and religious values which coined up and triangulated with spirituality, connection/attachment, and reciprocity. Therefore, children in the care are feeling loved, valued, stable, being listened to, sense of belonging, and safe (though some restrictions).
3. Observed that cultural and religious values, community-based support and intervention, the “Food Bank” system, and local people’s behavior of participation and strong bond of social network services are the way that traditional kinship modalities solve the problem of OVC in the research area. It reinforces the importance of kinship networks and multi-

aid support as a form of family preservation. It demonstrates also particular strengths and resilience enhancing factors.

4. Explored that the attitudes of both children in kinship and their care givers have positive perspectives towards in traditional kinship modalities. This is because of Wolaita's cultural values provides the basis for strengthening the family by insulating it, and helping its members, through their spiritual connections, reciprocal or interdependent relationships, to create change and positive outcomes.
5. Identified risks like; the informality of the system, lack of professional support, legal framework, biases and problems in community elders, and abuse. Since the modality is informal, the caregivers are not officially appointed and there is no record of them as duty bearers or they go unnoticed. However, I observed some initial steps as resilience against the risks that the government bodies are diligently working on to be back to indigenous culture make it into formal system. In addition, the reinforcement of indigenous strengths of care givers for coping mechanisms by community elders is another strategy for resilience.
6. It opens up new areas for policy makers to develop kinship care services, based on what is known about its informal nature and the relevance of this tradition for Wolaita people.
7. It suggests the importance and development of traditional kinship care into formal service. However, embedding it into an existing formal welfare service is not without its difficulties and needs further studies.

5.1. Limitation of the Study

This study demonstrates the significance of traditional kinship modalities as child welfare system to solve the problem of OVC. Beyond this, it is important to acknowledge it has

limitations. The first limitation in this study is the insufficiency of literature regarding traditional kinship in Ethiopia. Even the very few literatures available in the country also provides a very little knowledge about the particular reasons for traditional kinship, its ways of treatment and problem solving mechanisms, various attitudes in the care and so on. Therefore, the study merely indicates the overview of the rationale of traditional kinship, way of treatment, problem solving mechanisms, and attitudes in both children and care givers in the care.

The second limitation of the study is that the study lacks research funds which limited further investigations from different districts though there is the similarity of cultural values in the entire Wolaita. Thus the study limited in Wolaita zone *Humbo* district in general and three villages such as; '*Shochora Fisho*', '*Abela Sipa*', and '*Abela Kolshebo*' in particular.

5.2. Implication of the Study

5.2.1. Implication for Social Work

The services of social workers in Ethiopia are not yet familiar with its professional excellence. In addition, the diversity of social work in terms of the goals and services offered by the profession is little understood in our society. In anticipation of the proliferation of social work service in Ethiopia it can be readily seen from this study that children who are engaged in traditional kinship modalities are in need of legal framework for their holistic welfare and the general system also needs to be formal for caregivers' consistent service, coping from stress, and support. Moreover, other alternative child cares for instance, international adoption and institutional care in Ethiopia general and in Wolaita particular are in serious problem of ineffectiveness and insufficiency because many of them are becoming business oriented and instead of being service oriented in accordance with the findings of this research. Hence, these all social issues call for professional social workers intervention and social workers are supposed

to have values and skills compatible with those of the profession as a whole and to have special relevance to the traditional kinship care.

5.2.2. Social Work research implication

The literature consistently states that more research is needed to fully understand kinship families, the issues they face, the outcomes for children and what interventions will make a difference to optimize the futures of children. This study has also forwarded possible social work research areas for further investigation other than the concluded outcome of traditional kinship on the study. In Wolaita traditional kinship care modalities assume different socioeconomic purposes which are not studied widely. Therefore, there are many researchable issues which are not yet covered in this study. For instance; the relationship between children in kinship and care givers in the family, the influence of previous placement of children in kinship care, the cognitive development of children in traditional kinship, the opportunities and challenges of changing traditional kinship into formal care system, the interaction of kinship family and community-based support and intervention, advocating traditional values of kinship in policy formulation, and so on. Particularly, regarding legal framework, the existing policy and legal documents lacks a bottom-up approach of policy formulation which considers the indigenous culture in child welfare of the study area at large.

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Annex 2: Interview Guide

The objective of this interview is to explore Traditional Kinship Modalities as Child welfare system in Wolaita People.

2.1 Interview Guide for Key Informants

Date _____
Time _____
Place _____
Type of Data Collection Event _____

A. Reasons for Traditional kinship practice

1. What is the magnitude or extent of popularity of traditional or indigenous child care in Wolaita?
2. What do you think the reason for traditional kinship care practices in Wolayta people?
3. What are some special and traditional/indigenous child care modalities of your society?
4. What advantages and disadvantages traditional kinship care has for children and their care givers?

B. Ways of child treatment

5. How the child is treated in traditional kinship care?
6. How do you express the relationship between the children and their care givers in the kinship care?
7. What do you think the best practice out of all alternative children cares? How? Why do you consider it the best practice? Or what makes unique the traditional kinship care modalities in wolaita?

C. Ways of Traditional Kinship Modalities to solve the problem of orphan and vulnerable children

8. How traditional kinship modalities in Wolaita people solve the problem of orphan and vulnerable children for their wellbeing system?
9. Do local people know about traditional kinship child care practice as a solution to solve the problem of orphan and vulnerable children? If they do, how do you describe the ways and its modalities?
10. What are the challenges in implementing this program? How do you overcome these challenges?
11. How do you see the compatibility of alternative child care policy guideline to wolaita's traditional /indigenous kinship care modalities?
12. What are special issues regarding traditional kinship modalities in wolaita for the advocacy and policy formulation?
13. What are your proposed suggestions that incorporate your society's traditional kinship child care?
14. Is there a word/phrase or special term in your language for this traditional kinship child care? If possible, what is it? Is it possible to translate and if so, what is the equivalent term in English?

2.2 Interview guide for children

The objective of this interview is to explore Traditional Kinship Modalities as Child welfare system in Wolaita People.

Date _____

Time _____

Place _____

Type of Data Collection Event _____

A. Attitudes towards Traditional kinship care

Types of Care System

a. Traditional Kinship Care

1. How long you have been with this care system?
2. How do you understand and feel about this placement?
3. What is your general feeling in the kinship care?
4. What is your educational progress and schooling system?
5. Do you have any contact with biological family?
6. How do you feel about your care givers?
7. Is there anything that worries you about living with kinship care?
8. How do you feel about the birth child living with you?
9. Is there something you appreciate in the kinship care?

b. Other Alternative Child Care

10. How long you have been with this care system?
11. Do you have any idea about traditional kinship care?
12. What are the benefits of traditional kinship care?

13. How do you understand and feel about your placement comparing to traditional kinship care?
14. Is there anything that worries you in your placement?
15. Is there something you appreciate in the kinship care?

Orphan and Vulnerable Children in need of placement (on street ...)

16. Do you like to be in any child care placement?
17. What is your choice to be placed? Why?
18. What is your general idea and feelings about traditional kinship care?
19. How do you understand and feel about your current life comparing to traditional kinship care?

2.3 Interview Guide for care givers

The objective of this interview is to explore Traditional Kinship Modalities as Child welfare system in Wolaita People.

Date _____

Time _____

Place _____

Type of Data Collection Event _____

A. Ways of Child Treatment

1. What do you think the reason for traditional kinship care practices in Wolaita people?
2. What personal feelings led you to this point of wanting to care for the child?
For example, feelings of obligation to the child and child's parents, or feelings of guilt, or tradition/culture of the society?

3. How did you start this service? Or what is the way you to provide care for the child?
4. Do you think that the child's dignity and rights will be respected at all times?
5. Describe your relationship with the child and the current contact you have.
6. Do you think that the child receives emotional care that allows him or her to experience being cared about and valued and that contributes to the child's positive self-regard?
7. How are emotions expressed and conflicts resolved?
8. How do you plan to establish limits and discipline the child?
9. What is your understanding of any safety risks to the child?

B. Attitudes towards Traditional kinship care

10. What do you think some of the positive or good things about traditional kinship care?
11. Do you have any concerns about living with any of the other people in the household?
12. What is your general perspective on traditional kinship child care in Wolaita?
13. What is your understanding of any safety risks to the child?
14. What are the risks or problems in traditional kinship care?

C. Ways of Traditional Kinship Modalities to solve the problem of orphan and vulnerable children

15. How did you come to be identified as a potential care giver for the child?
What is the background to this placement for the child?

16. Describe any concerns you may have in caring for the child, including possible feelings of resentment at having to take on the caring role and concerns about the change in your role (for example from grandparent or aunt, to kinship care giver).
17. What makes special that Wolaita's kinship child modalities from other child cares?
18. How traditional kinship modalities in Wolaita people solve the problem of orphan and vulnerable children for their wellbeing system?

Annex 3: Observation checklist

Date _____

Time _____

Place _____

Type of Data Collection Event _____

3.1 General Observation Checklist

No	General Observation	Researchers Note
	Overt Observation	
1	General settings of the study area	
2	Overall living situation of children	
	Covert Observation	
1	Nature of interaction between children and their care givers, birth child and other relatives in the family	
2	Different alternative child care modalities in the study area	
3	Traditional or cultural values regarding child welfare	

3.2 Issues to observe during participant observation

No	Category	Includes	Researchers Note
1	Appearance	Clothing, age, gender, physical appearance	
2	Verbal behavior and interactions	Who speaks to whom and for how long; who initiates interaction; languages or dialects spoken; tone of voice	
3	Physical behavior and gestures	What people do, who does what, who interacts with whom, who is not interacting	
3	Personal space	How close people stand to one another	
4	Human movement	People who enter, leave, and spend time at the observation site	
5	People who stand out	Identification of people who receive a lot of attention from others	

3.3 Strengths and weaknesses of participant observation

No	Strengths	Weaknesses
1		
2		
3		
4		

Annex 4: Interview Guide in *Wolaitatto Donna* (in language of Wolaita)**1. Oychchi Zaaruuwa Polliyaageetu Naaqqashshaa**2. Maattuma Macca Attuma

3. Layttay _____

4. Luxxeta Xekkay _____

5. Kochchay _____

6. Koyro Donnay _____

7. Ayi kenna wodiya Wolayttan takkadi?

 0-10 layttawu 10-20 layttawu 20-30 layttawu 30 layttappe bolla

8. Metottidaa qeeri naatta woykko dabbo(kinship) naatta kafiyogan deeiya meezia

 0-5 laytta 11-15 laytta 20-30 layttawu 15 layttappe bolla

9. Sutta-xaphphora gayttia allaalliyan haashshetido lohay

 Haga mallaban mullekka haashshetada erikke Kehippe gutta allaalliyan hegara gayttiyagan haashshetasi Daro wodiyaw hega mallaban lohuwa ekkas

10. Sutta-xaphpho giddidaa naati ekkidi dichchiyoo meezenne woggay

2: Oychchi-zaaruwa kalletatti

Ha oychchi-zaaroy Wlaytta heeran de'iya meezzeayan metottida naatusi polletiya kafiya wogga qonceissidi bessiyogaa.

2.1 Oychchi-zaaruwa kaalletan oyshshetiyeti pollyobati

Gallassaa _____

Wodiyaa _____

Mani''iya _____

Naaqashsha shishshyo hanotta _____

A. Meeziyan suutta- xaphpho shiishidi ekkiyo gassota

1. Naatu oyqquetan halachichida meeze geetettiyabati aybe?
2. Meeziyan suutta- xaphpho gidyageta hoggogiyoo hanottay Wolayttan ayi maalates gadda qoffay ? gassuwara?
3. Kehippe dummies getettidi qoffetiya qeerinaatu oyqqe'ya hannota?
4. Meeziyan qeerinaata hoggogiyoo gawunne kaffikafiyoo gawu madoyinne qohoy?

B. Naata hoggogiyoo ogeta

5. Ayi malla hanottan meeziyan suutta- xaphpho gidiya naati oyqquetidi dicciyoona?
6. Naati banta soon dichehyagetinne naatugiddon de'ya gayttoteta wattad qonccissay?
7. Naatu dishshetan awugga doroy halacces gay? wannidi? Aybissi hega lo''o gannawu danddayadi? Woykko aybi meezia dabbotu miyiyaa dicciyoga dummayi?

C. Meeziyan suuta-xaphpho gidyageti shishshidi dichehyogan yelida aayonne aawa xaydagettanne mettwun gelidagetta pollo eenottan ekkidi kafi?

8. Wolaytta asay ay malla hanottan suuta-xaphpho giddidi aayonne aawa xaydagettanne mettwun gelidagetta pollo eenottan ekkidi kafi?
9. Heeran heeran deretettay suuta-xaphpho gidyagetaa shishshidi suure oyqqiyogan kafiyabi xaydagetu mettwua paggalioona? Eetti hegadan oottiybaa giddikko he hanottanne moddeletetta wattada qonceissay?
10. Mettotidageta sheshshidi ekkenadan xubbe gidyaabi aybe? Yattin wattidi paggalanne?
11. Wolaytta meeziyan suuta-xaphpho giddidi mettotiyageta sheshshidi dichehyoga moddeletetta haara annacetiya dorottun gedarssada ne qoffan xellay?
12. Wolayttan suuta-xaphpho giddidageta sheshshidi dichchiyogan dummayiyogan basso oottidi pollissiya poxxiyakko aybi di'i?
13. Ay qoffa wottay-meeze kanttidi yida suuta-xaphpho dichcha busa hanottaba?
14. Haara pullati ekkiya qalli de'i-meeziyan suuta-xaphpho gidiyaba ekkidi dichchyogaw? De'es gikko, ayba giyoo? birshshanawu danddayeti, ee, yattiko misse qallay faranjatwuan aybe?

2.2 Diccidi bettiya naatusi shiqqiyaaga

Ha oychchi-zaaroy Wlaytta heeran de'iya meezzeyan metottida naatusi polletiya kafiya wogga qonceissidi bessiyogaa.

Gallassaa _____

Wodiyaa _____

Mani''iya _____

Naaqashsha shishshyo hanotta _____

A. Meeziya shishshidi dichehyogan de'iya xellay

Hoggoguwaa hanotta qomotta

a. Meeziyan polletiya qeeri naatu hoggogowaa

1. Ay kenna wodiya hagan takkadi?
2. Wattada akkekkanne qoffay ha mani''iyaba?
3. Kummata koshshay ay mallati suuta-xaphpho mattan de'iyogan?
4. Timmirittiyan sintawu biyo hanottaynne luxxeta kettay ay malle?
5. Harra dabbotura de'iya gaytottetay?
6. Ay malla hanottan kafiya pollyoona?
7. Haga dussan uni''etiyobi dii?
8. Naatetta wodiyan nennara diccidagetura attido wodya hanottaba qoffay?
9. Suuta-xaphphotukko shiiqqada dicciyogan naashshiyobi aybe?

b. Harra qeeri naata dicciyoga dooruwaa

10. Hagan ay kenna wodiya takkadi?
11. Ayba qoffi di'I neyoo suuta-xaphpho miyiyan giddidi dicciyogawu?
12. Suuta-xaphpho miyiyan dicciyogawu ayba go''ay de'i?
13. Wattada akkekkiyinne qoffay neni diyossa suuta-xaphpho maattan de'yogan geddarssada?
14. Neni de'iyosan uni''etiyabi de'i?
15. Naashshiyobi de'i suuta-xaphpho maattan de'iyoba?

Ogiya xaphphon de'iyagetusi

16. Naata shishshidi dicciyossan diccanawu koyaayi?
17. Neni ha mani''iya aybbisi dorradi?

18. Zaree dabbotu maattan giddidi dicciyogawu de'iya ne buzzo qoffay aybe?

19. Ne de'uwanne zaare dabbo mattan giddidi diceyagetura gattada gedarissa?

2.3 Ekkidi Dichiyagetu Oychehizaaruwaa

Ha oychchi-zaaroy Wlaytta heeran de'iya meezzeayan metottida naatusi polletiya kafiya wogga qonceissidi bessiyogaa.

Gallassaa _____

Wodiyaa _____

Mani''iya _____

Naaqashsha shishshyo hanotta _____

A. Naatu oyqqeta ogeta

1. Ayba gassuwan Wolaytta suuta-xaphphuwan shishshidi dichehiyoge dummates gadda qoffay?
2. Ayba asummatettay kalletidi naata hoggogiyogawu gattide? Lemmissuwaw: Naatu kosshai wolqqantideye, naatu soo aseye woykko lo''a asaa getettana gadda qoffogeye woykko deretetta woggay?
3. Haga wattada haggazza dommadi? Woykko ayba ogiyan hoggoganawu naata danddayadi?
4. Naatu asummatettawunne maatta bonchehissanawu gadda qoffidogenne haga oottidoy?
5. Naaturanne nenara de'iya gaytotteta ha'igga qocessiyakko?
6. Naata kahappe eenottan ekkiyo meeziyaninne immiyo gita mani''e naatu qoffasi de'iyoy sita sinta qoffada qoncissa?
7. Eshshan cabbuwanne metwua birshshetay wattidi pagalleti?

8. Wattidi aqqiyo pe''iyo huchehuwan kessetinne eshshawu kushsha wotteti?
9. Ayi malla ogiyan naatu payatetta kalleti?

B. Suutta-xaphphuwan dichehyoogan de'iya xellay

10. Sutta-xaphpho shishshidi meeziyan dichchyoogan lo''oba gadda qoffyobi aybe?
11. Sooni haara asaara de'ioygan aybi siyetti?
12. Mullera neyo de'iya hayooy Wolayttan meeziyan suuta-xaphpho shishshiyoge de'i?
13. Diccya naatu payatettawu aybi polletiyakko yagadda qooffay?
14. Woggan shishshidi dichchyogan metto gadda akkakkiyobi de'i?

C. Moddele gidiyogan aayonne aawa xaydagettanne mettwuan de'iyageta mettwua paggalanawu polletiyaa allaalleta

15. Aybin shakkada eriyogan loyttidi hoggoggiyagetta demaadi? Ha mani''e naata dichchiyobba giddanadan maddide?
16. Qeeri naata dichchiyoga meeziya hegekka zarettidi harrassa baqqatenadan suure oyqqiyoganne neni hegakko simmanadan lemissa giddidabi woykko kasse inte keetta hega mallaba pollidabi dentettis gadda qoffiyogeti de'iyona?
17. Wolayttan meeziyan naata ekkidi dichchiyoge (suuta-xaphpho)moddele harrape dummattes giyobi aybe?
18. Ay malla ogiyan moddele gidiyogan Wolaytta asaay meeziyan suuta-xaphpho giddidi yelidaba xayidagettanne mettotidagetta kehatettan maddidi tokkidonna?

Annex 5: Interview Checklist

Date _____

Time _____

Place _____

Type of Data Collection Event _____

Make arrangements for

- Private setting for interview site
- Transportation to interview site
- Transportation of participant to interview site
- Refreshments for participants (if applicable)

What to take to the interview

Equipment

- Field notebook
- Tape Recording
- Stationeries
- Others

Interview packet

- 1 large, heavy-duty envelope
- Archival information sheet with archival number
- 1 copy of interview guide (in the appropriate language for participant)
- 2 informed consent forms (1 for interviewer, 1 for participant, in the appropriate language)
- Participant reimbursement/substitution (if applicable)

Reimbursement form (if applicable)

What to place in the envelope after the interview

Completed archival information sheet

Signed informed consent form (signed only by interviewer if oral, by participant and interviewer if written)

Labeled interview guide with notes

Field notes

Signed reimbursement form (if applicable)

Others

Thank you for your commitment responding all the above items and we appreciate your time

For further information, please do not hesitate to communicate

Lukas Keshamo (The researcher)

Phone: +251 913 86 61 72

Email: lukaskeshamo@gmail.com

Appendix 6: Informed Consent form for Adults

Greetings

My status: Researcher

My name is Lukas Keshamo, and I am a student at Addis Ababa University. I am know doing a research on 'Exploring Traditional kinship modalities as child welfare system: In Wolaita people' as a partial fulfillment of the requirement for my MSW. I am seeking your approval to participate in an individual interview. If you give your consent, an interview will be arranged at a time and place that is convenient to you.

In the interview I will ask you to talk about traditional kinship care, and what it means to you, its problem-solve mechanisms of OVC, and difficulties or success you have had. The interview will last for approximately an hour.

Your Informed Consent

I will ask you to sign a consent form. This form will ask you to give your permission for the interview to be conducted, and for your permission to include your comments. I will ask for your consent to tape the interview before the interview commences.

Confidentiality and Anonymity

I will promise to grant you confidentiality and anonymity by changing your name. Your identity will not be disclosed at any stage of the study, or in any subsequent publications, conferences or workshops. Your audio tape recording will be given a code number to ensure that your identity is protected at all times.

Your Rights

I recognize your rights to free speech, to express your views, and to give or retain information as you see fit. I will not coerce you into giving information that you believe would cause harm, risk or discomfort.

Your willingness to participate in the interview will indicate your voluntary consent. You have a right to decline any request made to you to participate in this study. If you agree to participate, you have the right to decline to answer a question if it makes you feel uncomfortable, or if you feel unable to answer it. However, if you do not understand a question, please let me know and I will rephrase it in a way that will make it easier for you to respond.

Benefits of the research

I hope that this study will have the effect of increased awareness and understanding among service providers, the community members, and the government bodies in the area and who interact with kinship families. You will not benefit directly from the study in terms of financial gain. However, there will be an indirect benefit in terms of developing knowledge and more awareness about traditional kinship care. It is hoped that this study will help to inform the development of kinship care services, and that your contribution will ultimately bring benefits for all respective organizations.

Name of the Participant

Date

Signature

Appendix7: Informed Consent form for Children

Greetings

I agree to take part in traditional kinship modalities as child welfare system on my ideas about the research.

The reason for this research has been explained to me and I know I can withdraw at any time.

Name _____

Date _____

Signature _____

Thank you for your commitment responding all the above items and we appreciate your time

For further information, please do not hesitate to communicate

Lukas Keshamo (The researcher)

Phone: +251 913 86 61 72

Email: lukaskeshamo@gmail.com