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The Psychosocial Behaviour of AIDS Orphans: The Case of AIDS Orphans in Five Organizations in Awassa

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The Psychosocial Behaviour of AIDS Orphans: The Case of AIDS Orphans in Five Organizations in Awassa

A Thesis Submitted to the School of Graduate Studies Addis Ababa University in Partial Fulfillment of the Requirement for the Degree of Master of Arts in Counseling Psychology

Daniel Messele



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By

Daniel Messele

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	Advisor	Signature	Date
3.	DESALEGN CHALCHISA	Chalchisa	14/07/06
	Examiner, Internal	Signature	Date
4.	Mubishet Shiferaw		July 14, 2006
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Acronyms

ABS – Awassa Boarding School

AIDS – Acquired Immune Deficiency Syndrome

CBCC - Community Based Children's Care

CRC – Convention on the Rights of the Child

EOC – DICAC - Ethiopian Orthodox Church Development and Inter – Church Aid Commission

HAPCO – HIV/AIDS Prevention and Control Office

HIV – Human Immunodeficiency Virus

MJATD - Mary Joy Aid Through Development

MOLSA – Ministry of Labor and Social Affairs

OSSA – Organization for Social Services for AIDS

PIN – People In Need

SNNPR – Southern Nations, Nationalities and People's Region

TBEAOYA - Tesfa Birhan Ethiopia AIDS Orphans Youth Association

TAWLWH - Tilla Association of Women Living with HIV

TT – TBEAOYA and TAWLWH

UNAIDS – Joint United Nations Program on HIV/AIDS

UNICEF – United Nations Children's Fund

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Abstract

The major target of this study is to describe the core factors that influence the psychosocial behaviour of AIDS orphans. And the extent to which these factors (independent variables) like social and psychological needs, and stigma and discrimination contribute to the emotional, social and personal behaviour of AIDS orphans is examined. Moreover, the research has tried to see if significant difference exists between male and female AIDS orphans and AIDS orphans getting varied support on their psychosocial behaviour.180 AIDS orphans and 60 guardians or caretakers are selected from five non – governmental organizations working with AIDS orphans in Awassa, namely ABS, MJATD, OSSA, TAWLWH and TBEAOYA. Questionnaires were distributed to all the sample population and interview and FGD was employed. Correlation technique was employed to see the level of significance of the relationship between the dependent variables and the independent ones. Moreover, the regression was calculated to see the extent to which the independent variables predict the dependent ones. ANOVA was run to see if significant difference exists between the male and female AIDS orphans on their psychosocial behaviour. Finally, T-test was calculated to see if there exists significant difference between those getting varied support on their psychosocial behaviour.The correlation between the dependent and independent variables revealed that there is significant relationship between the social and psychological needs and the emotional, personal and social behaviour. Where as the existence of stigma and discrimination has shown negative and insignificant correlation with the dependent variables. The regression has also revealed that the independent variables predict the dependent ones to a great extent (25% on average). The ANOVA calculated shows that there is no significant difference between male and female AIDS orphans in their social and personal behaviour, while it shows significant difference in their emotional behaviour. The T-test calculated has revealed significant difference between children in ABS; and those getting support from TT on their social, emotional and personal behaviour due to the varied support they get, which is also revealed in the significant difference exhibited in the fulfilment of the social and psychological needs. But the stigma and discrimination in the organizations remained constant.

CHAPTER ONE

INTRODUCTION

1.1. Background of the Study

As the 2005 World AIDS Day reported, there are 1.2 million AIDS orphans in Ethiopia. Coming to the specific region, the SNNPR HAPCO (2003) reported a total of 920,926 orphans, 80,792 in urban areas while the remaining 840,134 in rural areas. Out of the total number of orphans in SNNPR 62,204 are classified as AIDS orphans. The report shows that there are almost a balanced number of AIDS orphans in urban and rural areas, 30,140 and 32,064 respectively. The SNNPR HAPCO also estimated 148,077 AIDS orphans in the year 2010. Though the researcher didn't come across with any written document showing the number of AIDS orphans in Awassa, the different registrations and assessments made by the city's HAPCO indicate that there are more than 1, 700 AIDS orphans in Awassa.

Various researches show that stigma prevents governments and communities from effectively responding to the orphan's problem. Stigma and discrimination also intensify violations of these children's rights—particularly with their access to education, social services, and community and family support (UNAIDS/WHO 2004). In other words, the information obtained from (on line 1) simplifies the point as follows:

> Children orphaned or made vulnerable by AIDS (OVC) are more likely to be malnourished, less likely to be educated, more likely to be abused and suffer severe psychosocial distress. In many communities, traditional ways of caring for orphans and vulnerable children, such as the extended family system, are being severely strained by the multiple, mutually exacerbating impacts of HIV/AIDS. The challenge is to find ways to help communities care for the unprecedented number of children and families rendered vulnerable by HIV/AIDS.

From this it is possible to understand that the capacity to care for the holistic development of children is deteriorating as a result of the dramatic increase in the number of AIDS orphans. Due to all these serious psychological and social problems, AIDS orphans are easily exposed to what Patel has classified as, *"Negative emotions like fear, anxiety, hate, conflict, uncertainty, irritation, frustration, guilt, boredom and dissatisfaction while our positive emotions include pleasure, enthusiasm, mastery, excitement, confidence, happiness, joy, love and intellectual stimulation (Patel 1989:6)"*. Out of these emotional reactions emerged due to different stimulus, AIDS orphans often seen exhibiting the negative emotions. Mostly, these emotions are developed and reflected by low self – esteem, emotional and social problems, psychological stress and loneliness, which ultimately lead to improper psychosocial behaviour (Ibid).

Though the magnitude of the problem related to AIDS orphans is very high, various organizations are trying to address it. In the process very few of the AIDS orphans in Awassa, who could get the chance to get support from one organization, seem to enjoy the provision of their material (social) needs like food, shelter, clothing, education, health and so on. But most of these children are missing their psychological needs like love, care, encouragement, guidance and counselling; and so on, which will help them to develop the mentioned positive emotions.

Understanding the magnitude of the problem and the number of social problems that AIDS orphans face, it was indicated in the Ethiopian Humanitarian Update (2002) that the problem should be the concern of everyone as follows:

> The Ministry of Health reports that the number of AIDS orphans in Ethiopia has approached the one million mark, placing an even greater strain on the country's limited and already stretched social services. AIDS orphans face a host of social problems with many of them being forced to live on the street. With Ethiopia's culture of extended families having proven to be one of the most practical mechanisms in facing the threat, the Ministry urges families to get involved and help these orphans. The Ministry stresses that the problem should not be left solely to Government or non-governmental organizations but be embraced by everyone in the country.

In responding to this problem the current trend seems to be concentrating on the physical needs like food, clothing and shelter. The fulfillment of these needs is mandatory more than any thing. But giving due attention to the psychological needs of these children is also important. Gobena (1994) has concluded his comparative study of development on children saying that environment could not possibly be taken entirely as disadvantageous or advantageous, since a given aspect of environment could affect a given sphere of development. This shows that relationship between environment and development is highly specific. Therefore, gathering information regarding the factors contributing to the psychosocial behaviour of AIDS orphans and the behaviour revealed as a result is very important. Therefore, the study aims to show the relationship of emotional, social, and personal behaviour with the contributors like the psychosocial needs and stigma and discrimination.

1.2. Practical Consideration

Two forms of supports (Institutionalised and community based) are being practiced in Ethiopia. For instance, in Awassa, there are about 2 organizations giving institutionalised support while there are about 10 giving CBCC. And there is one organization practicing both approaches by letting children stay in the facility for four-week days and sending them to

their extended families during weekends and school vacations. Considering all the different supports the research attempts to identify the practical impact of the various supports provided in the psychosocial behaviour of AIDS orphans.

Hence, to stop the flow of AIDS orphans to streets, People in Need (PIN), Czech Republic has taken the initiatives and developed a project called *"Enable access to education and care to AIDS orphans and their economical and social stabilization in community – building of Lower Secondary School with boarding houses in Awassa (SNNPR)"*. This project is developed with its main objective to introduce a model that cares for the development of the children in various aspects. The organization has admitted AIDS orphans aged between 14 and 16 in grade 9. The children in the organization are provided with accommodation and various practical skills training. The project is time bound, which is currently two years during which students are trained various skills which will stabilize them in the community. The project emphasizes that strengthening young peoples' life and survival skills is very essential in helping AIDS orphans.

Others like SOS Children's Village provide institutionalized family based support while the majority of the organizations like MJATD, OSSA, TAWLWH, TBEAOYA, EOC – DICAC, and so on follow CBCC. In practice, the majority of the organizations seem to concentrate on the material needs of AIDS orphans than their psychological needs. And their supports are mainly on the monthly basis. Some of their supports include medical facility, stationery materials, uniform and financial support. But these children still are faced with stigma and discrimination. As a result, they are faced with the psychosocial challenges that come from the community side and they fail to overcome them most of the time. Therefore, this study will try to assess the impact of the various forms of support given to the AIDS orphans, especially to the children's psychosocial behaviour.

1.3. Statement of the Problem

Many programmes for orphans and vulnerable children have focused on material support and meeting children's physical needs. Since psychosocial problems are sometimes poorly understood or difficult to assess, they are often not adequately addressed by different programmes. Moreover, other problems like food insecurity, shortage of resources, stigma and discrimination, and a lack of psychosocial care, among other things, remain the biggest problems of orphans and vulnerable children in Ethiopia (on line 8). The psychosocial needs of AIDS orphans can not be tackled only by fulfilling the physical needs. Since by the very nature, HIV/AIDS undermines, and destroys, the fundamental human attachments essential to normal family life and child behaviour, and exposes the orphaned child for stigma and discrimination. Therefore, increasing number of AIDS orphans face emotional, personal and social problems as the spread of HIV/AIDS continues as it is indicated on UNAIDS & UNICEF 2004:5.

> The scale and spread of the HIV/AIDS epidemic is staggering. More than 20 million people around the world have died from AIDS and another 41 million are living with HIV. With infection rates still rising .....The impact of HIV/AIDS is most profoundly reflected in the lives of children, whose very survival and development are at stake.

This high spread of the HIV/AIDS epidemic results in increased number of AIDS orphans. In order to observe holistic development of children, due attention should also be given to psychosocial support. Unless there is a clear understanding of the role of psychosocial support is achieved, this increasing population of AIDS orphans will benefit very little from the existing governmental and non-governmental programs. Therefore, the following research questions were raised.

a. Is there significant relationship between the dependent variables like social, emotional and personal behaviour of AIDS orphans and the

identified independent variables like the psychological and social needs; and stigma and discrimination?

b. Do AIDS orphans face stigma and discrimination?
c. Do organizations providing support for AIDS orphans fulfil the social and psychological needs?
d. Do the independent variables predict the dependent variables or the psychosocial behaviour of AIDS orphans to a great extent?
e. Is there a significant difference between male and female AIDS orphans on their psychosocial behaviour?
f. Is there significant difference on the social, emotional and personal behaviour of AIDS orphans getting support in various organizations?

1.4. Objectives of the Study

The major objective of the study is to explore the various factors contributing to the psychosocial behaviour of AIDS orphans and to identify the extent to which these factors or independent variables predict the social, emotional and personal behaviour. The study also has the following specific objectives:

- To identify wheather there is relationship between the dependent variables like emotional, social and personal behaviour; and the independent variables like the psychosocial needs and stigma and discrimination.
- To see if AIDS orphans face stigma and discrimination.
- To assess the extent to which organizations providing support for AIDS orphans fulfil the social and psychological needs.
- To explore how much the independent variables predict the dependent ones.
- To compare the social, emotional and personal behaviour of male and female AIDS orphans.

- To compare the impact of the different support provided by different organizations on the psychosocial behaviour of AIDS orphans.

1.5. Significance of the Study

The research will have various importances in showing the relationship between social, emotional and personal behaviour on the one side and psychosocial support and stigma and discrimination on the other side. Moreover, assessing the independent variables identified so as to see the impact on the psychosocial behaviour of AIDS orphans is very important.

The researcher has a strong belief that the society at large and organizations in particular face problems associated with the psychosocial behaviour of AIDS orphans in various settings. So, the researcher hopes that the results of the research will give some insight regarding the psychosocial behaviour of AIDS orphans for various organizations giving support to these children. And the organizations shall apply the various recommendations or solutions to tackle the problems associated with the psychosocial behaviour of AIDS orphans. It also helps to identify the social, emotional and personal behaviour of AIDS orphans and accordingly to make use of appropriate activities in supporting the psychosocial behaviour of AIDS orphans. In addition, the researcher believes that the study shall benefit to focus on the psychosocial needs of AIDS orphans and present their existing situation in order to implement the core of a framework of action, developed by a number of international agencies, including UNICEF to provide psychosocial support.

Organizations working with AIDS orphans will benefit in understanding the importance of social and psychological needs. It will also indicate some factors that result from losing a parent to HIV/AIDS. Moreover, the researcher hopes that the findings of this study will provide important

directions for conducting further research in the areas of psychosocial support for AIDS orphans.

1.6. Definitions and Concepts Related to Psychosocial Behaviour

Psychosocial behaviour results from the proper development of children. Development in general implies supporting children normal physical, emotional, and psychological development through the provision of formal education, constructive play, health care and a caring and nurturing environment. Coming specific to psychosocial behaviour, it involves aspects of social and psychological behaviour (on line 3).

While discussing the importance of fulfilling needs for the proper development of children, Kayombo et al (2005) specifically discussed about the physical needs of a child, which includes financial needs such as food, shelter, clothing, school uniforms fees and basic health care etc. Most of the time these needs are met by care providing organizations. But, the simple provision of financial assistance is not what children need from a psychosocial perspective, but their needs for financial support must be met in an on-going and reliable fashion that also transmits to the child on-going concern, care and support.

1.6.1. Definition of Psychosocial Behaviour

The Encyclopaedia Britannica defines psychology as a science of behaviour in human beings acting alone or in groups (Encyclopaedia 1986). While acting alone or in groups children interact. This interaction of children with the environment moulds their behaviour. And the interaction of children with the environment facilitates the psychosocial development of children resulting in proper emotional, personal and social behaviour. Cobb (2001) puts psychosocial development as one of the three domains of development. These three aspects of development that make up the whole development are physical development, intellectual development

and psychosocial development. Again Cobb (Ibid) classifies psychosocial development as development of emotions, personality and relationships with others, which is later classified as emotional, personal and social behaviour respectively.

Optimal development refers to the child's ability to acquire culturally relevant skills and behaviours, which allow the child to function effectively in his/her current context as well as to adopt successfully when the context changes, and/or to bring about change. As a result, it is difficult to identify psychosocial domains. While discussing about the difficulty of identifying domains about psychosocial behaviour, Pollitt (1998) suggests the following two reasons. One is psychosocial behaviour is not tangible as its measurement cannot follow the basic measurement principles. The other one is psychosocial behaviour is a construct of psychology that cannot be adequately appraised with a scale that fits different ages or periods of early childhood. As a result, the study has tried to see the psychosocial behaviour of children in categorizing it as emotional, personal and social behaviour.

It is also possible to see psychosocial behaviour in relation to the needs, which contribute to the behaviour. Psychosocial needs include both psychological needs and social needs that children have. The psychological and emotional needs might include guidance and counselling, love, self-esteem, confidence, trust and security, care, identity, sense of belonging, encouragement and motivation, play and recreation, and spiritual support. On the other side the social needs include food, shelter, education, clothing, health, protection and security. Also children need to be heard and need to learn to express their feelings in an appropriate manner Kayombo et al (2005). If all these needs are fulfilled it is more likely that a person passes smoothly across Eriksson's psychosocial development stages. According to the theory, successful completion of

each stage results in a healthy personality and successful interactions with others. But failure to successfully complete a stage can result in a reduced ability to complete further stages and therefore a more unhealthy personality and sense of self develops.

Eriksson's theory of psychosocial development includes eight stages of development. At each stage there is a different and specific conflict that the individual must resolve in order to move to the next stage of development. If the person is unable to resolve a conflict at a particular stage, they will confront and struggle with it later in life. The person is faced with a choice between two ways of coping with each crisis. Only when each crisis is resolved, which involves a change in the personality, the person has sufficient strength to deal with the next stages of development. In general, this theory is based on encountering and resolving conflicts, which help the person, establish a sense of identity and move from one psychosocial developmental stage to the next (on line 6).

1.6.2. Psychosocial Behaviour of Children

Here it was tried to see the psychosocial behaviour of children in three sub categories as emotional, social and personal behaviour (Cobb 2001). In order to see the psychosocial behaviour of children it is wise to see the causes of this behaviour, which are the fulfilment of the psychosocial needs. Later in this chapter it is also tried to show some of the psychosocial needs that children especially AIDS orphaned children have.

1.6.2.1. Emotional Behaviour

Emotional behaviour of children is one thing to be seen while discussing the psychosocial behaviour of children. Especially, various forms of abuse affect the emotional behaviour of children. The major one is emotional abuse, which affects a child's emotional behaviour. This may include constant criticism, threats, and rejection, which result in feelings of sadness, fear, depression, anger, confusion, sleep disturbance and stress.

For instance stress as Haber and Runyon (1986) define, it includes changes, pressures, threats, and other conditions in life that make physical and emotional demands on a person. On the other hand the physical abuse, which includes physical injury as a result of punching, beating, kicking, biting, throwing, hitting and so on has its own effect in emotional behaviour. And the sexual abuse also contributes to emotional disorder. It includes activities such as rape and exploitation through prostitution. All these have their negative impact on the emotional behaviour of children. Emotional abuse destroys a child's self-esteem. Such abuse commonly could result from repeated verbal abuse of a child in the form of shouting, threats, and degrading or humiliating criticism. Other types of emotional abuse are social isolation, such as denying a child from friends (Encarta 2004).

The emotional behaviour of children could be disturbed due to various reasons. One is separation of parents. During this time providing emotional support to all age groups is important. For example, adolescents are prone in responding to their parents death with acute depression, and suicidal ideation. Many adolescents become anxious and fearful about their own future. During this time the thought patterns include circumstances such as inability to concentrate, self-destructive thoughts, memory loss, difficulty in making a decision, low self image, confusion and disbelief while the feelings of emotion include anger, guilt, sadness, intense feelings, feeling unreal, fear, loneliness, mood swings, depressions, and helplessness. The physical symptoms include headaches, dry mouth, sensitive skin, empty feeling in body, muscle weakness, stomachache, and so on (on line 4).

Emotional health can be disrupted by many other factors. For instance, as Schwartz and Lacey (1982) state if one is not free to act in a particular situation, that is, if there are forces present which demand

certain actions, then one cannot be held responsible for engaging in those actions. Therefore, plenty of variables exist which affect the emotional behaviour of AIDS orphans, because they are not free to act freely in their environment due to different stimulus.

1.6.2.2. Social Behaviour

The relationship that a child has with others or the child's social behaviour is one important aspect of psychosocial behaviour (Cobb 2001). Endleman (1967) indicates that the socialization process involves unconscious molding, pressuring, and manipulating of the new human animals by the regular agents of socialization. They are parents, siblings, other kin, teachers, and so on. And the child not only learns what the socializers say, but also what they communicate by tone, gesture, expression, etc. That is, the environment has a vital role in molding the behaviour. For instance, Eisenberg (1982) explains that the establishment of peer relations in the elementary school years facilitates the decline of egocentrism. As children become more able to differentiate psychological perspectives, they can easily develop their interpersonal relationships.

The issue of attachment is another important factor in heightening children's interpersonal behaviour, which is related to social behaviour. Hetherington and Parke (1979: 231) comment the following:

> A healthy attachment to parents facilitates rather than stifles exploration, curiosity and mastery of the social and physical environment. At the same time, early attachment increases the child's trust in other social relationships and permits the later development of mature affectional relationships with peers.

It is obvious that the environment of the home has a comprehensive influence on the psychosocial behaviour of the child and the later social behaviour. An intimate relationship between individual and society is important for the proper behaviour of the child. And that is why it is said the child's personality depends to a large extent upon his social environment.

Thus, almost everything that the child learns is acquired from the society he belongs. It is in the society that his self or ego develops where by he is called a human being. For this reason, the family plays the most dominant role in the individual's socialization. The child can have wider opportunities to acquire some kind of behaviours from his family members, parents, relatives and friends too (Sharma, 2004). It is due to this reason that behaviour is defined as manner of conducting oneself in the external relations of life (Murray 1978).

1.6.2.3. Personal Behaviour

As presented in Haber and Runyon (1986) in Eysenck's theory two dimensions are of major importance. They are introversion-extroversion and stability-instability. And these dimensions of personality are presented including the points like moody, anxious, rigid, pessimistic, reserved, unsociable, quiet, passive, careful, thoughtful, peaceful, controlled, reliable, calm, leadership, carefree, lively, easygoing, responsive, talkative, outgoing, sociable, active, optimistic, changeable, excitable, aggressive, and restless. Loneliness also results in serious psychological problem. As a result Rotenberg and others (1999) have stated that loneliness comprises with two related components. These are:

a. A cognitive component comprising with the difference between desired social relationships and actual social relationships, either quantitatively or qualitatively, and
b. An affective component, comprising with the negative emotional experiences of disorientation, lostness, and loneliness

Children who are orphaned by AIDS range in age from a few days or months old to 18 years of age. During this time children are immature and incapable to deal with complex problems. Garrison and Jones (1969) stated that increased maturity helps the growing individual to solve certain problems only to be replaced by others of a more complex nature.

Moreover, discussing on the developmental stage of adolescence by Eriksson, Zunker (1979: 204) says the following:

> Adolescence has been described as a period of turmoil resulting in a transition from childhood ... The key characteristic ... is the search for identity as one subordinates childhood identification and reaches for a different identity in a more complex set of conditions and circumstances.

This shows that unless proper care is taken even adolescents face problems during complex set of conditions. And the period is characterized by chaos and confusion.

The personal behaviour starts from infancy develops through the social interaction that an individual has with the environment. It is a learning - teaching process that, when successful, results in the human organism's moving from its infant state of helpless but total egocentricity to its ideal adult state of sensible conformity coupled with independent creativity (on line 2).

Further more, Felner & Aber (1985) say that our ability to further refine and develop preventive efforts for individuals at risk due to stressful life circumstances depends on the individuals' effort to cope with such stress and on the identification of factors that contribute to successful adaptive outcomes.

The personal behaviour of individuals is also concerned with interpersonal behaviour, the ways that individuals interact with one another. Interpersonal behaviour is interested in group processes, "antisocial" (aggressive, competitive) behaviour, "prosocial" (helpful, cooperative) behaviour, and interpersonal attraction (Encarta 2004).

1.6.3. Threats to Psychosocial Behaviour

The threats to psychosocial behaviour of AIDS orphans mainly arise due to the stigma and discrimination associated with HIV/AIDS. HIV/AIDS undermines, and then destroys, the fundamental human attachments

essential to normal family life and child behaviour. Children affected by HIV/AIDS suffer anxiety and fear during the years of parental illness, then grief and trauma with the death of a parent. It cannot be assumed that children and their caregivers are always able to cope without support. They need plenty of opportunity to express their feelings without fear of stigma, discrimination and exclusion (UNAIDS, UNICEF 2004).

Threats to psychosocial behaviour can also include harsh physical and verbal punishment. This has a risk of injury to the child (Both physical and psychological). And ultimately, it may encourage children to imitate the punisher or to consider violence as an effective response to problems. Child abuse and neglect are also the major threats to psychosocial behaviour. Neglect is failure to provide for a child's basic needs. It may be physical, medical, educational, and emotional. On the other hand abuse may be physical, sexual, and emotional abuse.

The psychosocial stress starts when children in households with a HIV-positive member suffer the trauma of caring for ill family members. Seeing their parents or caregivers become ill and die, which is aggravated by the stigma so often associated with HIV/AIDS. During and after parental illness and death, a child experiences fear, anger, and grief. And some of the impacts may include social isolation, rejection, and emotional stress.

These children may lack the proper care and supervision that they need badly at this critical period of their lives. There will also be a tremendous strain on social systems to cope with such a large number of orphan. At the family level there will be increased burden and stress for the extended family, who will try to care for these orphans. Hence, many grandparents will be left to care for young children. Children as young as 10 –12 years old head some families.

As Malm and Jamison (1952) indicate that good social adjustment is important at any age-in childhood, adolescence, or adulthood. Perhaps adolescence has especial significance, however, the person most eagerly longs for and seeks after social success and it is then that much occurs to make the person what he will be socially in the long years of adulthood.

It is believed that even in countries where HIV prevalence has stabilized or fallen the numbers of orphans will stay high or rise as parents already infected continue to die by the disease. Schools must offer orphans not only education, but other essential things -- like guidance, support, and the chance to be with other children in a healthy environment.

AIDS orphans are exposed to various stressors, which result from the loss of parents due to AIDS. Loss of parents and home, dropping out of school, separation from siblings and friends, increased workload and social isolation resulted from stigma and economic deprivation are some of the factors which negatively affect current and future mental health. The stigma is mainly caused by the belief that AIDS is commonly viewed as a punishment for immoral life style. As a result, AIDS orphans as well as HIV positive parents are rejected by extended families, friends, neighbourhood and the society at large.

1.6.4. Stigma and Discrimination Versus the Rights of Children

Stigma and discrimination violates the rights of children not to be discriminated. Mostly, stigma, discrimination and isolation is exhibited by dispossessed orphans who are often obliged to leave their homes and to live in unfamiliar and sometimes unwelcoming places. Children orphaned by AIDS are more likely to be rejected by extended family members than those orphaned due to other causes (UNAIDS & UNICEF 2004). There are two approaches on working with children. They are the right-based approach, which depends on the rights of children. It is not a charity it is

the right to be cared, supported, and protected. And the needs based approach, which focuses on meeting and satisfying basic needs. It is based on pity or charity as opposed to support for children as full human beings. Therefore, when children specially AIDS orphans are discriminated, we are violating the rights of children to be cared, supported, and protected.

Tedla (2005) indicated that the poor awareness about HIV and AIDS most often leads to discrimination. The CRC (1989) article 2 states as follows:

> State parties shall respect and ensure the rights set forth in this convention to each child with in their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

Hence, HIV/AIDS deprives of children's rights to grow in a family environment which is crucial and fundamental for their overall development. HIV and AIDS not only be considered as the major cause for the death of caregivers, it also be taken as cause for the stigma which can put children at risk and discrimination. Further, it isolates the children from others at a time when they are most vulnerable and need as much care and support.

Those UN member countries unanimously adopted the convention on the rights of the child in 1989 that came into force in 1990. Ethiopia has also ratified this convention in 1991.

According to the CRC, children have the right to be provided with basic requirements for their survival, growth and development. Their physical needs, which include food, clean water, clothing, shelter, fresh air and sleep, and education, have to be met accordingly.

The CRC (1989) also outlines the following needs as essentials for children's overall development.

- Protection from abuse and neglect
- Protection from all forms of exploitation
- Access to health and health services
- Access to appropriate information
- Privacy
- Freedom of association and expression of opinions
- Participation in recreation, play and cultural activities
- Leisure and rest opportunities

1.6.5. Psychosocial Needs

Human beings possess fundamental, shared, universal needs. We are talking here not about physical needs, like the need for food, but psychological needs. These needs must be fulfilled to some degree for us to be able to function reasonably well in the world, for our well being and continued growth (Staub 2002). Human being have basic needs for:

(1) **Security or safety** – It means they want to be free from physical and psychological harm.

(2) **Effectiveness and control** – It means they want to have the capacity to protect themselves from harm (danger, attack, etc) and to fulfill their important goals.

(3) **Positive identity and self-esteem** – It means they want to have self-awareness and an acceptance of themselves, including their limitations.

(4) **Positive connection and esteem for and trust in others** - This is a need to have close relationships to individuals and groups: intimate friendships, family ties, and relationships to communities.

(5) **Autonomy and self-trust** - It means trusting one's own judgment and perceptions.

(6) **Comprehension of reality or worldview** – It means they want to create meaning in their lives.

(7) **Spirituality** - This is the need to connect with something beyond the self.

Trauma and victimization usually frustrate basic needs. Traumatic experiences affect individuals differently. Some will be deeply affected in one need area, while other people will be deeply affected in another need area. Most traumatic experiences frustrate the needs for security. They lead people to feel that the world is dangerous, that people are dangerous. Traumatic experiences make people feel vulnerable, that they cannot protect themselves. Traumatic experiences frustrate the need for positive identity. People often feel diminished, worthless. People feel that something must be wrong with them; otherwise such a terrible thing would not have been done to them. They may also become aggressive and feel unable to control their behaviour toward others. Traumatic experiences frustrate the need for positive connection to other people. They may lead to mistrust and disconnection from people, Staub (Ibid).

The psychosocial need of AIDS orphans who are suffering from loss of their family and identity, psychological distress, increased malnutrition, loss of healthcare, fewer opportunities for schooling, loss of inheritance, and homelessness need to be addressed. Understanding also the long-term grief reactions helps to understand the threats to psychosocial behaviour. These are anxiety and fear, sadness and longing, sleep difficulties, shame and self – criticism, difficulty concentration, school/work problem, dreams, fantasies and vivid memories. Though we shall see the psychological support that we need to provide to AIDS orphans in the coming section, for all the stated problems that these children face there has to be due consideration like the one suggested by Kayombo et al (2005:2)

Psychosocial support model is represented with the use of a wheel. The wheel recognizes that none of these elements would be adequate if provided without input from other elements or in a vacuum. If we remove any one segment of a wheel, the wheel would not turn and progress would be impossible. The model assumes that at the centre of the psychosocial wheel model is an awareness of cultural practices, beliefs, and rituals, which inform one about the manner in which all of the other needs are met. Culture needs to be seen as a pivotal point for enrichment of children's identity. Culture also serves as a store of knowledge, values, connectedness, belonging and traditional practice, which is regarded as being essential to the general well being of the child.

Lack of food and clothing were viewed as the most pressing physical needs of the orphans. The desire for security, acceptance, dealing with stress, managing fears and psychological support services were identified as important psychological needs. Lack of security was seen as the most important factor affecting the psychosocial behaviour of these learners. Depression, sadness and stigmatisation were viewed as primary influences on behaviour. Teaching position, gender and age significantly influenced educators' views of various aspects of the learners' needs and behaviours (Witt 2005).

1.6.6. Psychosocial Support

Psychosocial support has been defined as an ongoing process of meeting emotional, social, mental and spiritual needs, all of which are considered essential elements of meaningful and positive human behaviour. It goes beyond simply meeting children's physical needs. It places great emphasis on children's psychological and emotional needs, and their need for social interaction. Many programmes of support for orphans and other vulnerable children have focused almost completely on their physical needs only. Programmes, which aim to meet the psychosocial and physical needs of a child, are called holistic. These holistic programs are essential in providing psychosocial support, especially to cope up with the trauma and stress that AIDS orphans face.

> Orphans and other vulnerable children require psychosocial support because of the trauma and stress they have experienced. Trauma is an emotional shock that produces long-lasting, harmful effects on the individual. Parental illness and death are causes of emotional trauma for children and young people. Stress is an emotional condition, experienced or felt when an individual has to cope with unsettling, frustrating or harmful situations. It is a disturbing sense of helplessness, which is uncomfortable and creates uncertainty and self-doubt. Psychosocial support aims to help children and young people cope with emotional trauma and stress.
>
> www.aidsalliance.org/sw480.asp(on line 5)

Psychosocial support is one of the needs of orphans, which is ignored by some programme implementers. In addition to the stress and trauma AIDS orphans face many psychological problems like feeling guilty about the death of their parents as they believe they are causes of their parents' death, others develop hopelessness and pessimism, etc. In order to minimize the psychological impact of orphans ongoing psychosocial support should be given in accordance to their age.

Addressing psychosocial needs does not necessarily require separate programmes. Group approaches, peer support and individual counselling are possible to implement in varied settings. Schools, social welfare programmes, faith-based organizations and other existing structure with the potential to reach AIDS affected families in their communities can offer much needed support. Teachers, health care workers and others can be trained to identify signs of psychological problems and to take appropriate action (Levine, Foster 2000).

The facilitated use of memory books and memory boxes is one approach that has been shown effective in helping to address psychosocial issues (Morgan, Jonathon, et al 2003). Memory tools promote discussion between parent and child about what is happening and who can provide care for the child in the future. They also provide a lasting link for a child to his or her parent and positive experiences that will be

remembered. Thus, Community Based Children's Support interventions should focus on but not necessarily limited to:

- Promote and strengthen the responsibility of the community towards psychosocial support.
- Strengthen psychosocial support services for children within the community.
- Promote participation and ensure involvement of children in all aspect that affect their lives.
- Encourage ill patient parents to be frank and open about their situation and discuss about it with their family members.
- Ensure the child psychosocial support is included in the home-based care service.

Steps to be undertaken in organizing and establishing Psychosocial Support

- Identify the needs of psychosocial support by assessing the emotional situation of orphans in the family and the community.
- Assess possible ways for providing psychosocial support in the community (spiritual, family counselling, peer support, community counselling, school environment, etc.).
- Advocate for the need of providing psychosocial support to orphans, family and community members.
- Conduct training on how to provide psychosocial support.
- Help families and care givers to provide children with appropriate information about their situation and an environment where they feel safe enough to express their feelings.
- Provide parental skill training for parents or guardians so that they correctly take care and handle emotional problems of orphans before and after the death of parents.

- Encourage the parents to work with their children in establishing memory books and in planning together for the children's future.
- Encourage will writing, identifying future caretaker and building the relationship of caretaker and children.
- Promote children interaction with adult and their peers.
- Provide opportunity for playing games and development of life skill by identifying social support structure in the community that helps to provide security and belonging (school, faith based groups, youth groups, clan leaders, influential leaders, etc).
- Establish and organize recreational areas in accordance with local context, preparing special occasions (sport, theatre, dramas, etc.), and gatherings for all children in and out of school to encourage free communication between orphans and other children.
- Include the child psychosocial support in the home-based care service.
- Advocate for de-stigmatising HIV/AIDS and other misconceptions related to the root cause of orphans.
- Assess the referral linkage when the need arises.
- Monitor and evaluate the over all intervention process.

As WHO (1997) states children need loving and secure environment for their optimum growth and development. Their physical needs must be met but at the same time their emotional and psychosocial needs also have to be fulfilled. They need love, care, attention and guidance in order to develop stability, well-adjusted and sociable human behaviour.

1.6.7. Studies Reviewed on AIDS Orphans

Abebe (2004) on his M.A. study on the psychosocial and educational problems of HIV/AIDS orphans on selected AIDS orphans in Addis Ababa and Awassa have found that the psychosocial well-being of AIDS orphans is abused in different ways like negative response from the adults and from

their peers, forced to work at home chores, took away their properties, teased and ridiculed. As a result of all these Abebe identified that AIDS orphans tend to stay away from school in order to take care of their siblings. And he also identified that AIDS orphans who have lived and been cared by extended families, friends or non-relatives are also not happy in living with them, because the caretakers use the AIDS orphans as a means of income. They have also forced them to stay at home. Besides his finding shows that traditional safety net to cope with AIDS orphans is stretched to breaking point, due to large number of orphans, poverty, stigma and discrimination associated with HIV/AIDS. All these still raise the question that which approach is suitable so that AIDS orphans won't face psychosocial problems.

Befikadu (2005) also identified that lower level of emotional adjustment among AIDS orphans was reflected in the degree of unhappiness, worry, level of patience, fatigue, depression, and feeling of hopelessness and pessimism among AIDS orphans. Consequently, he came up with lower mean score for AIDS orphans on social adjustment level, when compared with the non-AIDS orphans group. AIDS orphans manifest some kind of negative behaviour as avoiding people, shyness, difficulty to talk to strangers, and distrusting other people.

Firew (1994) studied one aspect of the social behaviour of children, which is the responsibility behaviour. After comparing the responsibility behaviour of institutionalised and home reared children, he found that the two groups were different in terms of responsibility behaviour. Among his findings, one is home-reared children were good at personal responsibility while institutionalised children were good at peer responsibility. Therefore, he recommended for child-rearing institutions to introduce ways and means of inculcating responsibility behaviour, which includes assignment of

tasks, teaching moral, individual/group guidance, exposure to a direct appeal, or independence training.

Abdinasir (1995) tried to investigate the relationship of some selected characteristics and the behavioural problems of institutionalised children as measured by child behaviour checklist. He has explained the complex nature of the case children need, since they are defenceless and totally dependent upon adults. Moreover, they are susceptible to physical and mental trauma in their environment than adults. His findings show that orphaned or abandoned children living in institutions show retarded intellectual development compared with children from normal homes. The longer the time of institutionalisation, the poorer the IQ of the children will be. In general, the result shows that length of stay in institution and sex of the subjects are identified as the two important variables that determine the behavioural problems.

1.7. Delimitation of the Study

The problems related to orphans in general and AIDS orphans in particular are enormous and country wide. Though the problem has this wide scope, the study is limited to SNNPR, Awassa city. And only few organizations have been involved. Moreover, the respondents of the study were only those AIDS orphans, who are aged between 12 and 18, since these children are capable in understanding and responding the questionnaire and expressing themselves very well.

1.8. Limitation of the Study

This research was first intended to compare and contrast the problems encountered in the psychosocial behaviour by AIDS orphans getting support either from CBCC or institutionalised support. In the meantime the researcher found out that there are enough comparative studies made regarding institutionalised support and CBCC. On the other hand, it was found that institutions providing institutional care like SOS

Children's Village do not identify the children as AIDS orphans. So the study mainly focused on organizations engaged in supporting AIDS orphans in their CBCC. That is, all subjects of the study are drawn from organizations providing CBCC. Moreover, due to the specified age group (12-18) of children, it was not possible to find equal number of AIDS orphans from each organization. As a result varied number of AIDS orphans were selected.

1.9. Operational Definitions

Adolescence - The period of life from puberty to maturity; usually occurs during a person's teen years. According to Erik Eriksson's theory, adolescence is the fifth major stage of a person's life.

AIDS Orphans – For the purpose of this study HIV/AIDS orphans are orphan children who lose both their mother and father by HIV/AIDS and whose ages range between 12 – 18 years.

Child – A child means every human being below the age of 18 years.

Discrimination – It is any distinction, exclusion or preference made on the basis of real or perceived HIV status that has the effect of nullifying or impairing equality of opportunity and treatment.

Emotional Behaviour - refers to how children feel and behave. It includes nervousness, tension, worry.

Guardians or Caretakers – refers to those people who are responsible for the AIDS orphan. It could include aunts, uncles, grand parents, and social workers.

HIV/AIDS Orphans getting CBCC – are HIV/AIDS orphans who get care and support by different NGOs and government organizations at the community level. This includes extended family, child-headed households or foster care by non – relatives.

Identity crisis - Role confusion, or an uncertainty about one's place in society and the world.

Institutionalized HIV/AIDS Orphans – are HIV/AIDS orphans who get care and support in institutions including children's home, children's village and orphanages.

Personal Behaviour - refers to how children think, and behave in individual and group activities.

Psychosocial Behaviour– It involves both psychological and social aspects of behaviour. It includes the emotional, social and personal behaviour of children.

Psychosocial needs - Activities that support AIDS orphans, which are beyond meeting their physical needs. It includes the children's need to address their psychological needs and needs for social interaction.

Social Behaviour – refers to how children think, feel and behave in social situations.

Stigma – is a barrier and discourages individuals and their families from getting the help they need due to the fear of being discriminated.

CHAPTER TWO

METHODOLOGY

2.1. Research Design

The research was conducted using descriptive research method. This research method was selected because the researcher was interested to survey the current psychosocial problems that AIDS orphans face and suggest possible solutions. Other reason is that it is rather interested in describing the current social, emotional and personal behaviour of these children in relation to the fulfillment of psychosocial needs and existence of stigma and discrimination. Since it is useful to observe the impact of the various supports provided for AIDS orphans towards their psychosocial behaviour, the description focused on the social, emotional and personal behaviour of the children. Also the scores to the questions related to psychological needs, social needs, stigma and discrimination have been computed. This helps to identify relationship between the various supports and the factors affecting the psychosocial behaviour of AIDS orphans.

2.2. Study Area

The study is conducted in Awassa, the capital city of SNNPR. The organizations involved in the study are ABS, MJATD, OSSA, TBEAOYA and TAWLWH.

2.3. Population and Sampling

Out of the 1700 AIDS orphans who are estimated to live in Awassa, nearly 866 are getting support from the five selected organizations. Out of this total population of the study a representative and adequate sample size is selected to represent the population. For this the researcher has selected representative organizations working with AIDS orphans in Awassa. Sample of AIDS orphans and guardians or caretakers are taken from five

organizations. A total number of 180 AIDS orphans, and 60 guardians or caretakers have filled out the questionnaire.

Table 1 – Population and Sampling

No.	Organization	Population	Sample	Sample Percentage	Remark on the Total Population
1.	ABS	100	54	30%	AIDS orphans
2.	MJATD	480	36	20%	Don't Identify AIDS orphans
3.	OSSA	75	36	20%	AIDS orphans
4.	TBEAOYA	120	27	15%	AIDS orphans
5.	TAWLWH	91	27	15%	AIDS orphans
	Total	866	180	100%	

The distribution of the questionnaire was based on the number of AIDS orphans in each organization and the type and size of support provided for the children. 30% of the respondents were drawn from PIN's project ABS, which has admitted only AIDS orphans and providing high school education and skills training on the areas of wood work, metal work, tailoring and food preparation. 20% of the respondents are from MJATD, which is mainly engaged in providing community-based children's care for AIDS orphans and destitute children. Another 20% of the respondents come from OSSA. 15% of the respondents were taken from TBEAOYA, which is an association of AIDS orphans providing support for its members. And the rest 15% of the respondents come from TAWLWH. Just like that of the AIDS orphans the distribution of the guardians or care takers respondents is 30%, 20%, 20%, 15%, 15% for ABS, MJATD, OSSA, TBEAOYA and TAWLWH respectively.

The sampling technique employed is purposive and systematic sampling. This technique is employed because most organizations give support to all orphans together and the researcher should identify those

AIDS orphans using the technique to suit the purpose of the study. In the case of ABS AIDS orphans and guardians or caretakers are selected using systematic sampling, since all children have lost parents due to AIDS and stay in the school during the weekdays. In the case of the other organizations the children are selected based on convenience using purposive sampling until the researcher found the allocated number for each organization, since the children come to the organizations occasionally.

2.4. Procedures of Data Gathering

2.4.1. Instruments of Data Collection

The necessary data for the research was collected through questionnaires, FGD and interview technique. The questionnaire is prepared for AIDS orphans and guardians or caretakers. The questionnaire for AIDS orphans included four parts. They are 5 demographic questions, 18 close ended and open ended questions, 55 general statements, expressions related to the psychosocial behavior and forms of stigma and violence that AIDS orphans face in a five point scale and 12 dealing with psychological and social needs in a two point scale.

On the other side, the questionnaire for guardians or caretakers included five parts. They are 5 demographic questions, 25 close ended and open ended questions, 52 general statements, expressions related to the psychosocial behavior and forms of stigma and violence that AIDS orphans face in a five point scale, 10 statements showing how frequently AIDS orphans face the problems mentioned and 12 dealing with psychological and social needs in a two point scale. In both the AIDS orphans and guardians or caretaker's questionnaire the demographic questions included have tried to assess some of the background information about the respondents.

About 10 structured and semi-structured interview guides were developed after the questionnaires were collected. The main reason for the interview was to seek for additional information around the theme of the research and to fill some gaps observed after the collection of the questionnaires. The interview guides were used in an interview with five key informants from each organization. In addition, about 5 points were identified for FGD. The FGD was conducted with selected AIDS orphans while the interview is conducted with selected care providers.

In order to view the psychosocial behaviour of AIDS orphans in line with the emotional, personal and social behaviour various scales have been consulted. Some of the scales from which items were extracted include Rosenberg's Self-esteem Scale (items regarding perception to oneself), Beck Depression Inventory (items related with feeling of dissatisfaction with oneself and ones ability), Revised Children's Manifest Anxiety Scale (items related to behavioural expressions of anxiety or emotionality like nervousness, tension and worry), also items regarding the children's social behaviour are taken from the Watson and Friend Social Avoidance and Distress Scale (these items focus on anxiety, tension and stress provoked by social encounters), and Loneliness and Social Dissatisfaction Scale. A professional translated the items into Amahric. In addition to the items selected from the above scales to explore the personal, social and emotional behaviour of AIDS orphans, some items were also included from the literature both in the close and open ended items and five point scale. Items related to the fulfillment of psychosocial needs and stigma and discrimination were included from the literature.

2.4.2. Pilot Testing

The questionnaire for guardians or caretakers was filled by 5 people (2 social workers, 2 care takers and 1 educator). The main reason to distribute this questionnaire was to find out if there is any lack of clarity in the

Amharic version of the questionnaire. It also helped to get the necessary feed back regarding the types of questions included in the questionnaire. All the five have returned the questionnaires with important feedbacks. The five were also provided with the questionnaire for AIDS orphans for comment. And the three returned the questionnaire with important comments. Based on the feedback important corrections were made on both questionnaires before administering them.

The pilot testing was conducted for the AIDS orphans questionnaire after the inclusion of the necessary feed back by care providers on 20 AIDS orphans drawn from three organizations. They are ABS, MJATD and OSSA. The group included both the younger and older age groups. And the number of male and female subjects was proportional. There was no time limit set for the completion of the questionnaire. The reliability of the orphans' questionnaire is measured using Cronbach Alpha. And the score has proved that the questions included to describe the social, emotional and personal behaviour as well as the fulfillment of psychosocial needs and existence of stigma and discrimination are reliable with Alpha = 0.87.

2.4.3. Data Gathering

The data important for the study were gathered from the AIDS orphans, care takers, social workers and educators of the respective organizations. First, the researcher has made the necessary contact with the responsible bodies of each organization and secured permission from each organization. Then the research assistant was introduced to each organization. The research assistant has been given the necessary training on how he is going to collect the questioner. He was also introduced about the research topic and each question involved in the questionnaire was discussed. Then the research assistant was given responsibility to distribute the allocated number of questionnaire to each organization and make sure that they are filled appropriately.

2.5. Procedure of Analyzing the Data

After all the necessary data was collected from the research subjects, it was entered and computed in SPSS soft ware. Also the interpretation included the responses given to the interview and the points raised in FGD. The mean scores of the social, emotional and personal behaviour of children have been compared using correlation techniques. This technique helps to see the significance of the specific support provided to AIDS orphans towards their psychosocial behaviour, which comprises the social, emotional and personal behaviour. As a result, correlation is made between the independent variables (the fulfillment of social and psychological needs; and the existence of stigma and discrimination) with each dependent variable like social, emotional and personal behaviour.

Regression is also calculated to explore how much the independent variables predict the dependent ones (contribute to the social, emotional and personal behaviour). To see the significance of difference on the social, emotional and personal behaviour between the male and female AIDS orphans ANOVA was employed. Also, though the research is interested to describe the psychosocial behaviour of AIDS orphans in Awassa, a T-test was employed to see if a difference exists on the dependent and independent variables between ABS, which has 30% of the respondents with TBEAOYA, and TAWLWH, which make the other 30% of the respondents. Though the research is more of quantitative in nature, it includes qualitative research techniques. That is, it has included supplementary ideas identified during the interview and FGD.

CHAPTER THREE

RESULTS

Here the result of the study is presented in line with the research questions and presented in different parts. The first part focuses on the personal information of the respondents, the second part presents the relationship among the social, emotional and personal behaviour of AIDS orphans with the fulfilment of psychosocial needs and the existence of stigma and discrimination. The third part presents the result found in relation to the existence of stigma and discrimination. The fourth part focuses on the fulfilment of the social and psychological needs in the organization. Then the degree of prediction of the independent variable on the dependent ones is presented. Comparison of the social, emotional and personal behaviour of male and female AIDS orphans was presented. Finally, the T-test result was presented for the comparison made between ABS on the one side with TT on the other side.

3.1. Background Information of the Respondents

The two groups of the respondents of the questionnaire are summarized with the following tables. The distribution of the questionnaires among different organizations was first decided depending on the number of AIDS orphans that each organization has and the kind of support provided. The distribution of the respondents is 30% of the respondents were drawn from ABS, 20% of the respondents are from MJATD, 20% of the respondents come from OSSA, 15% of the respondents were taken from TBEAOYA and the rest 15% of the respondents come from TAWLWH.

3.1.1. Demographic Characteristics of the AIDS Orphans

The table below shows the gender, age, level of education, and age when the child lost his or her parent.

Table 2 – Demographic Characteristics of the AIDS orphans

Demographic Variables		ABS	MJATD	OSSA	TBEAOYA	TAWLWH	Total	
		No.	No.	No.	No.	No.	No.	%
Sex	Male	28	18	19	15	12	92	51.1
	Female	26	18	17	12	15	88	48.9
	Total	54	36	36	27	27	180	100
Age	12 – 15	30	13	15	10	15	83	46.1
	16 - 18	24	23	21	17	12	97	53.9
	Total	54	36	36	27	27	180	100
Level of Education	Below G 4	-	4	6	-	4	14	7.8
	Gr. 5 – 8	-	16	12	9	16	53	29.4
	Gr. 9 & 10	54	11	15	17	5	102	56.7
	Gr. 11 & 12	-	5	3	1	2	11	6.1
	Total	54	36	36	27	27	180	100
Age When the Child lost his or her parent	0 - 5	4	6	11	6	2	29	16.1
	6 - 12	34	9	11	12	10	76	42.2
	13 - 18	13	14	9	9	15	60	33.3
	I don't remember.	3	7	5	-	-	15	8.3
	Total	54	36	36	27	27	180	100

All the sample population of the study are taken from Awassa, the regional capital for SNNPR. Out of the 180 AIDS orphans who responded to the questionnaire 30% of them are from ABS, 20% are from MJATD, another 20% are from OSSA, 15% are from TBEAOYA and the remaining 15% are drawn from TAWLWH. Out of the total number of respondents, about 51.1% are males while the remaining 48.9% are females. The age of the AIDS orphans was categorized into two as younger (12 – 15) and older (16 – 18), since the total respondents were from 12 – 18 years old. The younger respondents count 46.1% while the remaining 53.9% are between 16 and 18 years.

Their level of education is also categorized as below grade 4, grade 5 – 8, grade 9 and 10, and grade 11 and 12.The children were also asked to tell their level of education. Based on this 7.8% are found to be below grade 4. 29.4% are from grade 5 - 8. The majority of the respondents are in grades 9 & 10, which is about 56.7%. The main reason for this is all the children responded in ABS are grade 9 students. The remaining 6.1% of the children are attending in preparatory classes. For the dropouts the grade level they were attending is considered.

The responses regarding the age during which the child lost his or her parent is divided into four groups. They are 0-5, 6-12, 13-18 and those who don't remember the exact time. To the question related with the age when the child lost his or her parent 16.1% said they lost their parents when they are between 0-5, 42.2% said between 6-12, 33.3% said between 13-18 and the remaining 8.3% do not remember the age when they lost their parent.

Some of the above demographic variables especially the age when the child lost parents contribute to the level of sorrow that the child exhibits during the death of parents. Other threats to psychosocial behaviour may include type of loss (unexpected Vs expected), circumstance of death (body condition), relationship to deceased, previous loss story, mental and

physical health status, religious and spiritual beliefs, social and cultural norms, availability of social support, social stigma of death, AIDS suicide, social and economic status. Rutter (1971) on his part raises important issues on the separation of parents, like what sort of separation, at what age, for how long, for what reason, and from which parent leads to psychological disturbance.

3.1.2. Demographic Characteristics of the Guardians or Caretakers

The table below shows the gender, age, educational background, and the proportion of guardians or caretakers having their own children or not.

Table 3 – Demographic Characteristics of the Guardians or Caretakers

Demographic Variables		Total	
		No.	%
Sex	Male	36	60
	Female	24	40
	Total	60	100
Age	Below 18	4	6.7
	18 – 35	27	45
	35 – 60	22	36.7
	Above 60	7	11.7
	Total	60	100
Educational Background	Illiterate	3	5
	Primary Education	6	10
	Secondary Education	9	15
	Certificate	24	40
	Diploma	11	18.3
	Degree	7	11.7
	Total	60	100
Have own children	Yes	33	55
	No	27	45
	Total	60	100

Out of the 60 guardians or caretakers who responded to the questionnaire 60% are males while the remaining 40% are females. When they are categorized in their age group based on their developmental stage as adolescence, early adulthood, late adulthood and old age. About 6.7% of them are below 18. About 45% of them are between 18-35, which is early adulthood. About 36.7% fall under late adulthood and the remaining 11.7% are above 60.

The other demographic factor considered was educational background. Here the majority about 40% are found to be having certificate. The group also included people having diploma (18.3%) and degree (11.7%). There are also people who are in their secondary (15%) and primary (10%) education. About 5% of the respondents are found to be illiterate.

Moreover guardians or caretakers were asked to know whether they have their own biological children or not. 55% of them said they have their own children while the remaining 45% said not.

3.2. Correlations Between the Psychosocial Behaviour (Dependent Variable) and the Psychosocial Needs and Stigma and Discrimination (Independent Variable).

The dependent variable and the independent variable have a strong relationship since one is the cause of the other one. According to Table 4 (below) when all variables are correlated to each other we can see that there is significant relationship. The relationship indicated is described below the table.

Table 4 – Relationships Between the Dependent and Independent Variables

	Social Behaviour	Emotional Behaviour	Personal Behaviour	Stigma and Discrimination	Psychological Needs	Social Needs
Social Behaviour	1					
Emotional Behaviour	.522**	1				
Personal Behaviour	.723**	.437**	1			
Stigma and Discrimination	- .032	.038	-.015	1		
Psychological Needs	.298**	.302**	.504**	-.068	1	
Social Needs	.467**	.156*	.472**	-.029	.259**	1

** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).

It is possible to see the significant relationships among the variable at 0.01 and 0.05 level. Significant relationships are observed between the fulfilment of social land psychological needs and social, emotional and personal behaviour. Except that the social needs and the emotional behaviour which correlated at 0.05 level all the rest dependent and independent variables have correlated at 0.01 level. The above correlation table reveals that the dependent and independent variables correlated to a significant level except that negative correlation is observed between the existence of stigma and discrimination and social behaviour (-.032). As well as personal behaviour and the existence of stigma and discrimination are correlated negatively (-.015). Even the correlation between emotional behaviour and the existence of stigma and discrimination is insignificant (.038).

The negative correlation between the existence of stigma and discrimination with the dependent variable shows that the two variables have inverse relationship. Whereas, significant relationship was also observed among the dependent as well as the independent variables.

From the finding it is possible to say that the dependent variables like social, emotional and personal behaviour of AIDS orphans highly depend on the fulfilment of the identified independent variables like psychological needs, social needs and absence of stigma and discrimination.

3.3. Existence of Stigma and Discrimination

Though the relationship observed in the above table (Table 4) have revealed the negative relationship that this independent variable (existence of stigma and discrimination) has with the other variables. Here it was tried to discuss the magnitude of the stigma and discrimination that AIDS orphans face separately using five selected questions from the AIDS orphans questionnaire and other five questions from the guardians and care takers questionnaire in the tables (5 - 11) below.

To the questions presented to AIDS orphans and guardians or caretakers regarding stigma and discrimination respondents seem to have the same response. It points that AIDS orphans face stigma and discrimination and financial problem. Moreover, various researches have reported that the stigma and discrimination towards AIDS orphans be it in the institutionalised setting or with in the extended families have significant influence on the psychosocial behaviour of children. The responses of the questionnaire as well as issues raised during FGD and interview show that the AIDS orphans face stigma and discrimination, which resulted on their economic dependence. One AIDS orphans during the FGD said:

> People in the neighbourhood know that I lost my parents due to AIDS. They neither feed me nor give me financial support. But I have no option instead of begging and depending on those who discriminate me to care for my two little brothers.

Table 5 - Attitude of People towards HIV/AIDS Orphans

Item No.	Item	Response	
		No.	%
5	**How do you perceive the attitude of people in your community towards HIV/AIDS orphans?**		
	Stigmatising	127	65.5
	Unfriendly	48	24.7
	Sympathetic	12	6.2
	Caring	7	3.6
	Total	194	100

To the question raised to AIDS orphans regarding their perception on the attitude of people in the community towards AIDS orphans, most have responded stigmatizing (65.5%). The rest said the attitude of people towards AIDS orphans is unfriendly (24.7), sympathetic (6.2%) and caring (3.6%). Here we can understand the extent to which AIDS orphans perceive stigma & discrimination. The second largest group also responded saying that they feel the community is unfriendly to them. Very few of the respondents have said the community towards AIDS orphans is sympathetic and carrying.

Table 6 – Reason for School Drop Outs

Item No.	Item	Response	
		No.	%
4	**For those dropped out of school, the reason(s) is (are)**		
	Fearing of stigma and discrimination	15	27.8
	To care for my younger brothers and sisters	13	24.1
	Financial problem	26	48.1
	Total	54	100

Out of the total (180) sample population about 36 have responded saying they dropped out of school for different reasons. Like the other questions the students were free to reply more than one answer. The majority about 48.1% of the respondents said they have stopped going to school due to financial problem, which is also common to the other groups of respondents. From the group another significant number of respondents (27.8%) said they stopped going to school fearing stigma and discrimination. And the rest 24.1% of the respondents said they quit schooling because they had to care for younger brothers and sisters.

Table 7 – Friends Knowledge and Attitude towards AIDS Orphans

Item No.	Item	Response	
		No.	%
7	**Do your friends know that you lost your parents because of HIV/AIDS?**		
	Yes	94	52.2
	No	34	18.9
	I do not know.	52	28.9
	Total	180	100
8	**If your answer for question number 7 is Yes, your friends**		
	Neglect and discriminate you	89	31.2
	Treat you equally	57	20
	Encourage you	67	23.5
	Are sympathetic	72	25.3
	Total	285	100

Questions regarding whether friends and also teacher know that they lost their parents because of HIV/AIDS or not was raised. Because the responses forwarded to both questions were similar, the question raised to know their friends knowledge was selected. And the majority of the respondents (52.2%) said yes they know, while the remaining 28.9% and 18.9% said I don't know and no respectively. Consequently a question was forwarded to check their friends stand if they know that the child is AIDS orphan. About 31.2% of the respondents said friends neglect and discriminate me. Another 25.3% of the respondents said friends are sympathetic. 23.5% of the respondents said friends encourage me. And the rest 20% of the respondents said friends treat me equally.

Table 8 - Living in a Family having their own Biological Children

Item No.	Item	Response	
		No.	%
14	**If you are living in a family having their own biological children, how do they treat you?**		
	They don't allow me to dine together with the family members.	24	23.8
	They don't allow me to play with their children.	32	31.7
	They pay me less attention.	29	28.7
	They treat me equally with their children.	16	15.8
	Total	101	100

The AIDS orphans were also asked to identify how they are treated if they are living in family having own biological children. The majority about 31.7% of the respondents said they are not allowed to play with

children. About 28.7% of the respondents said they are paid less attention than that of the biological children. Another significant number of respondents 23.8% said they are not allowed to dine together with the family members. And the rest 15.8% of the respondents said they have no problem and they are treated equally with the other children.

Table 9 - Situations that the Child Face

Item No.	Item	Response	
		No.	%
22	**Which one of the following situations does the child face?**		
	Exposed to neglect/stigma	21	33.9
	Limited access for social services	19	30.6
	Taking family responsibility at early age	14	22.6
	Exposed to inheritance problem	8	12.9
	Total	62	100

To the questions forwarded to the guardians or caretakers to indicate the situation that the child face, large number of respondents (33.9%) said the AIDS orphans are exposed to neglect/stigma. The second largest group of respondents said AIDS orphans have limited access for social services. About 22.6% of the respondents have said that taking family responsibility at early age is another problem that AIDS orphans face. The rest 12.9% of the respondents have said AIDS orphans are exposed to inheritance problem.

Table 10 - Effect of HIV/AIDS on the Child

Item No.	Item	Response	
		No.	%
25	**What is the specific effect of HIV/AIDS on your child?**		
	Experience stigma and discrimination	17	19.8
	Lack love, care and attention	12	14
	Experience long-term psychological problems	10	11.6
	Lose their right to inheritance	21	24.4
	Have poor educational and vocational opportunities	26	30.2
	Total	86	100

The guardians or caretakers have also identified some specific effects of HIV/AIDS on the children they are helping. The majority about 30.2% of the respondents said that the children have poor educational and vocational opportunities. About 24.4% of the respondents said AIDS orphans lose their right to inheritance. Another significant number of respondents (19.8%) said AIDS orphans experience stigma and discrimination. About 14% of the respondents said AIDS orphans lack love, care, and attention. And the rest 11.6% of the respondents said they experience long - term psychological problems.

Table 11 - Responses Related to Worry, Loneliness and Friendship

Item No.	Item	Response	
		No.	%
1	**The child seems worried.**		
	Always	16	26.7
	Sometimes	30	50
	Rarely	11	18.3
	Never	3	5
	Total	60	100
3	**The child chooses to be alone.**		
	Always	12	20
	Sometimes	13	21.7
	Rarely	19	31.7
	Never	16	26.7
	Total	60	100
9	**The child has problem of making friends.**		
	Always	7	11.7
	Sometimes	5	8.3
	Rarely	23	38.3
	Never	25	41.7
	Total	60	100

Some ten additional questions regarding how frequent the child exhibits certain behaviour was included in the questioner. Out of which the three were selected for the analysis. To the statement the

child seems worried, 50% of the responded said yes sometimes, 26.7% said always, 18.3% said rarely and the rest 5% of the respondents said never.

Regarding the AIDS orphans preference to be alone one statement was forwarded in a frequency table. About 31.7% of the respondents said the child chooses to be alone rarely. About 26.7% of the respondents said the child never chooses to be alone. About 21.7% of the respondents said the child chooses to be alone sometimes. And the rest 20% of the respondents said the child wants to be alone always.

Moreover, a question was forwarded to see the guardians or care takers observation whether the child has problem of making friends or not. For this, the majority 41.7% of the respondents have said the child has no problem of making friends. The second largest group of respondents said the child rarely has problem of making friends. About 11.7% of the respondents said the child has always problem of making friends. And the rest 8.3% of the respondents said the child sometimes have problem of making friends. In general, these responses show that the AIDS orphans face problems affecting their emotional, personal and social behaviour resulting from worry, loneliness and problem in making friends.

3.4. Fulfillment of Psychological and Social Needs

The fulfilment of psychological and social needs are found to be correlating in Table 3. While discussing about the psychosocial support in addition to the psychological and social needs that AIDS orphans have Kayombo et al (2005) has also added other needs like mental needs, which incorporate three aspects: formal education (schooling), informal education (opportunities for observational knowledge, adaptation skills) and general skills (life skills, general knowledge, etc) and spiritual needs since children need a belief, which enables them to develop a hope for their future. They also need to develop trust and security in their survival.

Especially the social need stated below included some expressions related with basic needs.

A table summarizing the psychological and social needs that children have is presented below. The fulfilment of these needs have vital role in the psychosocial behaviour of children.

Table 12 - Fulfillment of Psychological and Social Needs

	No.	Needs	AIDS Orphans				Guardians or Caretakers				Total			
			Yes		No		Yes		No		Yes		No	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Psychological Needs	1	Guidance and counselling	121	67.2	59	32.8	32	53.3	28	46.7	153	63.8	87	36.3
	2	Love	78	43.3	102	56.7	38	63.3	22	36.7	116	48.3	124	51.7
	3	Care	61	33.9	119	66.1	25	41.7	35	58.3	86	35.8	154	64.2
	4	Encouragement	89	49.4	91	50.6	35	58.3	25	41.7	124	51.7	116	48.3
	5	Recreation	54	30	126	70	37	61.7	23	38.3	91	37.9	149	62.1
	6	Play	65	36.1	115	63.9	42	70	18	30	107	44.6	133	55.4
		Total	**468**	**260**	**612**	**340**	**209**	**348**	**151**	**252**	**677**	**282**	**763**	**318**
		Mean	**78**	**43.3**	**102**	**56.7**	**34.8**	**58.1**	**25.2**	**41.9**	**113**	**47**	**127**	**53**
Social Needs	1	Food	129	71.7	51	28.3	48	80	12	20	177	73.8	63	26.3
	2	Shelter	137	76.1	43	23.9	56	93.3	4	6.67	193	80.4	47	19.6
	3	Education	125	69.4	55	30.6	43	71.7	17	28.3	168	70	72	30
	4	Clothing	97	53.9	83	46.1	39	65	21	35	136	56.7	104	43.3
	5	Health	118	65.6	62	34.4	51	85	9	15	169	70.4	71	29.6
	6	Protection	62	34.4	118	65.6	36	60	24	40	98	40.8	142	59.2
		Total	**668**	**371**	**412**	**229**	**273**	**455**	**87**	**145**	**941**	**392**	**499**	**208**
		Mean	**111**	**61.9**	**68.7**	**38.1**	**45.5**	**75.8**	**14.5**	**24.2**	**157**	**65.3**	**83.2**	**34.7**

Psychological Needs

Guidance and counseling, love, care; encouragement, recreation and play are most prominent psychological needs for children. Especially AIDS orphans need these a lot. It seems that the responses summarized for these needs both from AIDS orphans and guardians or caretakers complement each other. The majority of the respondents (67.2%) from the AIDS orphans said that they get guidance and counseling while the remaining 32.8% said they don't get guidance and counseling service. During the interview conducted with care providers also most have

confessed that there is no serious guidance and counseling provided as means of providing psychological support for AIDS orphans. Most children have responded positively to this question because the ones attending in high schools get guidance and counseling service from the schools' guidance and counsellors. The efficiency and appropriateness of the service provided for the AIDS orphans is under question, which is not the purpose of this study. On the other side 53.3% of the guardians or caretaker respondents said that the children get guidance and counselling service while the remaining 46.7% said not.

Coming to the provision of love and care to AIDS orphans, the majority of the AIDS orphans responded saying that they don't get love and care, 56.7% and 66.1% respectively. This shows that these children are not given proper care and love. The remaining 43.3% and 33.9% of the respondents said that they get love and care from their care providers as well as extended family members. While responding on the same issue guardians or caretakers response seem different. The majority (63.3%) of the guardians said the children get adequate love while the remaining 36.7% said not. When responding to the question regarding the care provided to AIDS orphans 41.7% said they have adequate care, while the remaining majority (58.3%) said the children don't have enough care.

Encouragement is another psychological need, which is included in the questionnaire. Almost proportional number of AIDS orphans said they get encouragement by their care providers (49.4%). And the remaining half 50.6% said people do not encourage them. Coming to the response by guardians or caretakers 58.3% of the respondents said the children have enough courage while the remaining 41.7% said the children are not provided with encouragement.

Recreation, and play are very important psychological needs. These are also included as activities to be executed in psychosocial support

programmes. From the AIDS orphaned respondents only 30% have said they recreate or this need is fulfilled while the remaining 70% have said they have no recreation at all. When we come to play 36.1% of the children have responded yes while the remaining 63.9% have said no. Here we see that students do not recreate or play as they are expected. This could be due to lack of enough facility or financial problem or the children's engagement in other house chores or responsibilities. Responding to this same question the majority (61.7% & 70%) of the guardians or caretakers said that the children have enough recreation and play respectively. While the remaining 38.3% & and 30% of the respondents said the children do not get enough recreation and play respectively.

To conclude the responses given for the fulfillment of the psychological needs of AIDS orphans, it is good to see the total percentage and the mean of both respondents. When the responses of both respondents are added together about 63.8% have said there is guidance and counseling service provided for AIDS orphans while the remaining 36.3% said guidance and counseling service is not provided for AIDS orphans. The average percentage of the response regarding love and care also shows that 48.3% and 35.8% of the respondents have said AIDS orphans get adequate love and care respectively while the remaining 51.7% and 64.2% of the respondents said AIDS orphans lack love and care respectively. The average percentage shows that proportional number of respondents said AIDS orphans get encouragement. When coming to recreation and play the majority of the respondents 62.1% and 55.4% of them said AIDS orphans don't get recreation and play while the remaining 37.9% and 44.6% have said the children have enough recreation and play. Moreover, the total mean percentage at the fulfillment of the psychological needs show that the needs are not fulfilled. That is, 47% of the total respondents have said the needs are fulfilled while the remaining

majority 53% have said the psychological needs of AIDS orphans are not fulfilled.

Social Needs

Food, shelter, education, clothing, health, and protection are put under the social needs. The fulfilment of these needs have been viewed both by the AIDS orphans and guardians or caretakers. It is possible to see on the above table that the majority of the AIDS orphans get almost all the social needs, while a significant number of orphans lack them. The AIDS orphans questionnaire response shows that the majority of them get food, shelter, education, clothing and health, which is 71.7%, 76.1%, 69.4%, 53.9% and 65.6% respectively. From the social needs question presented to the AIDS orphans the majority about 65.6% said they have no protection while the remaining 34.4% have said they have protection.

The guardians or caretakers response also shows the same. That is, the majority of them (80%, 93.3%, 71.7%, 65%, 85% and 60%) have said AIDS orphans get enough food, shelter, education, clothing, health and protection respectively. While the remaining minorities have said these children do not get the social needs, which included the physical needs or the basic needs.

In general 61.9% of the AIDS orphans have said their social needs are fulfilled while the remaining 38.1% of the respondents have said their social needs are not fulfilled. On the other side 75.8% of the guardians or caretakers have said the social needs that these children have are fulfilled while the remaining 24.2% of the guidance or caretakers have said the social needs that these children have are not fulfilled. Different from the psychological needs, here the total mean percentage shows that 65.3% of the AIDS orphans get social needs while the remaining 34.7% said these children face problems due to the lack of their social needs.

To conclude, the result shows that the social needs that these children have are fulfilled, since the three basic (physical) needs that a child has also

are included in this category. And most organizations seem to be interested in providing the basic needs than the other needs that these children have.

3.5. Degree of Prediction of the Independent Variables on the Dependent Ones

Regression was calculated to see the extent to which the independent variables predict the dependent ones and the result is presented using the following table.

Table 13 - Degree of Prediction of the Independent Variables on the Dependent Ones

Dependent Variable	R	R Square	Adjusted R Square	Std. Error of the Estimate
Social Behaviour	.312*	.098	.087	7.617
Emotional Behaviour	.502*	.252	.244	7.415
Personal Behaviour	.616*	.379	.372	7.302

***Predictors: (Constant), Social Needs, Psychological Needs**

First it was found that social needs and psychological needs have significant positive relationship with the dependent variables like social behaviour, emotional behaviour and personal behaviour. So based on the correlating result here the extent to which the independent variables like the social needs and psychological needs being constant contribute to the social, emotional and personal behaviour is seen. The regression calculated shows that the contribution of the two independent variables to the social behaviour is almost 10%. That is, out of the number of factors contributing to

the social behaviour the fulfillment of the social and psychological needs contribute the stated amount to the social behaviour.

In the case of emotional behaviour the two independent variables contribute 25% to the emotional behaviour of children. The regression also shows that a significant contribution (37%) is made towards the personal behaviour of the AIDS orphans.

3.6. Comparison of Male and Female AIDS Orphans on their Psychosocial Behaviour

The psychosocial behaviour of male and female AIDS orphans was compared using their mean score for social, emotional and personal behaviour.

Table 14 – Mean Comparison of Male and Female AIDS Orphans on their Psychosocial Behaviour

Dependent Variables	Demo-graphic Factor	Sub Group	Mean	Median	Variance	Standard Deviation	Range
Social Behaviour	Age	12 – 15	40.94	41.00	74.212	8.615	36
		16 – 18	41.26	39.50	72.063	8.489	37
	Sex	Male	39.89	39.00	67.988	8.245	37
		Female	42 25	41.00	75.546	8.692	36
Emotional Behaviour	Age	12 – 15	49.02	48.00	46.879	6.847	28
		16 – 18	47.81	47.00	95.732	9.784	45
	Sex	Male	46.73	46.00	67.541	8.218	45
		Female	50.48	50.00	52.896	7.273	28
Personal Behaviour	Age	12 – 15	58.21	57.00	85.906	9.269	42
		16 – 18	59.16	58.00	85.154	9.228	41
	Sex	Male	57.62	56.50	89.579	9 465	41
		Female	59.49	59.00	79.172	8.898	42

When looking into the mean score of the age groups for social behaviour, emotional behaviour and personal behaviour, there is no as such significant difference, in comparison to the difference exhibited in sex difference. The mean score for the male AIDS orphans in social behaviours shows that 39.89 while the mean score for females show 42.25. Here the mean score for females is higher than males. This could result from the level of interaction that males and females have with the environment. The higher the interaction or exposure to the environment the higher challenges could be there. On the other side women are seen fulfilling the social needs included in the study by working at private homes. Where as, the boys do not have access or failing to meet their needs.

Again the emotional behaviour of female AIDS orphans (50.48) shows higher mean score than that of males (46.73). The range for the male respondents is 45, while the range for the female respondents is 28. The standard deviation of the males is 8.218 while for the female is 7.273. All these show that there is higher concentration around the mean and females are still higher in their emotional behaviour.

Females again have shown higher mean score for their personal behaviour. The females mean score is 59.49 where as the males mean score is 57.62. In general, the psychosocial mean score of females show that females are higher in their emotional, personal and social behaviour.

In addition to the comparison made above using the mean scores, to see if there is significant difference between males and females on their psychosocial behaviour ANOVA was used as presented below.

Table 15 – The Effect of Sex on the Score of Social Behaviour

Source of variation	df	SS	MS	F
Between	1	250.231	250.231	3.491
Within	178	12759.413	71.682	
Total	179	13009.644		

P> .05

As it can be seen on the above table the F- ratio indicates that at alpha = .05 level (F 1/ 178, 3.84) the table value is greater than the calculated F value (3.491). One can say that the social behaviour of AIDS orphans is the same for both sexes. That is, male and female AIDS orphans show insignificant mean difference in showing the above behaviour.

Table 16 – The Effect of Sex on the Score of Personal Behaviour

Source of variation	df	SS	MS	F
Between	1	157.127	157.127	1.860
Within	178	15039.673	84.493	
Total	179	15196.800		

P> .05

As it can be seen on Table 16, the F- ratio indicates that at alpha = .05 level (F 1/ 178, 3.84) still the table value is greater than the calculated F value (1.860). Based on the result it is possible to say that the personal behaviour of AIDS orphans is the same for both sexes. That is, male and female AIDS orphans show insignificant mean difference in personal behaviour.

Table 17 – The Effect of Sex on the Score of Emotional Behaviour

Source ot variation	df	SS	MS	F
Between	1	632.167	632.167	10.469
Within	178	10748.161	60.383	
Total	179	11380.328		

P> .05

As it can be seen on Table 17, the F- ratio indicates that at alpha = .05 level (F 1/ 178, 3.84) here the table value is less than the calculated F value (10.469). Based on the result it is possible to say that the emotional behaviour of AIDS orphans is different for both sexes. That is, male and

female AIDS orphans show significant mean difference in their emotional behaviour. Based on the mean score of emotional behaviour presented in table 14, 46.73 and 50.48 for males and females respectively and the result presented here it is possible to say that females have higher emotional behaviour than males.

3.7. Comparison of Social, Emotional and Personal Behaviour of AIDS Orphans in ABS with TT

Comparison helped to see whether varied support result in varied psychosocial behaviour. Accordingly, to determine whether there is difference between AIDS orphans getting support in ABS and those getting support from TT on the social, emotional and personal behaviour t-test was used. ABS count 30%, which is 54 of the respondents while the sum of children getting support from TBEAOYA and TAWLWH, count the same number. The result of the t-test is presented as follows.

Table 18 – Mean and SD of the Dependent and Independent Variables at ABS and TT

Variables	Groups	Mean	N	SD
Social Behaviour	ABS	48.78	54	7.854
	TT	18.22	54	4.963
Emotional Behaviour	ABS	60.30	54	6.471
	TT	48.87	54	7.874
Personal Behaviour	ABS	78.06	54	14.362
	TT	58.69	54	9.222
Social Needs	ABS	44.33	54	9.439
	TT	6.81	54	3.524
Stigma and Discrimination	ABS	41.65	54	7.395
	TT	44.39	54	9.386
Psychological Needs	ABS	53.31	54	11.749
	TT	36.37	54	5.293

The above table shows the mean and standard deviation of the dependent and independent variables at ABS and TT. The mean scores show that there is difference in the social, emotional, and personal behaviour of AIDS orphans in ABS and TT. That is, ABS showing higher mean

in the dependent variables. When looking into the independent variables again the mean score for the social and psychological needs is higher in ABS than TT. But regarding the stigma and discrimination the mean score shows that there is a little difference, which shows AIDS orphans in TT experience less stigma and discrimination than ABS. Next, in order to check whether the mean difference exhibited is significant or not t-test was calculated and the result is presented below.

Table 19 – T - test of the Dependent and Independent Variables at ABS with TT

Pair (ABS & TT)	Mean	SD	t	df
Social Behaviour	30.556	10.075	22.287	53
Emotional Behaviour	11.426	10.464	8.024	53
Personal Behaviour	19.370	15.010	9.483	53
Social Needs	37.519	9.801	28.129	53
Stigma and Discrimination	-2.741	11.364	-1.772	53
Psychological Needs	16.944	14.199	8.770	53

P> .05

As presented in the above table the t-test result found while comparing ABS on the one side and TT on the other side shows that there is significant mean difference on the social behaviour. It means that the calculated t value (22.287) is greater than the table value (df= 53 alpha=.05, 2.00). Therefore, based on the result and the mean difference exhibited in table 18, AIDS orphans getting support from ABS have higher social behaviour than that of TT.

The above table also shows the t-test result found while comparing ABS on the one side and TT on the other side on the personal and emotional behaviour. The result shows that there is significant mean difference. It means that the calculated t values 9.483 for personal behaviour and 8.024 for emotional behaviour are greater than the table

value (df= 53 alpha=.05, 2.00). Therefore, based on the result and the mean difference exhibited in table 18, AIDS orphans getting support from ABS have higher personal and emotional behaviour than that of TT.

Table 19 also shows the t-test result found while comparing the independent variables at ABS and TT. The result shows that there is significant mean difference in the provision of social and psychological needs while it doesn't show significant mean difference in stigma and discrimination. It means that the calculated t values 28.129 for social needs and 8.770 for psychological needs are greater than the table value (df= 53 alpha=.05, 2.00). Therefore, based on the result and the mean difference exhibited in table 18, the fulfilment of the social and psychological needs in ABS is higher than that of TT. But when it comes to stigma and discrimination the table value (df= 53 alpha=.05, 2.00) is higher than the calculated t value (-1.772), which shows insignificant difference on this regard in the organizations.

3.8. Short Analysis of the Information Found During Interview and Focused Group Discussion in each Organization

During the interview and the FGD conducted in the organizations that participated in the study, there were different issues raised. Mainly, the discussion and interview focused on the kind of service or support that the organizations currently provide, problems faced and possible solutions. The main discussion points with each organization are summarized below.

3.8.1. Awassa Boarding School (ABS)

About one hundred children get support from ABS. The school is initiated and constructed by an organization called People In Need, Czech Republic with a motto let us stop the flow of AIDS orphans into streets. In this school the AIDS orphans will attend grades 9 and 10 (currently only grade 9) with teaching focused on specific practical skills, since the useful skills

acquired will make it easier for the AIDS orphans to find work and become self-sufficient after leaving the Boarding School. Out of the total number of the children 2/3 of them get boarding facilities from Monday to Friday, while the rest live with the community. All the children attending in the school are provided with all school and cleaning materials in addition to the free education and skills training they get in different fields. Moreover, the school has plan to provide training in wood work, metal work, tailoring and food preparation for the siblings and extended families of the children so that they can break the problem of stigma and discrimination which resulted on economic dependence on other sections of the society.

Since the school is in its first year the majority of the students are drawn from different schools and with varied academic backgrounds. The school also puts the varied academic background as a major challenge. But now students are getting used to and enjoying the school and training facilities at ABS. Some of the solutions that the school puts forward are to provide additional classes for the children so that they will not be discriminated as a result of their low academic achievement. The other planned solution is to provide consistent counseling for the children so that the children can make use of the facility to the maximum and bake their bread for the future. One of the beneficiaries of the project said,

> I am 15. I don't know where my father lives. Our mother told us that he left for another country while we were in elementary classes. Only she cared for all our needs. She had to sell our house, since she had no income to care for us. Consequently, she was seriously sick and bedridden. For her medication we had to sell all our belongings. I had also no option to continue with my education. Finally I had a chance to continue my education at ABS. After I joined ABS, I lost my mother. She was the one who struggled for me to get this chance at ABS. She did everything possible for me and my brother and sisters. Now I hope that I will be someone in the future, who will be independent and care for those children who lost their mother and father.

The other thing worth to mention is the kind of support provided. The support for the AIDS orphans in the organization is somewhat different from the kind of support, which is provided in orphanages and other organizations providing institutionalized support. Here the children are not fully detached from the community. The children are assumed to be in the facility when there is training and academic classes other wise they are staying with their caretakers. The school has identified caretakers for all the children who are admitted. The caretakers are acting as parents for the children and they are responsible for the children during weekends and school vacations. Moreover, the children are encouraged to exercise what they have been trained in the school with their siblings and other extended families when they are back home, since most have been engaged in tiresome and unrewarding activities to win their daily breads.

3.8.2. Mary Joy Aid Through Development (MJATD)

The total number of children getting support from MJATD Awassa is about 480. And all are aged below 18. The support provided in MJATD includes school materials like uniform, exercise book, pencil and pen. In addition, the organization covers the school fee for children depending on the number of children in one family starting from 90 – 150 Birr. This support is provided through "Idir" (a traditional community institution). The organization has the objective to enhance the capacity of CBOs.

The major problem raised during interview in MJATD is due to the large number of children in the organization; some times they are forced to suspend their support for some children. The suspension is mainly made to orphans having economically strong aunts or uncles. Here it was emphasized that the organization faces problems with the children while suspending because all want to continue with the support. The other problem mentioned during the discussion is that whenever the support

stops due to lack of funding orphans are found to be arguing with the organization. The other problem mentioned is during the selection process, the children face problems until they get support because first they should pass the selection by "Idirs", then they need to get a support letter, which reveals their status, after all these they may not be able to get the support due to the large number of orphans applying to get support. Though these points were raised during the FGD among the AIDS orphans the organization provides support for large number of AIDS orphans in general.

3.8.3. Organization for Social Services for AIDS (OSSA)

In general, there are 75 AIDS orphans who are getting support from OSSA. The support that they get includes monthly 50 Birr is given for the guardians or caretakers. In case of education children will continue their education in the school where they used to attend before the death of their parents. Moreover, the organization supports the children up to higher education.

The organization also has about 8 rented houses with housemaids, where AIDS orphans who do not have any support are kept. This program helped those who don't have shelter and migrated to Awassa Town escaping from stigma and discrimination. In addition, the organization buys clothing during Christmas and provides school uniform. The organization has the belief that though it has been giving service without any interruption, the support they provide is not enough to fulfill the needs of these children.

Some of the problems faced by the organization are related to the lack of trust on the guardians or caretakers. It was mentioned during the interview that whatever money is provided to these children the guardians or caretakers do not treat their biological children and these children

equally. One example raised here is they don't want to send their children and the AIDS orphans to the same school.

3.8.4. Tesfa Birhan Ethiopia AIDS Orphans Youth Association (TBEAOYA)

TBEAOYA in Awassa has 120 children. Their supports include school materials, facilitation for free education opportunity through communicating with different private schools, supporting children to get training in various skills, and providing counseling service.

Some of the problems manifested on the side of the children are psychological problems, loneliness, hopelessness, feeling of uselessness, stigma and discrimination from the side of the community, housing problem, ignorance from the side of the community, unemployment and facing responsibility at the early stage in leading child headed houses.

Some of the solutions suggested during the interview and FGD include providing counseling service, mobilize and create community awareness by using poem, drama and music so that the community provide support and love for AIDS orphans and participate in their endeavor to stop the spread of HIV. The other solution forwarded by the chairperson of the association is to maintain contact with concerned governmental and non-governmental organizations explaining about the objective of the organization and provide them the necessary support. Moreover, the association's head suggested that facilitating legal protection is essential to protect the children from sexual abuse and labor exploitation.

3.8.5. Tilla Association of Women Living with HIV (TAWLWH)

TAWLWH is an organization primarily established by those females, who revealed themselves as HIV positive. Though first the organization is

established for a different mission, due to the current increase of AIDS orphans the organization is also contributing its share in helping these children. Currently, 91 AIDS orphans are getting support from the organization. Most of these children have been getting support through their mothers from the organization. But at the time of parental separation the organization provides the necessary support for the children and also works very hard in maintaining the necessary communication with care providers. It also plays a major role introducing the Memory Book Project. The program is being introduced so that children don't face problems after the death of their parents by way of planning for the future and working on succession planning while the parent is alive.

CHAPTER FOUR

DISCUSSION

Here discussion was made in line with the research questions. The discussion is presented in the following sub parts.

4.1. Relationship Between Psychosocial Behaviour and its Contributors

The results of the analysis of this study indicate that there is a significant relationship in the social, emotional, and personal behaviour with the independent variables like fulfilment of social and psychological needs. While negative relationship is observed between the existence of stigma and discrimination and the social, emotional and personal behaviour. The importance of providing psychosocial support for the social, emotional and personal behaviour of children is mandatory. This has been revealed by the correlation made between the dependent variables like social, emotional and personal behaviour and the independent counterparts like the social needs and psychological needs. Therefore, this points out the importance of psychosocial services for children. The report of the orphan researcher meeting also states that one of the challenge for community based interventions in Africa is the lack of psychosocial services for children. Though the service is important for all children's psychosocial behaviour, it is very important for those AIDS orphans who are suffering from trauma and stress arising from parental death. The report also shows that very few organizations include professional psychological services (USAID 2004). In conformity with the above finding it was found in this study that not adequate psychological support is being provided for the children.

4.2. Existence of Stigma and Discrimination

The existence of stigma and discrimination is revealed in the study. One way to see this is the response of both the guardians or caretakers and

the AIDS orphans. All have responded that the AIDS orphans face stigma and discrimination. It is also understood that HIV/AIDS has personal, and social dimensions in that it affects the AIDS orphans in every level of their lives and threaten to isolate them from the broader society. The United Nations Special Session on HIV/AIDS (June, 2001) stated that AIDS orphans are most often prone to discrimination, which may arise as a result of limited access to health, education, and social services. For this reason, many children are struggling to survive on their own in child-headed households, while others have been forced to find themselves on the streets. Consequently, there is an increasing number of unprotected, poorly socialized and under-educated young people.

Moreover, the independent variable stigma and discrimination correlated negatively with the dependent variables like social behaviour (-.032) and personal behaviour (-.015). And it has shown an insignificant correlation (.038) with emotional behaviour.

Stigma and discrimination coincides with the tradition and level of understanding of the community to avoid it. Here the role of traditional leaders, respected elders, and religious leaders is influential in creating awareness in communities. For instance, Kayombo (2005) says traditional healers are living within communities at the grass root level, and appear unnoticed hidden forces, which are involved in taking care of orphans. And Kayombo (Ibid) recommends that empowering traditional healers both in financial terms and training in basic skills of psychosocial techniques in how to handle orphans, in order to reduce discrimination and stigmatisation in the communities where they live.

Additionally on a report presented on the impact of HIV/AIDS on gender, orphans and vulnerable children (ECA 2004), it was clearly indicated that traditional support mechanisms are struggling to cope with the increasing demands for care and support. In the report it is clearly

indicated that AIDS orphans suffer the psychosocial problems that other orphans do, but have the additional burden of the stigma associated with HIV/AIDS. And the report emphasized AIDS orphans are stigmatised and further marginalized in the communities and therefore they need targeted interventions. The study's finding also shows the same. Therefore, appropriate support must be designed to help the children to enhance their psychosocial well-being.

The stigma and discrimination identified in the study violates the rights of children indicated in the CRC (1989) article 2. The article states the rights of children not to be discriminated irrespective of the child's or his or her parent's status. It is obvious that a child who experiences discrimination is more likely to develop feelings of fear and anxiety (Papalia, 1982). While looking at the stigma and discrimination against AIDS orphans, one area identified was AIDS orphans do not get equal treatment if they are supported in a family having own children. Regarding to the question related to having own children 55% responded that they have their own children while the remaining 45% said they don't have. Therefore, caregivers providing support for the children need to give equal treatment for the AIDS orphans like their children.

On the other side, though SOS Children's Village doesn't identify children as AIDS orphans, it follows institutionalized family based care. Tsige (2005) has conducted a study to identify the psychosocial problems and academic achievement of SOS children. According to her findings she strongly recommended that students shouldn't be institutionalized. Since the SOS children are less motivated, dependent and so on. Others, like Awassa Children's Center have given support using some rent houses near to the children's school. Moreover, Tedla (2005) in his study on stigma and discrimination against AIDS orphans in three cities, have taken all his samples from those organizations giving support at the community-based

level. The results show that though children are based with their extended families they are not free from stigma and discrimination. They become victims of stigma and discrimination associated with HIV and AIDS that would be deep rooted before and may continue after the death of their parents.

4.3. The Fulfilment of Social and Psychological Needs

In the result of the study section, the organizations selected for the study are found to be fulfilling mostly the social needs that AIDS orphans have while comparing it with the psychological needs. This was found because most items have shown the basic needs that children have. But still it is not possible to say that these children have good social skills which show that the AIDS orphans share and cooperate with other children, due to the stigma and discrimination discussed in the previous section (Pollitt 1998).

Children have critically important emotional, cognitive, social, developmental, and spiritual needs in addition to their physical needs (Williamson and Friends, 2004). Some of the questions to be considered in gathering information about the psychosocial needs of children include the following (Ibid).

- Do the children have support from relatives, neighbors, health workers, teachers, religious groups, or other community members?
- Do children have an opportunity to discuss how they will be cared for?
- Do children have an opportunity to discuss if or where they will go to school after their parents die?
- Do children have an opportunity to discuss land, property, and money inheritance, and other legal and financial arrangements?

- Are there organizations that provide life skills training, family counseling, home – based counseling, parenting workshops, bereavement counseling and counseling in schools?

The results of the questionnaire, interview and FGD responses show that the AIDS orphans get limited support from relatives, neighbors, and health workers. According to Sharma (2004) an intimate relationship between individual and society is important for the proper behaviour of the child. And this results in shaping personality, which depends to a large extent upon the social environment.

There is also evidence that families are increasingly struggling under the tension, and failing to provide fully for their children's needs. Households are also forced to accommodate additional children with their scarce resources. AIDS is also putting tremendous pressure on single parents, extended families and traditional community safety nets like 'Idir'. The government social safety net programs are often missing and even when they exist they fail to reach the most affected children (UNAIDS, UNICEF 2004). Some of the activities, which started, by MJATD and others in strengthening the traditional institutions like 'Idir' need to be strengthened in responding to the children's needs. Moreover, the lack of enough economic resources in fulfilling the children's needs have to be met, in order to provide enough psychosocial support for the children. That is, in the absence of basic needs it is difficult for agencies to concentrate on addressing psychological needs. Sometimes it is impossible to provide counselling in the absence of food.

4.4. Degree of Prediction of the Independent Variables on the Dependent Ones

The regression calculated on the study found out that the independent variables like the fulfilment of social needs and psychological

needs contribute about an average percentage of 25% to the dependent variables like social behaviour, emotional behaviour and personal behaviour. This clearly reveals the later effect of independent variables on the dependent ones. For instance, it has been well documented that children who experience maltreatment are at the very high risk for the emergence of behavioural, emotional and social problems in their later life. Similarly, Pollack (2004) stated that adversity or trauma early in life can lead to a range of problems, including depression, aggression, substance abuse, health problems and general unhappiness, years after maltreatment has ended. From this it is possible to understand that providing timely psychosocial support for AIDS orphans can help them to challenge the above mentioned problems.

To show the extent of prediction of the independent variables to the dependent ones, it is good to see children's developing ability to recognize and respond appropriately to emotions. However, here also maltreated children often show unusual patterns of emotional behaviour. These children perform poorly on tasks that measure how well they recognize and express emotions. As might be expected, such gathering of behaviours often leads to interpersonal difficulties for these children. For example, physically abused children tend to perceive angry faces as highly significant relative to other emotions. In contrast, neglected children tend to have difficulty which differentiating facial expressions of emotion.

Attachment provides a secure emotional base from which mature relationships develop. Inadequate attachment impedes social and emotional behaviour throughout life. For example, when an infant is subjected to maternal deprivation, and thus does not form a secure attachment, subsequent development is often severe. Traumatic events also affect development and behaviour, usually in a negative way. As a result, all early experiences are known to influence attitudes toward the

self-concept, and the ability to form and maintain social and emotional relationships in later life (Encarta 2004).

4.5. Comparison of Male and Female AIDS Orphans on their Psychosocial Behaviour

At one extreme, there are scientists who see most social phenomena or deriving from the subjective experiences of the individual. They regard the specific traumata inherent in different methods of upbringing and in the resulting abandonment imposed upon the child as the formative basis for customs, religions, social attitudes, and so forth. But at the other extreme there are proponents of the view that the social structure is independent of the single individual and that individual behaviour can be explained and predicted in terms of membership in classes and groups, Frenkel (1983). In order to see whether the psychosocial behaviour results from subjective experiences of the individual or not the social, emotional and personal behaviour of male and female AIDS orphans was compared. The comparison between the mean score has shown little difference but when the ANOVA was calculated it was found that there is no significant difference between male and female AIDS orphans in their social and personal behaviour. But the emotional behaviour has shown significant difference. Here the F-ratio indicates that at alpha = .05 level (F 1/178, 3.84). This shows the table value is less than the calculated F value (10.469). Consequently, we can say that the social and personal behaviour of male and female AIDS orphans has no significant mean difference. But the result revealed that male and female AIDS orphans have significant difference in their emotional behaviour.

The Encyclopaedia Britannica defines psychology as a science of behaviour in human beings acting alone or in groups (Encyclopaedia 1986). And the interaction of children with the environment moulds their behaviour. In addition, Gobena (1994) has concluded his comparative

study of development on children saying that environment could not possibly be taken entirely as disadvantageous or advantageous, since a given aspect of environment could affect a given sphere of development. This shows that relationship between environment and development is highly specific. Based on this the information gathered regarding the emotional behaviour of children shows no significant difference on the social and personal behaviour of male and female AIDS orphans. Therefore, the result identified shows the groups emotional difference, which could result due to the experience of interaction with the environment as stated above or other reasons, which could be identified in other studies.

4.6. Comparison of Social, Emotional and Personal Behaviour of AIDS Orphans in ABS with TT

It was presented in the results that the t-test result found while comparing ABS on the one side and TT on the other side shows that there is significant difference on the social (t=22.287) emotional (t=8.024) and personal behaviour (t=9.483) of the AIDS orphans. Since the above-mentioned t values are greater than the table value (df=53 alpha-.05, 2.00).

Aiso significant difference is exhibited between the fulfilment of social (t=28.129) and psychological needs (t=8.770). But the t-test value for the stigma and discrimination shows no difference (t=-1.772, df=53). Therefore, based on the result and the mean difference exhibited in table 18, it is identified that AIDS orphans getting support from ABS have higher social, emotional and personal behaviour than that of AIDS orphans in TBEAOYA and TAWLWH.

As it was indicated in UNAIDS & UNICEF (2004) in the absence of parental guidance and support, adolescents and young people are forced to take on responsibilities for which they may not be prepared.

Training young people to cope with such demands is an essential element of the response. In particular, young people need new and strengthened skills in areas including household management, caring for younger siblings, budgeting and accessing services. Vocational training and apprenticeships are key to enhancing their ability to generate income. In addition, young people must be equipped with the social and interpersonal skills necessary to make informed decisions, communicate effectively and develop coping and self management mechanisms that will enable them to protect themselves from HIV infection and other risks. Encouraging these children to participate actively in planning and implementation will improve the quality of programs and build their self-esteem.

Moreover, it was indicated in the study conducted in Zimbabwe, some of the elements that have been identified as key to the success of psychosocial support interventions are engaging children and young people in planning and implementation, and intermingling activities to local cultural practices and beliefs. In addition, programmes must provide support that is developmentally appropriate, recognizing that children of different ages respond differently to trauma and loss, and need support throughout childhood and youth (REPSSI 2003). So understanding these needs and working for the better psychosocial behaviour is important.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1. Summary

The study was executed to explore the various factors contributing to the psychosocial behaviour of AIDS orphans and to identify the extent to which these factors like the psychosocial needs predict the social, emotional and personal behaviour. Accordingly, the existence of relationship between the dependent and independent variable is explored. Moreover, it is tried to check whether stigma and discrimination is existent or not. It is also tried to assess the extent to which organizations provide psychosocial support. The regression calculated has also revealed the extent to which the independent variables predict the dependent ones. In addition, comparison was made between male and female AIDS orphans in their social, emotional and personal behaviour using ANOVA. And T-test was calculated to see if significant difference exists among AIDS orphans getting varied support.

To realize the objectives mentioned above about 180 AIDS orphans and 60 guardians or caretakers were drawn to fill the questionnaire from five non – governmental organizations in Awassa. And FGD and interview was conducted with some selected respondents out of the total population. The organizations involved in the study are ABS, MJATD, OSSA, TBEAOYA and TAWLWH. 30%, 20%, 20%, 15%, and 15% of respondents are drawn from each organization respectively.

Accordingly, strong relationship between the dependent variables like social, emotional and personal behaviour of AIDS orphans with the independent variables have been observed. The attainment of the independent variables like psychological and social needs have

contributed almost 25% of the social, emotional and personal behaviour. Therefore, this finding shows that strong attention must be given in fulfilling psychological and social needs for a proper social, emotional and personal behaviour.

The existence of stigma and discrimination is revealed in the study. The responses regarding stigma and discrimination witness its existence. Moreover, the independent variable stigma and discrimination correlated negatively with the dependent variables like social behaviour (-.032) and personal behaviour (-.015). And it has shown an insignificant correlation (.038) with emotional behaviour. According to the FGD most of the orphans emphasized that lack of living house and livelihood is the major problem they are facing. As a result, they are exposed to stigma and discrimination.

Also the community is not yet educated to give up stigma and discrimination. Therefore, this resulted the orphans to consider themselves inferior. In addition to this, stigma and discrimination exposed the orphans to great psychological and social problems. The fulfilment of social and psychological needs is one major area, which is essential for the proper psychosocial behaviour. The response regarding the fulfilment of psychological and social needs revealed that organizations seem to be focusing mainly on the social needs than the psychological needs of the children. Though there is due consideration of organizations towards the social needs, it was found that the absence of livelihood has still exposed AIDS orphans to various problems to the extent of going out to streets. So, the problem of AIDS orphans should not be neglected, if proper emotional, social and personal behaviour is expected.

It was tried to see whether the social, emotional and personal behaviour results from subjective experiences of the individual or not. Basically, the T-test made between male and female AIDS orphans on their social and personal behaviour shows that there is no significant difference.

From this finding it is possible to understand that if AIDS orphans of both sexes are brought up in the same environment they don't exhibit significant difference in their social and personal behaviour. But when we take emotional behaviour, it is revealed that male and female AIDS orphans show significant difference. This implies that females have better emotional behaviour than males.

The significant difference exhibited on the t-test result on the social, emotional and personal behaviour of AIDS orphans getting varied support shows that children getting varied support have varied psychosocial behaviour. AIDS orphans getting support in ABS are found to be having higher mean on their personal, social and emotional behaviour than those getting support from TT. Also significant difference is exhibited between the organizations in fulfilling the social (t=28.129, df=53) and psychological needs (t=8.770, df=53). But the t-test value for the stigma and discrimination shows no difference (t=-1.772, df=53). During the FGD also it was observed that the children in ABS are found to be self-confident while the ones in TT are fearful to express themselves. Here psychosocial supports provided, the trainings in various skills to face the challenges, the friendly environment where children dine and play, and schooling and also the same background that the AIDS orphans have contributed to the higher social, emotional, and personal behaviour. But on the other side lacking the above-mentioned behaviour, and the extended time that the children have to think about their parents' death, and the problems they are facing contributed to the acceptance of their inferiority among the society.

5.2. Conclusions

In line with the findings of the study the following conclusions were made.

- When the social, emotional and personal behaviour of AIDS orphans is compared with the fulfillment of social and psychological needs, there is significant correlation. From this we can conclude that the fulfillment of the needs contributes to a great extent to the development of emotional, social and personal behaviour.
- AIDS orphans are found to be facing stigma and discrimination. The negative correlation identified between independent variables stigma and discrimination and the dependent variables social, emotional and personal behaviour shows that stigma and discrimination highly affects the psychosocial behaviour of AIDS orphans. It was also identified that lack of livelihood or economical problem has significant contribution to the stigma and discrimination and then to the behaviours of the children.
- The response regarding the fulfillment of psychological and social needs revealed that organizations seem to be focusing mainly on the social needs than the psychological needs of the children. Even the social support provided for the children focused on the material needs. Therefore, it is only possible to say that the fulfillment of the social needs is higher than that of the psychological needs.
- From the finding it is possible to say that the dependent variables like social, emotional and personal behaviour of AIDS orphans highly depend on the fulfillment of the identified independent variables like psychological needs, social needs and absence of stigma and discrimination. Based on the regression calculated it is possible to say that on the average the fulfillment of the psychological and social needs predict 25% of the emotional, personal and social behaviour.

- Insignificant difference was observed between male and female AIDS orphans on their social and personal behaviour. Where as, significant difference is exhibited on their emotional behaviour. So, it is possible to conclude that there is no sex difference on the social and personal behaviour of AIDS orphans of both sexes getting the same support and living in the same environment. But there is difference in their emotional behaviour.
- The sample comparison made to see the effect of various support provided for children on their psychosocial behaviour shows that the varied support given to the children has a significant difference on the social, emotional and personal behaviour of AIDS orphans. The children getting support from ABS are found to be higher in the mean scores for social, emotional and personal behaviour than the ones getting support from TT. Moreover, significant difference is observed between the psychological and social support provided at ABS, while the stigma and discrimination remain constant.

5.3. Recommendations

Based on the conclusions made, the following recommendations are forwarded.

- Focus on the fulfillment of psychological and social needs is very important as organizations focus on the material needs of the children for the well-being of their psychosocial behaviour.
- Mobilizing and strengthening community-based responses, in creating awareness helps to avoid the stigma and discrimination that these children are facing currently.
- Strictly providing counseling service like career counseling, arranging recreational and play activities, providing care and love as part of psychosocial support is very essential.

- Providing training on marketable skills, assertiveness, and managing responsibilities for older orphans so that they can overcome their challenges and become self-reliant is very important. The trainings could include social skills training, which helps the child to share and cooperate with other children. Moreover, providing training on self – sufficiency skills helps the child to be independent and to care for him/herself and his/her belongings in a responsible manner.
- Providing information on psychosocial support for guardians or caretakers on the provision of ongoing psychosocial care, establishing recreational areas, setting up memory book must be exercised.
- Attempts started in ABS and others in training the AIDS orphans in marketable skills need to be strengthened, so that the children become self sufficient and escape from stigma and discrimination which mostly come due to economic dependence on care givers and the community at large.
- The guidance and counseling service provided in schools as well as in the organizations under the study should give due consideration and incorporate psychosocial support for AIDS orphans.
- In addition to the above recommendations, some of the solutions forwarded by the AIDS orphans include all organizations must work to enhance the income of the children and improve their livelihood and housing problem.

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ADDIS ABABA UNIVERSITY

SCHOOL OF GRADUATE STUDIES

DEPARTMENT OF PSYCHOLOGY

Questionnaire for HIV/AIDS Orphans

Dear Respondent,

First of all, I would like to thank you for your willingness to respond to this questionnaire. I am conducting a research on the Psychosocial Behaviour of AIDS Orphans in Awassa. For this reason, I have selected some of the organizations working with HIV/AIDS orphans in Awassa. The organization you are getting support from is among them. Therefore, I would like you to give me your honest responses to the following questions.

I thank you in advance.

General Instructions

1. This questionnaire should only be filled by HIV/AIDS orphans, who are between 12 and 18 years of age.
2. You don't need to write your name.
3. Your response will be kept confidentially.
4. You can give more than one response, when it is appropriate.

Part A – Background Information of the Respondent

1. Age ☐ 2. Sex ☐ Male ☐ Female
3. Level of Education

☐ Grade 4 and Below ☐ Grade 9 and 10

☐ Grade 5 – 8 ☐ Grade 11 and 12 or Preparatory

If other, please write here. _____

4. How old were you when you lost your parents?

☐ 0 – 2 years old ☐ 6 – 12 years old

☐ 2 – 4 years old ☐ 13 – 18 years old

☐ 4 – 6 years old ☐ I don't remember.

5. Religion

☐ Orthodox ☐ Catholic

☐ Muslim ☐ Protestant

If other, please write here.

_____

Part B – <u>General Questions</u>

1. Do you face problems in your day-to-day activities?

   A. Yes B. No

2. If your answer for question number 1 is yes, what are the problems?

   A. Neglect and discrimination
   B. Doing a lot of chores
   C. Absence of counselling service
   D. Lack of livelihood
   E. Lack of love & courage
   F. If other, please write here. _____

3. Have you dropped out from school?

   A. Yes B. Never been at school C. No

4. If your answer for question number 3 is yes, the reason(s) for dropping out of school is (are)

   A. Fearing of stigma and discrimination
   B. To care for my younger brothers and sisters
   C. Financial problem
   D. If other, please write here. _____

5. How do you perceive the attitude of the people in your community towards HIV/AIDS orphans?

   A. Stigmatising B. Unfriendly
   C. Sympathetic D. Caring

6. Is there counselling service in your organization?

   A. No B. I don't know. C. Yes

7. Do your friends know that you lost your parents because of HIV/AIDS? A. Yes B. No C. I do not know.

8. If your answer for question number 7 is Yes, your friends:

   A. Neglect and discriminate you C. Are sympathetic

   B. Treat you equally D. Encourage you

9. Do your teachers know that you lost your parents because of HIV/AIDS? A. Yes B. No C. I do not know.

10. If your answer for question number 9 is yes, how do your teachers treat you?

   A. Neglect and discriminate you C. Treat you equally

   B. Treat you worse than others D. Treat you better than others

11. In general, how does the community treat HIV/AIDS orphans?

   A. Neglects and discriminates D. Encourages and supports

   B. Cheats by taking away property E. If other, please

   C. Gives hard tasks write here. _____

12. What type of support do you get from your organization?

   A. Food F. Tutorial class

   B. Clothing G. Counselling service

   C. Shelter H. Provision of health services

   D. Educational materials I. If other, please write here.

   E. Financial support _____

13. Which one of the following emotions do you experience?

   A. Fear D. Conflict

   B. Pleasure E. Confidence

   C. Hate F. Love

14. If you are living in a family having their own biological children, how do they treat you?

   A. They treat me equally with their children.

   B. They pay me less attention.

   C. They don't allow me to play with their children.

   D. They don't allow me to dine together with the family members.

15. In which areas do you get less opportunity than the rest of the children in your current family?

A. Education B. Health

C. Feeding D. Expression of opinion

E. Play F. Nothing

G. If other, please write here. _____

16. Are you happy in living in this home?

A. Not happy B. Happy C. Very happy

17. What solutions do you suggest to solve the problems related to stigma and discrimination towards AIDS orphans?

_____

18. Mention some of the behaviours that AIDS orphans reveal in their interaction with the community.

_____

Part C – <u>Below are Given Various General Statements and Expressions Related to Psychosocial Behaviour; and Forms of Stigma and Violence that AIDS Orphans Face. Put a Tick ( ) to Show Your Degree of Agreement or Disagreement.</u>

No.	Item	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
1	I enjoy being alone.					
2	I feel anxious.					
3	I feel that I lost my identity.					
4	People gossip about me.					
5	People insult me.					
6	I feel uncertainity for the things I do.					

7	Friends point their fingers at me.					
8	I get irritated.					
9	I lack confidence.					
10	I feel bored.					
11	I am treated differently in schools					
12	I am treated differently in health care institutions.					
13	I am treated differently in public spaces.					
14	I feel depressed.					
15	I hang on around the activities of groups.					
16	I doubt in abilities.					
17	Friends discourage me.					
18	I have scary dreams.					

19	Friends consider AIDS orphans as cursed.					
20	I am shameful to be AIDS orphan.					
21	I can't remember things.					
22	I am sad to be AIDS orphan.					
23	I feel confused about myself.					
24	I think about my parents' death quite often.					
25	My excercise books lack neatness.					
26	I don't have good qualities.					
27	I feel useless.					
28	I am a failure.					
29	I don't sleep well.					
30	When I face challenges, I can't resist.					

31	I think that I am isolated.					
32	I have no close friends.					
33	I feel insecured.					
34	I feel ineffective.					
35	I have weak social interactions.					
36	I am afraid to ask for information in the presence of strange people.					
37	I can not express my ideas in the presence of many people.					
38	I feel frustrated in my pesonal life.					
39	I face difficulty to get along with strange people.					
40	I can not express myself in social gatherings.					

41	I am shameful.					
42	I am tentioned.					
43	People think I am mistrustful.					
44	No body loves me.					
45	I don't attend in social events.					
46	I get angry very easily.					
47	I worry about my future career.					
48	Bad dreams bother me.					
49	I worry when I am with strange people.					
50	I don't enjoy being with other people.					
51	I prefer to do things alone.					
52	I hate group work.					
53	I run away from friendship.					
54	I feel inferior.					
55	I feel frustrated.					

Part D – <u>Which one of the following psychosocial needs are fulfilled to you? Put a tick under Yes if fulfilled, under No if not fulfilled.</u>

	No.	Needs	Yes	No
Psychological Needs	1	Guidance and counselling Service		
	2	Love		
	3	Care		
	4	Encouragement		
	5	Recreation		
	6	Play		
Social Needs	1	Food		
	2	Shelter		
	3	Education		
	4	Clothing		
	5	Health Service		
	6	Protection		

ADDIS ABABA UNIVERSITY

SCHOOL OF GRADUATE STUDIES

DEPARTMENT OF PSYCHOLOGY

Questionnaire for Guardians or Caretakers

Dear Respondent,

First of all, I would like to thank you for your willingness to respond to this questionnaire. I am conducting a research on the Psychosocial Behaviour of AIDS Orphans in Awassa. For this reason, I have selected some of the organizations working with AIDS orphans in Awassa. The organization you are working or where your orphaned child gets support is among them. Therefore, I would like you to give me your honest responses to the following questions.

I thank you in advance.

General Instructions

1. Only guardians or caretakers of AIDS orphans aged between 12 and 18 years should fill this questionnaire.
2. You don't need to write your name.
3. Your response will be kept confidentially.
4. You can give more than one response, when it is appropriate.
5. If the number of children is more than one, use independent questionnaire.

Part A – Background Information of the Respondent

1. Age ☐ 2. Sex ☐ Male ☐ Female
3. Level of Education _____
4. Do you have your own children? ☐ Yes ☐ No
5. Religion

☐ Orthodox ☐ Catholic
☐ Muslim ☐ Protestant

If other, please write here.

_____

Part B – General Questions

1. Do you think AIDS orphans face psychosocial problems after the death of their parents? A. Yes B. No C. I am not sure.
2. If your answer for question No. 1 is Yes, what do you think is (are) the reason(s)?
   A. The child thinks of his parents' death and worries.
   B. The child feels lonely and isolated.
   C. The child is busy with additional responsibilities.
   D. The child faces problems to be with friends.
   E. If other, please write here. _____
3. If your answer for question No. 1 is Yes, have you ever devised a method to solve the child's problem? A. Yes B. No
4. If your answer for question No. 3 is Yes, what are the methods you have applied to solve the problems of the child?
   A. Provide guidance & counselling
   B. Provide psychosocial support
   C. Arrange leisure time activities
   D. Encourage the child in all areas.
   E. If other, please write here. _____
5. What makes the child happy?
   A. Being alone C. Playing with friends
   B. Going to school D. If other, please write here _____
6. What makes the child sad?
   A. Punishment B. Being called AIDS orphan
   C. If other, please write here. _____
7. Does the child talk about what he/she wants to be in the future?
   A. Yes B. No
8. If your answer for question No. 7 is Yes, do you think that the child studies hard to achieve his/her goal? A. Yes B. No
9. Does the child attend school? A. Yes B. No

10. If your answer for question No. 9 is No, what do you think is (are) the reason(s)?

A. Financial Constraints
B. Dismissal from school
C. Sickness
D. House chores
E. Unwillingness to go to school
F. If other, please write here. _____

11. Does the child enjoy his/her academic achievement so far?

A. Yes B. No C. He/She doesn't care.

12. Have you ever given the child a prize for his good academic performance? A. Yes B. No

13. If your answer for question No. 12 is No, what is your reason?

A. The child has never performed well.
B. Prizes do not encourage the child.
C. You don't think it is important.
D. If other, please write here. _____

14. From your experience, which type of support do you recommend for the proper psychosocial behaviour of AIDS orphaned children?

A. Community Based Children's Care
B. Institutionalised Support

15. Does the institution, where the child gets support include children's families in the care process? A. Yes B. No

16. Is the child securely attached to care takers?

A. Yes B. No

17. Are there wide varieties of adult models for the child to learn from? A. Yes B. No

18. Do you think children like the organization that they get support from? A. Yes B. No

19. Is there any chance for children to learn responsibility and be independent? A. Yes B. No

20. What strategies does the institution employ to help children develop socially?
    A. Teaching moral (ethics)
    B. Arrange different social events
    C. Provide guidance and counselling services
    D. Provide independent training
    E. If other, please write here. _____
21. Do you work in shift system? A. Yes B. No
22. Which one of the following situations does the child face?
    A. Exposed to neglect/stigma
    B. Exposed to physical and sexual violence
    C. Exposed to labour exploitation
    D. Taking family responsibility at early age
    E. Exposed to serious psychological problems /stress – trauma/
    F. Limited access for social services
    G. Drop out from school
    H. Exposed to inheritance problem
    I. If other, please write here. _____
23. Which one of the following challenges do you face to address the rights of the child?
    A. Shortage of resources
    B. Limited capacity to provide psychosocial support
    C. Uncoordinated service provisions by different actors
    D. Limited organizational capacities
    E. Limited legal enforcement to protect the child
    F. If other, please write here. _____
24. The child
    A. Can't get off certain thoughts C. Has no problem
    B. Complains of loneliness D. Can't sit still (restless)

25. What is the specific effect of HIV/AIDS on your child(ren)?

A. Lack of emotional support to deal with grief and trauma
B. Experience long-term psychological problems
C. Have poor educational and vocational opportunities
D. School dropout
E. Have poor health and nutrition
F. Experience exploitation and abuse
G. Take drugs and other substances
H. Lack love care and attention
I. Experience stigma and discrimination
J. Lose their right to inheritance
K. Becoming involved in crime
L. If other, please write here. _____

Part C - <u>Below are Given Various General Statements and Expressions Related to Psychosocial Behaviour; and Forms of Stigma and Violence that AIDS Orphans Face. Put a Tick ( ) to Show Your Degree of Agreement or Disagreement.</u>

No.	Item	Strongly Agree	Agree	I am not sure.	Disagree	Strongly Disagree
1.	The child enjoys being alone.					
2	The child feels guilty.					
3	The child is anxious.					
4	The child feels worthless.					
5	People insult the child.					
6	The child is uncertain most of the time.					
7	The child gets irritated.					
8	The child acts to young for his age					
9	The child acts to old for his age.					
10	The child argues a lot.					
11	The child can't consentrate.					
12	The child lacks confidence.					
13	The child looks bored.					
14	The child is moody.					

15	The child hangs on around the activites of others.					
16	The child doubts his abilities.					
17	People point their finger at the child.					
18	The child is aggressive.					
19	The child faces problems related with identity crisis.					
20	The child is pessimistic.					
21	The child is reserved.					
22	The child is unsociable.					
23	The child looks unsatisfied.					
24	The child feels useless					
25	The child is depressed most of the time.					
26	The child is agressive.					
27	When the child faces challenges, he doesn't resist.					
28	The child feels shameful.					
29	The child has no close friends.					
30	The child is too shy.					

31	The child is restless.					
32	The child has weak social interactions.					
33	The child has memory problem.					
34	The child can not express his ideas in the presence of many people.					
35	The child is insecure.					
36	The child faces difficulty to get along with strange people.					
37	The child can not express himself in social gatherings.					
38	Bad dreams bother the child.					
39	The child has problem to express himself in weddings, funerial cermonies and meetings.					
40	The child faces difficulty to look at people's eyes.					
41	Hates group work.					

42	The child doesn't want to attend in social events.					
43	The child gets angry very easily.					
44	The child worries about his future career.					
45	The child looks frustrated.					
46	The child thinks he is a failure.					
47	The child feels incompetent.					
48	The child prefers to do things alone.					
49	The child is mistrustful.					
50	The child runs away from friendship.					
51	The child thinks that nobody loves him.					
52	The child discusses with others with full confidence.					

Part D - <u>Put a tick to show how frequent the child exhibits the statements given.</u>

No.	Item	Always	Sometimes	Rarely	Never
1.	The child seems worried.				
2.	Day-dreams or gets lost in his/her thoughts				
3.	The child chooses to be alone.				
4.	The child gets easily angry.				
5.	The child is disobedient.				
6.	The child has trouble falling asleep.				
7.	The child is interactive.				
8	The child is rigid.				
9	The child has problem of making friends.				
10	The child demands a lot of attention.				

Part E – **Which one of the following psychosocial needs are fulfilled to your children? Put a tick ( ) under Yes if fulfilled, under No if not fulfilled.**

	No.	Needs	Yes	No
Psychological Needs	1	Guidance and counselling		
	2	Love		
	3	Care		
	4	Encouragement		
	5	Recreation		
	6	Play		
Social Needs	1	Food		
	2	Shelter		
	3	Education		
	4	Clothing		
	5	Health		
	6	Protection		

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES
DEPARTMENT OF PSYCHOLOGY

Interview Guides for Guardians or Caretakers

1. What are the objectives of your organization?
2. Do you think that the services provided by the organization or the care that the child gets from you or your organization fulfils the psychosocial needs of the child?
3. Do you provide guidance and counselling service to the AIDS orphans?
4. Is there any significant difference on the psychosocial problems of male and female HIV/AIDS orphans?
5. How do you describe the psychosocial behavior of the AIDS orphans in line with the social, emotional and personal behaviour?
6. Can you mention some of the psychosocial problems that AIDS orphans exhibit during their stay in your organization?
7. Can you mention the factors that contribute to the current personal, social and emotional behaviour of these children?
8. Can you suggest the possible solutions to solve the psychosocial problems that these children encounter?
9. Do you think AIDS orphans face stigma and discrimination? If yes, what are the problems that these children face as a result of stigma and discrimination?
10. Do the children get support from relatives, neighbors, health workers, teachers, religious groups, or other community members?

ADDIS ABABA UNIVERSITY

SCHOOL OF GRADUATE STUDIES

DEPARTMENT OF PSYCHOLOGY

Guides for Focused Group Discussion of AIDS orphans

Dear Group Member,

First of all, I would like to thank you for your willingness to participate in the group discussion. I am conducting a research on the Psychosocial Behavior of AIDS Orphans in Awassa. For this reason, I have selected some of the organizations working with AIDS orphans in Awassa. The organization you are getting support from is among them. Therefore, I would like you to participate in the group discussion providing your honest responses to the following questions. I would like to assure you that the individual participants of the focus group discussion would not be quoted in the research for what he/she mentioned with out his/her consent.

I thank you in advance.

1. What are the major problems that you face?
2. How do you perceive the people around you?
3. Do you have an opportunity to discuss how you will be cared for?
4. Do you have an opportunity to discuss land, property, and money inheritance, and other legal and financial arrangements?
5. What do you think should be done to solve the problems that you face (if any)?

Declaration

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

Name: Daniel Messele

Signature: R. Venkatachal

Date: 14 · July 06

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

Name: Professor Venkatachalam

Signature: R. Venkatachalam

Date of approval: 14/7/07

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