RESILIENCE OF ORPHAN AND VULNERABLE ADOLESCENTS IN RELATION TO GENDER, GUARDIANS' BEHAVIOR AND PEER RELATIONSHIP

A Thesis Submitted to the School of Graduate Studies
Addis Ababa University

In Partial Fulfillment of the Requirements for the Degree of
Master of Arts in Developmental Psychology

By

Ebabush Yerdaw

JULY 2009
ADDIS ABABA

RESILIENCE OF ORPHAN AND VULNERABLE ADOLESCENTS IN RELATION TO GENDER, GUARDIANS' BEHAVIOR AND PEER RELATIONSHIP

A Thesis Submitted to the School of Graduate Studies

Addis Ababa University

In Partial Fulfillment of the Requirements for the Degree of

Master of Arts in Developmental Psychology

By

Ebabush Yerdaw

Approved by the Board of Examiners

Signature

Chairman, Dpt Graduate Committee

Advisor

Examiner, Internal

ACKNOWLEDGEMENTS

The writing of this paper is not the fruit of my individual effort. It has involved many individuals, the name of all those cannot be mentioned individually.

My first heartfelt gratitude and appreciation goes to my thesis advisor Dr. Emebet Mulugeta without her guidance and encouragement, I would not have been able to complete the thesis properly.

My heartfelt thanks also goes to Dr. Belay Tefera for his unreserved help in providing relevant materials and information pertinent to the research work.

I would like to thank Addis Ababa University College of Education for its financial provision in order to accomplish the thesis work.

I would also like to thank the directors and community based support providers at OSSA Dessie branch for their provision of registered lists of the orphans and their help throughout the data collection.

Finally, I would like to express gratitude to my families and friends who shared all my problems during my stay at the university in general and during the preparation of the thesis in particular.

TABLE OF CONTENTS

Title	Page
Acknowledgements	i
Table of Contents	ii
List of Tables	iv
Acronyms	v
Abstract	vi
I. INTRODUCTION	**1**
1.1. Background	1
1.2. Statement of the Problem	3
1.3. Research Questions	6
1.4. Objectives	7
1.5. Operational Definition of Terms	7
1.6. Significance	8
1.7. Delimitations	9
1.8. Limitations	10
II. REVIEW OF RELATED LITERATURE	**11**
2.1. Conceptual and Theoretical Explanation of Resilience	11
2.1.1. Conceptual Explanations of Resilience	11
2.1.2. Theoretical Explanations of Resilience	13
2.2. Risk and Resilience during Adolescence	15
2.3. Risk and Resilience among Orphan and Vulnerable Adolescents	17
2.4. Empirical Studies on Risk and Resilience	19
2.5. Factors Enhancing Resilience among Orphan and Vulnerable Adolescents	22
2.5.1. Gender and Resilience among Orphan and Vulnerable Adolescents	23
2.5.2. Guardians' Care and Support and Resilience	24
2.5.3. Peer Relationship/Support/ and Resilience	26
III. METHODOLOGY	**30**
3.1. Study Area	30

3.2. Population 32
3.3. Participants 32
3.4. Instruments 34
3.5. Data Collection Procedures 38
3.6. Data Analysis 40
IV. RESULTS 42
4.1. General Characteristics of Respondents 42
4.2. Resilience Status of Orphan and Vulnerable Adolescents 46
4.2.1. Resilience and Gender 48
4.2.2. Adolescents Resilience and Age 49
4.3. The Relationship of Resilience, Sex, Age, Guardians Care and Support and Peer Support 51
V. DISCUSSION 57
5.1. Resilience Status of Orphan and Vulnerable Adolescents 57
5.2. Contributions of Guardians' Care and Support to Orphan and Vulnerable Adolescents Resiliency 60
5.3. Contributions of Peer Relation/Support/ to Orphan and Vulnerable Adolescents Resiliency 62
VI. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS 65
6.1. Summary 65
6.2. Conclusions 68
6.3. Recommendations 69
REFERENCES 71
APPENDICES
Appendix I English Version of the Questionnaire
Appendix II Amharic Version of the Questionnaire
Appendix III English Version of Interview Guides for Guardians
Appendix IV Amharic Version of Interview Guides for Guardians
Appendix VI English Version of Interview Guides for Volunteers
Appendix VII Amharic Version of Interview Guides for Volunteers

LIST OF TABLES

Table 1: Sex and age distribution of Respondents 43
Table 2: Educational Background of Respondents by sex 44
Table 3: Orphan Type by Sex 45
Table 4: Guardianship by Sex 46
Table 5: Summary of Resilience Status of Orphan and Vulnerable Adolescents 47
Table 6: Summary of t-test results (sex comparison) 49
Table 7: Summary of ANOVA Table (Resiliency and Age) 50
Table 8: Summary of Scheffe Multiple Comparison Test 50
Table 9: Summary of Inter-correlation Analysis 51
Table 10: Summary of ANOVA Table (Correlation Analysis) 52
Table 11: Summary of Regression Analysis (Dependent Variable Resilience) 52
Table 12: Summary of Linear Regression Analysis Results (Dependent Variable Resilience) 53
Table 13: Summary of t-test on the Contribution of Peer Support Based on Sex 55

Acronyms

ANRS BoLSA: Amhara National Regional State bureau of Labor and social Affairs

CD-RISC: Connor-Davidson' Résilience Scale

OVC: Orphan and vulnerable Children

OSSA: Organization for Social Services for AIDS

Abstract

The major objective of the study was to examine the resilience behavior of orphan and vulnerable adolescents as a function of gender, guardians' care and support and peer support. To achieve this objective the researcher collected data through questionnaire and interview. The data sources were selected by using systematic random sampling, purposive sampling and snow ball sampling techniques. The participants of the study were 154 boys and 129 girls. Totally, 283 orphan and vulnerable adolescents, five (5) community based support providers and six (6) guardians.

The data obtained from these participants were analyzed by using both quantitative and qualitative methods. Quantitative data were processed through the application of Statistical Package for Social Sciences (SPSS) and qualitative data were processed and presented through narration in order to triangulate the quantitative data. The research findings revealed that majority (69.60 percent) of the orphan and vulnerable adolescents were found to be resilient. On the other hand, some (30.40 percent) of the orphan and vulnerable adolescents were found to be non-resilient.. Regarding sex difference in terms of resilience status the t-test demonstrated no significant resiliency difference between boys and girls. However, the data obtained through interview showed that female adolescents are more resilient than male adolescents. Moreover, the t-test indicated that girls are more advantageous in obtaining social support.

Regarding the contribution of guardian care and support and peer support the regression analysis revealed that both guardians care and support and peer support have significant and positive relationships with orphan adolescents' resiliency. Moreover, the regression analysis indicated that both guardians care and support and peer support have significant contributions to adolescents' resiliency.

Finally, the researcher recommended to concerned bodies to undertake detail researches on different aspects of resilience and protective factors in relation to orphan and vulnerable adolescents.

I. INTRODUCTION

1.1. Background

Raising and caring for orphaned and vulnerable children is a world wide phenomenon. However, the problem is more serious in Africa, especially, in Sub Saharan Africa. Because of HIV/AIDS and other causes, the number of orphans in Sub-Saharan countries is increasing at alarming rate. Three countries (Nigeria, Ethiopia and Democratic Republic of Congo) with the largest population have the highest number of orphans (Amhara National Regional State Bureau of Labor and Social Affairs (ANRS BoLSA, 2008). In Ethiopia, it is estimated that about four million children have become orphan due to HIV/AIDS, poverty, drought, war and other socio-economic factors (UNICEF cited in Belay, 2007, p. 42). From this figure it is possible to understand that Ethiopia is a country with a high prevalence of orphan and vulnerable children.

Being orphan is one of the prevalent forms of psychological and social problems. For developing countries like Ethiopia, it is a national concern to care and support these vulnerable individuals as a potential human resource.

Orphaned children and adolescents face different types of psycho-social, economical and educational problems (Belay and Belay, 2005). In addition, Maekelech (2007) reported that children in Africa in general and children in Ethiopia in particular have been vulnerable to malnutrition and diseases. Moreover, they have been deprived of education; their rights have not been

respected, they have faced abuse and exploitation, they have been exposed to violence and they have been facing different problems (Tirussew, 2007).

Generally, the cumulative effect of orphan is limitless and hence, orphaned and vulnerable children as well as adolescents suffer from poverty, lack of psycho-social support and lack of proper education. From these explanations one may infer that orphaned children and adolescents might be vulnerable to marginalization, stigmatization, malnourishment, lack of education and psychological problems.

Fabes and Martin (2000) noted that although teen-agers face increasing risks associated with violence, sexual abuse, parental loss, emotional abuse and depression, only few percentages of the adolescents have behavior problems. This means even though adolescents face different types of problems they show minimal behavioral problems due to personal and social sources of adjustment. In addition, Gilgun (2005) pointed out that not all individuals who have risks suffer from adverse outcomes.

Different researchers identified naturally occurring resources and protective factors associated with resiliency, i.e. factors that appear to contribute to resilience in the face of adversities. The factors include confident relationships with other persons, sociability, capacities for appropriate expression of emotion, positive peer relationship, guidance and monitoring from adults and willingness to engage in styles of coping that are prosocial and helping others (Belay, 2007; Bisrat, 2005; Haggerty, et al., 1996; Jing and Stewart, 2008; Lawrence, 2005).

Though a number of research findings show children's successful adaptation in front of adverse situation, most researchers in Ethiopia focused on identifying child abuse and neglect, paying little attention and interest to identification of good practices of child care that can promote successful adaptation. One prominent example for this is taking responsibility of caring child/children of a dying person. Belay (2005) explained that in Ethiopia the concept of resilience/adaptation/ may be perceived from the collectivist way of life. In this collectivist oriented mode of life, group interests, standards, and activities are prominent in the making of individuals. Resilience in this case is a group rather than an individual effort because social beliefs, practices and provisions play a much more important role in building resilience.

However, the contribution of this collectivist and interdependence oriented culture to orphan and vulnerable adolescents' resiliency is not well investigated. Bearing this in mind, the researcher attempted to investigate the resilience behavior of orphan and vulnerable adolescents in our collectivist and interdependence oriented culture.

1.2. Statement of the Problem

Due to HIV/AIDS and other catastrophies, Ethiopia is becoming one of the countries where large number of orphaned and vulnerable children and adolescents live. The situation in Amhara Region particularly in Dessie is more severe as compared to the national conditions in the country. For instance, ANRS BoLSA (2008, p.22) reported that in the region there are

about 62,820 orphan and vulnerable children and in Dessie town there are about 8,379 orphan and vulnerable children. This could be due to the fact that the region was highly affected by previous prolonged war, recurrent drought and scarcity of land.

Consequently, orphaned and vulnerable citizens have faced different types of problems. For example, Belay and Belay (2005) reported that orphaned and vulnerable children and adolescents were found among others, to suffer from deprivation of parental guidance and monitoring, emotional trauma as a result of the loss, living outside family settings and forced to live with unmet needs and violated rights and other problems.

Different scholars reported that how children and young people respond to adversities (parental loss, emotional trauma, deprivation of parental guidance and others) depends on the ecologies in which they live, the persons to whom they have been exposed and their interpretations (Botcheva and Shirley, 2004). When we see the Ethiopian ecology in relation to cooperation and altruism, some local investigations like Belay (2007) indicated that the dominant Ethiopian cultural values include sharing resources, helping one another and altruism. Moreover, Sumner (1984; 1990) pointed out that Ethiopians believe that God ordered men to come together and cooperate with neighbors, relatives and others. The scholar also reported that the Ethiopians' religious belief, "love your fellow men as yourself and do to them what you desire others to do to you; do not do them that which you do not want to be done to you" (1990, p.175). This shows the altruistic nature of the Ethiopian culture.

There are also other socio-cultural factors that help to enhance resiliency such as, labor divisions which are age graded household tasks and expectations to contribute to the household for a healthy functioning of the house (Belay, 2007). Even if the child labor is another form of abuse the labor division and expectation may help children to exercise responsibility.

Therefore, one could say that the Ethiopian ecology/socio-cultural environment/could have helped children to show sustained competence in the face of adverse. Regarding the resiliency of orphan and vulnerable children in Ethiopia, Belay (2007) stated that it is inspiring to hear the argument that despite different psycho-social problems, orphaned children do really have "important vision in life; orphans can be successful, hope to continue education, get good marks and complete education" (p. 94).

As to Fabes and Martin (2000) although adolescents face multiple stressful events that have threatened their psychosocial well being, not all individuals are defeated by such situations. Rather, there are individuals who can defeat the risks and become competent and well adjusted to new life situation. Hence, looking at children and families through a deficit lens obscures recognition of their capacities and strengths, as well as their individuality and uniqueness (Benard, 1997). Common sense cautions against the deficit approach and new rigorous research on resilience disprove the pessimist approach scientifically.

Different studies demonstrate both the ways that individuals develop successfully despite risk and adversity, and the lack of predictive power of

risk factors on normal psychological development and well functioning in a society (Thornton, 2004).

Contemporarily, resilience is overriding the psychological literature and the general agreement seems that resilience is conceived as an individual's journey. There is, yet scarcity of information when it comes to the social and personal factors that could possibly enhance adolescents' behavior towards resilience. That is, resilience is not adequately examined within wider cultural context in which children and adolescents are functioning. Taking into account scarcity of researches concerning resilience of orphan and vulnerable children and adolescents in our context, this research tries to investigate resilience behavior of such adolescents as a function of gender, guardians' care and support and peer support.

1.3. Research Questions

The research was designed to find out answers for the following basic questions:

1. What is the status of the psychological resilience of orphan and vulnerable adolescents?
2. Is there a significant difference in terms of resiliency between male and female orphan and vulnerable adolescents?
3. Does guardians' care and support have a significant contribution to orphan and vulnerable adolescents' resiliency?
4. Does peer support have a significant contribution to orphan and vulnerable adolescents' resiliency?

1.4. Objectives

The main objective of the study was to investigate the status of the psychological resilience of orphaned and vulnerable adolescents' in relation to gender, peer support, and guardians' care and support.

More specifically, the study attempted to:

- Explore the status of the orphan and vulnerable adolescents' resilience behavior,
- Find out whether there is a significant difference in terms of resiliency between male and female orphan and vulnerable adolescents,
- Examine whether guardians care and support has significant contributions to adolescents' resiliency and finally,
- Investigate whether peer relationship has significant contribution to orphan and vulnerable adolescents' resiliency.

1.5. Operational Definition of Terms

Adolescent: an individual whose age ranges from twelve to twenty (Belay, 2008).

Orphaned Adolescent: an individual between the ages of twelve and twenty who has lost one or both of his/her parents.

Vulnerable Adolescent: an individual between the ages of twelve and twenty, who lives under especially difficult circumstances with a household headed by grandparents, siblings, relatives and/or neighbors.

Resilience: current competence level of orphaned and vulnerable adolescents' as measured by the modified version of Connor-Davidson resiliency scale. Where at least average score indicating minimum coping and functioning status of the adolescent in his/her social environment.

Peer: group of individuals that have similar age with the target population of this study and who have relations with orphan and vulnerable adolescents.

Guardian: a person that may be grandparent, single parent (either father or mother only), sibling, relative and/or neighbor who takes the responsibility for looking after the orphaned and vulnerable adolescent.

Care and Support: services rendered by guardians and peers to orphan adolescents including education, livelihood, health and psycho-social issues.

Children under family environment: refers to orphaned adolescents who are supported by guardians at household level.

Community based support providers: are trained volunteers who provide psycho-social support to orphaned and vulnerable children under the supervision of Non-Governmental Organizations.

1.6. Significance

As explained in the background and statement of the problem, the problems of orphan and vulnerable adolescents are multidimensional and need a collaborative work of different members of the community. Further, caring

orphan and vulnerable children and adolescents needs to build adolescents' resiliency.

To enhance adolescents' capacity of tackling adversity, exploring the sources of resiliency is an important task. Thus, the study tries to indicate some sources of resilience to concerned bodies like families, communities, different community based institutions, government and non government organizations who are working with orphaned and vulnerable children and adolescents. In addition, the findings and suggestions of the research could encourage other researchers in the area to undertake resilience based studies.

1.7. Delimitation

The study was undertaken in Dessie town. In Dessie, there are various organizations that have been engaged in providing support to orphan and vulnerable children. Among these organizations, the study focused on only three organizations. These are Organization for Social Services for AIDS/OSSA/, Mekidim Ethiopia and Medan Act.

Orphan and vulnerable adolescents who are registered and obtain support from these three organizations were target populations of the study. Moreover, the study was delimited to those orphaned and vulnerable adolescents in the age range of twelve and twenty. Finally, even if such adolescents face different problems, the study focused on the resilience of the adolescents as a function of gender, guardians' care and support and peer support.

1.8. Limitations

This study is conducted not without some practical and theoretical drawbacks. To mention some of the limitations that have impacts on the study's findings: 1) Lack of recent and up to date literature: In order to treat the present research findings there was lack of related literature particularly on issues of resilience of orphan and vulnerable adolescents and contributions of guardians care and support and peer support in enhancing the orphan adolescents' resilience.

2) Limited number of samples: there is huge number of orphan and vulnerable children and adolescents in Dessie town but this research invited only 300 orphan and vulnerable adolescents to participate in the study. And from these participants about 17 individuals did not complete the questionnaire and the responses from these participants are excluded from the analysis. This might have impact on the generalizations of the study.

II. REVIEW OF RELATED LITERATURE

This section discusses previous research findings related to adolescents' resiliency. More specifically, conceptual and theoretical explanation of resilience, empirical studies on risk and resilience, problems of orphaned and vulnerable adolescents, the contributions of gender, guardians care and support and peer relationship are summarized and critically reviewed. Finally, summary and implications of different research findings are presented.

2.1. Conceptual and Theoretical Explanation of Resilience

2.1.1. Conceptual Explanations of Resilience

The concept resilience is relatively a new psychological construct that emanated from psychodynamics and psychopathology. Resilience is defined by different psychologists. To view some:

Gordon (cited in Lawrence, 2006, p.35) defined resilience as "the ability to thrive, mature and increase competence in the face of adversity."

Kruger and Prinsloo (2008, p.12) also defined resilience as "the ability to cope and rebound back in the face of significant adversity, risk, trauma or stress."

Masten, Best and Garmezy (cited in Belay, 2005, p. 6) defined resilience as "the process of capacity for or outcome of successful adaptation despite challenging or threatening circumstances."

Rak and Patlerson (cited in Thompson, et al., 2004, p.19) defined resiliency in children as "the ability to continue to progress in their positive development despite being "bent", compressed or "stretched" by factors in a risky environment."

All of the above definitions implicate resiliency with the ability to adapt and successfully cope with adversity, life stressors, and traumatic events. It is also possible to understand that resilience is a cumulative matrix of capacities, resources, strengths, knowledge and adaptive skills that continue to grow over time which equips an adolescent to cope despite personal vulnerabilities and adversities.

In general, it is possible to infer that resilience is a process by which a person demonstrates over time. A person who has experienced adversities and actively uses the resources available to him/her, cope with, adapt to and overcome risks that threaten his/her development and social adaptation can be considered as resilient (Gilgun, 2000; Kruger and Prinsloo, 2008; Prevatt, 2003). In sum, resilience has three components. These are good outcomes despite high-risk status (resilience as overcoming the odds), sustained competence under threat (resilience as stress resistance) and resilience as recovery from trauma. Among these three components, the present study focused on the stress resistance and recovery components.

2.1.2. Theoretical Explanations of Resilience

In the last few years some researchers in the fields of developmental and clinical psychology had focused on studies to explain why some people responded better to stress and adversity than others. Researchers called the well adjusted individuals resilient and have been working on the development of resilience theories. There are three main theories of resilience. In the following sections each of the three theories are briefly presented.

Resiliency as the Opposite of Risk

This theory explains resiliency as simply being the opposite of risk. The early resilient studies assumed that risk and resilience represented opposite ends of a single spectrum. For instance, having a poor parent child relationship is a risk factor and having a good parent-child relation contributes to resilience (Quinn, 1986, p.21).

Universal Strengths Theory

To remedy the limitations of the risk resilience theory (i.e. first theory) the universal strengths theory was developed in the work of the international resilience project. According to Grotberg (cited in Mekonen, 1998, p. 26) this theory states that resiliency is a universal capacity that enables individuals, groups, and/or community to deal with adversity by preventing, facing, minimizing overcoming and getting strengthened or transformed by adversity.

In addition, the universal strengths theory explains that human beings are naturally endowed with the ability to cope with adversity. But, this capacity needs nurturing and support with a facilitative environment to enable resilience to win over vulnerability and risk.

The Interaction Process Theory

The third theory of resilience states that personal attributes of resiliency alone would not merely result in competence without the role of external environment. Wingar and Valsiner (1992) contend that social and environmental factors such as people, opportunities and atmospheres all added to resiliency. This resiliency theory also argues that competence would stem from adolescents' interactions with others. The ability to access social support is significant in predicting resilience. The proponents of the interaction theory also stated that certain children, families, and communities have protective factors or processes that enable them to cope better with trials and tribulations of life (Glen and Wilson, 2008).

Moreover, the interaction process theory of resiliency pointed out that in the analysis of children in difficult circumstances the availability of adequate and competent adults who would serve as consistent role models are important in facilitating a positive attitude and adaptive mechanisms.

Generally, this theory states that resiliency is the function of the interaction between individual capabilities and environmental supportive factors (social

networks). The standing point of the present research is this third theoretical explanation.

2.2. Risk and Resilience during Adolescence

During adolescence individuals face different types of psychosocial problems such as, school problems (e.g. scholastic demoralization and school failure), skill developmental delays (e.g. low intelligence), emotional difficulties (e.g. poor management of emotions), family circumstances such as low income, lack of parental support, stressful life events, poor bonding to the family members and other problems (Fabes and Martin, 2000). Tirussew (2007) stated that socio-economic status, childhood maltreatment, mental health of parents, war, homelessness, absence of mother or father or both of them most likely put a person at risk for abuse, teen pregnancy, violence and school failure.

Nevertheless, encountering moderate adversities and risks are vital. These situations provide opportunities for growth and adaptation of children and adolescents while they go through transition period. According to resilience theories, positive human development is not simply a matter of eliminating risk factors. Rather, it is the successful management of risks. In other words, successful management of risks is a powerful resilience promoting factor (Lerner and Steinberg, 2004). In addition, learning from challenging and moderate risks would create immunity in children and adolescents to future similar adversities. In other words, resilience could develop through

exposure to stressors with gradual exposure to difficulties at manageable level.

Glen and Wilson (2008) declared that resilience for teenagers and adolescents may be developmentally defined in terms of showing positive social, academic and work adjustment in the face of severe risks and without engaging in specific high risk activities (e.g. drinking, abuse, violence and other problems).

Scholars like Garmezy, Best and Masten (cited in Connell, 1994) provided lists of protective factors that act as buffers for many children who overcome their difficulties to grow and lead well adjusted lives. These include personal factors, familial factors and supportive relationships.

Resilient children have some common personal characteristics such as, participating in an active approach to problem solving activities demonstrating capacity to gain positive attention from others, viewing experiences optimistically, and having a proactive perspective to life. Resilient children believe that they have the ability to solve problems and make decisions and thus, are more likely view mistakes, hardships, and obstacles as challenges to confront rather than as stressors to avoid. In addition, they rely on coping strategies that are growth fostering rather than self defeating. They are able to define what aspects of their lives they have control over and focus their energy and attention on these rather than on factors which they have little influence (Decarlo, 2008; Emebet, 2003; Grusec and Kuczyski, 1997; Honore, et al., 2004)

In sum, adolescence is a transition period and it faces different psychosocial problems that adolescents are going to struggle. The above discussions show that how individuals cope and become resilient during adolescence. The discussions in the previous paragraphs indicated that in order to become resilient it is better to confront adverse conditions. But, the development of resiliency in orphan adolescents could be different and needs detail research.

2.3. Risk and Resilience among Orphan and Vulnerable Adolescents

Being orphan means loss of parents because of different reasons. This in turn leads to loss of parental love, guidance, affection, loss of psycho-social care and support and puts children in difficult life circumstance. For instance, HIV/AIDS, by killing so many bread winners has driven more families in to deeper poverty, placing even greater burden on the survivors, including children and adolescents. Especially, orphan adolescents are suffering from a double knife problem. This means on the one hand they are adolescents and on the other hand they are orphan.

Belay (2007) attested that older children mostly in the stage of adolescence would interrupt their schooling to care for the sick parents and younger siblings, or get to earn income to help to pay for increasing medical expenses. This would live them in great psychological distress and consequently increases the likelihood of their inadequacy in managing changes in the family. Tirussew (2007) also pointed out that in African

countries including Ethiopia orphaned and vulnerable adolescents have dropped out of school, have limited access to health care and are more likely to become malnourished. Furthermore, Belay and Belay (2005) reported that some young adolescents were forced to raise their younger siblings by dropping out of school and by engaging in low paying and less skill requiring jobs.

However, resilient children and adolescents whose parents were deceased seemed to be especially skilled at actively recruiting surrogate parents and it is vital that existing adults make themselves emotionally and socially available to such adolescents. Moreover, older peers and /or adults who provided positive role model were found to be influential in helping adolescents to develop strong mental values and principles (Grusec and Kuczyski, 1997).

The resilient behavior of orphan and vulnerable children can be explained in terms of good relationship with friends and peers who do not develop antisocial behaviors (such as, violence, abuse of power, etc). Research findings showed that resilient children have significantly higher levels of skill in handling their problems well; satisfaction with handling their problems, higher confidence levels that they handled their problems better than others and confidence in handling things better in the future (Murphy and Marelich, 2008; Pivnick and Villeges, 2008). Further, Murphy and Marelich argued that resilient children of HIV/AIDS positive mothers have better coping self efficacy than non-resilient children. In other words, resilient children had greater efficacy in coping with stress.

Barret and George (2005) described that people who have been able to anticipate death are often better adjusted than those persons for whom death of a loved one comes as a shock. Having clearly defined concept of death is also a protective factor in bereavement. Adolescents who have experienced the death of a loved one seem to be better equipped to handle the experience again. Pienaar (2008) also revealed that children and adolescents who are allowed opportunities to talk about their dead parents have better coping to adversity.

In general, the above presented research findings indicate how orphaned adolescents cope with life challenges. However, the contributions of gender, peer support and guardians care and support have not been investigated in detail.

2.4. Empirical Studies on Risk and Resilience

Resiliency theory presents bright outlook for kids. Statistical figures show that many if not all children born into unpromising circumstances thrive against adversities. Long-term developmental studies among children born into extremely higher risk environments such as poverty stricken or war torn communities and families with alcoholism, drug abuse, physical and sexual abuse and mental illness indicated that there are some resilient individuals who resist the adversities. Researchers have found that at least 50% of these children grow to be successful, confident, competent and caring persons (Werner and Smith cited in Benard, 1997, p .2).

> The child psychologist Werner went looking for trouble in Paradise. In Hawaii nearly forty years ago she begun studying the off springs of chronically poor, alcoholic, abusive and even psychotic parents to understand how failure was passed from one generation to the next. But, to her surprise one third of the kids studied looked nothing like children headed for disaster (Benard, 1997, p. 3).

Werner switched her focus to these 'resilient kids" who somehow beaten the odds, growing into emotionally healthy, competent adults. They even appeared to confront the laws of nature.

From the above presentation it is possible to infer that the lessons learned from these nearly invincible kids can teach us how to help all kids regardless of their circumstances to handle the inevitable risks and turning points of life. However, Werner's research gave great emphasis to children who are under poverty and other difficult circumstances. It did not show how orphan and vulnerable children and adolescents behave in difficult circumstances.

Benard (1997, pp. 69-71) in his research entitled "the invincible kids" presented the results of three well known case studies. The first is a case study on Bill Clinton. Clinton lost his father in an auto wreek before he was born. Later he coped with an alcoholic occasionally violent step father. Clinton reported "my mother thought me about sacrifice. She held steady through the tragedy after tragedy and always she taught me to fight".

Another visible example of resiliency is Ruth Westheimer. The sex therapist fled the Nazi's at 10; her parents died in the Holocaust and she grew up in a

Swiss orphanage. She reported that "the values my family (instilled) left me with the sense that I must make something out of my life to justify my survival" (Benard, 1997, p. 70).

Murphy and Marelich (2008) in their study of resilience in children whose mother were HIV positive they reported that children in the resilient cluster (36 in number) exhibited significantly fewer externalizing behaviors; instead they showed greater closeness to an adult and a higher frequency of exhibited social skills. Moreover, different researchers such as (Bradley, et al., 1994; Glen and Wilson, 2008; James and Daisy, 1997) reported that more than thirty five percent of their research participants were resilient.

From the above discussed research findings it is possible to infer that despite the challenging problems individuals under different difficult life circumstances such as poverty, parental loss (of course single parent) and parental illness cope successfully. The important contributing factors for the individuals' resiliency are parental guidance and affection. But, the research findings did not show the resilience behavior of parentless adolescents. Moreover, the research findings did not show other sources of resilience such as gender, peer and guardians.

Studies undertaken in Ethiopia particularly in Addis Ababa show the presence of resilient orphan and vulnerable children depending on the support and resources they have access to. For instance, Belay (2007) attested that older children who are encouraged to express their feeling through participating in mourning rituals with the help of an adult recover

from grief more quickly than children who are prohibited from attending the burial process and mourning ceremony. In addition, Bisrat (2005) and Kassa (2006) studies on the problems and adjustment challenges of orphaned and vulnerable children in Addis Ababa demonstrate that more than fifty percent of their respondents were resilient in adverse circumstances.

In sum, from the above three local investigations, it may be possible to say that orphan and vulnerable children in Addis Ababa have been developing resiliency due to different contributing factors. But, outside Addis Ababa the situation might be some how different. In addition, the research findings did not clearly show the contributions of gender, peer support and guardians care and support in the development of resiliency among orphan and vulnerable adolescents.

2.5. Factors Enhancing Resilience among Orphan and Vulnerable Adolescents

Interest in resilience grew out of studies of children at risk, yet to date there are no detail investigations of resilience and protective factors in children exposed to parental loss and vulnerability. In relation to resilience one of the issues that researchers are dealing with are protective factors.

Protective factors are factors that help individuals to defeat risk or win over adversities. In other expression, protective factors are those qualities that would help the individual to reverse the expected negative outcomes (US News and World report, 1999).

Howard and Johnson (cited in Kruger and Prinsloo, 2008) indicated that protective factors which affect resilience in adolescence included personal attributes, beliefs and coping behaviors as well as the influence of family, the school and communities. The scholars emphasized that the inherent characteristics and individuals' capacities that foster resilience need to be developed through guidance and nurturing from parents, teachers and significant others like grandparents, siblings and others.

The focus of most orphan researches so far has not been on resilience, but rather on risk factors that are associated with poor functioning among those individuals. That is, most investigators have confined their search to variables such as, stigma and discrimination, grief, poor education abuse and others. In contrast to this approach resilience which is the focus of the present study involves the search for protective factors that lead to successful adaptations. Some of the protective factors and /or sources of resilience are discussed below.

2.5.1. Gender and Resilience among Orphan and Vulnerable Adolescents

Gender is considered as an important factor in risk and resilience. Regarding gender difference in terms of resiliency some research findings showed that adolescent girls are better in coping through the use of social resources than adolescent boys. For instance, Jing and Stewart (2008) noted that boys and girls tend to make more use of adaptive copying strategies that focus on the immediate problem. However, the scholars explained that girls cope with

daily stressors by seeking social support and utilizing social resources. In contrast, boys use physical reaction such as sports to cope with challenging circumstances.

Bisrat (2005); Jing and Stewart (2008) also highlighted that despite being under stress, girls have been found to use resilience factors such as seeking and getting support from others more than boys do. Similarly, Haggerty, et al (1996) argued that social support may represent a more crucial stress buffering factors for women than for men. In addition, Emebet (2003; 2004) explained that female students use different coping strategies such as, family support, using role models, hard working and other strategies to be successful in their education.

2.5.2. Guardians' Care and Support and Resilience

Guardian care and support refers to the care and support provided by grandparents, elderly siblings, neighbors and other responsible bodies that care for the orphans. Guardian care and support is directly related to the cultural practices in caring and supporting the orphans.

Glen and Wilson (2008) cultural competence theory explains that cultural factors shape the type and content of competencies in which individuals manifest. One such competency is mutual exchange which is based on the well documented norms of reciprocity that exists in poor neighborhoods. Such competencies are necessary for survival in neighbor hoods whose economy embraces conventional way of life. Successful development under poverty in collectivist societies is facilitated by strong family support and

social networks of peers and respected elders. Similarly, ANRS BoLSA (2008) pointed out that having someone who could provide a caring relationship would have help in fostering protective factors in orphaned and vulnerable children by making them feel important and develop a sense that others are concerned about them.

Regarding the cultural caring and supporting practices of Ethiopia, Belay (2007) explained that family life has great value, family households are composed of the extended family system which is greatly valued in Ethiopia. Furthermore, Belay (2007) stated that donation of one's children by dying persons to others especially, grandparents, siblings, relatives, neighbors and other trusted individuals is common in Ethiopian. The donation facilitates the care and support of orphaned and vulnerable children. Further, Ethiopians collectivist oriented life style calls for relatives, neighbors and other community members to care for the disadvantaged (Tsegaye, 2001).

In addition, Abebaw (2007) revealed that the Ethiopian culture is characterized by giving high value to religion which promotes respect for elders and parents and multiple attachments with siblings', aunt, uncle, Godfathers, and other extended family members and even neighbors. Moreover, Befikadu (2006) reported that single orphans who are not taken care of by their surviving parents and double orphans are usually absorbed by their extended families. In many settings, grandparents appear to be the most common care givers.

In sum, it is possible to say that supportive social environment like the Ethiopian collectivist oriented life style could help to develop personal qualities that enable orphaned and vulnerable adolescents to cope with life challenges which come as a result of parental loss and being in diverse circumstances. Altogether, a supportive social environment /i.e. extended family, relatives and others/have great contributions to enhancing orphan and vulnerable adolescents resiliency. However, this fact should be investigated empirically.

2.5.3. Peer Relationship/Support/ and Resilience

Different scholars believe that peers have numerous influences on adolescents' behavior. According to Prevatt (2003) explanation having a new peer group from which to select friends, experiencing more challenging learning environment in school, and taking on new responsibilities in the family and community are beneficial to most adolescents.

Fabes and Martin (2000) further explained that adolescents' capacities to confront challenges and adversities are greatly influenced by their relationships among others. Being liked and accepted by one's peers serve as a protective function. Having someone to talk to, confide in and share with helps adolescents to deal with stressors of every day life (Heggerty, et al., 1996). In addition, Gray, et al (2001) contend that peers especially friends provide different skills to children; peers can be used as sources of attraction, interaction and emotional support. Similarly, Brien (cited in Belay, 2005) stated that peers are the most likely sources of overall support

for adolescents followed by mothers. Furthermore, Daniel (2006) in his research pointed out that 48.5 percent of the OVC have close friends and their friends are sympathetic, encourage them to do good things and treat them at times of problems.

In general, from the above discussions it might be possible to infer that peers have great contributions to resiliency. But, the issue is not studied well in relation to orphan and vulnerable children.

Summary and Implications

Resilience refers to a process that individuals demonstrate over time and indicates that individuals who have experienced adversities actively use the resources available to them, cope with and adapt to overcome risks that threaten their development and social competence.

Regarding the theoretical explanations of resilience, there are three theoretical descriptions that show the origin and development of resilience. The theories are: resilience the opposite of risk explanation, which states that as there is risk there is also resilience. Secondly, the universal strengths theory, describes that all individuals have innate potentials of resiliency. Thirdly, the interaction process theory explains that even though individuals have the potentials to resiliency that potential should be cultivated and enhanced by environmental factors. The environmental factors are parents, peers, adults such as, teachers, priests, elderly siblings and significant

others. According to this theory the environmental factors serve as sources of protection against risks.

Why some youths despite impediments associated with social and economic disadvantage, parental loss, abuse and other problems prevail and sometimes flourish against the odds? Studies indicate that individual, familial and community resources contribute to resilience of orphaned youths. Children who were rated by adults as friendly and well liked by peers were often protected from the harmful effects of stressors.

It is well known that adolescence is a transition period from childhood to adulthood. Hence, with the transition an individual faces different psychosocial problems such as, lack of emotional management skills, searching for identity, sexual relationship and other related problems. However, the problem of orphan adolescents is more than this; because on the one hand they are adolescents and at the same time they are orphan. Being orphan leads to loss of parental love, guidance, affection and other cares. In addition, the orphan adolescents are vulnerable to different psychosocial problems such as, different forms of abuse, violence, stigma, discrimination and other problems.

However, despite adversities research findings show that there are adolescents who are successful in front of adverse circumstances. There are different factors that helped adolescents to be strong and defeat the risks. Some of the contributing factors are individual (internal) factors such as, faith, social relationship skill, problem solving skills and others. On the

other hand, there are social (external) sources such as, parents, grandparents, peers, siblings, relatives and significant others.

In general, it is possible to say that adolescents especially orphan adolescents face different problems. But, the internal/individual/ and external/social/ factors could help these adolescents to be resilient. The contributing factors especially external sources of resilience are not well researched in our context. Hence, the present research is going to investigate the resilience behavior of orphan and vulnerable adolescents. In addition, the research tries to find out the contributing factors that enhance resiliency in these adolescents. Furthermore, the research is going to identify which variable contributes more significantly/ among gender, peer support and guardians care and support/.

III. METHODOLOGY

3.1. Study Area

The study was conducted in Dessie town, which is located in Amhara Regional State in the North East of Addis Ababa. It is about 400 Kilo meters away from Addis Ababa. In Amhara Region there is a huge number of orphan and vulnerable children, and thousands of children live in severe socio-economic situation. A counting made in the year 2000 E.C identified 62,820 orphan and vulnerable children in the region (ANRS BoLSA, 2008). Dessie as part of this region has a huge number of orphan and vulnerable children.

The Socio Cultural Context of Dessie Town

A research made by ANRS BoLSA pointed out that nearly 42 percent of the counted orphaned and vulnerable children were living in three major towns of the region: Bahir Dar (18.20 percent), Dessie (13.30 percent) and Gondar (10.40 percent).

Dessie is an old town in East Amhara which is surrounded by drought-prone woredas. Historically, Dessie has been a recipient of war displaced people from Assab and Tigray. The general poor living conditions of the residents and death of parents due to HIV/AIDS and other factors contribute for the prevalence of a huge number of OVC.

In Dessie there were about 8,379 counted OVC in the year 2008 (ANRS BoLSA, 2008, p. 22). Among these, 6,409 are living under family

environment. 1,320 children were living on the street, 195 are children of the street and the rest 455 children are commercial sex workers.

About 94 percent of OVC under family environment were living with parents and relatives. Of this, about 64 percent of OVC population was residing with one or both of their biological parents. Following parent, about 30 percent of OVC live with their grandparents, 13.50 percent with siblings, 6.00 percent with uncles and 8.60 percent with aunts. This indicates strong kinship bondage among the dwellers of the town.

From the researcher's observation, Dessie dwellers are known for their tolerance and cooperation between and among each other. It is exemplary in that individuals of different ethnic group and religion live together under one roof. In addition, people of different religions help each other during times of crisis (death of individuals and other stressful events) and happiness (weddings, Christmas and others).

Generally, dwellers of Dessie are known for their prosocial or altruistic behaviors for the disadvantaged. For instance, despite the increasing number of orphaned and vulnerable children, most of them lead an independent life helping themselves, their siblings, and the elderly with the support of their grandparents, relatives, neighbors and foster parents (ANRS BoLSA, 2008).

3.2. Population

The main sources of data in this study were orphan and vulnerable adolescents. In addition, the study gathered data from guardians and community based support providers (volunteers) in order to triangulate the data obtained from orphan adolescents. The target population of the study was orphan and vulnerable adolescents who are living under family environment (with guardians) ranging from age twelve to twenty years of age. Though it is difficult to know the exact number of orphan and vulnerable adolescents in the town, it is estimated that about one thousand five hundred thirty three (1533) orphan and vulnerable adolescents were found in the year 2008/9. The list of orphan and vulnerable adolescents was taken from three support providing organizations such OSSA, Mekidim Ethiopia, and Medan Act.

3.3. Participants

Samples and Sampling Procedures

Data were obtained from self report questionnaire administered to three hundred (nearly 20 percent of the population) orphan adolescents. In addition, data were gathered from five community based support providers (volunteers) and six guardians of the orphan adolescents through interview.

The orphan and vulnerable adolescent samples were drawn from a total of one thousand five hundred thirty three (1533) orphan and vulnerable adolescents (in the age range 12 to 20) in Dessie town. As it is explained

earlier, the registration list was taken from three organizations OSSA, Mekidim Ethiopia and Medan Act. From the target population, about three hundred (one hundred sixty-five boys and one hundred thirty-five girls) sample adolescents were selected using systematic random sampling with every fifth individual included in the sample. The rational to systematic random sampling is that such sampling technique is easily applicable and more appropriate when there is list of registered total population. Besides its simplicity, it also gives equal chance to each of the research participants.

The community based support providers and guardians were selected through purposive and snow ball sampling techniques respectively. The researcher used purposive and snowball sampling because these sampling methods help to get key informants (respondents) who have ample information about orphaned children's problems, and coping mechanisms. The community based support providers are volunteers who provide care to orphan and vulnerable children. Hence, it is believed to obtain relevant information about the challenges, and adjustment mechanisms and support systems of these orphan adolescents volunteers would be important sources.

Some participants of the study (17 in number) did not complete the questionnaire properly. These respondents were excluded from the analysis. Therefore, the analysis was based on data obtained from two hundred eighty-three (283) orphan adolescent respondents and five community based support providers and six guardians.

3.4. Instruments

In order to obtain relevant data from orphan and vulnerable adolescents a self-report questionnaire was used. The self-report questionnaire consists of four major parts. The first part consists of eight items concerning demographic characteristics of respondents, the second part contains twenty eight items about resilience; the third part consisted of nineteen items regarding guardians' care and support, and the fourth part contained twenty five items regarding peer support.

In order to gather necessary and relevant data from guardians and community based support providers, an in-depth interview was conducted. Regarding the interview questions, thirteen items were presented to the guardians and nine items for community based support providers. Both of the interview questions for guardians and community based support providers were semi structured. The data obtained from the interview were used to triangulate the data obtained from the questionnaire. In the following paragraphs the development of the self-report questionnaire and interview guides are discussed in detail.

Measures of Demographic Characteristics

To obtain information on the demographic characteristics of the participants' eight basic questions were prepared by the researcher.

In this part of the questionnaire, all respondents provided information regarding their sex, age, educational background, type of orphan, living

condition (with whom the orphans are living now) and orphan adolescents relation (quality and strength) with their guardians.

Measure of Resilience

The prime interest in this study was to measure orphan adolescents' resiliency. The measure of resiliency is adapted from Connor-Davidson Resiliency scale (CD-RISC) (Connor and Davidson, 2003). The Connor-Davidson Resiliency scale has twenty five items, each rated on a five point scale (0= not true at all to 4= true all the time) was used to measure coping ability of the respondents.

The major advantage of the CD-RISC is its simplicity, which enabled a precise and reliable translation from English to Amharic and vise versa, thereby minimizing the potential for misunderstandings emanating from cultural differences. Secondly, the CD RISC had been developed recently in 2003 to remedy limitations of earlier resiliency scales and had been tested across cultures in various studies of non-psychiatric populations of twelve years of age and above (Connor and Davidson, 2003). Furthermore, CD-RISC was reported to have sound psychometric properties with greater reliability and validity.

The present researcher tried to adapt the questionnaire to Ethiopian context. For instance, the number of items was increased to twenty eight by adding three relevant items, and the scale value was modified to a four point scale value (1 to 4) by avoiding absolute zero.

The scale was presented with four possible responses ranging from "rarely true=1" to "true all the time=4". The adapted questionnaire (resiliency measure) consisted of twenty eight items with minimum score twenty eight; maximum score one hundred twelve and average score seventy. Those respondents who scored seventy and above (≥70) were categorized as resilient and those respondents who scored below seventy (<70) were categorized as non resilient.

Measure of Guardians' Care and Support

One of the independent variables to be investigated was guardians care and support. The perceived guardian care and support was measured by a questionnaire adapted from Belay (2005) a questionnaire prepared to gather data on care and support provided by care takers for war affected and HIV/AIDS affected children. The present researcher adapted nineteen items with four point scale value ("rarely true =1" to "true all the time =4").

Measure of Peer Support /Peer Relation

The other independent variable of the study to be investigated was peer support to orphan adolescents. The peer support questionnaire was adapted from Cutrona and Russel (1998) social provision scale. The present researcher took twenty five items with a four point scale value "rarely true=1 to "true all the time=4". In all the three measures items which are written negatively will be scored inversely.

Interview Guides

For the interview purpose thirteen questions were prepared to guardians and nine questions to community based support providers based on the literature reviewed.

Pilot Test

Prior to the administration of the instruments to the pilot samples, the items validity was commented by one expert in Developmental Psychology and two second year graduate students in Developmental Psychology. In addition, one expert in Measurement and Evaluation commented on the content validity of the items. The comments from Developmental Psychologists and the expert in measurement were used to improve item validity. For instance, resiliency items were increased to twenty eight from twenty five, guardian care and support items reduced to nineteen from twenty five and peer support items increased to twenty five from twenty.

The items were also translated into Amharic by one language expert in Amharic and back translation into English was done by one language expert who has second degree in teaching foreign language. Some differences that appeared in the forward and backward translations were corrected and minor word and structural changes were made by the translators and the researcher jointly. In addition, in order to check whether items are pertinent to the culture and context of the target population of the study, items were

evaluated by one Amharic expert at Dessie College of Teachers Education who is familiar with the culture.

Finally, the Amharic version of the questionnaire was pilot tested on a randomly selected twenty (twelve male and eight female) orphan adolescents who are living in Dessie.

The responses of the twenty respondents were scored and internal consistency of items on resiliency, guardians care and support and peer support were computed by using Cronbach alpha, using SPSS 12 version. In the case of resiliency measure, the internal item reliability was found to be 0.66 coefficients of alpha, the guardians care and support and peer support measures were found internal item reliability 0.69 and 0.90 coefficient alpha respectively. From this presentation it is possible to understand the reliability and validity of the self report questionnaire and interview questions is acceptable to conduct survey study. Thus, the researcher used the instruments to collect data for the main study after some amendments on certain items.

3.5. Data Collection Procedures

In the first day of data collection, the researcher visited care providing organizations for orphaned and vulnerable children such as, OSSA, Mekidim Ethiopia and Medan Act. All the directors of the organizations were cooperative and they gave the complete list of registered orphaned and vulnerable children's list.

Among the three organizations, OSSA has long experience in caring and supporting HIV affected and infected individuals. It also has large number of OVC and has experiences working with community based support providers (volunteers). Thus, with the help of the deputy director of the organization, the researcher selected ten experienced community based support providers (volunteers). After the selection, the deputy director called the selected volunteers through telephone and we agreed to have an appointment for the next day. On the next day, the researcher made formal contact with the selected volunteers (data collectors) and the researcher gave adequate and clear orientation about the purpose of the research.

The questionnaire was administered to respondents through ten trained data collectors (at the same time community based support providers) having a minimum of two years experience in caring and supporting orphan and vulnerable children. All the data collectors know very well the socio cultural realities of Dessie (the study town). In addition, four of the data collectors had prior experience in collecting data for a study of "Situation Analysis of OVC in Amhara Region" conducted by Amhara National Regional State Bureau of Labor and Social Affairs. This study was conducted in the year 2008 G.C. This makes the data collectors familiar about data collection and at the same time they are familiar with the participants of the study and the study area.

In the following week of the data collection period, each of the ten data collectors were given a list of thirty participants with their respective living area (i.e. Keble and house number). Each data collector administered the

questionnaire to each respondent at their home with adequate orientation about the purpose of the research and how to fill the questionnaire. The researcher supervised data collectors during data collection.

The researcher conducted interview with the selected five community based support providers/volunteers/at OSSA's office. Interview with the six guardians was conducted with the help of one experienced volunteer at their home.

3.6. Data Analysis

Data was analyzed using Statistical Package for Social Sciences (SPSS-version-12:00). Before proceeding with the actual statistical analysis, alpha value of 0.05 was decided for all significant tests and codes were given to some of the data obtained.

After the data were coded and entered to the computer, both descriptive and inferential statistical analyses were computed for the following purposes.

1. To summarize the raw data (i.e. averages, variability, descriptive statistics such as means, standard deviations and percentages) were computed.
2. To examine gender difference in terms of resiliency independent t-test was used.
3. To see the differences in terms of resiliency based on age (i.e. early adolescence, middle adolescence and late adolescence) one way analysis of variance (ANOVA) was used. Furthermore, Scheff Post Hoc

analysis was used to check cell mean difference among the three age categories.

4. Correlation analysis (particularly Pearson Correlation Analysis) was used to compute the inter-correlation between variables; such as, resiliency and age, resiliency and guardians care and support, and resiliency and peer support.
5. Regression Analysis was used in order to determine the contribution of each independent variable (gender, age, guardian care and support and peer support) to the dependent variable (adolescents' resiliency).
6. Qualitative data analysis also was used in order to describe data obtained from interview. This method was used in order to triangulate data obtained from orphan adolescents through self report questionnaire.

IV. RESULTS

In this section general background information about the participants of the research are presented. The research findings (both quantitative and qualitative data) are also presented.

4.1. General Characteristics of Respondents

This part presents background characteristics such as sex, age, educational background, orphan type, guardianship and other characteristics of respondents. Regarding sex of the respondents one hundred twenty nine (45.60 percent) were females and one hundred fifty four (54.40 percent) were male adolescents. Regarding age, early adolescents (age twelve to fourteen) were 103 (36.40 percent), middle adolescents (age fifteen to seventeen) were 137 (48.40 percent) and the rest 43 (15.20 percent) were late adolescents (age eighteen to twenty). The following table presents the details of sex and age distribution of respondents.

Table 1: Sex and Age Distribution of Respondents (N= 283)

Sex		Age Category			Total	
		Early Adolescence (12-14)	Middle Adolescence(15-17)	Late Adolescence (18-19)	Frq	Percent
Male	Frq	55	72	27	154	54.40
	Percent	19.43	25.44	9.54		
Female	Frq	48	65	16	129	45.60
	Percent	16.96	22.96	5.65		
Total	Frq	103	137	43	283	100
	Percent	36.40	48.40	15.20		

Frq= Frequency

From this presentation it is possible to understand that the majority of the respondents were middle adolescent children followed by early and late adolescents.

Concerning educational background, most respondents (45.54 percent) were attending secondary education followed by primary education (42.41 percent). There are also respondents who are attending preparatory education (5.30 percent) and college education (5.65 percent). The following table presents detailed educational background of orphan and vulnerable respondents.

Table 2: Educational Background of Respondents by sex (N= 283)

Educational level	Sex				Total	Percent
	Male	Percent	Female	Percent		
Primary (5-8)	74	26.14	46	16.25	120	42.41
Secondary (9-10)	58	20.50	71	25.08	129	45.54
Preparatory (11-12)	6	2.12	9	3.18	15	5.30
Higher Education	16	5.64	-	-	16	5.65
Vocation	-	-	3	1.06	3	1.10
Total	**154**	**54.40**	**129**	**45.60**	**283**	**100**

As can be depicted from the above presentation, the majority (87.95 percent) of respondents were attending primary and secondary levels of education. Only (12.05 percent) of the respondents are found in the preparatory and higher levels of education. There was no female participant in preparatory and higher education. Relatively high proportion 16 (5.65 percent) of male respondents were attending their education in colleges and other higher institutions.

Concerning orphan type, most of the respondents (50.88 percent) were double orphans, followed by paternal orphan (40.30 percent) and maternal orphan (8.82 percent). The table below presents the details of categories of orphanhood by sex.

Table 3: Orphan Type by Sex (N= 283)

Orphan Type	Sex				Total	Percent
	Male	Percent	Female	Percent		
Maternal orphan	17	11.00	8	6.21	25	8.82
Paternal orphan	63	41.00	51	39.53	114	40.30
Double orphan	74	48.00	70	54.25	144	50.88
Total	**154**	**100**	**129**	**100**	**283**	**100**

As can be seen from Table 3, 48 percent of male adolescents and 54.25 percent of female adolescents lost both of their parents.

Regarding guardianship, most of the respondents (60.08 percent) were living with kinships such as grandparents, aunts, uncles, siblings, and relatives. When we see the details of data, 19.80 percent of the respondents living with grandparents, 16.25 percent living with aunts, 17.67 percent were living with siblings and few (2.83 percent) were living with relatives. The rest 39.92 percent of the respondents were living with their single parents, 36.39 percent with their mothers and the rest 3.53 percent with their fathers. The table below presents the detail data on guardianship by guardian type and sex.

Table 4: Guardianship by Sex (N= 283)

Guardian Type	Sex				Total	Percent
	Male	Percent	Female	Percent		
Mother only	52	33.76	51	39.53	103	36.39
Father only	8	5.20	2	1.55	10	3.53
Aunt	19	12.34	27	20.93	46	16.25
Uncle	6	3.90	4	3.10	10	3.53
Sister	22	14.29	8	6.20	30	10.60
Brother	3	1.94	17	13.17	20	7.07
Grandparent	38	24.67	18	13.95	56	19.80
Relatives	6	3.90	2	1.55	8	2.83
Total	**154**	**100**	**129**	**100**	**283**	**100**

As can be inferred from the table above, 61.04 percent of male respondents and 58.90 percent of female respondents were living with the extended kinship such as aunts, uncles, siblings, grandparents and relatives.

4.2. Resilience Status of Orphan and Vulnerable Adolescents

In terms of resilience most (69.61 percent) adolescent respondents scored average and above average on the measure of resilience. On the other hand, some (30.39 percent) of the participant adolescents scored below average.

Table 5: Summary of Resilience Status of Orphan and Vulnerable Adolescents (N= 283)

Sex	Frq above the Mean	Percent	Frq below the Mean	Percent
Male	108	70.12	46	29.87
Female	89	68.99	40	31.00
Total	197	69.61	86	30.39

The average (mean score) the resilience measure is 70. As can be depicted from Table 5, the majority (70.12 percent) of male adolescents and (68.99 percent) of female adolescents scored average and above average. On the other hand, 29.87 percent of male respondents and 31.00 percent of female respondents scored below the mean. In other words, 69.61percent of the respondents and 30.39 percent of the total participants scored above and below the mean respectively. This shows that majority of the orphan and vulnerable adolescents are resilient and have better adjustment to their environment.

Regarding the adolescents' resiliency, the data obtained from the guardians and community based support providers (volunteers) showed that the adolescents are resilient. Some of the findings from interview are presented below. For example, for the question raised as "Do you think that the orphan adolescents rebounded back from their grief?" most of the interviewed guardians replied yes, confirming that their children rebounded back from

their grief and they are well adjusted. For instance, a 53 years old grandparent reported the following:

> Thanks for God! My child did never ask me about his dead parents rather he thinks about me and himself. I can say he is obedient, cooperative, well adjusted and lives well with our neighbors, peers, and he is good at his education.

In explaining the characteristics of the orphan adolescents, most of the guardians and volunteers reported that orphan children are good at self help skills, social relations and other life skills. Furthermore, the guardians considered these orphaned children as their assets and they are happy with them. Concerning academic performance of the orphan adolescents' one volunteer reported that:

> Till now most of the orphan adolescents are attending school, I can say that some are good at their education; and there are some children who score high in class and in schools with top ranks.

4.2.1. Resilience and Gender

Regarding gender difference in terms of resiliency, the research finding shows no significant resilience difference between boys and girls. However, the mean score shows that females are a little bit more resilient than males. The following table presents the details of the results of independent t- test.

Table 6: Summary of t-test results, sex comparison (N= 283)

Sex	Frequency	Mean	SD	t	Sig
Male	154	79.94	13.66	0.146	0.70
Female	129	80.71	13.06		

As it is indicated in the table, the independent t-test revealed that there is no significant difference between male and female respondents in terms of resilience.

The data gathered through interview from guardians and community based support providers (volunteers) revealed that females are better in terms of adjustment. For example, a 28 years old volunteer reported the following: *"I can say females are better than boys in terms of adjustment. For example, I know so many girls who are helping themselves and their siblings by selling tea and bread besides their education."*

4.2.2. Adolescents Resilience and Age

The computed Analysis of Variance (ANOVA) test shows that there is a significant resiliency difference among the different age groups of adolescence/early, middle and late adolescence. The following table presents the details of adolescents resiliency based on age.

Table 7: Summary of ANOVA Table, Resiliency and Age (N= 283)

Age	Frequency	Mean	SD	F	P-value
Early Adolescence (12-14)	103	78.31	14.33	5.62	0.04
Middle Adolescence (15-17)	137	79.91	13.41		
Late Adolescence (18-20)	43	86.21	8.06		
Total	283	80.29	13.32		

Further the Scheffe multiple comparison tests showed that there is a significant resiliency difference among the three categories of adolescence. The test result indicated that children in the late adolescence are more resilient than early and middle adolescents. The computed ANOVA also showed that middle adolescents are more resilient than early adolescents. The following table presents the details of the results of Scheffe multiple comparison tests among the early, middle and late adolescents.

Table 8: Summary of Scheffe Multiple Comparison Test (N= 283)

(I) Age	J (Age)	Mean Difference (I- J)	Std. Error	Sig
Early	Middle	-1.602	1.710	0.645
	Late	-7.899	2.381	0.005
Middle	Early	1.602	1.710	0.645
	Late	-6.297	2.292	0.024
Late	Early	7.899	2.381	0.005
	Middle	6.297	2.292	0.024

4.3. The Relationship of Resilience, Sex, Age, Guardians Care and Support and Peer Support

Table 9: Summary of Inter-correlation Analysis (N= 283)

	Sex	Age	Guardian care	Peer Support	Resilience
Sex	1				
Age	-0.042	1			
Guardian Care	0.08	0.09	1		
Peer Support	0.39	0.144*	0.552**	1	
Resilience	0.029	0.155**	0.484**	0.552**	1

*Correlation is significant at the level 0.05 (2-tailed)

** Correlation is significant at the level 0.01 (2-tailed)

As can be understood from Table 9, resilience (dependent variable) is positively and significantly correlated with age, guardian care and support and peer support (r =0.155, P<0.05, r =0.484, P <0.05 and r= 0.552, P <0.05) respectively. This shows that as the independent variables (age, guardian care and support and peer support) increase resiliency also increases. The test result also shows positive and significant correlation between age and peer support (r =0.144, P <0.05). This in turn shows that as age increases peer support also increases. On the other hand, the research findings revealed that there is no significant correlation between sex and adolescents resiliency. The ANOVA test also supports this correlation. The table below presents the details of the ANOVA test results.

Table 10: Summary of ANOVA Table, Correlation Analysis (N= 283)

Source of Variation	Sum Square	Df	Mean Square	F	Sig	R^2
Regression	17832.513	4	4458.128	38.443	0.000	0.356
Residual	32239.303	278	115.969			
Total	500071.816	282				

As can be seen from Table 10, the Analysis of Variance result shows that the three independent variables together (age, guardian care and support and peer support) contribute 35.60 percent to adolescents resiliency.

The regression analysis test witnesses that two of the independent variables (guardian care and support and peer support) contributed positively and significantly. Specifically, peer support and guardian care and support have coefficient of determinations R^2 =0.124 and R^2 =0.221 respectively. The table below presents the details of the results of the regression analysis.

Table 11: Summary of Regression Analysis (Dependent Variable Resilience) (N= 283)

	Unstandardized Coefficients		Standardized Coefficients	t	Sig
	B	Std. Error	Beta		
Sex	-0.161	1.292	-0.006	-0.124	0.901
Age	1.402	0.950	0.072	1.476	0.141
Guardian Care	o.315	0.071	0.256	4.424	0.000
Peer Support	0.384	0.056	0.401	6.898	0.000
Constant	33.273	3.950		8.424	

As can be inferred from the table, the contribution of age (R^2=0.011), guardian care and support (R^2= 0.124) and peer support (R^2= 0.221) are 1.10 percent, 12.40 percent and 22.10 percent respectively. In addition, the research results indicated that guardian care and support and peer support have positive and significant contribution to adolescents' resiliency.

Table 12: Summary of Linear Regression Analysis Results (Dependent Variable Resilience) (N= 283)

Variables	R	R Square	Std. Error of the Estimate
Age Guardian Care Peer support	0.597	0.356	10.769

The combined effect of the three independent variables (age, guardians care and support and peer support) on the dependent variable/resilience/ is 35.60 percent. The contribution of peer support and guardian care and support is 22.10 percent and 12.40 percent respectively.

The data gathered from guardians through interview revealed that the guardians/care takers had the moral obligation to rear and care for the orphan adolescents. For instance, a 55 years old grandparent reported the following: *"I am caring and supporting these children; because they are my son's children. I have to care for them until they become independent and self sufficient."*

Most of the interviewed guardians reported that they care for their foster children in many aspects i.e. addressing their educational, health, psychological, social and basic needs. They are striving to fulfill the needs of these orphan adolescents so that they can get themselves ready to the challenges of life. For instance, a 41 years old mother of an orphan adolescent reported:

> I am caring for and treating my child as a mother and father. I am caring him similar to those children who have good parents. I am guiding, monitoring and controlling him to be a man of tomorrow.

In addition, a 55 years old grandmother reported:

> I have two children of my dead son. I feel as if my son is alive and I am caring for them as much as possible. So far nothing bad has happened to them. They have good conduct and they are well adjusted with life. They have also recovered from their grief. I will care for them very well as far as I am alive.

Almost all of the interviewed guardians reported that they are doing it for the well being of their foster children. They also revealed that they are helping their children to be strong, visionary and positive to the future and life in general. Further, the guardians reported that because of their presence, the orphaned children are protected from any harm and from becoming street children.

Similarly, the interview result from the volunteers showed that guardians are devoting themselves to care and support for their children. The interview

also revealed that guardians are helping their foster children to cope up the challenges of life. Generally, guardians guide, monitor, and control the orphaned and vulnerable children so as to help them develop good behavior.

As can be understood from tables and interview presentations, there is positive and significant correlation between guardians care and support and adolescents resiliency. In other words, guardians' care and support had significant contribution to orphan and vulnerable adolescents' resiliency.

The research findings also revealed that in terms of peer support, female adolescents are more advantageous than male adolescents. In other words, the independent t-test result indicated that female adolescents obtain more support from their peers than male adolescents. The following table presents the details of the results of the independent t-test.

Table 13: Summary of t-test on the Contribution of Peer Support Based on Sex (N= 283)

	Sex	**Frequency**	**Mean**	**Std. Deviation**	**t**	**Sig**
Peer Relation (Support)	Female	129	70.88	14.91	4.19	0.04
	Male	154	69.81	13.02		

The presentations in the above table show that there is a significant sex difference in terms of obtaining peer support ($t= 4.19$, $p< 0.05$). The mean difference shows that females obtain more support from their peers than male adolescents obtain.

Data gathered through interview from guardians and community based support providers (volunteers) was consistent with the above findings. Most of the interviewees responded that females are good at social relations. Moreover, girls communicate freely and frankly and discuss on stressors with their friends at times of problems. In relation to this issue one volunteer reported as follows:

> Females are good at their social relationships, they receive support from their guardians and others outside home, and they are gentle in mutual life styles (A 28 years old Volunteer).

V. DISCUSSION

In the chapter, we have examined data depicting the situation of orphaned and vulnerable adolescents, their status of resilience, guardians care and support and peer support. This part of the report devotes itself to discuss the results of the study in the following order. First, the results of status of resilience of orphan and vulnerable adolescents are discussed in light of previous researches. Secondly, the contributing factors such as (age, gender, guardian care and support and peer support) are discussed in relation to previous research findings.

5.1. Resilience Status of Orphan and Vulnerable Adolescents

One of the different issues investigated in the study is the status of psychological resilience among orphaned and vulnerable adolescents.

The findings of the study indicated that 69.61 percent of the research participants scored average and above average on the measure of resilience. In other words, two-third of the orphan adolescents have resiliency. On the other hand, 30.39 percent of the respondent adolescents scored below average. And this one-third of the respondents are non resilient based on the measure of resilience. This finding is found to be consistent with other similar studies. For instance, Werner and Smith (cited in Benard, 1997, p.2) reported that at least fifty percent of children in difficult circumstances grow to be successful, confident, competent and caring persons. Similarly, other

researchers like, Murphy and Marelich (2008) in their study of resiliency in children whose mothers were HIV positive reported that children in the resiliency cluster (more than two-third) exhibited significantly fewer externalizing behaviors; instead they showed greater degree of resiliency through close relationship with adults and a higher frequency of exhibited social skills.

On the other hand, different local investigations by Bisrat (2005) and Kassa (2006) have shown that more than 50 percent of their research participants were found to be resilient. Similar to previous research findings, the present study revealed that more than two-third of the orphan and vulnerable adolescents were found to be resilient. This means, more than two-third of the research participants were found better adjusted to their environment by resisting and recovering from grief and stress due to resiliency promoting factors. However, one-third of the orphan and vulnerable adolescents who participated in the study were found to be non-resilient; they need proper care and assistance from individuals and institutions.

The second basic issue to be investigated in the present study was whether there is a significant sex difference in terms of resiliency. Regarding gender difference in terms of resiliency among the orphan adolescents, the present research finding shows that there is no significant resilience difference between boys and girls.

Regarding sex difference in resiliency of adolescents, different researchers have found different and inconsistent results. For instance, Gilligan (1993)

reported that girls during adolescence stage were more likely to be challenged by depression problems and consequently in greater risk to be less resilient. On the contrary, researchers like (Bisrat, 2005; Jing and Stewart, 2008) reported that despite being under stress, girls have been found to be better in coping through the use of social resources than adolescent boys. Unlike the previous research findings, the present research findings show no significant resilience difference between the two sexes.

However, when we compare the resilience means of males and females, the mean of females is a little bit higher than the mean of males. In addition to this, data obtained through interview from guardians and volunteers show that females were far better than boys in terms of resilience. Furthermore, girls were found better in helping themselves and others by doing extra business. The research result from the interview coincides with previous research findings such as, Bisrat (2005); Jing and Stewart (2008).

Regarding resilience difference among the different age categories of adolescence, the present research finding especially the ANOVA test result showed that there is a significant resiliency difference among the early, middle and late adolescents. The ANOVA test revealed that children in the late adolescence category are more resilient than early and middle adolescents (see Tables 7 and 8 on page 50). This research result is consistent with other similar research outcomes. For instance, Cobb (2001) reported that generic stress has an effect on early adolescence as a result of rapid hormonal and physiological changes and this found to be additional risk factor that lessens the early adolescents' resiliency. In addition, Belay

(2007) reported that older children who are encouraged to express their feeling through participating in mourning rituals with the help of an adult recover from grief more quickly than younger children. Similarly, Kassa (2006) in his research found out older children especially late adolescents are happy, dependable and more resilient than younger children.

Therefore, consistent with the scholars' research findings, the present study findings showed that children in late adolescence are found to be more resilient than children in early and middle adolescence. This shows that age is an important mediating factor in reducing stress and enhancing resiliency.

5.2. Contributions of Guardians' Care and Support to Orphan and Vulnerable Adolescents Resiliency

The other important question raised in the research was whether guardians' care and support has significant contribution to orphan and vulnerable adolescents' resiliency. The findings of the research show that guardian care and support has significant positive correlation with adolescents' resiliency. The Pearson product correlation coefficient indicates that guardian care and support has significant positive correlation to adolescents' resilience. In addition, the regression analysis revealed that guardians care and support is the second (12.40 percent with Beta value 0.256) largest contributor to adolescents' resiliency next to peer support (see Tables 9 and 11 on pages 51 and 52).

In addition, the research results from interview (guardians and community based support providers) revealed that the presence of guardians helped the orphan adolescents to be strong, visionary and positive to life. The guardians are striving to ensure the psychological, social and biological well being of the orphan adolescents. This assistance in turn helped the adolescents to cope up with the challenges of the adverse circumstances.

This research result is consistent with formerly undertaken local and foreign investigations. For instance, Tsegaye (2001) and Belay (2005) reported that a supportive social environment and the presence of others such as grandparents, siblings and relatives could provide protective factors for children under adverse circumstances. Similarly, ANRS BoLSA (2008) pointed out that having someone who could provide a caring relationship would help in fostering protective factors in orphaned and vulnerable children by making them feel important and develop a sense that others are concerned about them. Other scholars like Belay (2005) and Kassa (2006) also indicated that such caring relationship in family environment would contribute to the resiliency of orphaned and vulnerable children by boosting their self-esteem and meaningfulness of life. In addition, Befikadu (2006) reported that single orphans who are not taken care of by their surviving parents and double orphans are usually absorbed by their extended families. In many settings, grandparents appear to be the most common care givers.

Similarly, the present research findings revealed that the presence of guardians such as (single parents, grandparents, siblings, relatives and others) helped orphan and vulnerable adolescents to develop high resiliency.

This shows the contribution of the collectivist culture in promoting orphan adolescents resilience.

5.3. Contributions of Peer Relation/Support/ to Orphan and Vulnerable Adolescents Resiliency

One of the research questions to be investigated was whether peer support has significant contribution to orphan and vulnerable adolescents' resiliency.

The present research finding showed that peer support has significant contribution to adolescents' resiliency. The Pearson correlation test showed that there is a significant and positive correlation between peer support and adolescents resiliency. Further, the regression analysis revealed that peer relation has the highest contribution (22.10 percent with Beta value 0.401), followed by guardian care and support (see Tables 9 and 11 on pages 51and 52).

The present research findings are in line with other research findings. For example, Fabes and Martin (2000) explained that adolescents' capacities to confront challenges and adversities are influenced greatly by their relationships among others, especially peers and friends. Being liked and accepted by one's peers serve as a protective function; having someone to talk to, confide in and share with helps adolescents to deal with stressors of everyday life. Also, Gary, et al (2001) reported that peers especially friends teach different skills to children; peers can be used as sources of attraction, interaction and emotional support. In general, peers can be useful in the

people's reactions to stressful and aversive situations are mitigated by the presence of a companion.

Similarly, Brien (cited in Belay, 2005) pointed out that peers were the most likely sources of overall support for adolescents followed by mothers. In addition, Daniel (2006) pointed out that 48.5 percent of the OVC have close friends and their friends are sympathetic, encourage them to do good things and treat them at times of problems.

Hence, the present research findings show that peers have great and significant contribution to orphan adolescent resiliency. The findings of study also revealed that the contribution of peer support is even greater than the contributions of guardians care and support. This implies that in our context, peers can be considered as important sources in promoting orphan adolescents resiliency.

The present research findings also indicate that female adolescents are found better than male adolescents in obtaining support from their peers. The independent t-test shows a significant difference in terms of obtaining support from their peers and friends (see Table 13 on page 55). Similarly, the findings from the interview (guardians and volunteers) revealed that girls are far better than boys in social relations. It is further revealed that females communicate clearly and frankly on issues of problems. They are also good at caring and supporting others such as peers, siblings, inside and outside home.

The above research finding is consistent with other research findings. For example, Jing and Stewart (2008) reported that adolescent girls are better in coping through the use of social resources than adolescent boys. This research result also corroborates with other research findings such as, Gilligan (1993) which explains that females are caring, more responsible and sociable than males. Similarly, Emebet (2008) reported that in relation to non-kin support, friends rather than family members are the primary sources of support for low-income women especially for women who are under difficult circumstances. Moreover, Mulumebet (cited in Emebet, 2008) also explained that women under difficult circumstances were able to look at support from family members, friends and other kin. In other words, females discuss their problems and share experiences on how to alleviate problems, all of which give them relief from stress/ adverse circumstances.

In general, females are by far better in exploring social capitals as sources of support at times of problems. And the present research findings coincide with the previous research findings of local and investigations made elsewhere.

VI. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1. Summary

The main purpose of this study was to examine the resilience status of orphan and vulnerable adolescents as a function of gender, guardians care and support and peer support. In addition, the study was aimed to identify sex difference in resilience status. Moreover, investigating the contributions of guardians care and support and peer support to orphan and vulnerable adolescents was the other concern of the study.

To conduct the research, data were collected from three hundred (300) orphan and vulnerable adolescents, five (5) community based support providers and six (6) guardians. Data were obtained through self-report questionnaire (from adolescents) and interview (from community based support providers and guardians). The self-report questionnaire consisted of four major parts. These were the measure of demographic characteristics, measure of resilience (CD-RISC), measure of guardian care and support and measure of peer support. The three measures (resiliency measure, guardian care and support measure and peer support measure) were adapted from formerly developed instruments by different scholars such as, Connor and Davidson (2003), Belay (2005) and Cutrona and Russel (1998) respectively.

The data were analyzed by using quantitative method through the application of SPSS 12.00 versions (descriptive statistics, t-test, ANOVA, Post hoc multiple comparison, correlation analysis and regression analysis). In

addition, qualitative data analysis was applied in order to triangulate the data obtained through self report questionnaire. The major results found based on the quantitative and qualitative methods were summarized as follows:

The CD-RISC measure revealed that orphan and vulnerable adolescents have varying degrees of resiliency in spite of confronting various unfavorable conditions in their lives as a result of losing parents and living under poverty. The study findings show that more than two-third (69.60 percent) of the adolescents were found to be resilient. This in turn indicates their coping and functioning status in their social environment. Similarly, data obtained through interview from community based support providers and guardians confirmed that most of the orphan and vulnerable adolescents are resilient. On the contrary, one-third (30.40 percent) of the research participant adolescents were found to be non-resilient; these adolescents are at risk and are vulnerable to different psycho-social problems.

The independent t-test revealed no significant sex difference in resiliency status between female and male adolescents. However, the data obtained through interview from guardians and community based support providers indicated that female adolescents are far better than their male counter parts in terms of resiliency. In addition, both the quantitative and qualitative data revealed that female adolescents were better in obtaining support from their peers.

The ANOVA indicated that there is a significant resiliency difference among the three age categories (early adolescence, middle adolescence and late adolescence) of adolescence. More specifically, the ANOVA tests and the Scheffee Post hoc multiple comparisons test revealed that late adolescents are found to be more resilient than early and middle adolescents. On the other hand, the test results indicated that middle adolescents are more resilient than early adolescents.

Regarding the relationship between the dependent variable (resilience) and independent variables (sex, age, guardian care and support and peer support), the Pearson correlation analysis indicated that all of the independent variables except sex have significant positive relationship with resilience. The correlation analysis also showed that there is a significant positive relationship between age and peer support. Finally, the regression analysis showed that age, guardians care and support and peer support together have significant positive effects on adolescents' resiliency. All the three independent variables accounted for 35.60 percent of the explained variance. More specifically, peer support accounted for the highest proportion followed by guardians' care and support and age (22.10 percent, 12.40 percent, and 1.10 percent), respectively. This shows that peer support and guardians' care and support have significant positive effects on the orphan and vulnerable adolescents' resiliency status.

As it is presented earlier, the three independent variables (age, guardians care and support and peer support) have a combined effect of 35.60 percent.

This shows that the rest (64.60 percent) is explained by other variables which are not included in the present study.

6.2. Conclusions

This study was not conducted without some practical and theoretical short comings. To mention some of the limitations that have impacts on the generalizations: 1) Multidimensional and complex nature of resilience: Resilience as a psychological construct has many risk and protective factors. Among the many protective factors, the present study focused on few demographic variables (only sex and age) and social capitals (only guardians and peers). This indicates that the present research is narrow and that other demographic variables and personal and social sources of protective factors need further investigation.

2) Limited number of respondents: There are different categories of orphaned and vulnerable children. For instance, children of the street, children on the street, sexually abused children, traumatized children and others. But, this research focused only on orphan and vulnerable children under guardians' supervision, which is only one type of orphan and vulnerable children. This is also another area of further investigation.

In spite of these short comings, the following conclusions are drawn based on the study findings.

1. The majority of orphan and vulnerable adolescents had at least minimum resiliency. On the other hand, some orphan and vulnerable adolescents were found to be non-resilient.

2. There is significant resilience difference among the three age categories of adolescence (early adolescence, middle adolescence and late adolescence). Late adolescents are more resilient than early and middle adolescents.
3. There is no statistically significant resiliency difference between male and female adolescents. Though this is the case, qualitative measures showed that female adolescents are far better from their male counter parts in terms of resiliency. Moreover, the research results revealed that female adolescents are more advantageous in obtaining support from their peers.
4. Age, guardians care and support and peer support have significant and positive relationship to orphan and vulnerable adolescents' resiliency.
5. Guardians care and support and peer support have significant positive effects to the adolescents' resiliency.

In sum, it is safe to conclude that the majority of the orphan and vulnerable adolescents living in Dessie town are resilient. In addition, from the research findings it is possible to infer that guardians care and support and peer support have significant and positive effects on orphan and vulnerable adolescents' resiliency.

6.3. Recommendations

Based on the research findings and conclusions the following recommendations are forwarded:

1. In helping orphan and vulnerable children and adolescents, governmental and nongovernmental organizations, professionals such as psychologists, social workers, and others should exploit the social capitals available around orphan and vulnerable children and adolescents including extended families, friends and peers.
2. Parents and/or guardians of non-resilient adolescents should allow their children to share experiences and learn from resilient orphan and vulnerable adolescents.
3. Further research should be undertaken on various dimensions and protective factors to have good understandings of adolescence resiliency.

References

Abebaw Minaye (2007). **Child Rights in Ethiopia: Discussion of Ethiopian Realities and Implications**. In Belay Tefera and Abebaw Minaye (eds). *Child Rights, Child hood education and the use of Mother tongue in schools: A Voyage to Reconstruct the Ethiopian Child.* The Proceeding to 7th Ethiopian Psychologists Association National Conference.

ANRS BOLSA (2008). **Situation Analysis on Orphan and Vulnerable Children in Amhara Region: with special Reference to Urban Towns in Amhara Region**. A study commissioned by Amhara National Regional State Bureau of Labor and Social Affairs and Save the children. Norway. Unpublished Research Report.

Barret. K.H. and George, W.W. (2005). **Race, Culture, Psychology and Law**. USA: Sage Publications, Inc.

Belay Hagos (2007). **Abuse and Neglect: The Experiences of Orphaned and Vulnerable Children in Addis Ababa**. In Belay Tefera and Abebaw Minaye (eds). *Caring for Orphaned and Vulnerable Children in Ethiopia.* Proceeding of the 6th Ethiopian Psychologists Association National Conference.

Belay Hagos and Belay Tefera (2005). **Psychosocial Survey of OVC their families and communities: The Case of OVC in Addis Ababa and Chilga.** Unpublished research report.

Belay Tefera (2007). **Raising AIDS Orphan Children in Ethiopia: Practices of Care and Support, challenges and Future Directions.** In Belay Tefera and Abebaw Minaye (eds). *Caring for Orphaned and Vulnerable Children in Ethiopia.* Proceeding of the 6th Ethiopian Psychologists Association National Conference. (pp. 60-107)

Belay Tefera (2005). **Resilience and Coping among War-affected children and implications for caring HIV/AIDS-affected children: Analysis of children's experiences in selected Eastern and central African counties.** Unpublished Research Report: Submitted to Benard Van Leer foundation, the Netherlands.

Belay Tefera (2008) **Notions of Fatherhood among Ethiopian Adolescents: Nature, Effects and Determinants.** Subhash Verma for Gagandeep publications, Delhi (India).

Befikadu Ejeta (2005). **A Comparative Study of the Psychological and Social Adjustments of Non Institutionalized and Institutionalized HIV/AIDS Orphans in Addis Ababa.** Unpublished MA Thesis. Addis Ababa University.

Benard, B. (1997). **Turning it Around for All Youth: From Risk to Resilience.** New York: ERIC cleaning house.

Bisrat Markos (2005) **Resilience Status, Risk and Protective factors of AIDS orphaned Adolescents in twelve Kebeles of Addis Ababa.** Unpublished MA Thesis. Addis Ababa University.

Botcheva, B. and Shirley, F. (2004). Grandparents as family stabilizers during economic hardship in Bulgaria. **International Journal of Psychology** 39 (1-9) PP. 157-168.

Bradley, R.H., Whiteside, L. and Daniel, J. (1994). Early Indications of Resilience and their relation to Experiences in the Home Environments of Law Birth weight, premature children living in poverty. **Journal of Child Development** 65 (1-4) pp. 346-372

Cobb, N.J. (2001). **The child: Infants and children.** London: May field publishing company.

Connell, J.P. (1994). Educational Risk and Resilience in African-American Youths: Context, Self, Action and out comes in Schools. **Journals of Child Development** 65 (1-4) pp.493-506.

Connor, K.M. and Davidson, J.T. (2003). **Development of New Resilience Scale:** The Connor- Davidson Resilience Scale(CD-RISC). *http://www3.interscience.wiley.com/journal/104557892/abstract?CRETRY=1&SRETRY=0* Accessed on Jan, 15, 2009

Cutrona, C.E. and Russel, D.W. (1998). **Social Provision Scale:** The Provision of Social Relationship. *http://www.psychology.iastate+scale&hl=en&um=18 i.e=UTF-8&oi=scholart*

Daniel Messele (2006). **The Psycho-social Behavior of AIDS orphans: The case of AIDS orphans in five organizations in Awassa.** Unpublished MA Thesis. Addis Ababa University.

Decarlo, A. (2008). **Seminar in Developmental Disorders**. Introductory Reading presented for Doctoral Students at Addis Ababa University. Unpublished Reading Material.

Emebet Mulugeta (2003) Problems Encountered and Coping Strategies Employed by Female Students in Addis Ababa High Schools. **Ethiopian Journal of Education** 23 (2) pp. 34-61

Emebet Mulugeta (2008) **Negotiating Poverty: Problems and Coping strategies of Women in Five cities of Ethiopia.** In Emebet Mulugeta (ed): Urban Poverty in Ethiopia: The Economic and social Adaptations of women. Addis Ababa University press. Addis Ababa, Ethiopia.

Emebet Mulugeta (2004) Swimming Against the Tide: Educational Problems and Coping strategies of Rural Female students in Ethiopia. **Eastern Africa social science Research Review**, vol. 20, No. 2 (pp.(71-97).

Fabes, R. and Martin, C. L. (2000). **Exploring Child Development: Transitions and Transformations.** USA: Pearson educational company.

Gary, W., Becky, J. and Kochenderfer, L. (2001). **Linkages between Friendship and Adjustment during Early School Transitions**. In

Bukowski, A. et al (eds). *The Company they Keep: Friendship in childhood and adolescence.* USA: Cambridge University Press

Gilgun, J.F. (2005). **Evidence Based Practice Descriptive Research and the Resilience- Schema- Gender- Brain Functioning Assessment.** London: Oxford University press.

Gilligan, C. (1993). **Different Voice: Psychological Theory and Women's Development.** Harvard, Harvard University Press

Glenn, B.L. and Wilson, K.P. (2008). **African American Adolescent perceptions of Vulnerability and Resilience to HIV-** *http://www.informaworld.com/smpp/title content= t 7134033co.*

Grusec, J.E. and Kuczyski, L. (1997). **Parenting and children's Internalization of Values**. USA: John Wiley and Sons, Inc.

Haggerty, J.R., Sherrod, R. L., Garmezy, N. and Rutter, M. (1996). **Stress, Risk and Resilience in Children and Adolescents: Processes, mechanisms and interventions** USA: Cambridge University press.

Honore, M.H., Sandra, A., Berman, G., and Gruber, G. (2001). **Dc stic Violence in the Lives of Children: The Future of Research, Intervention and Social Policy**. USA: Washington DC, American Psychologists Association.

Jemes, H. and Daisy, F. (1997). **At Risk Students and Resiliency Factors Contributing to Academic Success.** USA: Dushkin/McGraw Hill, Inc.

Jing, S. and Stwart, D. (2008). **Age and Gender Effects on Resilience in Children and Adolescents.** *http://Pubsdrde.qc.calin basket/ CEB support. 060410-100 Toronto Ct- 2006-073-pdf.*

Kassa Norraw (2006) **Problems Coping, Resilience and Support of AIDS Orphans in Arada sub-city.** Unpublished MA Thesis. Addis Ababa University

Kruger, L. and Prinsloo, H. (2008). **Appraisal and Enhancement of Resilience Model Life's in Middle Adolescents with in school context.** *http://www.Sajornal of education.co.za/index.php/saje/. Article/viewPDF interstitial/173/108. retrieved on Oct. 19 2008.*

Lawrence, S. (2006). **The Skills of Helping: Individuals, Families, Groups and Communities** (5th ed). USA: Brooks/Cole

Lerner, R.M. and Steinberg, Z. (2004). **Handbook of Adolescents Psychology** (2nd ed). USA: John Wiley and Sons, Inc.

Maeckelech Giday (2007) **The United Nations Convention on the Rights of Child and the African Charter on the Rights and Welfare of the Child (UNCRC and ACRWC).** In Belay Tefera and Abebaw Minaye (eds). *Child Rights, Childhood education and the use of Mother tongue in schools: A voyage to reconstruct the Ethiopian Child.* Proceeding of the 7th Ethiopian Psychologists Association National Conference

Mekonnen Belete (1998) **ችግር ውስጥ አምንታዊ ሕይወት የመኖር ሁለንተናዊ ብቃት** (Resilience) **የጐዳና ተዳዳሪ ህፃናት ወዳጆች ማህር ኢትዮጵያ ናዝሬት**

Murphy, D.A. and Marelich, W. D. (2008). **Resiliency in Young Children whose Mothers' are living with HIV/AIDS**. *http://ten.sage.pub.com.(cgi)rapidpdf/1043659608317747.pdf.* Accessed on Nov. 19, 2008.

Pienaar, A. (2008). **Exploring psychological Resilience among Pre-Adolescents orphaned by AIDS. A case study.** http://etd.uovsia.ac.za./cgi-bin/ETD-browse/vieweted? URN= etd-1211007-141614. Accessed on Jan 6, 2009.

Pivnick, A. and Villeges, N. (2004). **Resilience and Risk: childhood and Uncertainty in the AIDS Epidemic.** *http://www.springerink.com/content/m667u136/9486/56* / Accessed on Jan, 10, 2009.

Prevatt, F.F. (2003). The Contribution of Parenting Practices in a Risk and Resiliency Model of Children's Adjustment. **British Journal of Developmental Psychology** 21 (1-4) PP. 46-479.

Quinn, P.E. (1986). **The Well Adjusted Child: How to Nurture the Emotional Health of your Children**. New York: Thomas Nelson publisher.

Sumner, C. (1984). **The Social Ethics of Walda Heywat.** In Taddese Beyene (ed). Proceeding of the Eighth International conference of Ethiopia studies. Vol. 2, pp. (173-188).

Sumner, C. (1990). **The Ethiopian Understanding of Human beings.** In Richard Pankhurst, Ahmed Zekaria and Taddese Beyene

(eds). Proceedings of the First national conference of Ethiopian studies. Pp (335-343).

Thompson, C.L., Rudolph, L. B. and Henderson, D. A. (2004). **Counseling children** (6thed). USA: Brooks/Cole. Division of Thompson Learning, Inc.

Thornton, A. (2004). **The Well being of Children and Families.** USA University of Michigan press

Tirussew Tefera (2007) **Early child hood care and Education in Ethiopia**. In Belay Tefera and Abebaw Minaye (eds). *Child Rights, Childhood Education and Use of Mother tongue in schools: A Voyage to Reconstruct the Ethiopian Child.* Proceeding of the 7th Ethiopian psychologists Association National Conference.

Tsegaye Chirenet (2001) **Overview of Services for Orphans and Vulnerable Children in Ethiopia:** A report paper presented for a workshop in Kigali. Internet source accessed on Nov. 19, 2007.

US News and World Report. (1999). **Invincible kids.** pp. 68-71 USA: McGraw Hill Inc.

Wingar, L.T. and Valsiner, J. (1992). **Children's Development with in Social context**. USA: Lawrence Erlbaum Associates, Inc.

APPENDICES

Appendix I

Addis Ababa University

School of Graduate Studies

Department of Psychology

Questionnaire Prepared to gather data from Orphan and Vulnerable Adolescents

The questionnaire has four major parts: general information, resiliency measure, guardian care and support and peer relation. Please give answers to each of the four parts. The data gathered from you will be used only for research purpose and your personal responses will be kept quite confidential. Thus, feel free to give your responses honestly.

Thank you in advance for your cooperation.

Part I. General Information

Please write what is true about you and/or use a tick "√" mark based on the question.

1. Sex _____
2. Age _____
3. Educational Background

☐ No entry at school ☐ Grade 11 to 12

☐ Grade 1 to 4 ☐ Above 12

☐ Grade 5 to 8 Are you attending school now?

☐ Grade 9 to 10 ☐ Yes ☐ No

4. With whom you are living now?_____
5. How did she/he become your guardian? _____
6. Type of Orphan:

☐ Maternal orphan ☐ Double orphan

☐ Paternal orphan

7. How do you evaluate your relation with your guardian?

☐ Very strong ☐ Weak

☐ Strong ☐ Very Weak

8. How do you evaluate the quality of your relation with your guardian?

☐ Best ☐ Good

☐ Very good ☐ Bad

Part II. Resiliency Measure

In the following table on the right side, there are items that indicate your resiliency and on the left side there is a scale that indicates your level of agreement. Give answer to each item by putting a tick "√" mark in front of each item under one of the scores that you believe best describes you.

Key

1. Rarely true 2. Sometimes true

3. True nearly all the time 4. True all the time

R.N	Item	Scale			
1	I am able to adapt to changes	1	2	3	4
2	I have close and secured relationships				
3	I believe that sometimes fate/God can help				
4	I can deal with whatever comes				
5	I believe that past success gives confidence for new challenges				
6	I can see the humorous side of things				
7	I believe that coping with stress strengths a person				
8	I tends to bounce back after grief				
9	I believe that things happen for a reason				
10	I put in my best effort no matter what happens				
11	When things look hopeless, I do not give up				
12	I am able to depend on myself more than anyone else				
13	I usually take things in my stride				
14	I can get through difficult times because I have experienced difficulty before				
15	I have self discipline				
16	I know where to turn for help				
17	Under pressure I can focus and think clearly				
18	I prefer to take the lead in problem solving				
19	I am not easily discouraged by failure				
20	I think myself as a strong person				
21	In an emergency, I am somebody people generally rely on				
22	My life has meaning				
23	I do not dwell on things that I can't do anything about				
24	I have enough energy to do what I have to do				
25	It is okay if there are people who do not like me				
26	I can handle unpleasant feelings				
27	I like challenges				
28	I work to attain my goals				

Part III. Guardians' Care and Support

Below in the table on the right side items are presented that show your relationship with your guardians and/or psycho social care and support that you get from guardians. Please show your agreement by putting a tick "√" mark under one of the scores that best describes your situation.

Key

1. Rarely true
2. Sometimes true
3. True nearly all the time
4. True all the time

R.No	Item	Scale			
1	My guardians helped me to recover from my grief	1	2	3	4
2	The presence of guardians helped me to improve my social and problem solving skills				
3	My guardians thought me how to solve problems				
4	My guardians have good expectations from me				
5	My guardians try to resolve conflicts powerfully				
6	Living with guardians made me happy				
7	My guardians are striving to fulfill my basic needs				
8	I got good affection from my guardians				
9	My guardians gave the opportunity to exercise responsibility at home				
10	My guardians encourage me to be a man/woman/ of tomorrow				
11	My guardians discriminate me				
12	I prefer to live alone instead of living with guardians				
13	My guardians helped me to feel as if I have biological parents				
14	I am lucky, because I can discuss my problems with my guardians				
15	My guardians are my models				
16	I have a secured attachment with my guardians				
17	I learned a lot from my guardians on self management				
18	Guardians value me as an important figure				
19	Because of my guardians support I have become a strong person				

Part IV. Peer Relation /Support

Below in the table on the right side items are presented that show your relationship with your peers and/or psycho social support that you get from your peers. Please show your agreement by putting a tick "√" mark under one of the scores that best describes your situation.

Key

1. Rarely true all the time
2. Sometimes true
3. True nearly all the time
4. True all the time

R.No	Item	Scale			
1	I have friends to share my problems	1	2	3	4
2	I think I am stigmatized by peers				
3	I am liked by my peers				
4	My peers encourage me to be a leader in some instances				
5	Peers are pushing me to violent acts				
6	I feel relaxed when I am with peers				
7	Peers encourage me to be responsible				
8	I learned lots of positives from peers				
9	My peers helped me to rebounded from grief				
10	Peers gave me psychosocial support at times of crisis				
11	Some times my peers annoy me				
12	I have a role model from my peers				
13	My peers like my behavior				
14	I am not lonely as far as I have friends				
15	To play and be with peers makes me happy				
16	I like to be with my peers				
17	My friends understand me the way I want to be understood				
18	I get much satisfaction from the groups I am part of				
19	My peers give me the moral support I need				
20	I have a deep sharing relationship with peers				
21	My peers come to me for emotional support				
22	My peers helped me in improving my social relation				
23	Peers helped me in improving my decision skill				
24	Because of peer support I involved in income generating activities				
25	My peers detach themselves from me at times of problems				

Appendix II

አዲስ አበባ ዩኒቨርሲቲ
የድህረ ምረቃ ትምህርት
ሳይኮሎጂ ትምህርት ክፍል

ከወላጅ አልባና ለችግር ተጋላጭ ወጣት ልጆች መረጃ ለመሰብሰብ የተዘጋጀ የፅሁፍ መጠይቅ

የመጠይቁ ዓላማ:- የመጠይቁ ዋና ዓላማ ወላጅ አልባና ለችግር ተጋላጭ ልጆች በችግር ዉስጥ አዎንታዊ ባህርይ ስለማዳበራቸዉ/ችግርን መቋቋም/ ና ለዚህም የአሳዳጊዎችዎና አቻዎችዎ አስተዋፅኦ ምን ያህል እንደሆነ ለማወቅ የሚያስችል መረጃ ለመሰብሰብ ነዉ። ከእርስዎ የሚገኘዉ መረጃ ለጥናት አገልግሎት ብቻ የሚዉል ሲሆን ሚስጥራዊነቱም የተጠበቀ ነዉ። በተጨማሪም ከእርስዎ የሚገኘዉ መረጃ የጥናቱን ዉጤት በአዎንታዊም ሆነ በአሉታዊ መልኩ ተፅዕኖ ስለሚያሳድርበት ለእያንዳንዱ ጥያቄ የሚሰጡት መልስ በሀቀኝነትና በራሰ መተማመን መንፈስ እንዲሆን እያሳሰብኩ ለሚደረግልኝ ትብብር በቅድሚያ አመሰግናለሁ።

መመሪያ ይህ መጠይቅ አራት ክፍሎች አሉት። እነሱም ክፍል አንድ አጠቃላይ/ግላዊ/መረጃ ፣ክፍል ሁለት በችግር ዉስጥ አዎንታዊ ባህርይ ሥለማዳበር/መቋቋም/፣ክፍል ሦስት አወንታዊ ባህርይ ለማዳበር የአሳዳጊዎች አስተዋፅዖ እና ክፍል አራት ደግም አወንታዊ ባህርይ ለማዳበር የአቻዎች እስተዋፅዖ የሚመለከቱ ናቸዉ። ሁሉንም ክፍሎች በጥንቃቄ በማንበብ በክፍሎቹ ስር ለተካተቱት ጥያቄዎች ተገቢ ምላሽ ይስጡ።

ክፍል አንድ:- አጠቃላይ/ግላዊ/መረጃ

መመሪያ:- ቀጥሎ ለቀረቡት ጥያቄዎች ትክክለኛዉን መልስ በመሳፍ ወይንም የራይት (√) ምልክት በማድረግ እንደ ጥያቄዉ አገባብ መልስ ይስጡ።

1. ዕድሜ----------
2. ፅድሜ----------
3. የትምህርት ሁኔታ

☐ ትምህርት ቤት ያልገባ/ች ☐ ከ11ኛ እስከ 12ኛ ክፍል

☐ ከ1ኛ እስከ 4ኛ ክፍል ☐ ከ 12ኛ ክፍል በላይ

☐ ከ5ኛ እስከ 8ኛ ክፍል

☐ ከ9ኛ እስከ 10ኛ ክፍል አሁን በመማር ላይ ነዎትን ☐አዎን ☐አይደለሁም

4. የወላጅ አልባነት ሁኔታ

☐ የእናት በህይወት አለመኖር ☐ የእናትና አባት/ሁለቱም/ በህይወት አለመኖር

☐ የአባት በህይወት አለመኖር

5. አሁን ከማን ጋር ትኖራለህ/ትኖሪያለሽ? ----------
---

6. አሳዳጊዎችህ/ሽ ለምን አንተን/ቺን ለማሳደግ ፈለጉ? ----------

---

7. ከአሳዳጊዎችህ/ሽ ጋር ያለዉን ግንኙነት እንዴት ትገመግመዋለህ/ሽ?

☐ በጣም የላላ ግንኙነት አለን ☐ የላላ ግንኙነት አለን

☐ ጠንካራ ግንኙነት አለን ☐ በጣም ጠንካራ ግንኙነት አለን

8. የግንኙነታችሁ ዓይነትስ እንዴት ይገለፃል?

☐ አስደሳች አይደለም ☐ በጣም ጥሩ ነዉ

☐ ጥሩ ነዉ ☐ እጅግ በጣም ጥሩ ነዉ

ክፍል ሁለት:- በችግር ዉስጥ አዎንታዊ ባህርይ ስለማዳበር/ችግርን ስለመቋቋም/

መመሪያ:- ቀጥሎ በተመለከተዉ ሰንጠረዥ በስተቀኝ በኩል በችግር ዉስጥ አዎንታዊ ባህርይ መላበስን የሚመለከቱ ዓረፍተ ነገሮች የቀረቡ ሲሆን በስተግራ በኩል ደግሞ ከ 1 እስከ 4 የሚያመለክት ሚዛን ተቀምጧል። ከ 1 እስክ 4 ከቀረቡት ነጥቦች እርስዎ በትክክል ይገልፀኛል ብለዉ የሚያምኑበትን ነጥብ በእያንዳንዱ ዓረፍተ ነገር ፊትለፊት የራይት (√) ምልክት በማድረግ መልስዎን ይስጡ።

መግለጫ

1 በጣም አልፎ አልፎ እውነት ነው 3 በአብዛኛው እውነት ነው

2 አንድ አንድ ጊዜ እውነት ነው 4 ሁልጊዜ እውነት ነው

ተ ቁ	አምንታዊ ባህርይን የሚመለከቱ ዓረፍተ ነገሮች	ሚ ዛ ን			
		1	2	3	4
1	ከለውጦች ጋር ራሴን በቀላሉ ማላመድ እችላለሁ				
2	ከሌሎች ሰዎች ጋር ቅርብ ና ጥብቅ የሆነ ግንኙነት አለኝ				
3	አንድ አንድ ጊዜ እጣ ፈንታ/ፈጣሪ እንደሚረዳኝ አምናለሁ				
4	ማንኛውንም ሁኔታ ተቋቁሜ ለመኖር ዝግጁ ነኝ				
5	ያለፈ የህይወት ፈተና ለሚመጣው አዲስ ችግር የራስ መተማመን እንደሚያዳብር አምናለሁ				
6	በአብዛኛው የነገሮችን ጥሩ ጎን ማየት እችላለሁ				
7	ውጥረትን መቋቋም ሰዎችን ጠንካራ እንደሚያደርግ አምናለሁ				
8	ከሀዘን ቶሎ መመለስ እችላለሁ				
9	ነገሮች የሚሆኑት ለምክንያት/ለበጎ/ እንደሆነ አምናለሁ				
10	ምንም ነገር ይምጣ የራሴን ጥረት ከማድረግ ወደኋላ አልልም				
11	ነገሮች ተስፋ አስቆራጭ ቢሆኑም እንኳ እኔ መስራቴን አላቋርጥም				
12	ከሌሎች በበለጠ/በተሻለ/ በራሴ በጣም እተማመናለሁ				
13	በአብዛኛው ነገሮችን ከራሴ በኩል አያቸዋለሁ				
14	ቀድሞ ከባድ ፈተናዎችን የማለፍ ልምድ ስላለኝ ወደፊትም ከባድ ፈተናዎችን መወጣት እንደምችል ይሰማኛል				
15	እኔ ሥነ ምግባር/ስርዓት/ ያለኝ ሰው ነኝ				
16	በችግር ጊዜ ወደ ማን እንደምዬድ አውቃለሁ				
17	በችግር ውስጥ እያለሁም ቢሆን በውልና በትክክል አስባለሁ				
18	ችግሮቼን በመፍታት ረገድ ራሴን ቀዳሚ አድርጌ እወስዳለሁ				
19	በውድቀቱ በቀላሉ ተስፋ አልቆርጥም				
20	እኔ ራሴን ጠንካራ ሰው አድርጌ እቆጥራለሁ				
21	በአደጋ ጊዜ ሰዎች እኔ ከት/ሩ እንደማወጣቸው እምነት ይጥላሉ				
22	የእኔ ህይወት ትርጉም ያለው እንደሆነ አምናለሁ				
23	ከአቅሜ በላይ በሆኑ ነገሮች ላይ ብዙ አላስብም/አልጨነቅም				
24	መስራት የምፈልገውን ነገር ለመስራት የሚያስችል በቂ አቅም እንዳለኝ ይሰማኛል				
25	እኔን የማይወዱኝ ሰዎች ቢኖሩ አያስጨንቀኝም				
26	ምቹ ያልሆኑ ስሜቶችን በቁጥጥሬ ስር ማድረግ እችልበታለሁ				
27	ፈተናዎችን/ውጥረቶችን/ በጣም እወዳቸዋለሁ				
28	በማንኛውም ጊዜ አላማየን ለማሳካት እጥራለሁ				

ክፍል ሦስት:- የአሳዳጊዎችን እንክብካቤና ድጋፍ በተመለከተ

መመሪያ:- ቀጥሎ በተመለከተዉ ሠንጠረዥ በስተቀኝ በኩል ከአሳዳጊዎችህ/ሽ የምታገኛቸዉ እንክብካቤና ድጋፎች በስተግራ በኩል ደግሞ የድጋፉን የመፈጸም ሁኔታ የሚያመለክት/1 እስከ 4 ነጥብ/ ሚዛን ተቀምጧል። ከ 1 እስክ 4 ከቀረቡት ነጥቦች የእርስዎን ሁኔታ በትክክል ይገልፃል ብለዉ የሚያምኑበትን ነጥብ በእያንዳንዱ ዓረፍተ ነገር ፊትለፊት የራይት (√) ምልክት በማድረግ መልስዎን ይስጡ።

መግለጫ

1 በጣም አልፎ አልፎ እዉነት ነዉ. 3 በአብዛኛዉ እዉነት ነዉ.

2 አንድ አንድ ጊዜ እዉነት ነዉ. 4 ሁልጊዜ እዉነት ነዉ.

ተ ቁ	ከአሳዳጊዎች የሚገኝን እንክብካቤና ድጋፍ የሚመለከት ዓ ነገር	ሚ ዛ ን			
		1	2	3	4
1	አሳዳጊዎቼ ከገጠመኝ ሀዘን እንድመለስ ረድተዉኛል				
2	የአሳዳጊዎቼ መኖር ማህበራዊ ግንኙነቴ እንዲሻሻል ረድቶኛል				
3	አሳዳጊዎቼ የሚገጥመኝን ችግር እንዴት መፈታት እንደምችል ያስረዱኛል				
4	አሳዳጊዎቼ ከእኔ የሚጠብቁቸዉ መልካም ነገሮች አሉ				
5	አሳዳጊዎቼ ችግሮችን የሚፈቱት በሃይልና በጫና ነዉ.				
6	ከአሳዳጊዎቼ ጋር መኖሬ ከፍተኛ የሆነ ደስታ ሰጠቶኛል				
7	መሰረታዊ ፍላጎቶቼን ለማሟላት ጥረት ያደረጋሉ				
8	ከአሳዳጊዎቼ ጥሩ ፍቅር ና እንክብካቤ አገኛለሁ				
9	አሳዳጊዎቼ በቤት ዉስጥ ሀላፊነትን እንድለማመድ እድል ይሰጡኛል				
10	አሳዳጊዎቼ የወደፊቱ ታላቅ ሰዉ መሆን እንደምችል ይነግሩኛል				
11	በአሳዳጊዎቼ መገለል ገጥሞኛል				
12	ከአሳዳጊዎቼ ጋር ከምኖር ብቻየን መኖር እመርጣለሁ				
13	አሳዳጊዎቼ ወላጅ ካላቸዉ ልጆች ጋር እኩል ችሎታ እንዳለኝ እንዲሰማኝ አረድተዉኛል				
14	ችግሮቼን ከአሳዳጊዎቼ ጋር በነፃነት በመወያየት መፍታት በመቻሌ ራሴን እንደ እድለኛ አቆጥረዋለሁ				
15	አሳዳጊዎቼ ለእኔ አርአያዎቼ ናቸዉ.				
16	ከአሳዳጊዎቼ ጋር ጥብቅ የሆነ ግንኙነት አለኝ				
17	ራሴን እንዴት መምራት እንዳለብኝ ከአሳዳጊዎቼ ተምሬአለሁ				
18	አሳዳጊዎቼ እኔን እንደጠቃሚ ሰዉ/አካል ያዩኛል				
19	በአሳዳጊዎቼ እገዛ አማካኝነት ጠንካራ ሰዉ ሆኛለሁ				

ክፍል አራት:- የአቻዎችን ድጋፍና እገዛ በተመለከተ

መመሪያ:- ቀጥሎ በተመለከተዉ ሠንጠረዥ በስተቀኝ በኩል የአቻዎችህ/ሽ ድጋፍና እገዛ በስተግራ በኩል ደግሞ የድጋፉን የመፈጸም ሁኔታ የሚያመለክት/1 እስከ 4 ነጥብ/ ሚዛን ተቀምጧል። ከ 1 እስከ 4 ከቀረቡት ነጥቦች የእርስዎን ሁኔታ በትክክል ይገልፃል ብለዉ የሚያምኑበትን ነጥብ በእያንዳንዱ ዓረፍተ ነገር ፊትለፊት የራይት (√) ምልክት በማድረግ መልስዎን ይስጡ።

መግለጫ

1 በጣም አልፎ አልፎ እዉነት ነዉ. 3 በአብዛኛዉ እዉነት ነዉ.
2 አንድ አንድ ጊዜ እዉነት ነዉ. 4 ሁልጊዜ እዉነት ነዉ.

ተ ቁ	ከአቻዎች የሚገኝን ድጋፍ የሚመለከት ዓ ነገር	ሚ ዛ ን			
		1	2	3	4
1	ችግሬን የማካፍላቸዉ ጓደኞች አሉኝ				
2	በአቻዎቼ መገለል እንደተፈፀመብኝ ይሰማኛል				
3	እኔ በአቻዎቼ የተወደድኩ ሰዉ ነኝ				
4	በአንድ አንድ ጉዳዮች ላይ መሪ እንድሆን አቻዎቼ ይጋብዙኛል				
5	በሌሎች ላይ ጥቃት እንዳደርስ ከአቻዎቼ ግፊት ይደረግብኛል				
6	ከአቻዎቼ ጋር ስሆን የመዝናናትና የነፃነት ስሜት ይሰማኛል				
7	አቻዎቼ ሀላፊነት እንዲሰማኝ ይረዱኛል				
8	ከአቻዎቼ በርካታ ጥሩ የሆኑ ነገሮችን ተምሬአለሁ				
9	የእድሜ አቻዎቼ ከሀዘን ቶሎ እንድመለስ ረድተዉኛል				
10	በችግር/ፈተና/ ጊዜ አቻዎቼ ማህበራዊ እገዛ ያደርጉልኛል				
11	አብዛኛዉን ጊዜ አቻዎቼ እንድናደድ ያደርጉኛል				
12	ከአቻዎቼ መካከል ጥሩ አርአያ መሆን የሚችሉ አሉ				
13	አቻዎቼ የእኔን ባህርይ ስለሚወዱት ከእኔ ጋር መሆን ያስደስታቸዋል				
14	የዕድሜ አቻዎቼ እስካሉ ደረስ የብቸኝነት ስሜት አይሰማኝም				
15	ከአቻዎቼ ጋር መሆንና መጫወት ደስታን ይሰጠኛል				
16	በአብዛኛዉ ከአቻዉቼ ጋር መሆንን እመርጣለሁ				
17	ጓደኞቼ እኔን በትክክል ይረዱኛል				
18	እኔ አባል ከሆንኩበት ቡድን እርካታን እግኝቻለሁ				
19	አቻዎቼ ማንኛዉንም የሞራል ድጋፍ ያደርጉልኛል				
20	ሃሳቤን ለአቻዎቼ የማካፈል ጥልቅ ስሜት አለኝ				
21	አቻዎቼ ስሜቱ እንዳይጎዳ እገዛ ያደርጉልኛል				
22	ከአቻዎቼ ጋር ባለኝ ግንኙነት ምክንያት የማህበራዊ ግንኙነት ሁኔታዬ ተሻሽሏል				
23	የእድሜ እኩዮቼ የመወሰንችሎታየ እንዲሻሻል ያግዙኛል				
24	ከአቻዎቼ ጋር ባለኝ ግንኙነት ምክንያት የተለያዩ ገቢ የሚያስገኙ ስራዎችን መስራት ችያለሁ				
25	አቻዎቼ በችግር ጊዜ ከእኔ ይሸሻሉ				

ስለተደረገልኝ ትብብር በድጋሜ አመሰግናለሁ!

Appendix III
Addis Ababa University
School of Graduate Studies
Department of Psychology

Guides for interview with Guardians

Objective of the interview

The purpose of the interview is to gather data about the resilience behavior of orphaned adolescents and to examine your contribution to this behavior as a care giver. The data gathered from you will be used only for research purpose and your personal responses will be kept confidential. Thus, be at ease to participate in the discussion honestly.

Thank you in advance for your cooperation

1. How did you become a guardian? How did you get your guardianship?
2. What kind of care and support you are providing to your orphan children?
3. How do you see the behavior of the orphan adolescents? Are they helpful? Are they troublesome?
4. Do you think that the orphan adolescents rebounded back from their grief? Are they well adjusted?
5. Do they communicate clearly and frankly to you at times of problems?
6. Is there any special report to you because of their misbehavior?
7. Do you think that your presence helped them to cope up with the stress full conditions and to be resilient?
8. Which sex (boys or girls) do you prefer to raise? Why
9. Which sex (boys or girls) do you think better in terms of social relation, problem solving ability, self management and other life skills?
10. How do you see orphans academic performance & life skill?
11. Do you think that orphans are strong and visionary?
12. Do you think that they communicate with other people such as peers, teachers, neighbors and others positively?
13. In general, how do you see the role of guardianship (yours) in helping orphan adolescents to develop resiliency?

Thank you again for your cooperation

Appendix IV

አዲስ አበባ ዩኒቨርሲቲ
የድህረ ምረቃ ትምህርት
ሳይኮሎጂ ትምህርት ክፍል

ወላጅ አልባና ለችግር ተጋላጭ ልጆች አሳዳጊዎች መረጃ ለመሰብሰብ የተዘጋጀ ቃለ መጠይቅ

የቃለ መጠይቅ ዓላማ:- የቃለ መጠይቅ ዓላማ ወላጅ አልባና ለአደጋ/ችግር ተጋላጭ ወጣት ልጆች በችግር ዉስጥ አዎንታዊ ባህርይ ሰለማዳበራቸዉ/ችግርን ስለመቋቋም/ ለጥናት የሚሆን መረጃ ለመሰብሰብ ነዉ። ከእናንተ የሚገኘዉ መረጃ ለጥናት ተግባር ብቻ የሚዉልና ሚስጥራዊነቱም የተጠበቀ ነዉ። ሥለሆነም ዘና በማለትና በራስ በመተማመን መንፈስ በወይይቱ እንድትሳተፉ እየገለፅኩ ስለሚደረግልኝ ትብብር በቅድሚያ አመሰግናለሁ።

1. የወላጅ አልባ ልጆች አሳዳጊ እንዴት ልትሆኑ ቻላችሁ? አሳዳጊነቱንስ እንዴት አገኛችሁት?
2. ለምታሳድጓቸዉ ልጆች ምን ዓይነት እንክብካቤና ድጋፍ ታደርጋላችሁ?
3. የልጆቹን ባህርይ እንዴት ታዩታላችሁ? ልጆቹ አጋዥ ናቸዉ? ወይንስ ችግር ፈጣሪዎች?
4. ልጆቹ ከሀዘናቸዉ ተመልሰዋል ብላችሁ ታምናላችሁ? ራሳቸዉን ከአካባቢያቸዉ ጋር አስማምተዉ መኖር ችለዋልን?
5. በችግር ጊዜ ከእናንተ ጋር በግልፅና በነፃነት ይወያያሉን?
6. በእነሱ አስቸጋሪ ባህርይ ምክንያት የተወቀሳችሁበት ጊዜና ሁኔታ አለን?
7. ልጆቹን በማሳደጉ ሂደት የትኛዉን ፆታ/ወንድ ሴት/ማሳደግ ትመርጣላችሁ? ለምን?

8. በማህበራዊ ግንኙነት፣ በችግር አፈታት፣ ራስን በማስተዳደርና በሌሎች የአኗኗር ጥበቦች የተሻሉ ሆነዉ ያገኙአቸዉ ወንዶችን ወይንስ ሴቶችን? ለምን ይመስላችኋል?
9. የእናንተ መኖር ልጆቹ አወንታዊ ባህርይ እንዲያዳብሩ ረድቷቸዋል ብላችሁ ታስባላችሁ? እንዴት?
10. ከወላጅ አልባ ልጆች መካከል ጠንካራና ባለራዕይ የሆኑ አሉ ማለት ይቻላላልን? እንዴት?
11. ወላጅ አልባ ልጆች ከሌላዉ የህብረተሰብ ክፍል ጋር ማለትም ከእድሜ እኩዮቻቸዉ፣መምህራን፣ጎረቤቶችና ሌሎች ጋር አወንታዊ ግንኙነት አላቸዉን? እንዴት?
12. የልጆቹን የትምህርት ሁኔታ፣ማህበራዊ ግንኙነት፣ራስን የማስተዳደር ሁኔታ እና አጠቃላይ የህይወት ፍልስፍናቸዉን እንዴት ታዩታላችሁ?
13. በአጠቃላይ ወላጅ አልባና ለችግር ተጋለጭ ልጆች በችግር ዉስጥ አወንታዊ ባህርይ የመላበሳቸዉን/ችግርን የመቋቋም/ ሁኔታና የእናንተ እንክብካቤና ድጋፍ ለዚህ ባህርይ መጎልበት ያለዉን አስተዋፅዖ እንዴት ታዩታላችሁ?

ስለተደረገልኝ ትብብር በድጋሜ አመሰግናለሁ!

Appendix V

Addis Ababa University

School of Graduate Studies

Department of Psychology

Guides for Interview with Community based Support Providers

Objective of the Interview

The purpose of the interview is to gather data regarding resiliency among orphan adolescents and the contribution of guardians' to the orphans. The data gathered from you will be used only for research purpose. And your personal responses will be kept quite confidential.

Thank you in advance for your cooperation

1. How many orphans are there in your area /support providing zone?
2. What community based support providers can do for these orphans?
3. How do you see their personal characteristics? Do you think that they are well adjusted?
4. Do you think that they /orphan adolescents/ have good relation ships with their guardians, peers, neighbors, support providers like you and the community at large?
5. How do you see the orphans academic performance?
6. Which sex (boys or girls) do you think are better in terms of resiliency?
7. How do you see the social relation skill, decision making ability, self management skills and other life skill of orphans?
8. How do you see the contribution of guardians in caring and supporting the orphan adolescents?
9. In general, how do you see the resilience behavior of the orphans and the contribution of guardians to enhance resiliency?

Thank you again for your cooperation

Appendix VII

አዲስ አበባ ዩኒቨርሲቲ
የድህረ ምረቃ ትምህርት
ሳይኮሎጅ ትምህርት ክፍል

ሕብረተሰብን መሳከል ያደረገ እገዛ/ድጋፍ ከሚያደርጉ ሠራተኞች መረጃ ለመሰብሰብ የተዘጋጀ ቃለ መጠይቅ

የቃለ መጠይቁ ዓላማ:- የቃለ መጠይቁ ዋና ዓላማ ወላጅ አልባና ለችግር ተጋላጭ የሆኑ ልጆች በችግር ዉስጥ አዎንታዊ ባህርይ ማዳበራቸዉን/ችግርን ስለመቋቋማቸዉ/ በተመለከተ መረጃ ለመሰብሰብ ነዉ፡፡ ከእርስዎ የሚገኘዉ መረጃ ለጥናት ተግባር ብቻ የሚዉልና ሚስጥራዊነቱም የተጠበቀ ነዉ፡፡ ሥለሆነም ዘና በማለትና በራስ በመተማመን መንፈስ ቃለ ምልልሱን እንዲያደርጉ እየገለፅኩ ስለሚደረግልኝ ትብብር በቅድሚያ አመሰግናለሁ፡፡

1. ወላጅ አልባና ለችግር ተጋላጭ የሚባሉት ምን ዓይነት ልጆች ናቸዉ?
2. እርስዎ በሚሰሩበት አካባቢ ምን ያህል ወላጅ አልባና ለችግር ተጋላጭ ልጆች አሉ?
3. ሕብረተሰብን መሳከል ያደረገ ድጋፍ ሰጪዎች ለነዚህ ልጆች ምን ዓይነት ድጋፍና እገዛ ያደረጉላቸዋል?
4. የወላጅ አልባና ለችግር ተጋላጭ ልጆችን ስብዕና እንዴት ያዩታል? ልጆቹ ራሳቸዉን ከአካባቢዉ ጋር በትክክል አስማምተዉ መኖር የሚችሉ ናቸዉን?
5. ወላጅ አልባና ለችግር ተጋላጭ ልጆች ከማህበረሰቡ ጋር <u>ለምሳሌ</u> ከአሳዳጊዎቻቸዉ፣ ከመምህራን፣ከጎረቤቶች፣ ከዕድሜ እኩዮቻቸዉ፣ ከእናንተና ከሌሎች ጋር ያለቸዉን ግንኙነት እንዴት ያዩታል?
6 የልጆቹን የትምህርት፣ የችግር አፈታት ችሎታ፣ ራስን የማስተዳደር ሁኔታ፣ የህይወት ፍልስፍናና ሌሎች ባህርያት እንዴት ይገልጹታል?
7. በማህበራዊ ግንኙነት፣ በችግር አፈታት፣ ራስን በማስተዳደርና በሌሎች የአኗኗር ጥበቦች የተሻሉ ሆነዉ ያገኙአቸዉ ወንዶችን ወይንስ ሴቶችን? ለምን ይመስልዎታል?
8. የአሳዳጊዎች እንክብካቤና ድጋፍ የልጆቹን አወንታዊ ባህርይ ለማዳበር ያለዉን አስተዋፅዖ እንዴት ያዩታል?
9. በአጠቃላይ የወላጅ አልባና ለችግር ተጋላጭ ልጆችን በችግር ዉስጥ አወንታዊ ባህርይ የመላበስ/ችግርን የመቋቋም/ ሁኔታና የአሳዳጊዎችን እንክብካቤና ድጋፍ ያለዉን አስተዋፅዖ እንዴት ይገመግሙታል?

ሥለተደረገልኝ ትብብር በድጋሜ አመሰግናለሁ!

Declaration

I declared that this thesis is my original work, has not been presented in any other university and all sources of materials used for the thesis have been duly acknowledged.

Name _____

Signature _____

Date _____

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

Name _____

Signature _____

Date of approval _____

ADDIS ABABA UNIVERSITY
LIBRARIES
P.O.BOX 1176
ADDIS ABABA ETHIOPIA