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School of Graduate Studies

**Problems, Coping, Resilience and Support of AIDS
Orphans: *Comparison of the Experiences of Younger and
Older Orphaned-Children***

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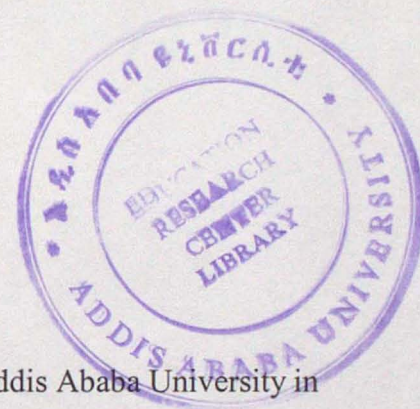
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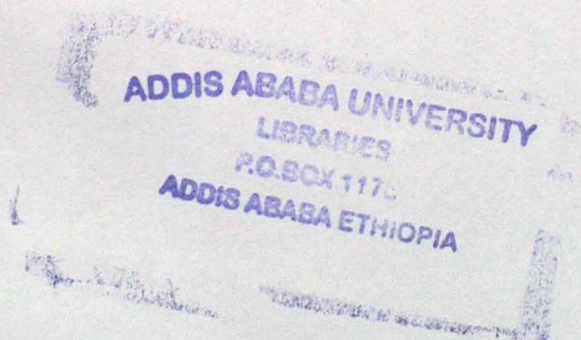
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**Problems, Coping, Resilience and Support of AIDS Orphans in
Arada Sub-city/ Addis Ababa: *Comparison of the Experiences of
Younger and Older Orphaned-Children***

Kassa Norraw



A thesis submitted to the School of Graduate Studies of Addis Ababa University in
partial fulfillment of the requirements for the degree of Master of Arts in
Developmental Psychology



July 2006

Addis Ababa

Acknowledgements

It is individuals' pool effect what makes a research real. Many individuals have contributed to the finalization of this paper to whom I would like to express my heartily and sincere gratitude. Nevertheless, special thanks should go to:

1. *Dr. Belay Teffera* (Advisor):- He was much supportive, beginning from topic identification to the end result of the research. I have had the privilege of partaking from his constructive inputs and appreciate his professional ingenuity and devotion.
2. *Ms. Hirut Mihret-Ab* (Program Coordinator at ISAPSO): - After getting the acceptance from the organization, it was Hirut who facilitated me the access to get research participants through home based caretakers. She was most helpful in availing assistance for a quick and safe way of collecting data, both from orphaned children and their guardians.
3. *Ms. Birqe Setegn, Genet Birhanu and Tsehay Hailu* (Home based caretakers):- Respective of their locality, they have patiently provided me with the required number of interviewees and FGD members. In addition, they have assisted me in interviewing and also played a facilitating role in the group discussions.
4. *Ms. Martha Wood* (MPH - Reproductive Health Technical Advisor) and *Ms. Lemlem Tilahun* (Professional in Literature):- Thanks to their rigorous editing of both the interview and FGD questions as well as final draft.
5. *Ms. Tsige Tsegay* (Secretary in Private Business):- Tsige was the one who wrote the Amharic version of the questions to be implemented in the interview and FGDs. She is exceptionally patient and cooperative in rewriting corrections as well.

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Abstract

Orphaned children are vulnerable in many ways; hence, they require special care and support. The purpose of this research was to investigate the psychosocial status (problems, coping and resilience) of these children and the support provided to them. The paper also attempted to compare the experiences of younger and older children on these issues. A Sample of 66 full orphaned-children (younger=31, older=35) were considered for data collection (girls=31, boys=35). Structured interview and focus group discussions were the tools used for data collection. In addition, data were collected from guardians' interview and focus group discussions.

Findings suggested that sick parents did not openly communicate with their children about their disease and hence children had little death expectation. After parental death, it is the guardians who played decisive role in the life of the orphaned-children. During parental death, younger children did not show any clear reaction but obsessed with the event and older children get disturbed as if it was the end of their life and expressed their deep sorrow. Sometime latter, orphaned-children securely attached to guardians; because of the confidence they built on. Thus, children become resilient while living with their guardians. Of course, in some instances, this resilience seems to be threatened like when, for example, facing discrimination by outsiders or when dead parents were insulted. Besides guardians' all rounded support, NGOs are also providing economic support by covering education fee, buying uniforms and rendering token money on monthly basis that can minimize family expenses.

I. Introduction

1.1 Background

Among the multi factorial causations of children's vulnerability, HIV/AIDS is the one with serious health, social and psychological threat mainly affecting people in the developing countries. It costs the lives of many people indiscriminate of sex, religion, age and race. The effect of HIV/AIDS is severe especially for those orphaned children who had lost their parents due to the pandemic.

As reported by Care International, "There are more than 13 million orphans, children who have lost either their mother or both parents to AIDS before the age of 15. In some African countries, more than 20 percent of households are fostering orphans" (p.1). It further asks questions: How are nations, communities, and households coping with this tremendous challenge? AIDS is really becoming a serious concern particularly for Africa. It was also stated by AVERT (2005) that, "By 2003, 15 million children under 18 had been orphaned by HIV/AIDS worldwide. About 12 million of these live in Sub-Saharan Africa, and it is expected that this number will have risen to more than 18 million by 2010" (p. 1).

In Ethiopia, the number of orphaned children is increasing. As IRIN Internet news source (25 Oct. 2005) put it, "There are currently 4.6 million orphans in Ethiopia with around 540,000 of them having been orphaned by the HIV/AIDS pandemic" (p.1).

On the other hand, Walta Internet News (2001) reported the status of orphans in Addis Ababa as "...20,000 children were living with the virus, and an equal number of children have been orphaned due to HIV/AIDS" (p.1). It is clear

that within the past four years the number of orphaned children due to the virus has been increased a lot as the risk factors are high in urban areas.

IRIN reported that the likelihood of increase in the number of orphaned children in Ethiopia is from 11% to 43% of the 45 million children by 2010. Despite such alarming rise of orphan-children, little efforts were made to investigate the situation of these children. With regard to support, International HIV/AIDS Alliance in its Africa-wide briefing notes (2003) discussed that most programs for vulnerable children focus on their physical needs but the loss of a parent is a traumatic and stressful experience. The report further explains the importance of early intervention, as it could not be assumed children can always cope the adverse situations. They need to have a favorable environment to help them cope up and flexibly adjusting to the new life situation.

Although orphaned-children seem to attract the attention of researchers, GOs and NGOs in Ethiopia, much of the attempts are on the economic needs of children not on the psychosocial problems affecting their wholesome development. Few exceptions, of course, could be cited which have recently conducted local surveys in Addis Ababa and elsewhere. Among these, Belay and Belay and Belay (2005) conducted a Psychosocial Survey of Orphaned and Vulnerable Children, their Families and Communities in both rural and urban settings. It explicitly found out the psychosocial situations of orphaned-children before, during and after parental death and the support and care they get from all levels. On the other hand, Tedla (2005) witnessed the prevalence of stigma and discrimination against AIDS orphans.

It is to be noted, too, that relatives or guardians may not give due attention to the effect of parental loss on children's development beyond material fulfillments. Therefore, the identified problem of this study is how orphaned children cope and adjust with the life after parental loss? Here, sub questions can be formulated like, what are the differences and similarities between

AIDS orphaned younger and older children in resiliency and coping? What are the capacities and limitations of orphans to become resilient? What are the supports they get and their contribution to resiliency? How do children behave before and after the death of their parents? To what extent do orphaned children accept the real life situation?

All these and similar questions need to be looked into in order to forward professional inputs to support children coping and resiliency behavior. The study is confined to the psychosocial status of orphaned children before and after AIDS induced parental loss. It is also delimited to Arada Sub-City, *Kebele* 15/16 because of the budget constraint to select target groups in far places who have similar economic, social and cultural background.

Finally, the outcome of study can benefit for decision makers, caregivers, professionals, and program implementers by flagging and availing findings showing the seriousness of resilience and coping problems of orphaned-children compounded by less psychosocial support. It can call the attention of all to launch palatable programs helpful to solve orphaned children's coping and resilience problems.

1.2. Purpose

The whole objective of the study is to find out the capabilities and limitations of orphaned-children in leading their life without parents. Where as, the specific objectives are:

- Determine the psychosocial status of orphaned-children including
 - Problems
 - Coping
 - Resilience
- Determine the sources and types of care and support these children receive, and

- Compare the psychosocial status of younger and older children

1.3. Operational Definition

Orphaned children:- children who have lost both parents due to AIDS.

Younger Children:- boys and girls who are between the ages of 9-13 years.

Older children:- boys and girls between the ages of 14 -18 years.

Psychosocial problems:- both psychological and social factors affecting orphaned children's coping and resiliency behavior.

Resilience:- degree of flexibly and positively adjusting to the new life situation by enduring or overcoming adverse situations after AIDS induced parental loss.

Coping: - reacting and dealing with the new life circumstances accompanying to parental sickness and AIDS induced parental loss; that is while living with guardians or alone.

Care and support:- service rendered by primary and secondary care and support providers to orphaned children including education, livelihood, health and psychosocial issues. The sources of care and support are:

Primary care takers:- relatives or guardians who are taking care of the child

Secondary caretakers:- community based organizations, schools and community administration that have different forms of involvement in supporting the orphaned children.

Others:- GOs, and NGOs intervening with different programs to address problems encountered by orphaned children.

II. Review of the Literature

As Mortenson (1979) put it, "How an individual child copes with separation and loss depends up on his or her life style, developmental capability, environment, cultural background, and psychosocial characteristics" (P.80). The environmentalist Locke (cited in Crain, 2000) also underlined the impact of environment to shape individuals through development. According to his theory, orphaned children can be helped in coping with the challenges of life by hardening them to pain by "gentle degrees" depending on his/her capacities. In such a way, we can up bring a child who can tolerate and face hardships rather than avoid a little pain or remain tender. Since children of age 7-11 have industry vs. inferiority crisis, Erickson (cited in Crain, 2000), the danger is excessive feeling of inadequacy. So, orphaned children inferiority feeling with in this age range will be much more complicated.

When orphans miss parents they really lack proper scaffolding and look for responsible person or bodies who can provide support, guidance and protection. To assist children overcome the gaps due to parental loss, they can be trained to cope up with different psychosocial problems with in their environment prior to parental death. Vygotsky (cited in Crain, 2000) further explained it in the Zone of Proximal Development Theory, which underlined the importance of cultivating children's potential by assisting them to reveal it in certain activities before it reaches full maturity.

The life of orphaned children is entangled with all sorts of social, economical, emotional and psychological problems, which are hard to shoulder at their immature stage. That is why, as Pintrich (2003) explained, children need to be taught, guided and encouraged towards achieving certain objectives because they are encircled with interwoven problems and live a complicated life.

2.1 The Essence of Orphaned Children

Children are tender and delicate to confront life challenges beyond their developmental capacities and are easily affected by environmental factors. Unless they get substantial psychosocial care and support from their families or guardians or otherwise, they would be exposed to any life-threatening situations. They become vulnerable and the cumulative psychosocial problems make them helpless. The worst of it is manifested in the life of orphaned children. Further more, AIDS orphans are quite in danger.

The definition of orphaned children, which varies from country to country, has two common variables. Smart (July, 2003) mentioned that the main variables of the definition are age, children up to 15 or to 18 years, and parental loss, that is mother, or both parents dead. There are countries in Africa who have similar age definition of orphans. Most of them called a child under the age of 18. However, they vary in terms of parental loss. Some say, like Uganda, orphan is a child who lost one of the parents or both, and others say, like Ethiopia, only who lost both parents or still for others, like Namibia and Botswana, it is the loss of a primary caregivers (adoptive parents).

An HIV/AIDS orphan is defined in Children on the Brink Report (cited in Smart, 2003) as a child under age 15 and lost at least one parent to AIDS. This definition is similar with the general definition of orphans except the difference in the cause of orphan hood. Here, the sole cause of orphanage is HIV/AIDS, unlike other potential factors. Children's vulnerability can be caused due to wide range of variables. However, among these, AIDS orphans vulnerability is much more complicated than other factors. It starts well before the death of parents. AVERT (2005) clarifies that:

... there is the emotional suffering of the children which usually begins with their parents' distress and progressive illness.

Eventually, the children suffer the death of the parent (s) and the emotional trauma that results. They then may have to adjust to a new situation, with little or no support, and they may suffer exploitation and abuse (p.1).

✕
According to Smart (2003), there is a growing concern that the orphan estimates do not necessarily reflect number of children who are vulnerable,. Some say orphans' vulnerability followed when there is unfavorable environment and others say being single/double orphaned by it self can cause it.

⚡
The suffering of AIDS orphans can be traced back to the time before parental loss. To reduce orphans' vulnerability, children should be helped since parents were sick. Children need to be communicated about what is happening to their parental health. They should know what would be their fate and destiny after death, and also by whom they will be cared for and supported. Children Rights Center (2002) explained that, "Children need some understanding about death, and preparation and support if they face the death of a loved one" (p.42). It also highlighted the role of actors involved in orphans to help them feel strong and self-confident at home, in the community, schools and religious groups.

The Center also confirmed that, "From about 5 years children understand that death is permanent the person will never comeback to them. Children can be encouraged to play-act a funeral service. ...It helps them feel less frightened and confused" (p.44). However, parents may fail to be open and educate their children about the challenges to come ahead and ways of tackling them. As stated in the American Academy of Pediatrics, "... the parents may be reluctant to face their own potential death and be unwilling to discuss their child's future with the child or with anyone else" (p.2).

After the death of parents, however, orphans get down to symptomatic psychological and social problems, which deter their normal growth and development. If they were not properly communicated before death, the intensity of orphans' stress could mount more. They would be left helpless and bounded with all sorts of problems, which have exasperating effect on their life. As defined in Georgia Reproductive Specialists Web Site, "Stress is the "wear and tear" our bodies experience as we adjust to our continually changing environment" (p.1) This means, in the process of facing all diversified life incidences, such as: the death of a loved one, the birth of a child, a job promotion, or a new relationship, we experience stress as we try to readjust to the new circumstances.

Children respond differently to the loss of parents with observed reactions at different levels. Basel (1999), in the Child Bereavement Study, described them at four levels and two of them are:

1. Emotional life

Sadness and crying:- Sadness is expected when a parent dies, and the most frequent and obvious expression of sadness is crying.

Anxiety:- Anxiety can appear, as the fear losing another loved one or as a concern with the child's own safety.

Guilt:- Guilt is a common feeling after the death of a loved one. Guilt mostly takes the form of regrets of things done or not done.

Anger and aggressive behavior:- Feelings of abandonment often produce anger. Bolby (cited in Basel, 1999) found that one-fourth to one-third of the children he studied following the significant loss were "over active and aggressive, engaged in unprovoked violence toward peers and adults and destroyed property" (p.43).

2. Self-perception

Self-efficacy:- Self-efficacy describes a person's perceived ability to influence and to change what is happening to him or to her ... bereaved children believed they were less able to effect change than the non-bereaved children.

Self-esteem:- ... self esteem looks more closely to the question: "*What is my value? How am I valued by the others? Am I the worthy person?*" ...stigmatization and discrimination has a negative impact on the self-esteem of AIDS orphans.

Maturity:- ...the factor of maturity was underlined that children after one year more felt "grown up" because of experience of the loss than other children.

Moreover, as explained in the Psychosocial Issues for Children and Adolescents in Disasters, the six years old through eleven years old problem behavior during disaster include the following: "Bed-wetting, sleep terrors, nightmares, sleep problems, weather fears and irrational fears" (p.6).

2.2 Psychosocial Care and Support

Psychosocial is a broad term, which combines both the ideas of psychological and social factors interacting together in the lives of individuals. That means the psychological state of a person is highly influenced by the social environment and vice versa. The term psychosocial has been defined in the Google Web Site (2005) as:

- Involving both social and psychological behavior
- Pertaining to one's psychological environment in the context of one's social environment
- Involving both the social and psychological aspects of a person's life
- Relating social conditions to mental health
- A combination of psychological and social factors

- Term used to underline the close relationship between psychological and social effects of a patient's illness.

According to an International Training Workshop organized by the Office of Emergency Operations and ESARO in Nairobi (Cited in Belay 2005),

The word psychosocial underlines the dynamic relationship between psychological and social effects, each continually influencing the other. Psychological effects are those, which affect emotions, behavior, thoughts, memory, problem-solving skills, perceptions and understanding. Social effects refer to altered relationships due to death, separation, estrangement, and other losses, and family and community breakdown. Social effects also extend to the economic dimensions as many children and families become affected because of parental loss, thus losing their social status and place in their familiar social network (P.4).

The description of the term psychosocial is also stated in The Family Health Site (Medical Network Inc. 1999-2005) as follows:

The term psychosocial refers to the psychological and social factors that influence mental health. Social influences such as peer pressure, parental support, cultural and religious background, socio-economic status, and interpersonal relationships all help to shape personality and influence psychological makeup. Individuals with psychosocial disorders frequently have difficulty functioning in social situations and may have problems effectively communicating with others (p.1)

The effect of AIDS on orphans' psychosocial development needs to be studied thoroughly to make a difference in their life. As William stated in UNICEF Publication (1995), the psychosocial effects of AIDS is not magnificent as the material problems such as malnutrition do. Moreover, psychosocial problems

are little known by organizations rendering services to orphans and vulnerable children. Galappatti (2003_c), when mentioning the psychosocial views in the field, stated that there is no clarity in the definition of psychosocial intervention. Some agencies focus on counseling and others towards other perspectives. This implies the need to establish common understanding in the view of psychosocial intervention. As Erusec and Kuczynski (1997) put it "Opportunities for development refer to relationships in which children find material, emotional and social encouragement compatible with their needs and capacities as they exist at a specific point in their developing lives" (P. 309). Therefore, the media for AIDS orphans' psychosocial support need to be all rounded and take in to consideration the gaps to be addressed.

2.3 Coping and Resilience

Coping:- In the dynamics of the environments interfacing human beings, there is a question of coping for adjustment. In the case of AIDS orphans there is also a challenge in coping the new life situations without parents. They would be forced to react in various ways to the situations after parental loss, which may result in success or failure to overcome life stress. What is coping and what necessitates it? What does it imply in terms of AIDS orphans?

Coping can be defined in different ways as scholars or different writers have their own ways of defining it. As defined in the Google Web Site (2005), coping in psychology is:

- The process of managing taxing circumstances, expending effort to solve personal and interpersonal problems, and seeking to master, minimize, reduce or tolerate stress or conflict.

- The psychological process following any stressful situation
- The process by which people try to manage the stress they experience.

The definition of coping implies different conceptual issues and Folkman, in the Coping and Health research (University of California), has developed the following three concepts. First, depending on what the person is dealing with, coping is a dynamic process, not stable but under goes changes, thus its flexibility nature is a challenge for researchers. Second, coping is multi dimensional because its measures include various kinds of problem-and emotion-focused coping. Third, coping scales most often inherently lack internal consistency unlike in the measures of other constructs, such as attitudes.

The nature of coping, at times, is flexible and as described by Skinner and Werllborn (cited in Sutton 2004) "Coping is an organizational construct that describes how people regulate their own behavior, emotion, and motivational orientation under conditions of psychological distress" (p.16). Furthermore they elaborated that coping becomes more stable and self-regulated as children pass through middle childhood into adolescence.

Folkman also considered the co-occurrence of positive and negative events or moods in terms of coping. Hence, positive emotions or psychological states have three important coping functions under conditions of severe stress. That is, positive emotions, such as: (1) Eagerness and excitement motivate people to cope adverse conditions or threat emotions. (2) Pleasure in what has been accomplished or one loves for the one who is caring for; make people endure when things get tough. (3) Happiness, like for example, in the enjoyment of a humorous comment gives relief from distress.

The need for relief or psychological timeout from distress necessitates the arousal of positive emotional responses. In short, positive coping uses

pleasant emotions or moods to overcome adverse conditions. However, it is important to examine both the negative and positive assessment of events when finding out the relations between stress, coping and adjustment, Sutton (2004).

Regarding the occurrence of negative emotions in time of coping, it might be recalled back to the situations before parental loss. In a study conducted by FHI (2002) certain children grieved over due to the fact that they were not allowed to attend funeral rituals for final farewell and as a consequence brought about negative emotions or events. Among these, including positive events, the study identified coping mechanisms as "Crying, praying, and playing with friends were the main coping strategies taken up by all the participant groups during and after parental loss" (P. 9). It is also mentioned by Belay (September 2005) that after the death of parents children usually use crying and weeping as a coping mechanism, which is valued by the society. On top of that, the study also described other coping mechanisms, such as social support from relatives, friends, neighbors and the like participating in the burial rituals, and children's deliberate forgetting based on the understanding that meditating over the deceased is futile.

In another study produced by FHI and others (2003) it is described that orphaned children's grief and loss can be minimized if they can get a chance to share experience with peers who come across with similar experiences. The importance of talking to children about missed parents, whenever they want, has also been underlined. In such a way, children can cope with their grief and missed opportunities to attend over the lost parents burial process. Moreover, as a way of coping with parental loss, the study also includes the use of "Mementos of the deceased parent, such as photographs or items that belonged to the parent, should be given to the children. Research shows that children value these mementos at various stages of their lives" (p.62). Therefore, there need to be support for orphans to better cope up in life

through lessening grief and take off the suppressed silence, which can result in negative emotions like prolonged depression.

Coping is essential to adapt to the new situation and overcome life challenges. People use various mechanisms to overcome stressful confrontations. When explaining coping strategies, Taylor (July 1998) discussed that:

Coping strategies refer to the specific efforts, both behavioral and psychological, that people employ to master, tolerate, reduce, or minimize stressful events. Two general coping strategies have been distinguished: problem-solving strategies are efforts to do something active to alleviate stressful circumstances, whereas emotion focused coping strategies involve efforts to regulate the emotional consequences of stressful or potentially stressful events (P.1).

As Fields and Prinz (Cited in Sutton 2004) concluded, use of emotion-focused and cognitive coping strategies by children increases during their transition from preschool to primary school years. On the other hand, problem focused strategies in general begin to decline. In addition, they stated that primary-school aged children use both approach and avoidant coping strategies in response to stress. Coping mechanisms, which account for positive affect, as reported by Folkman research, are:

Positive reappraisal, which is cognitive reframing of what has happened or that which might happen; *goal-directed problem focused coping*, which includes knowing when to abandon goals that are no longer tenable and substituting new goals that are both tenable and meaningful; *using spiritual or religious beliefs* to seek comfort; and *the infusion of meaning into the ordinary events of daily life* in order to gain a psychological timeout from distress (p.11).

Resilience:- After coping with a certain adverse situation what comes next is the question of resilience. Does a person normalize the adverse situations or events and gets relieved from stress? The answer can be dealt with the parameters of resilient characteristics. These days, the term resilience is a relatively young and progressively introduced concept by many scholars. It is defined in different ways and can be contextually interpreted. However, as cited in a Bulletin 875-99 about Fostering Resilience in Children, resilience is generally defined as:

- Manifestations of competence in children despite exposure to stressful events (Gramezy, 1984).
- Facing stress at a time and in a way that allows self-confidence and social competence to increase through mastery and appropriate responsibility (Rutter, 1985).
- Successful adaptation despite risk and adversity (Masten, 1994). She goes on to say, "resilience refers to a pattern overtime, characterized by good eventual adaptation despite developmental risk, acute stressors, or chronic adversities."
- The ability to thrive, mature, and increase competence in the face of adverse circumstances (Gordon, 1995). He also underlined the importance of mobilizing one's biological, psychological, and environmental resources in the process of building resilience.

In terms of capacity, Howard and Johnson (1999), defined resiliency as "... the inherent and nurtured capacity of individuals to deal with life's stress in ways that enable them to lead healthy and fulfilled lives" (P.3). Similarly, as stated in The Texas Youth Commission (July 2004) Web Site, resiliency is defined as "The process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances" (p.1). This same source describes three kinds of phenomenon in resilience. These are "(1) good outcomes despite high-risk status; (2) sustained competence under threat; and

(3) recovery from trauma" (P.1). In this case resilience can be understood in connection with the concept of stress resistance and recovery.

What is important to remember is the advantage of early preparation as a prerequisite for later resilient behavior or recovery. For instance, in substantiating the use of attending burial process, USAID and others (2003) found out that "Children who are encouraged to express their grief through participating in mourning rituals, with the help of an adult, will recover from their loss more quickly than children who are 'protected' from this experience" (P.62). Furthermore, the way the guardians' care for a child brings a lot of difference in his/her resilient behavior. As Shaffer (1994) explained it "Authoritative caregivers who rely on reasoning rather than power to guide and control children's conduct tend to raise youngsters who are securely attached and who are liked by both adults and peers" (P.552).

Researchers (cited in Al-Naser and Sandman's, 1999-2004, Resilience Factors Research in Kuwait) use resilience to describe "... invulnerable individuals and survivors, identifying individual characteristics of successful adaptation, despite seemingly significant challenges or threats to that adaptation" (P. 2). It is true that resilience is necessary to triumph and be successful in life. As Grotberg, in *A Guide to Promoting Resilience* Publication, put it "Resilience is important because it is the human capacity to face, overcome and be strengthened by or even transformed by the adversities of life" (P.1).

Furthermore, Grotberg described three sources of resilience, such as *I have, I can and I am* to overcome children's adversities. The first source is about the people around the child with whom he or she has trust. The second is about the child's self-perceived positive values and the third stands for the self-efficacy that one can accomplish. For the child to be resilient, therefore, a supporting environment coupled with ones own innate capacity is essential. As Meredith Cooperation (2005) described in *How to Foster Resilience* Article, "The most resilient children ... those who thrive in spite of genuine

hardship ... are often both responsible and nurturing. Caring for younger siblings, for example, seems to promote independence and confidence, especially for girls" (P.3).

In general, Grotberg said, "... the vocabulary of resilience is more than a set of words that will allow us to talk about this emerging concept" (P.4). When we talk about AIDS orphans behavior, therefore, we are talking about recovery from trauma, stress-resistance and ability to triumph in life.

III. Methods

In this section, attempts are made to briefly describe the study area, the participants of the research, tools of data collection and the pilot study.

3.1. The Study Area

This study is conducted in Arada Sub-City Administration, Addis Ababa, using children who are registered as HIV/AIDS affected and hence getting the services of a local NGO named *Integrated Service for AIDS Prevention and Support Organization* (ISAPSO) that was founded in 1997. According to ISAPSO (August 2005), this sub-city is with the highest HIV/AIDS prevalence rate. The three ISAPSO's target *Kebeles* (the lowest government structure-*Kebele* 10, 15 and 16), up on which the organization has been actively working since 2004, have a population of about 52,000 people. Most of them are poverty stricken, the majority being unemployed and living below the absolute poverty line. This area is also an area where the highest concentration of commercial sex workers exist in (ISAPSO 2005).

3.2. Participants

At present ISAPSO is working with a total of 302 children affected by HIV/AIDS: 128 are double orphans, 167 are single orphans and 7 are non orphans living with their parents but have at least one parent being known as HIV positive. These children were registered as HIV affected and currently get different kinds of support from ISAPSO including stationeries, token money, and clothing (Interview with W/ro Hiwot - Program Coordinator and ISAPSO 2005). According to her, ISAPSO got the list of orphans whose parents are dead due to AIDS from each *Kebele*. The *Kebele* screened some of

those children with their parents' previous HIV positive report and for the others from the public general observation and report.

Out of the three target *Kebeles* of ISAPSO participants were taken from *Kebele* 15/16. A total of 200 orphans were registered from these *Kebeles*; 66 being double orphans (31 of whom are younger and 35 being older). All these double orphans were considered for the study; excluding single orphans because the effect of HIV/AIDS is believed to be different in the two cases, and the worst of its effect is on the former. It implies that there is a need to prioritize the two types of orphans for the present purpose. It would, of course, be more useful to compare the two, but this was deliberately avoided because the single orphaned group is with heterogeneous background and could hardly be taken as a group. In addition to the 66 double orphans, the guardians are 31 in number, were purposefully sampled to obtain the supplementary data.

3.3. Tools

Data were collected using structured interview and Focus Group Discussions (FGD) by adapting from those used in earlier and similar studies (Belay and Belay, 2005; FHI, 2003).

3.3.1 The Structured Interview (using the Amharic version)

In depth individual interviews were held with all the guardians and the children. The in depth individual interview for children (see appendix) focused on children's background, psychosocial status, care and support. On the other hand, the in depth interview with guardians (see appendix) focused on orphans behaviors, daily routines, and interaction with guardians. Overall, the interview took seventeen consecutive days to deal with the ninety-seven interviewees.

Both types of interviewees were reached as follows. Firstly, their list was secured from ISAPSO register. Then, three home-based facilitators, who were recommended by ISAPSO because of their information and access to those persons, were employed and played the role of bringing the required participants. These facilitators were advised to go to participants door and invite them for interview at the *Kebele*.

3.3.2. FGD

Seven FGDs, guided by the Amharic version questionnaires, were conducted with the following groups.

Children:

- Younger girls (6 members)
- Younger boys (6 members)
- Older girls (5members)
- Older boys (5 members)

Guardians:

- Grandparents (5 members)
- Elder siblings (5 members)
- Others/relatives (6 members)

The FGD with children (see FGD guides on appendix) took about two hours and focused on the opinions about the psychosocial status of children before, during and after parental death and also about the care and support gained/needed from others. The FGD with guardians was focused on similar issues including opinions about the ideal ways of handling orphaned children in addition to forwarding general remarks on what to do next.

The procedure was that first and foremost the facilitator introduced himself and the purpose of the FGD as follows:

This discussion is to be held with the participation of all the group members and the ideas forwarded should be based on free expression and interest. All ideas or suggestions are valuable. Stepping up on your personal experience and environmental situations, every one of you is invited to participate in discussions stemming from the questions to be raised

Then participants' willingness was insured for using a tape recorder to track the discussion. In effect, all group members were active participants without any hesitation. Having done this, the discussions were initiated and the facilitators activated all the members to express their feelings or opinions.

3.4. Pilot Test

Before employing the questionnaires containing interview and FGD items, it was as usual necessary to conduct pilot test and ascertain the instruments' validity. The specific objectives of this pilot test were to:

- Determine the sequence of holding interview and FGD sessions for children because the same group will appear in both instances. So the sequence can be a factor for individual participants in revealing information under different circumstances.
- Improve and finalize the sequence of items' presentation both in the interview and FGD so as to maintain coherence in their relative relationship.
- Test the suitability of items to help participants freely respond and express their feelings, and avoid words or phrases that may create hindrance for the respondents as the case of HIV/AIDS is sensitive in terms of social and psychological issues.
- Determine the size of items to be contained in both the interview and FGD because the dynamics of participants' involvement in the two sessions is bound to a time limit that can be best judged through the pilot test. Furthermore items monotony nature would be reduced.

To test the instrument in light of the above points, home-based caretakers drew participants randomly from the target population (see the following table).

Participants	Items		Date
	Interview	FGD	
Children	2 males	2 males	23-03-2006
	1 female	2 females	
Adults	3 females	3 females	24-03-2006

The test was conducted at *Kebele 15/16 Office/Arada Sub-City*, where it was found convenient to hold on discussion and interview. During both interviews with children and adults, duplications of ideas were observed. The interviewees recalled back to preceding questions and started saying "As I told you before...." For instance, the support provided by secondary/other caretakers was differently asked as: *From whom do you get support, and from who do you want support*. Similarly, difference was not observed between inheritance arrangement or "Nuzaze" and "Adera" (responsibility given by dying person to some body else to take care of his/her child); both were understood in the same way.

The FGD was found to have similar problems like in the interview because every FGD participant was supposed to reflect and relate his/her own problems to the discussion. It was also learnt that rather than calling 'siblings of the orphaned child' at home, it was better to call them 'orphans' as they were considered to have the same status. For this reason we have found it better to say number of orphans in a household as they are living under a guardian.

There were identified questions not kept in priority order while taking FGD with adults. For example, questions number two and three are the ones to be pointed out; that is reversing their order for coherent and systemic

relationship of the items. Question number two was "What could be the major causes of parental sickness that eventually left children to be orphaned?" and question number three was stated as "What are the main causes for orphaned children?"

Moreover, some wordings, and probing questions were cancelled out to make the interviews and discussions fit to the participants. Based on the lesson learnt from the pilot test, some items were further improved and reconstructed so as to make it more informative and easily understandable to participants. For example, instead of directly jumping to AIDS related questions, it was found important to begin with general questions like, "Why did you lose your parents" was followed by, "If it is disease, what were the types of sickness or causes?" This way, children can be free from any inhibition up on their privacy and express feelings freely.

Based on the lessons learnt from the pilot study, it was found better to first conduct the interview with the orphaned children followed by the FGD. In the first case, interviewees were free to express their own feelings, as it was confidential in a private setting. When it comes to FGD, group members became active participants as they were once exposed to individual interview as that opened their eyes for issues pertaining to personal experiences. So, based on what have been said about personalities, group members were encouraged to go further and forwarded their own opinion about other orphaned children's life situations.

IV. Results

The data obtained from orphaned children and guardians' interview and FGD are presented hereunder in figurative and narrative form. Children's interview is taken as the basic data source to be triangulated by the FGDs and guardian's interview results. Therefore, quantified interview questions would be tabulated and explained. It is further enriched by guardians' interview and FGDs, and younger/older orphaned children's FGDs in separate headings. The topics, under which results provided, are: first, background of the participants; second, psychosocial status of orphaned-children; third, types of care and support with the comparison of younger and older children psychosocial status, using Pearson Chi-Square Test (it has helped to see the significance of differences in the relative frequencies). The value of the test that shows statistically significant difference is less than 0.05.

4.1. Backgrounds of Participants

The orphaned children and guardians that are included in this study have different background in terms of certain variables and can be grouped into categories. Basic demographical information would be used to see its implication on the psychosocial status of orphaned children. Therefore, the background information presented hereunder is about the orphaned children and guardians who participated in the interview. First, let us see the summarized information shown under the eight variables about the orphaned children.

Table 1: General profile of the orphaned-children (N=66)

Variables	Groups	Younger	Older	Total	Remark	
Sex	Boys	17	18	35		
	Girls	14	17	31		
Age in years	Minimum	9	14	9		
	Maximum	13	18	18		
	Mean	11.5	16	13.5		
Grade	1-4	15	5	20	There is difference	
	5-8	14	13	27		
	9-12	1	14	15		
	Drop out	1	3	4		
Birth order	Mother	1 st born	11	11	22	
		Middle born	13	20	33	
		Last born	3	3	6	
		Only child	4	1	5	
	Father	1 st born	12	14	26	
		Middle born	12	15	27	
		Last born	3	2	5	
		Only child	4	4	8	
Type of guardians	Grand parents	13	9	22		
	Elder siblings	7	8	15		
	Relatives/others	11	11	22		
	No Guardian	-	7	7		
Orphaned siblings	Living together	12	16	28		
	Living in different households	5	9	14		
	No sibling	10	6	16		
	Unknown	4	4	8		
Time of parental loss in years	Mother	Minimum	1	2	1	
		Maximum	8	10	10	
		Mean	4.5	5	5.5	
	Father	Minimum	3	3	3	
		Maximum	10	12	12	
		Mean	6.5	7.5	7.5	
Family size	Minimum	2	1	2	No significant difference	
	Maximum	5	5	5		
	Mean	3.5	3	3.5		

- In terms of sex, both boys and girls in the younger and older children group are represented with approximately equal figures.
- Due to age difference the younger children grade ranges from 1-8 and the older from 5-12.

- Regarding family size both groups are living with similar family size except those older children who are living alone.

Table 2: General profile of the guardians (N=31)

This table illustrates the general conditions of guardians' with whom orphaned children are living. There are five variables correspondingly mentioned with the types of guardians; that are: elder sibling, grand parents and relatives/others (aunt, uncle, neighbor, etc).

Variables	Groups	Types of Guardians			Total
		Elder siblings	Grand parents	Relatives/ Others	
Age in years	Minimum	20	44	28	20
	Maximum	24	97	63	97
	Mean	22	70.5	45.5	58.5
Job	Daily laborer	2	-	6	8
	Employed	1	-	1	2
	Private business	3	2	3	8
	Pensioned	-	3	6	9
	Dependent	-	4	-	4
Reasons for guardianship	"Adera"	-	-	12	12
	Blood relation/ Adera	6	9	4	19
Duration of guardianship in years	Minimum	2	1	1	1
	Maximum	7	10	10	10
	Mean	4.5	5.5	5.5	5.5
Family size	Minimum	2	2	2	2
	Maximum	3	4	7	7
	Mean	2.5	3	4.5	4.5

- Depicted from table 2, there are all age groups, from youth to old age, who are taking care of orphaned children.
- Out of these, 6 are elder siblings, 9 grandparents and 16 relatives/others. Their livelihood is highly dependent on daily labor, private business (mainly selling goods on the street) and pension.

- The reason guardians are taking responsibility in upbringing-orphaned children is mainly due to "Adera" and having the blood relation in which case there might not be "Adera".
- Most of the relative/other guardians took responsibility for the sole reason of being bounded by "Adera".
- Both the elder siblings and grandparents have similar family size, which is less compared to that of the relative/other guardians.

4.2. Psychosocial Status of Orphaned Children

With all the available supports and coping mechanisms, orphaned children have certain psychosocial status. Respective of it, interviewed orphaned children have reflected their status as compiled below (problems, coping and resilience behaviors)

4.2.1 Problems

There are different sorts of psychosocial problems children are facing before and after parental death. These problems have their own impact up on orphaned children's coping and resilience behaviors. Some of the questions forwarded for children interview are presented on the table below.

Table 3: Children's psychosocial problems

Questions	Responses	Younger	Older	Total	Chi-Square observed (χ^2_o)	Level of significance (α)
What were your daily chores while you were living with your parents?	Home chores	7	20	27	8.124	0.004*
	Playing	24	15	39		
What are your daily chores after parental death?	Home chores	22	27	49	2.783	0.249
	Study/play	4	3	7		
	No chores	5	4	9		

Do you have a sullen character?	Yes	7	25	32	15.705	0.000*
	No	24	10	34		
What are some characteristics of others you dislike?	Discrimination	4	8	12	7.434	0.059**
	Abuse	9	12	24		
	Insulting	11	3	11		
	Adultery/bad habits	7	12	19		
Out of both parents, whose death was most hurtful or hardest for you to cope with?	Mother	20	21	41	986	0.805
	Father	2	3	5		
	Equal	1	3	4		
	Neutral	8	8	16		
Do you feel loneliness?	Yes	22	22	44	0.487	0.485
	No	9	13	22		
Is there anything that you most frequently worry about?	Yes	20	28	48	1.987	0.159
	No	11	7	18		

* *There is statistically significant difference that:*

- *During parental sickness more older children are involved in daily chores than the younger ones.*
- *Older children are more sullen than the younger children.*

** *The characters of others disliked by both younger and older children have statistically moderate difference*

The first two questions of the above table were forwarded to know the types of children's chores they embarked on before and after parental death. As seen from the table, after parental death, children become more involved in home chores than before. The rest of the questions are in terms of problems related to children's behavior. Except the above-mentioned differences, older and younger children have similar psychosocial problems.

Children's FGD Result

1. Younger Children FGDs (male and female groups)

- A question was forwarded to the groups to get opinion about the disadvantages of children's presence while parents are sick. In

response, the groups reflected that children could not get parental care and support during their sickness...instead they worried and got depressed with the situation.

- As younger children do not have clear communication with parents, they are deprived of the information about what parents are suffering from. As the female FGD clarified it "Due to age, younger children are not shared information and parents treat them as nothing is going to happen. Rather, they promise them they would get cured." However, as further clarified by participants, when children informally get information from others it would raise a question of why and how that finally would have a debilitating effect on their emotions.
- Regarding death expectation, participants agreed that younger children neither expect parental death nor knew about death consequences but when unexpected death comes it would be a shock or surprise for them.
- For the question, what situation most often evoke children to recall memories of their parents, all participants concluded as: "When holiday comes, their parents are insulted, or when looking at their peers how well handled they are by their parents, and looking at keepsakes in time of loneliness feeling that children seem to recall back memories about their parents."
- Do orphaned children work up on obligation or on interest while living with guardians? This question was treated in both ways: The majority of the group members responded "Children knew their guardians economic limitation and are convinced of assisting them in what ever they can but the problem is when some guardians extremely exploit their labor. In such cases children will not get time to spare for their education and end up fatigued."
- In term of discrimination towards orphaned children, all participants said, "Most of the time there is no discrimination. People are considerate to orphaned children but few parents prohibit their children to play with orphaned children. There are also few

individuals who when they quarrel with orphaned children insult his/her parents as having died of HIV/ AIDS."

- The most significant problem orphaned children can face as described by the group members are: First, when there is lack of economic support because most of the guardians' income is very low. Second, when others do not give affection or love. These two points are at the center of orphaned children's concern.

2. Older Children FGDs (male and female groups)

Those questions that were forwarded to the younger children were as well posed to older children's FGDs. Some parts of the responses gathered are similar and others quite different. The summarized FGD points are presented as follows:

- Regarding the disadvantages of children's presence while parents were sick, participants said, "It is a burden for older children as they are assumed to take responsibility for the family. There would not be time to play with peers and entertain oneself as a child. Being a child, it is also difficult to replace parents and there are no people besides older children to share problems and give them support."
- Regarding the information release by parents for their children, the group members explained that: "Some parents do not make things secret and tell their children about the nature of their disease, property, etc. Many others tell children they are going to be cured knowing that they are AIDS victim. This is because they fear children may betray them or fearing that children in the future will be ostracized by the community. So they do not tell the truth and rather veil it with camouflages in which case children remain hopeful of parental cure."
- There was a divided response among participants regarding death expectation for sick parents. Some said it is only when the disease become severe or known to be AIDS that children got desperate. Otherwise for many others death is a sudden phenomenon in time of

which their hope got down. At the moment, those children who did not know their guardians or "Adera" takers were much more traumatized than those who know them.

- Conditions for parental memories are of different types. In light of it, the groups discussed issues and ascribed for the younger children as holidays, photos, watching other parents treat their children, getting scolded and/or discriminated. For the older, it is mainly when there is too much workload, conflict with guardians or lose of hope for survival because they worry about the future unlike the younger children.
- Many participants agreed that older children do their daily chores at home with interest and common understanding. The problem they raised is that it would affect their education because they do not get enough time. In addition, guardians are too conservative and do not allow children to go away for study or otherwise, thinking that they would be exposed for bad habits and any psychosocial problems in their environment.
- Regarding discrimination, similar to that of the younger FGDs remarks, the older groups highlighted that there is not major discrimination by the people in their community except few neighbors who alienate their children from conforming with orphaned children; telling them that those children are orphaned due to AIDS induced parental loss. At the end, it imprints bad feelings upon orphaned children and they develop loneliness.
- At last, the FGDs classified the main problems into two types: economical and educational. They said, "Guardians have meager income for the family and children are doomed to work at home besides participating in income generating activities which exclusively affects their education."

Points of Guardians FGDs

The issues of orphaned children's psychosocial status were discussed by three guardian FGDs (grandparents, elder siblings and relatives/others groups) and the main points raised are:

- As all the groups in common forwarded it, when orphaned children are faced with the death of parents, they express their emotion through crying, screaming, harming ones body and also being in a state of suspense. Whereas, the younger children mostly remain silent and become insecure with internalized and unexpressed feelings. They act as if nothing happened. The grandparents FGD underlined that younger children keep on dreaming and are not easily convinced of death realities as older children do. After death, while living with guardians, orphaned children do not sometimes vividly express their emotion rather they become cool and agreeable with guardians.
- As to the difficult behaviors displayed by orphaned children, all FGDs concluded that, "Younger children do not have any remarkable troublesome behaviors but the older children sometimes are not comfortable to foster. This is because, unlike younger children, they are too conscious of parental benefits. The younger children easily assimilate themselves with guardians and are simple to be guided or adhered with." Furthermore, the grandparents and relatives/others FGD recommend professionals' or organizational intervention to take affirmative action and educate older children on how to behave and live with guardians. They concluded by saying that as these children are in the adolescence period "we may not wisely interact with them; so we also need support in this regard."

4.2.2 Coping

The way younger and older children cope with the different life situation before and after parental death was identified through interview and triangulated by FGDs.

Table 4: Children's coping behavior before and during parental death (N=66)

This table takes in to account orphaned children's interview result in terms of the questions raised to know the ways of reacting to different adverse situations while they were with their sick parents and during death.

Questions	Responses	Younger	Older	Total	χ^2_o	α
How did you feel about your parents' diseases?	Hoping for cure	10	13	23	11.154	0.004*
	Expecting death	18	8	26		
	Nothing	3	14	17		
How did you express your feelings during parental death?	Crying	5	4	9	15.335	0.000*
	Frustration	11	28	39		
	No reaction	15	3	18		
Did you attend their funerals?	Attended	14	16	30	0.002	0.964
	Not attended	17	19	36		

- *There is statistically significant difference between the younger and older children respective of their coping behavior.*

During parental death older children grieved a lot compared to the younger ones and even most of the younger do not show any reaction to the incidence. In terms of funeral attendance, both have no significant difference; that is most of them do not attend the rituals.

Table 5: Younger children's disposition after parental death

After parental death children's react differently in their play, interaction with others, confrontations and challenges they face. This table tells us what look like children's reactions in different sorts of life after the death of parents or started living with guardians.

Questions	Responses	Younger	Older	Total	χ^2_o	α
What are the characteristics you think others like most?	Obedience	13	11	24	0.937	0.816
	Sociability	8	12	20		
	Diligence	3	4	7		
	Decency	7	8	15		
Does it make you happy to play and be with different people?	Yes	25	28	53	0.004	0.948
	No	6	7	13		
Who do you turn to when you feel disgusted or sad?	Guardians/others	16	22	38	5.882	0.053*
	Friends	3	8	11		
	Not shared	12	5	15		
How do you resolve conflicts with your guardian?	Through discussion	11	14	25	2.194	0.334
	Guardian mediation	9	5	14		
	Being submissive	11	16	27		

* In sharing lamentations when children get troubled, there is some how moderate difference between younger and older children.

- Most of the children think that their obedience and sociability behaviors are most liked by others.
- A great number of children want to interact with others and that make them happy.
- Children have different ways of resolving conflicts but most of them do it through discussion and being remained submissive for contentious issues.

Younger Children FGD Results

The group discussed over different issues based on their opinions and past experiences and addressed the following points.

- To cope up with their parental sickness, children need to share their worry to those close relatives and acquire knowledge on how to deal with them.
- Those children who did not expect parental death get into deep sorrow at that point in time and are easily affected by the death after effects. This is because sick parents promise their children that they would not die and even pretend to be healthy by working at home.

- During holiday, orphaned children recall back their dead parents and look around parental photos, cloths or gifts. They at times plunge into daydreaming and become obsessed with parental memories. This intern mounts their depression and leaves them with grief. They tend to forget their parents when they grow older, play with others and get guardians' advice or support.
- When various life obstacles bewilder children, they alienate themselves, become exposed to life threatening situations and get desperate to live life without parents. Guardians' support and care make a difference in their life and assisted them to face all challenges. Without their help, children find it difficult to cope with life obstacles.
- During parental death, children remain sorrowful and discontented. Afterwards, especially while they are living with guardians, children used to work at home by washing clothes, cleaning house, etc. This is just to satisfy the family's demand and keep themselves intact. Moreover, children understand the limitations of the family and are convinced to give support for the family
- Orphaned children intensely dislike those persons who are discriminating, not compassionate, and back biting or telling bad stories about their parents.
- When orphaned children quarrel with their peers and at the same time their peers' parents take side, they develop melancholic feelings. It has also been observed that when guardians' treatment gets down, children feel loneliness and emptiness. To cope with these problems, children need multi-sectarian support in the areas of education, guidance and counseling. To these ends, guardians' also need skills and knowledge in how to handle orphaned children.

Older Children FGD Results

The two FGDs consisting of male and female groups reflected the opinions and feelings of orphaned children's coping behaviors as follows.

- During parental sickness, children could be worried thinking that their parents would die. What makes them worry is the after effect of death, which entangles children's life and makes them orphaned. They see a dark future and fear the miserable life to be followed. It is at this time children need others advice and support so that they can endure hardships and properly cope with challenges for sustainable adaptation.
- Children's expectations of sick parents' death can differ with age. Those who are older can imagine it but the younger do not realize what death means. Those children who experienced first parental death may expect death for the second. It has been noted that the expectation is a better way of coping with the coming death. Older children can sense the severity of parental sickness and imagine the repercussions.
- Children can get out of parental memory when they get love, care and respect from others, acceptance from friends, take part in a play, and/or when they grow older. Of course, parental keepsakes like photos, advices, ornaments, clothes or other materials remain long reminders.
- Orphaned children can tackle problems encountered through personal efforts, education and patience. Once they started living with guardians, most of them do home chores like: cleaning, washing, and arranging home settings. These are done with a sense of responsibility to support the family and develop mutual understanding, as every one in a family should do his/her share to make life easy.
- Orphaned children dislike some characters displayed by other people. They get exasperated and disappointed when there is discrimination, bad wordings, and insulting of dead parents.

Guardians' Interview Results on Children's Coping Behaviors (N=31)

- The majority of the interviewees (77%) said during their parents' sickness most children would not do anything, as they are minors.

Only the rest of the interviewees acknowledge the exact involvement of children in replacing mother's work, being hired in others house and engaged in petty trades to take care of their sick parents.

- Children's major worry during parental sickness is fear of missing parents (45%) that consequently brings feelings of loneliness and fear to be destitute. Most children did not expect parental death because the symptoms come and go. Parents at times do their daily chores to hide their true problem from their children. It is only when the sickness becomes acute and/or they knew or suspected of AIDS as a cause that children get desperate.
- Children's reaction to the death of parents is crying/screaming/grief (35%), and the others (39%) said they get disturbed and obsessed. The 19 % interviewees responded that children do not have reaction because of their young age. The rest 6% uttered they do not know anything about the matter.
- After parental death, when children get dissatisfied, they become sullen (52%) and others remain calm (48%). These characters are in response to when children get prohibited from play, when told about parental disease, criticized or not get the chance to talk of about their parents.

Summarized Guardians FGD Results on Children's Coping (3 Groups)

- After parental death, while living with guardians, children feel strange with the new family setting, become economically dependent and be submissive to the will of family members which may persist if children are not well accommodated. They become obedient to their guardians knowing no other options are in place. On the other hand, elder siblings' guardians FGD made it clear that the relationship between orphaned children and guardians is a determinant factor for the type of children's coping behavior. If the guardians encourage children with

democratic type of approach, children will have positive attitude and become enthusiastic to keenly interact with the family members.

- To help children be relieved from their grief, guardians need to be conscious of using the right words, while communicating with them. On top of that, patience and acceptance of a child as ones own is vital for the child to cope with the new situations. Together with, the roles of friends, neighbors, and organizations in the areas of rendering psychosocial support have paramount significance in helping orphaned-children better recover from their grief.
- In their last opinion, they underlined the necessity of orphaned children's focus on their education, be far from bad habits or damaging situations, be in good terms with their relations and learn from others, alienate from bad friends, work in the house and support the family and get convinced that their effort is decisive factor in life. This way, they remarked, children can positively cope with the new life settings.

4.2.3 Resilience

All types of coping mechanisms, care and support contribute to children's resiliency behavior. How much a child endures or overcome problems depend on the environmental factors and personal coping strategies. During orphaned children interview both the younger and older children were asked in different forms to know about their resiliency status. Selected question items that are believed to be indicators of the dynamic nature of children's adjustment are tabulated in the following tables.

Table 6: Orphaned children's resilience behavior regarding parental loss

Children cope up certain challenges due to parental loss and the outcome may be achieving resilient or no resilient behaviors. To what extent they have overcome the repercussions of parental loss and adjust to the new situations are projected with the following selected and tabulated question items.

Questions	Responses	Younger	Older	Total	χ^2_o	α
Do you think you had served your parents in whatever you could?	Yes	22	13	35	7.551	0.006*
	No	9	22	31		
Have you recovered from your grief?	Yes	27	29	56	0.230	0.632
	No	4	6	10		
Do you frequently remember your parents?	Yes	21	25	46	0.106	0.745
	No	10	10	20		
Do you think you can still be successful in life despite their absence?	Yes	26	32	58	2.784	0.095
	No	5	3	8		
What better opportunities would you expect if parents were alive?	Finish parental love	7	2	9	10.345	0.016*
	Good academic performance	6	12	18		
	No worry	7	16	23		
	No expectation	11	5	16		
What is your wish for the future?	Wishes of different sort**	29	30	59	1.064	0.302
	No wish	2	5	7		

* There is a statistically significant difference between the resilience behavior of younger and older children.

**Younger children's wishes in rank order are: *to be doctor, humanitarian, pilot, sports men/women, artist, researcher and teacher*

**Older children's wishes in rank order are: *to be doctor, sports men/women, artist, researcher, pilot and teacher.*

- Most of the young children do not have feelings of regret about their contributions while parents were sick but the reverse is true for the older one.
- Many of the orphaned younger and older children are relieved from their grief and think they can be successful in life.

Table 7: Orphaned children's resilience regarding themselves

Questions	Type	Younger	Older	Total	χ^2_o	α
Do you think your personal efforts are determining factors to be successful in life?	Yes	27	33	60	1.028	0.311
	No	4	2	6		
What is your wish for the future?	Wishes of different sort**	29	30	59	1.064	0.302
	No wish	2	5	7		
Over all, do you feel happy about your life?	Yes	23	16	39	5.516	0.019*
	No	8	19	27		
Dressing and external profile (observation)	Very good	4	5	9	2.661	0.616
	Good	17	14	31		
	Medium	5	8	13		
	Poor	4	4	8		
	Worst	1	4	5		

* There is a statistically significant difference between the resilience behavior of younger and older children.

** Wishes to be a doctor, artist, humanitarian, researcher, pilot, etc

- Most of the orphaned children believe that their future life success is largely dependable upon their own effort.
- As every interviewee was observed in terms of their external feature, most of them are in a good condition.
- Unlike older children many of the younger children feel happy in life.

Younger Children's FGD Reflections

- After the death of parents, there have been noticeable changes in terms of children's education and health status. Regarding education, there are changes like paying less attention and reduced academic performance. Whereas, in terms of health, there are symptomatic reflections, like insomnia, depression, weight loss, lose of appetite, worry, tiredness, and being swamped with recurring thoughts.

- Siblings' behavior and interaction among themselves after parental death has different profile in that there is conflict and misunderstanding in interest that is usually resolved by their own. The source of conflict is mainly to be ascribed with the chain of command when elders take parental role and try to dictate younger siblings without mutual understandings.
- There is a difference between orphaned children and those living with their parents in terms of socialization. Children living with their parents are better interactive in their social life than orphaned children. The reason ascribed to it is that children living with parents have relative opportunities due to parental active role in any social settings. The community respects them, do not discriminate and disdain them where as orphaned children do not enjoy that privilege.
- Orphaned children can be successful in life when they have vision for their life, know their potential and exercise it, have good discipline, differentiate between right and wrong in the socialization processes, and be able to tolerate hardships together with the invaluable supports from guardians.

Older Children FGD Reflections

- After parental death, children do not follow education with free mind because they worried about the burden guardians are facing. They also worry about guardians' well being as they are aware of no other dependable person for their life. Consequently, their health condition could be affected by frequent worry, over-ambition for independence and feelings of restlessness.
- In their interaction with each other, siblings act differently after parental death. It is serious especially for those who come from different background and now start living together. They quarrel over property sharing and also become contentious over priorities in work and interest. For peaceful coexistence and mutual benefit, they

somehow resume agreement and at the end they settle conflict on their own.

- The relationship of orphaned children with their friends decreases after parental loss. This is quite related to the neighbors' discrimination by prohibiting their children not to play with them. In addition, their friends sometimes utter painful words about dead parents, which irritate and annoy orphaned children and cause them to be secluded from their peers. Neither orphaned children nor friends are comfortable to come closer as parents escalate the barrier.
- As the younger children FGD reflected, the older children FGD similarly ascertained that those who are living with their parents have better social life than orphaned-children. The reason mentioned here is that children living with parents are not discriminated as their parents do participate in 'Idir' (community based organization to help members in time of burial and grieving process) and other social affairs. This in turn gives their children an opportunity to be accepted by the people.
- Orphaned children can be successful in life on their own effort, strong deeds, education, and if they are being free from different addictions.

Table 8: Guardians interviewees' impression about their foster children resilience status

What do guardians witness about the adaptability of orphaned children after parental death? In light of it, few of the following questions were selected as indicators of their resiliency status.

Questions	Responses	Frequency	Remark
Do you think the child you foster has recovered from his/her grief?	Yes	27	Recovered from grief
	No	4	
Does the child sometimes get into a lot of trouble?	Yes	10	
	No	21	
When does the child typically express memories of his/her parents?	When disturbed	2	Most of them have not memory
	During holiday	2	
	Looking at reminders	7	
	No memory	19	
Does the child ever express loneliness?	Yes	2	No loneliness feelings
	No	29	

4.3. Sources and Types of Care and Support

Children seek various types of support from their families and others. In tandem with, the support children are getting from different bodies was surveyed and data are presented on the following headings.

4.3.1 Economic Support

Table 9: Children's perceived need for economic support (younger=31, older=35)

After parental loss children immediately need economic support from others. What type of support, from whom, to what extent and for how long are the type of questions posed to interviewed children and are presented as follows.

Questions	Responses	Younger	Older	Total	χ^2_o	α
What kind of support do you need?	Educational inputs	12	21	33	2.981	0.084
	Basic needs	19	14	33		
For how long do you need support from others?	Until finishing high school education	9	10	19	0.002	0.967
	Until become self-reliant	22	25	47		
From whom do you expect economic support?	NGOs	27	27	54	1.248	0.536
	Individuals	2	5	7		
	GOs/Social institutions	2	3	5		
To what extent do you need support from others?	Much	17	14	31	3.986	0.263
	Moderate	10	10	20		
	Some	4	9	13		
	Low	-	2	2		

- As the chi-square test result shows there is no statistically significant difference between the younger and older children in terms of the perceived need for economic support.
- Most of the younger and older children expect much economic support from NGOs until they become self reliant

Outcomes of the FGDs and Guardian Interview

Under this topic, the opinions and reflections of all the children and guardians FGDs about the economic support orphaned-children need from secondary caretakers were accommodated. Based on these points and the guardians' interview result, major reflections on the expected support from others are presented hereunder

Guardians interview (N=31)

Questions forwarded to the interviewees were: In your opinion, what can be done to foster the child in a better way? Why? Whose support is needed? In response to those questions the following summarized points were gathered from interviewees.

- To foster orphaned children in a better way, 60% interviewees said educating children about their behavior and future life is important. The rest 22% and 18 % respondents said focusing on satisfying children's economic demand and jointly involve all stakeholders to take part in the required care and support respectively.
- Regarding the reasons why support is needed from others, 30% said to develop their all rounded self confidence, 45% to free children from any worry, and 20% to enable children become successful in their education, and the rest 5% gave various other reasons.
- As to the required support from others to nurture orphaned children, 20% of the interviewees said that they need support from NGOs, 16% from GOs, 32% from individuals and 32% from integrated support; that is from different stakeholders.

Children's FGDs

Question: What external support is needed for orphaned children? Who can provide this support? About the support need from others, all the group members agreed on economic support and regarding the source of support they highlighted the following ones:

- *Younger children female FGD (N=6).* The group members underlined the importance of support from NGOs, community and *Kebele* in rank order.
- *Younger children male FGD (N=6).* Support from others was vehemently underlined but the first and foremost expectation is from NGOs.
- *Older children female FGD (N=5).* This group highlighted the importance of community, neighbors and NGOs support.
- *Older children male FGD (N=5).* Members believed that the main source of support is primarily from NGOs and secondly from neighbors, friends, community and school.]

Guardians' FGDs

- *Grand parents FGD (N=5):-* They underlined the significant role of community, NGOs and GOs in supporting orphaned children.
- *Elder siblings FGD (N=5):-* They put NGOs in the first rank and the rest GOs, neighbors, as well as investors in the second rank to support orphaned children.
- *Relatives and others FGD (N=6):-* During the discussion, the participants pinpointed two major sources of economic and material support; namely, NGOs and neighbors.

Most of the FGD and interview participants agreed that much of the economic support is being provided by the NGOs and the expectation is still high. The other sources are rated on a lesser degree excluding the guardians'

support, which is of prime importance. Guardians, of course, have economic problems to satisfy orphans' interest; so others support is crucial in this regard.

4.3.2 Psychosocial Support

Table 10: Psychosocial support to orphaned children

The psychosocial care and supports children get from sick parents, guardians and others were asked for both the younger and older children interviewees. In response, the types of care and support they get from others are summarized as follows.

Questions	Responses	Younger	Older	Total	χ^2_o	α
How do you know the causes of your parents' death?	Informed	16	20	36	0.805	0.669
	Medical report	11	9	20		
	Not known	4	6	10		
Who was treating and/or taking care of your sick parents?	Grand parents	8	9	17	1.447	0.485
	Siblings/relatives	20	19	39		
	Others	3	7	10		
Did your parents give you any advice prior to their death?	Yes	13	24	37	4.909	0.086
	No	8	4	12		
	Being too young	10	7	17		
While your parents were sick, who most frequently visited and assisted you?	Relatives	12	10	22	16.120	0.001*
	Friends	9	2	11		
	Neighbors	6	3	9		
	No visitors	4	20	24		
Did your parents give "Adera" before they died?	Yes	20	23	43	0.010	0.919
	No	11	10	21		
	Not known	-	2	2		
What type of condolence do you get from others during parental death?	Advice/sympathy	17	28	45	4.797	0.029*
	Care of all sorts	14	7	21		
What helped you to reach closure for parental loss?	Grand parents	10	11	21	0.063	0.969
	Attending funeral	5	5	10		
	Other guardians	16	19	35		
What are the ways you could correct your mistakes?	Advice	13	17	30	1.630	0.443
	Discussion	6	3	9		
	Critiques	12	15	27		

**There is statistically significant difference between the younger and older children in terms of the respective psychosocial supports they get from others*

During interview, in addition to the above psychosocial supports, most of the younger children also mentioned the following points.

- They underlined the advantage of "Adera" without which they would have been helpless and abandoned or went to street facing all sorts of misery. All agreed that "Adera" gives them confidence while living with guardians. As one young child, who is living with aunt, put it, "Because of 'Adera' I am comfortable with my guardian otherwise I would be destitute."
- Most of the children did not know what 'parental death' exactly means, as they were too young; rather they were told or informed about what eternal death mean when they become grown up. Some of them have blurred memory about parental death, like when people cried or gathered around the corpse.
- More than 90% of the young children said they do not face stigma and discrimination. Others said that there are few neighbors or individuals who insult orphaned children; sayings like, "You cause parents to die" or in Amharic means "Gefi". They also forbid their children from playing with orphaned children and have disdainful approach towards the later.

Major Points from Older Children FGD

Both the female and male older children FGDs discussed range of issues and come up with the points described below, which are more similar with the younger FGD.

- In the introduction, both FGDs agreed orphaned-children means those who do not have parents, or are not living with parents, and/or abandoned by parents. The latter issue was first contentious but finally they argued and concluded that no magnificent difference is observed

from others so long as children are detached from parents. With this understanding, they conformed that there are number of orphan children in their community who are said to be orphans.

- The reason why children become orphaned is mainly because of deceased parents. In addition, they explained economic problem for living or medication, and unplanned birth as factors for children to run away home.
- The main causes for parental sicknesses are HIV/AIDS, pneumonia, lung problems and as well as divorce or broken home family which may lead to prostitution or addiction and finally to HIV/AIDS.
- Regarding the things parents need to facilitate for their children before they die, they mentioned them as: to find means of income, inform children about their sickness and the would be guardians/relatives, give children to "Adera", guide and advice children to protect themselves from potential damages in their social milieu.
- The group members strongly believe the need for friends, neighbors, house-to-house caregivers, and relatives to visit and entertain sick parents so that their pain due to discrimination could go off. Further parents can be cured and gain strength over the debilitating psychosocial trauma.
- During parental death, children get more psychosocial support from relatives, friends and those given "Adera". It enables children to cope up the trauma; assuming that people are besides them instead of the lost one and can develop hope of living.
- Children above age six need to go to funeral because they will get desperate of parents not to see them again; that is, they can at least observe their dead parents are buried. Few participants disagree and said it is better to keep aside children and tell them latter on until they get mature to tolerate the grief.
- It is good if guardians immediately take away orphaned children from their parents' house to reduce their grief. On top of that they should be affectionate and love them in similar ways as parents do.

- Despite the majority of the people are not discriminating orphaned children; few families are doing so by prohibiting their children not to take part with them. To the extreme, in some instances, they openly panic orphaned children with insults like, 'you son of AIDS'.
- There are conditions where orphaned children may not properly use their parents' property. This is mainly due to pairing with bad friends, exposure to addictions and bad habits, guardians' irresponsibility and failure of parents to properly transfer their property to children.
- There is a possibility that orphaned children can face emotional and physical abuse often by guardians and neighbors. Among these, child labor exploitation, corporal punishment, scolding or dehumanizing, rape and snatching ones properties or shelters are best examples sporadically committed by some people.
- In their last opinion, the group forwarded that besides the economic support, orphaned children equally need to get positive attitudes, treatments and non-discriminatory approach from the community, neighbors, organizations, schools, and friends. Such type of comprehensive psychosocial support will enable children to normally attend education and adopt life realities.

Guardians FGDs Impression about the Orphaned Children's Psychosocial Support

The grandparents, elder siblings and other guardians FGDs on the psychosocial supports come up with the salient points and are described hereunder.

- The main reasons identified by the groups for children to become orphaned are similar with that of children's FGDs reflection. These are: HIV/AIDS, not living responsible life, divorce and broken home family, and lung diseases.

- Guardians take responsibility for orphaned children because of "Adera", and/or simply being relatives. Beyond those reasons, the participants mentioned, all need to develop sense of responsibility and be supportive in addressing their problems, as children are dependent.
- Regarding funeral attendance, grand parents FGD proposed only for above age 15 children. But for the minors it is not advantageous as they can be easily traumatized by the event and become anxious. On the other hand the elder sibling guardians said funeral attendance by above ten children is of advantageous because they can forget the grief shortly after burial. However, for the younger children it does not give any difference because they keep on dreaming until they grow older. The third group (other guardians - aunt, uncle, relatives, etc) conformed that from the age of seven on wards, it is common that children in Addis Ababa go to funeral by themselves. The idea was supported for the reason that it can help children to shorten the grieving process. This time one instance was cited and presented as: "In a funeral a three years old child was taken by adults and crossed him over the tomb thinking that it would make him strong in later life. The child, when looking the people roll down the stone over the tomb, asked the person 'Are you going to put it on Tsehay?' (his buried mother)"
- In order for children to be come resilient, the three FGDs highlighted guardians' relations to the orphaned children need to be based on discussion and mutual understanding. In such a way they can develop trust and confidence; otherwise children could be introvert, neurotic and can go back to meditating parental loss.
- Guardians, in many respects, have limitations in satisfying the demands of the orphaned children. To be moderately efficient in up bringing those children GOs, NGOs, investors, communities and neighbors support is crucial. Therefore, multi-sectarian joint venture should be solicited to maintain children's well being in terms of

economic and psychosocial support; without which guardians have so much limitations to do so.

- In most cases the people have positive attitudes towards orphaned children due to the behavioral changes accompanied by the on going joint efforts in public awareness raising. There are, of course, few who forbid their children to play with the orphaned-children, discriminate cloth drying ropes to use in common, scold that the child is cursed/chanceless or "Gefi", and detach themselves from any form of contact.
- What should be done to the orphaned children wholesome development was the question posed to the three FGDs. In response, the grandparents group said: "We have to advice children to live up to the standards of the family. In this regard, organizations need to teach orphaned children about their behaviors, discipline and life principles to be followed. The children do not as such give it value and attention to our advice and words." The elder sibling group also added that care has to be taken in using words while communicating with orphaned children. More patience is vital to help children overcome the after effects of parental death. The third group, other guardians, soundly remarked to avoid discriminations so that children can comfortably interact with others and gain social worth. In an explanation, they concluded with the need to create friendly environment for the orphaned children so that their interpersonal and social interaction will not be jeopardized.

V. Discussion

So far, results were presented and now the findings obtained from interviews and FGDs are to be discussed.

5.1. Psychosocial Status of Children Before Parental Death

Parents are the primary care takers of their children and in time of parental sickness the reverse is true (65% of the younger and 54% of the older children were care givers of their sick parents). However, as tested by Chi-Square, there is no significant difference between younger and older children. Children being as a primary caretaker of their sick parents is also confirmed by Belay and Belay (2005). Further more, the study explained the advantage of nursing sick parents as an added value for children to cope with the life after parental loss.

Despite all the interviewed orphaned children parents are passed away due to AIDS pandemic as registered by ISAPSO, little is known by children about the cause of their parents' death. Most of the children are untold of the truth (71% of the older and 61% of the younger ascribed parental sickness other than AIDS) and the rest of them do not know the exact reason and/or ascribed it to AIDS.

Based on their social experience and general knowledge, many children are suspicious of AIDS for their parental sickness. Even the older children do not have the opportunity to get the true information. Regarding this point, most children interviewees said the disease was pneumonia or related to lung problems, which are said to be usual symptoms of AIDS. Few of them explained AIDS as the cause for parental sickness. In light of this, when a young child explained how he knew the disease, "My father was tested and

proved to be HIV positive but he deliberately inflicted my mother... Still now it is paining me.”

The reasons why parents do not tell the true cause of their sickness to children could be fear of being discriminated by their own children or fear of others who may discriminate their children. There is no, therefore, transparent discussion between the sick parents and children. As underlined by guardians' FGDs, children have to be out rightly told by parents about AIDS as the cause of their sickness. If parents failed to communicate it in time, eventually children can informally hear it from others. This can bring a shock to a child and elongates resiliency behavior.

Many of the orphaned-children FGDs participants said that it is after parental death children knew of AIDS as a cause. This and other hidden information for children can incur psychological crisis. For instance, as mentioned in the relatives FGD, “There was an orphaned boy grown up by a sterile woman. One day when she quarreled with her neighbors, they disclosed the child that his mother is dead. Soon after he wrapped up his goods and get out of home. When asked why? He replied I am going to find my true mother or know the grave. I am stolen and detached from my mother....”

Some of the sick parents tell their children that they will not die; to the extent they gesture as a healthy looking person by attempting to work at home. As also mentioned in Belay's study (2005), sick parents give emotional support to their children by making their sickness/death being private or promising that they are getting better. However, it is potentially harmful for children in the forth-coming grieving process. Because of lack of information, most of the orphaned-children are not ready for the worst to come and can imagine as death happened all of a sudden.

Most of the interviewed orphaned children parents were economically poor, whose income was dependable mainly from daily labor. Mothers used to

bake '*Injera*' (staple food for most Ethiopians), wash clothes and work in private houses. Whereas, fathers do daily labors in the field on wage basis. There are also times when in some families children are involved in income generating activities, like selling goods on the street. During parental sickness much of the burden goes to children, often above the age of six. When a fifteen years old interviewed child explained, while his mother was bed patient he was the only son to work as a shoe shiner and expected to cover the whole expenses. It is of course an important disposition for him to cope with later life. As he witnessed, he is confident and living by his own except depending on others for a shelter.

Besides participating in income generating activities, children also work at home at least in house cleaning, and home arrangements. Otherwise, when parents become bed patient children are the prime caretakers in all sorts of care and support like washing their body, feeding, taking to clinic and toilet. Dominated with the home chores and mentally obsessed with all the hardships, children's education, play and psychosocial status are highly affected. Augustine and others (2005), a paper presented on the 2006 Ethiopian Psychologists Association meeting, also pointed out that, "When parents die or are sick and not able to support their families, the amount of resources for education not only decreases, but also children are employed as resources for the survival of the family" (p.5). Of course, it gives satisfaction for children to render support for their sick and helpless parents. It is a good opportunity not to regret in their later life.

When parents get sick, there followed all blends of psychosocial and economical problems. At this time, children are most vulnerable and are exposed for miserable life. In such a situation external support is necessary to share their burden but the reality on the ground is almost none. The study confirmed that it was only grandparents and relatives who were closely rendering service for sick parents but need to be supported by others (90% of younger and 80% of older children). In terms of visiting, there are relatively

many neighbors and friends asking sick parents and entertain them with idea sharing.

Other than few individuals, no organizations or social institutions are proactively involved in providing support for sick parents. This makes children feel loneliness when others are not besides them to assist and significantly share their problems. As a twelve years old child mentioned it from his own experience, "When people were visiting my sick mother on the bed, they did not approach her but remain far away and that implies their fear to be closer. I asked my self why they fear to shake hands and properly greet her like in the normal settings elsewhere."

Together with their sickness, parents are also worried for their children future life as they are conscious of being caught by HIV/AIDS. Despite most sick parents are hidden in telling their children about AIDS, they give them to "Adera". Often it is given in the absence of children to some one who is believed to be more responsible in fostering a child. From guardians' interviewees, 39% of them said they took responsibility for children for the sake of Adera.

The other thing what parents most frequently do for their children is advice. They relentlessly give advice and feedback for their children regarding how to make friendship, take part in social life, follow education, and have good discipline or conduct. They are too much worried about the environmental problems children will face in the absence of parents. So, they give more emphasis on children's behaviors to be self-controlled and refrain from bad habits. The advantage of parental advice is well studied in Belay's study (2005) and thus children acknowledged parental advice as a source of self-control before becoming spoiled.

One of the prearrangements what parents do for their children is regarding property. As most sick parents do not have property or money to be

transferred, they worry for their children's futurity. In such a situation, most children do not share their parents' worry because they do not expect death due to parental non-transparency. Some sick parents, who have property, do not facilitate safe transfer of properties in due time and latter on it will be abused by others.

For instance, an interviewed 16 years old child recalled back and said,

“My father was a well paid government employee who had properties, house and as well as money. When he passed away my mother married another one. Again when she passed away, we were left alone with the stepfather. This time there was misunderstanding between him and us. Eventually, he chased us out of home and even the *Kebele* was not in favor of the victims or us. Not only this, he had also beaten me around my ear while my mother was bed patient and now I am impaired. All the properties are with him and that is what my mother made a mistake. Despite I am eldest child I could not appear before the court and we are looking for a lawyer to assist us in the court process so that we can secure our legitimate right.”

This is how the burden of orphaned-children's is interwoven due to lack of parental precautions. Coupled with parental negligence, the *Kebele* authorities do not act as expected to protect orphaned children's rights, especially in securing their shelter after parental death. When Alemayehu (May 2006) explained the case in point in his unpublished study paper, “*Kebele* administrations are accused of corrupt practices perpetrated against AIDS orphans and vulnerable children. When parents died of HIV/AIDS the orphans have on a number of occasions been made to leave the houses in favor of other occupants” (p.34). On the other hand, he also added that, “Further compounding the difficulties of the orphans is the failure of the parents to make the necessary arrangements that help the children to cope with the circumstances of orphan hood” (p.40).

Children use different mechanisms to cope up the adverse situation. When parents become weak and helpless, the older ones fully engage in and outside home chores and generate incomes by selling petty trades on the street or

being street hawkers. They, of course, get satisfaction by doing so even after the death of parents. Some of the younger children, above age 6, also participate in a lesser degree. Among the younger interviewees, 71% of the younger children were involved in home chores. In the process, children learn how to face hardships and those early practices are an added values to build resiliency.

Older-children do not have time left to deal with their own interest and play with peer groups. They are so much absorbed with their bed patient parents whose chance of getting support and treatment from outsiders is slim. Children are the foremost caretakers of parents and for the time being it may cause them to be distressed and weary but later on it can help them to be resilient.

It is only when parental sickness gets sever or they are able to know the cause is AIDS that children expect death. Otherwise, most of them do not have expectations because parents told them as they are going to be cured.

5.2. Psychosocial Status of Orphaned Children During and After Parental Death

Problems

The complexity of orphaned children's life begins during parental sickness and gets worse after death. The concept of death is a perplex issue for most children to understand it as irreversible phenomena except for few who are in teen ages. When younger children hear of parental death mostly they remain calm; that is, many of them do not show any reaction (48%), some get frustrated (36%) and the rest cried (16%). They also do not get the chance to attend the funeral ceremony (55% of the interviewees). As the younger children FGD underlined it, most children do not believe that death is final

and remain in illusion for some time. Even those who attend the funeral will not change their mind from anticipation or daydreaming. Piaget and Werner (cited in Crain 2000) also mentioned in their animism theory that " young children do not make the same distinctions between living and nonliving things that we do. ... As Werner said, they perceive every thing, including physical objects, physiognomically, as full of life and feeling" (P.127&128). It is after they grow older or with the passage of time children get desperate about dead parents. It takes long time to get convinced of death as eternal unless special mediation is in place.

As witnessed by all the FGDs and interviewees, though currently there is a growing tendency that children are attending funerals in Addis Ababa, no clear-cut belief is obtained about the advantages of allowing younger children to attend the funerals. What is strongly accepted is to tell them about the death of parents out rightly and educate what death mean and also show them their parents' cemetery. This will help them to overcome grief and become resilient.

The grandparents FGD strongly advocates the disadvantage of taking children aged 15 years below to funeral. It is reckoned that younger children would be mentally tortured and get tensioned by looking the burial process. Rather it is better to keep them at home and inform them the burial process and related facts. In the younger children FGD the issue of funeral attendance was contentious for similar reasons raised by grand parents.

As opposed to that, however, one older child in his group argued with his own instance as, "I was not allowed to attend funeral being young. My guardians told me my mother would come one day. This was a truth for me. One day when I was on my way I saw a woman resembles my mother and followed after her a long distance. Unfortunately, I was out of direction where I cannot trace back my home location. Lastly, my guardian got me after exhaustive finding and wandering from place to place." This scenario points

up how hidden information and forbidding the chance to attend funeral expose children to complicated psychosocial problems.

As the findings witnessed, not all older children have got the chance to fully attend the burial process because of lack of opportunities to go through. Out of the 35 interviewed older children, for example, only 16 attended the funeral. However, most of the older children are more affected by the death incidence than the younger, as they are conscious of about death reality. In time of parental death older children's grief reaction is intense as compared to the younger. For example, very few of the older children show no reaction to parental death (9%), many of them become frustrated and disturbed as if every thing goes to hell (80%) and still the other few react with crying (11%).

After the death of parents, older orphaned children dislike others' behavior of abuse (34%), bad habits (34%), discrimination (23%), and insulting (9%). Where as younger children dislike behavior of others are like abuse, insulting, adultery and discrimination in priority order.

Older orphaned children have sullen character as opposed to the younger children (77%). For the older it seems difficult to go through others view but the younger children accepts what are being told by others without resentment. As the grandparents FGD mentioned it, older children have relatively volatile temper and get easily disappointed.

Coping

- *During parental death.* Almost all older children by virtue of their age know what death is and during parental death most of them get traumatized and/or cried. Where as some of the younger children do not show any reaction or gesture when heard of parental death and the rest relatively get disturbed with a lesser degree. In the grieving process it is advantageous for older children to express their feelings

and to the younger children it can leave them with obsession as the FGDs mentioned it.

- Though there are barriers, orphaned children like to interact with others, which gives them an opportunity to learn and benefit from different sources. For the preference of interacting with others 80% of the older and 81% of the younger children responded yes.
- *Living with guardians.* After the death of parents, orphaned children adhered to their guardians with a good sense of attachment. As one child living with his grand mother explained it, "I always think of my grandmother's health condition because if I lost her I would be helpless." Another child, who is living with his aunt husband, after her recent death, explained his deep wish for his guardian long live to reciprocate his best favor while he will be grown up. This is a sign of developing mutual understanding that can lead to resiliency.
- As most of the guardians depend on stipend or pension, daily labor, petty trades and low level employment, their income is minimal. Having the knowledge of this, orphaned children are proactive in helping the family at home or even in income generating activities like shoe shining, selling goods on the street, etc. On the other side, as the size of most families is between 1-4, they can satisfy their subsistence need or common demand by uniting individual efforts. Children's participation in home chores is like a blessing in disguise because they can develop confidence and perceive themselves useful for others. It also minimizes feelings of dependency on guardians by building a sense of mutual benefit.
- *Desire for play.* Many of the younger and older orphaned children are eager to play with their peers though some parents prohibit them not to take part with. This parental measure really annoys orphaned children and brings sorrow with a feeling of being discriminated. It is because they are blocked from releasing their pent-up emotions and get satisfaction out of it. Some children, after encountered with such situation, alienate themselves from group play and even dislike to

play with others, as if it does not have any value. Those children may retrospectively contained in grief due to parental loss.

- Children know what behaviors of them are likable by others. Regarding it, the behaviors of older orphaned children that are likable by others are being: sociable, obedient, decent and diligent in rank order. To the case of younger children, those are being: obedient, sociable, decent and diligent in rank order.
- Whenever conflict arises while playing with peers or others, older orphaned children mainly resolve it through discussion and the younger children remain submissive. The latter, due to their age, do not go further with discussion rather go to their guardians if the worst comes. During play or even in any social and interpersonal interactions, if anything felt bad, the orphaned children usually tell their lamentation to their guardians and secondly to peers or at times keep it secret.
- *Expectations for support.* Regarding the duration of supports, many of the orphaned-children need support until they become self-reliant and the others until finishing high school education. The support is expected of basically from guardians and secondly from NGOs, as children are relatively getting reliable support compared to other sources.

Resilience

- Younger children feel that they have contributed what is expected of them for their sick parents but the older children have lesser feeling. It may be because older children have more feelings of responsibility in their contribution to the younger. At this time the former may develop feelings of incompleteness in delivering service to their sick parents. As some older children interviewees well mentioned it, they could have contributed more if they were aware of parental disease to be AIDS. On the contrary, the younger children do not have feelings of

such type rather than saying, "If I were older I could have contributed a lot."

- *External profile and appearance.* As interviewed children were observed, most of them look like good in their physical appearance and have positive appeal in their external profile (84% of younger and 77% of older are between medium and very good status). They do not deviate from the normal situation like in others with similar economic status.
- *Wishes.* Most orphaned children have different vision for their future life. The common wishes of younger and older children are to be a doctor of any sort, and the rest being philanthropist, pilot, researcher, and artist in priority order. Belay and Belay and Belay (2005) also reflected similar result, as orphaned children have important vision in life despite the hardships they are facing. Those visions cited are about academics that include hope to continue education, get good marks and complete education. To achieve their dreams or wishes, besides the support of others, almost all children to a large extent believe and depend on their own efforts through education and hard work. As a result of it, they expect success in life if the forthcoming environment is promising for their prospective endeavors. From orphaned children's visions perspective, therefore, they are positively coping with the environment and seemingly following the right track in life. It is therefore an indicator of stabilized life style contributing for resilient behaviors.
- Younger children are more adaptable with guardians than the older children. As the grandparents FGD particularly highlighted it, younger children are easier to handle than the older ones because they do not have much to remember. Unlike the younger, the older children do not get easily satisfied with what they get. At the moment, however, all have relived from their grief. They have developed confidence in living with guardians and knew they are the only one to rely on.

- After being with guardians many of the younger and older children are relieved from their grief. They have secured life, as the living standard or style is not as such different from while they were with parents.
- Comparatively, younger and older children are less resilient to maternal death than paternal. One thing, it is because of the time factor that many maternal deaths are recent to paternal ones.
- Orphaned children do not show loneliness behavior once they start living with guardians. In favor of this, almost all (94%) guardians' interviewees ascertained that those children who they are fostering do not show loneliness behavior. The younger (71%) and older (63%) orphaned children interviewees also responded that they do not show such behavior.
- With regard to the expectations, if parents were alive, older children hope for the betterment of their education and being free from worry. Whereas many of the younger children do not have reaction as they are well adapted with their guardians and do not shoulder responsibilities like the older.

5.3 Support for Orphaned Children

1. Primary Care Takers

Most of the support for the orphaned children comes from the primary care takers. When parents passed away the caregivers started fostering children due to "Adera" and being close relatives in addition to "Adera". They take care of orphaned children with all economic and psychosocial supports. As conformed by all FGDs and many interviewees, "Adera" is like a guarantee for children to get reliable support from guardians. Further more, the guardians FGDs revitalize it in different ways, like:

- "Adera" goes with the saying "What I give you on earth I will receive you on the other world"
- "Adera" entails more responsibility than fostering ones own child
- It gives no mental rest unless one is committed to the given "Adera". As one old woman guardian mentioned, it is some thing related to the belief and religion of the people and one is also socially rated to the level of fulfilling the "Adera". It is only the treacherous person who backslides from his/her "Adera" and gets no reputation. "Adera" is heavy even for material things; it is by far more than that for human. Similarly, the heavy weight given to "Adera" is well explained by Belay and Belay (2005) as: " Any one who has received Adera feels that failure to observe the promise has social, cultural and religious costs to incur. The label " aderawan yebela" is given to an Adera recipient failing in his/her duties and implies commission of an immoral and sinful act that disgraces the person if publicized" (p.234).

Based on the given "Adera", the primary caretakers render the following services to the orphaned children:

- Clothing and shelter
- Protecting from harmful things
- Schooling
- Mediating when quarreled with others
- Rendering advice and sympathy
- Take responsibility of any sort or be accountable for

All these type of supports are very essentials for orphaned children's survival and avoid their helplessness or loneliness feeling. It lessens the grief of children and gives them hope to live. For example, a ninety-seven years old grandparent has opened saving in the Bank for her orphaned child from what she gets of others and promised "I will continue on it so that he can at least will not get temporarily troubled when I die". She thinks of the child's

futurity and unlike many parents assumes responsibility ahead of time before she dies.

In terms of the orphaned children's attachment, the grand parents FGD acknowledge orphaned children's trust on guardians. As most of the children and guardians FGDs allegedly agreed on, children are worried for their guardians longevity and well-being. This shows that guardians are dependable for orphaned children's secured life. One of the things that make guardians committed to foster orphaned children is still the high value of "Adera" vested by the culture/religion. Besides fulfilling parental "Adera", some relative guardians have also the sense of responsibility to sustain family continuation.

The degree of challenges facing guardians in fostering younger and older children is some how different. From upbringing of the younger and the older children, the latter is relatively difficult for guardians to handle. As the relatives/ others guardians group clearly put it, older children are difficult to manage compared to the younger because they knew of more about parental love and care.

2. NGOs

As all the interviewees and FGDs underlined it, the support of NGOs is very vital because the problem of orphaned-children needs organized and proactive intervention. It is also mentioned by Alemayehu in his study area as, "NGOs are the second important institutions implementing care and support programs in Addis Ababa, next to the associations of people living with HIV/AIDS" (p.29). There are three NGOs rendering economic support for the orphaned children in the study area, namely: ISAPSO, Care Ethiopia and Participatory Community Support Association (PCSA). ISAPSO is the main supporter of orphaned children with expense coverage for schooling, buying school uniform, providing stipend and covering educational

expenses. The other two are mainly focusing on food aid, and as all NGOs adopted, no room for a child to get support from more than one NGO. In terms of modalities, unlike the direct intervention of NGOs, Belay and Belay (2005) recommended the role of NGOs to be at the back of CBOs or indigenous organizations to achieve better results.

The main worries of orphaned-children, according to Belay and Belay (2005), are unable to pay school fees, buying educational materials and school uniforms. To alleviate these problems, the economic support from those NGOs have helped guardians a lot by minimizing household expenses and brings much more hope for the orphaned-children to continue in education. However, the psychosocial support is almost none; except ISAPSOs occasional follow-up of the orphaned-children's status in terms of their education, health and living conditions. However, orphaned children and their guardians also need much psychosocial supports to enable them acquire the skills and knowledge to overcome problems facing in the surge of life.

In their last remark, all FGDs unanimously agreed on the importance of getting attention by GOs and NGOs or others to discuss on issues of orphaned children or guardianship so that problems can be shared and lessons be drawn. More over, the guardians believe in the continuous education of orphaned children by professionals about their behaviors and the ideal disciplines to be followed.

VI. Conclusions and Recommendations

6.1 Conclusions

It is a cumulative effect of personal and environmental factors that brings a child in to resiliency or non-resiliency behavior. Orphaned-children to adjust to the new situations depend on their psychosocial status, the support they get from others and their coping mechanisms all the way since from their parental upbringing.

During parental sickness children do not get the required support from others rather they are the only caretakers of parents. Except the relatives, neighbors and friends visit no other individuals or organizations respond for parental sickness or children's worry. Children do not have the opportunity to appeal their problems to get the required support. On the other hand, parents are not transparent enough to communicate the status of their sickness and do not alert or make ready their children for changes to come. As also described by Tedla (2005), "Most orphans do not know that their parents died of AIDS" (P. 98).

The death of parents for some children is new because there is no prior expectation and readiness for the event. It brings a deep sorrow, especially for older children, with feelings of loneliness and frustration. At the time, they feel hopelessness and think they are abandoned and blocked for living. Guardians play pivotal role or make a difference in diverting children's trauma by advising and telling that they are besides them in place of parents. Of course, as guardians' FGDs mentioned, it is easier to handle and manage young children than the older in terms of their behavior. There is a relative resistance from older children.

The opportunities to attend funerals make also children to become desperate and learn the reality that they will not see them again. Gradually, children tend to turn to the normal condition with the help of guardians and others advice or follow-up.

After parental death, before taking the orphaned-children to home, guardians need to discuss with their own family members and get the consent from all. From lessons learnt, Guardians collect orphaned-children after getting consensus with the spouse (Belay, 2005). It will enable the child to feel free and get a welcome acceptance from all. After wards, guardians also need to be conscious while dialoguing with orphaned-children because some words can affect children and further inhibit them to reveal their internal feelings. For example, the word "Gefi" can evoke the child to develop guilty feeling; considering himself as a killer. This can consequently lead to non-resiliency behavior. It is therefore important for guardians to create friendly environment allowing children to share their ideas and in return get psychosocial support.

Since they are living with guardians, orphaned-children increasingly tend to settle down to the normal position. The basic question of how orphaned-children cope up life after parental death and become resilient is much more addressed by guardians close by support and commitment. It is only when holiday comes, looking at parental keepsakes, parents are insulted and being discriminated that they sometimes get affected. Otherwise, most of the orphaned-children are living secured life with their guardians. Because of their attachment and confidence in their guardians, orphaned-children are rather much concerned about the well being of guardians.

What lacks in guardians support is that they have less capacity and knowledge to handle orphaned-children in a better way. They know that children are sensitive in some conditions and emotionally can be easily affected; that is why all guardians FGDs assertively claim for discussions and

sensitization forums to be organized by professionals, institutions, GOs and NGOs. As a result both children and guardians can be well equipped with skills and knowledge relevant to tackle the existing psychosocial problems. In short, orphaned-children get less psychosocial support from many caregivers compared to the economic support.

Looking forward to their future, children are optimistic and hope to full fill their wishes with their own effort and guardians' support. However, orphaned children worry about their guardians' economic limitations to satisfy their subsistence life. Both guardians and orphaned children strongly seek more economic support from GOs and NGOs to fulfill their basic needs. Belay and Belay and Belay and Belay (2005) also underlined that food, cloth, and house rent as the basic unsatisfied needs of orphaned children which keep them worry every time. To alleviate their economic problems, they expect further coordinated support from all levels of the social stratum or caregivers. But, the only reliable and better economic support guardians and/or orphaned-children are getting is from NGOs.

Based on the research findings, I hereunder forward and share my opinions to others for those who want to intervene and indulge in further research in the psychosocial aspects of orphaned children's problems.

6.2 Recommendations

I. Intervention

1. AIDS orphans need all types of care and support from different partners. They are getting the largest share of support from guardians in spite of their expectations from different individuals and organizations. However, the support they are getting is more of economical with a lesser degree of psychosocial support. As all FGDs

recommended, orphaned children need to get behavioral directions to acquire the necessary skills and knowledge so that they can better cope with adverse situations. Guardians also need to be educated or guided to help them develop better ways of upbringing-orphaned children. In such a case, therefore, GOs, NGOs, professionals and social institutions can intervene with the psychosocial dimensions of care and support. As a result, it will help children to become resilient in all aspects of life.

2. Most of the guardians have serious economic problems to support orphaned children. To supplement the family, children are involved in income generating activities that have a negative impact up on their education. So, community based organizations (CBOs), GOs and NGOs can increasingly be involved with project interventions to enhance those families' income generating activities.
3. During parental sickness children are not well communicated of the nature of the disease and its after effect. To make children being cautious of their parental sickness and get prepared for the change of life to come, family and community based awareness program about AIDS need to be in place until achieving sustainable change. Hence, children will be able to acquire knowledge about the disease and become resilient after parental death.

II. Suggestion for Further Research

A research is not absolute in answering all interrelated questions to be raised about the issue under investigation. Rather, it is an open end and needs further work to get comprehensive answer. In light of this, I suggest the following two points to be dealt by progressive researches.

- Orphaned-children get less psychosocial support from CBOs, GOs, NGOs, community, guardians and others. All program interventions mainly focused on the economic support though orphaned children and their guardians are as well seeking

affirmative psychosocial supports. Much is left to fulfill the psychosocial needs of orphaned children, which are not visible as the other one. So, further action research on different stakeholders over all understanding of the implications of psychosocial care and supports need to be first studied to come up with possible ways of bringing those concerned actors on board.

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Appendix 1: Interview for Orphaned Children

Objective

To know about the life of orphans and also collect data about the type of support they get from different bodies.

Thank you in advance for your cooperation!

The interviewee name, identity and address are not to be recorded.

A) General Information

- 1 Sex_____
- 2 Age_____
- 3 What is your birth order for your mother_____ and for your father_____
- 4 Month and year of maternal death_____
- 5 Month and year of paternal death_____
- 6 After you lost your parents with whom have you been living? Please list down in priority order_____
- 7 Regarding the present guardian
 - 7.1 What is your relation to your present guardian?
 - 7.2 How did s/he become your guardian?
 - 7.3 How many family members are living in your present family?
 - 7.3.1 Adults_____
 - 7.3.2 Children_____
- 8 With whom of your siblings are living?
- 9 Do you attend formal school?
 - 9.1 If yes, what grade are you currently in?
 - 9.2 If you dropped out of school, what grade were you?
 - 9.3 Why did you drop out?

B) Before Parental Death

- 1 What did your relationship with your parents look like?
 - 1.1 What good memories do you have?
 - 1.2 What bad memories do you have?

- 2 What were your daily chores while you were living with your parents?
 - 1.1 Were your chores something you enjoyed doing, or were they imposed upon you?
 - 1.2 Why?
- 3 What was the cause of your parents' death?
 - 3.1 If it was disease, for how long were they ill?
 - 3.2 Do you know the type of sickness they suffered from?
 - 3.3 How do you know?
- 4 Who was treating and/or taking care of your sick parents?
 - 4.1 What was your contribution?
 - 4.1.1 What were your feelings?
- 5 Did your parents give you any advice prior to their death?
 - 5.1 If yes, what were the typical things they discussed with you?
 - 5.2 Was their advice beneficial/helpful to you?
- 6 Did your parents discuss issues with you they felt were important for you?
 - 6.1 About family property
 - 6.2 About their sickness
 - 6.3 What do you think are some of the advantages and/or disadvantages of being informed and/or not informed by parents?
- 7 How did you feel about your parents' diseases?
 - 7.1 Did you think they would die?
 - 7.2 Why or why not?
- 8 While your parents were sick, who most frequently visited and assisted you?
 - 8.1 What did they do?
 - 8.2 What were your feelings towards them?
- 9 Did your parents give "Adera" before they died?
 - 9.1 To whom?
 - 9.2 When?
 - 9.3 What did they say?
 - 9.4 How do you know they gave "Adera"?
 - 9.5 What are the advantages of "Adera"?
 - 9.6 What are the disadvantages of not being given to "Adera"?

C) During Death

- 1 How did you find out about the death of your parents?
 - 1.1 How did you express your feelings during parental death?
- 2 Did you attend their funerals? If yes...
 - 2.1 How did you go there?
 - 2.2 What did you do?
 - 2.3 Was it beneficial for you to attend?
- 3 If you didn't attend, ...
 - 3.1 Why not?
 - 3.2 How did you feel about not attending?
 - 3.3 What do you consider to be the advantages or disadvantages of not attending?
- 4 During parental death, were there some ones who helped you in the grieving process?
 - 4.1 What relation do they have to you?
 - 4.2 What did they do for you?
 - 4.3 What did it help you?
- 5 Do you feel you have had closure with the loss of your parents?
 - 5.1 If yes, how were you able to reach closure?
 - 5.2 What benefited you?

D) After Parental Death

Concerning Parental Loss

- 1 Out of both parents, whose death was most hurtful or hardest for you to cope with?
 - 1.1 Why?
- 2 Have you recovered from your grief?
 - 2.1 If yes, what helped you to recover?
 - 2.2 How long did it take to recover from your grief?
 For your maternal loss _____
 For your paternal loss _____
 - 2.3 Have you gained from your recovery?
 - 2.4 If you haven't recovered, why not?
- 3 Do you frequently remember your parents?
 - 3.1 In what situations and/or occasions do you remember them?
 - 3.2 How do you express these memories?
 - 3.2.1 What advantages and/or disadvantages do they have?
- 4 Do you think you can still be successful in life despite their absence?
 - 4.1 How?
- 5 What better opportunities would you expect if parents were alive?
- 6 Do you think you had served your parents in whatever you could?
 - 6.1 If yes, what services?

Self Reflection

- 1 Do you think your personal efforts are determining factors to be successful in life?
 - 1.1 Why or why not?
 - 1.2 To what extent do you need support from others?
 - 1.3 From whom?
 - 1.4 For how long?
- 2 What is your wish for the future?
 - 2.1 How can your wish be realized?
 - 2.2 Is there anything that makes you worried you will not be able to fulfill your wish?
 - 2.2.1 If yes, what?
 - 2.2.2 How do you think can you overcome it?
- 3 Do you like to play?
 - 3.1 With whom?
 - 3.2 What do you play most?
 - 3.3 How do you think your play benefits you?
- 4 Do you think others like your character?
 - 4.1 What are the characteristics you think others like most?
 - 4.2 How do these characteristics benefit/help you?
- 5 What are your daily chores?
 - 5.1 Why?
 - 5.2 How do these chores benefit you?
- 6 Do you have a sullen character?
 - 6.1 Why or why not?
 - 6.2 For how long?
 - 6.3 In what ways does it affect you?
 - 6.4 What are some ways you think you can get out of it?
- 7 Do you feel loneliness?
 - 7.1 If yes, on what conditions?
 - 7.2 How does loneliness cause you trouble?
 - 7.3 How do you overcome it?
- 8 Over all, do you feel happy about your life?
 - 8.1 Why or why not?
- 9 Is there anything that you most frequently worry about?
 - 9.1 If yes, what is it?
 - 9.2 Why do you worry about it?
- 10 What are some characteristics of others you dislike?
 - 10.1 Why?

11 Physical appearances or profile – for observation

Interpersonal Relationships

- 1 Does it make you happy to play and be with different people?
 - 1.1 Why or why not?
- 2 Are there occasions when you are disappointed with people?
 - 2.1 In what situations does it happen?
- 3 Do you get any support from others?
 - 3.1 If yes, from whom?
 - 3.2 What type of support do you receive?
 - 3.3 Is this support beneficial to you?
- 4 How do you resolve conflicts with your guardian?
 - 4.1 Do you accept his or her advice and critiques?
 - 4.2 To what extent is his/her advice useful to you?
- 5 Have you been faced with discrimination and stigma?
 - 5.1 If yes, by whom?
 - 5.2 What type of stigma and discrimination did you experience?
 - 5.3 How have those occasions shaped your feelings?
- 6 Who do you turn to when you feel disgusted or sad?
 - 6.1 What solutions have you been able to come up with?
 - 6.2 To what extent have these solutions helped?
- 7 Do you sometimes disagree with others?
 - 7.1 If so, how do you resolve disagreements?
- 8 Do you sometimes make mistakes?
 - 8.1 If yes, what do you feel or say?
 - 8.2 What are the ways you could correct these mistakes?
- 9 Is there any support you need from others?
 - 9.1 From whom?
 - 9.2 What kind of support?
 - 9.3 For how long?

Appendix 2: Interview for Guardians

Objective

To gather data about the psychosocial status of orphaned children, the support they get from guardians, their coping mechanisms and the challenges guardians are facing.

I thank you in advance for your cooperation.

(The interviewee name, identity and address are not to be recorded.)

A) General Information

- 1 Sex _____
- 2 Age _____
- 3 Occupation _____
- 4 Your relation to the orphan _____
- 5 How did you become a guardian (is it because you were given "Adera", or is it because of other reasons)?
 - 5.1 When did you become a guardian?
- 6 When did the orphan's mother die? _____
What did she died of? _____
- 7 When did the orphan's father die? _____
What did he die of? _____
- 8 Number of child family members currently living in your household:
Orphans _____
Others _____
- 9 Number of adult family members currently living in your household _____
- 10 Family's primary source of income _____

B) Before Parental Death

- 1 Who was most frequently taking care of orphan's parents during their sickness?
 - 1.1 What was your contribution?
- 2 What were the children doing during their parents' sicknesses?
 - 2.1 Had you ever in particular noticed about the things that made them worry?
 - 2.1.1 If yes, what was it?
- 3 Did their parents discuss their deaths and other issues with their children while they were sick?
 - 3.1 Regarding "Adera"
 - 3.1.1 To whom did they give "Adera"?

- 3.1.2 To what extent do you feel "Adera" is advantageous?
- 3.2 Regarding property, how did parents transfer property to their children?
- 3.3 Is there anything parents did not discuss with and/or arrange for their children?
 - 3.3.1 If yes, what?
 - 3.3.2 What are the disadvantages of not having discussed or having arranged for the above-mentioned points?
- 4 What was the main anxiety of the children during their parents' sicknesses?
 - 4.1 Were they worried that their parents would die?

C) During Parental Death

- 1 Where was the orphan when his/her parents died?
 - 1.1 How did s/he learn of their deaths?
 - 1.2 What feelings did s/he develop?
 - 1.3 How did s/he express these feelings?
- 2 Did s/he attend the funeral?
 - 2.1 If yes, who took them to the funeral?
 - 2.2 What did s/he do?
- 3 If not attended the funeral, why not?
 - 3.1 How did s/he feel?
- 4 Were there people who take care of the orphan during the parents' deaths?
 - 4.1 What was their relation to the orphan?
 - 4.2 How did they take care of him/her?
 - 4.3 Did s/he benefit from their care?
 - 4.3.1 If yes, how?
 - 4.3.2 If not, why?

D) After Parental Death

- 1 Are there any discriminatory sayings or attitudes that you know of which have a negative impact on the orphan's feelings?
 - 1.1 If yes, what are they?
 - 1.2 How do they negatively impact the child?
 - 1.3 What can be done to mitigate these attitudes or behaviors?
- 2 What efforts have you made to help the child alleviate his/her grief?
 - 2.1 How is s/he treated by his/her peers?
 - 2.2 How does s/he feel about the way s/he is treated?
- 3 Do you think the child you foster has recovered from his/her grief?
 - 3.1 Why or why not?
 - 3.2 What behavioral changes has s/he shown?

- 3.3 If s/he has not recovered, what do you think can be done to help him/her?
- 4 Does the child sometimes get into a lot of trouble?
- 4.1 If yes, how is s/he disciplined?
- 4.2 Is the guardian or other family members discipline the child?
- 4.2.1 If yes, What impact does it have?
- 5 How does the child typically express memories of his/her parents?
- 5.1 How do you respond to the memories?
- 5.2 How do you think these memories affect the child?
- 6 Would you please describe for me any difficult behaviors shown by the child?
- 6.1 Why do you think these behaviors are shown?
- 6.2 How can they be corrected?
- 7 Is there anything you can identify that frequently triggers disappointment, sadness or withdrawal in the child?
- 7.1 If yes, what?
- 7.2 How does s/he express it?
- 8 Is there any support the child gets from others?
- 8.1 If yes, from whom?
- 8.2 What kind of support did you receive?
- 9 How does the child resolve problems when faced conflicts with others?
- 10 Are there any major problems you encountered while raising the child?
- If yes
- 10.1 If yes, what problems?
- 10.2 How have you resolved them?
- 11 Does the child ever express loneliness?
- 11.1 If yes, when do you notice s/he is feeling loneliness?
- 11.2 How does s/he typically express loneliness?
- 12 In your opinion, what can be done to foster the child in a better way?
- 12.1 Why?
- 12.2 Whose support is needed?
- 13 What care should be taken by guardians while fostering orphaned children?
- 13.1 Why?

Questions

- 1 What are the reasons guardians take responsibility for orphaned children?
- 2 What are the main causes of orphaned children?
- 3 What could be the major causes of parental sickness that eventually left children to be orphaned?
- 4 Is it beneficial for orphaned children to participate in their parents' funeral ceremonies?
 - 4.1 Why or why not?
 - 4.2 What is its traditional connotation?
 - 4.3 Have you noticed differences between children who do not participate in funeral ceremonies and those who do?
 - 4.4 In what way should children be accommodated?
- 5 In your experience, what are some of the common feelings of orphaned children during and after the death of parents?
 - 5.1 How do they generally express these feelings?
 - 5.2 How do they typically act towards guardians?
 - 5.3 What is the best way to help them deal with their grief?
 - 5.4 What should be done to assist orphaned children cope with their new life situation?
- 6 What should be the interaction and ways of communication between orphaned children and their guardians?
 - 6.1 What consequences or changes often follow when an orphan first comes into a new home?
 - 6.2 What are some of the orphaned children's characteristics that could be difficult for guardians to handle?
 - 6.2.1 In what way they need to treat it?
 - 6.3 What type of protection do you suggest for orphaned children?
 - 6.3.1 By whom?
 - 6.4 Which sex do guardians prefer to foster?
 - 6.4.1 Why?
- 7 Should guardians receive support from others?
 - 7.1 If yes, from whom?
 - 7.2 What type of support?
- 8 What is the general attitude of the community towards orphaned children?
 - 8.1 Are there any situations that foster stigma and discrimination?
 - 8.2 Why or why not?
- 9 What should be done to foster orphaned children (without psychosocial crisis)?
 - 9.1 By whom?

Group members concluding statements

Completed at _____ O'clock

I General questions

- 1 What does "orphan" children mean?
- 2 How many orphaned children live in your community?
- 3 What are the main causes for children are orphaned?

II Before parental death

- 1 What is the biggest cause for parental illness; illness that cause children to become orphaned?
 - 1.1 What do you think the community ascribe for parental illness?
- 2 Who treats sick parents?
 - 2.1 What type of treatment do these individuals/groups provide?
 - 2.2 What are the contributions of children?
 - 2.2.1 What are the advantages and disadvantages of children's presence during parental sickness?
- 3 What are the things that should be arranged by sick parents for their children?
 - 3.1 Regarding property
 - 3.1.1 Why?
 - 3.2 Regarding guardians
 - 3.2.1 Why?
 - 3.3 Regarding behavior and discipline
 - 3.3.1 Why?
- 4 About what things do parents need to make aware of their children?
 - 4.1 What are the advantages of these?
 - 4.2 Is there anything parents do not make clear to their children?
 - 4.2.1 If yes, what?
 - 4.2.2 What is the disadvantage of not having those information?
- 5 Is there anything that makes children desperate during parental illness?
 - 5.1 What?
 - 5.2 Why?
 - 5.3 What are some ways to overcome these feelings?
- 6 What kind of treatment provided by whom, is best in time of parental sickness?
 - 6.1 What is its relative advantage for children?

III During Parental Death

- 1 What type of treatment is needed for children during parental death?
 - 1.1 Why?
 - 1.2 Whose close advice, involvement and follow up is best?
 - 1.3 What is advantageous about those individuals support?
- 2 Is parental death expected by children or does it often come as a surprise?

- 2.1 Why?
- 2.2 What are the advantages and/or disadvantages of knowing or not knowing?
- 3 Should children go to their parent's funeral?
 - 3.1 Why or why not?

IV After Parental Death

A) Concerning Parental Memory

- 1 What time and situations most often evoke children to recall memories of their parents?
 - 1.1 What feelings can it create?
- 2 Is it advantageous or disadvantageous to remember parents?
 - 2.1 How?
- 3 In what time and situations can children forget their parents?
- 4 What are potential keepsakes or possessions of parents that could keep children to remember their parents by?
 - 4.1 What benefits them?
- 5 What do guardians need to do for children to help them overcome their grief?

B) Changes After Parental Death

- 1 What changes may occur in terms of children's education and health after a parent dies?
 - 1.1 Why do these changes occur?
- 2 What are some of the most significant problems orphaned children may face?
 - 2.1 How can they overcome these?

C) Daily chores

- 1 How do orphaned children most commonly pass their time in the most recent days following parental death?
- 2 What are the daily chores of orphaned children once they begin living with their guardians?
 - 2.1 Do they work out of obligation or interest?
 - 2.2 Why?

D) Regarding Interpersonal and Social Relationship

- 1 Do the interactions between siblings change after parental death?
 - 1.1 Why or why not?

- 2 What does the relationship of orphaned children with their friends look like?
 - 2.1 Why?
- 3 Is there discrimination towards orphaned children?
 - 3.1 By whom?
 - 3.2 In what form?
- 4 In what situations and during what times do orphaned children develop feelings of loneliness?
 - 4.1 How do they develop?
 - 4.2 Who helps them to overcome these feelings?
- 5 What behaviors of others can be most disliked by orphaned children?
 - 5.1 Why?
- 6 Who do you think have better social lives: orphaned children or those still living with parents?
 - 6.1 Why?

E) Experience of Abuse

- 1 Are there any situations when orphaned children do not properly use their parents' property?
 - 1.1 If yes, how can it be misused and by whom?
 - 1.2 Who should protect their property and safety?
 - 1.3 How?
- 2 Are there ever violations of orphaned children's emotional and physical state?
 - 2.1 By whom and how?
 - 2.2 What are the ways to overcome it?
 - 2.3 What can children do if it is beyond their capacity to overcome it?
- 3 Are there ever situations when children are forced to do heavy physical work?
 - 3.1 If yes, when?
- 4 Are there people who are benefiting in the name of orphaned children?
 - 4.1 If yes, who are they?
 - 4.2 In what way are they taking advantage of?
 - 4.3 What impact does it have on the children?
 - 4.4 In what way can this be overcome?

F) Perception of Ones-own Life

- 1 Can orphaned children be successful in life? If yes,
 - 1.1 Why or why not?
 - 1.2 In what ways?
- 2 Do you think orphaned children feel inferior in any way?
 - 2.1 If yes, please explain how?

G) Regarding major problems and possible solutions

- 1 What are the major life problems orphaned children face?
 - 1.1 Why?
- 2 What should be the role of orphaned children to overcome their own problems?
- 3 What external support is needed for orphaned children?
 - 3.1 Who can provide this support?

Concluding remarks by the group members: _____

FGD finishing time _____

ወላጅ አልባ ለሆኑ ልጆች የተዘጋጀ ቃለመጠይቅ

አላማ

የመጠይቁ አላማ ስለ ወላጅ አልባ ልጆች ሀይወት ለማወቅና ከተለያዩ አካሎች ምን አይነት ድጋፍ እንደሚያገኙ መረጃ ለማሰባሰብ ነው ።

ስለትብብርህ በቅድሚያ አመሠግናለሁ

የቃለ መጠይቁ ተጠያቂ ስምና መታወቂያ ወይም አድራሻ አይያዝም

ሀ) አጠቃላይ መረጃ

- 1 የታ -----
- 2 ዕድሜ -----
- 3 ለእናትህ ስንተኛ ልጅ ነህ ----- ለአባትህስ -----
- 4 እናትህ የሞተችበት ወርና ዓመተምህረት -----
- 5 አባትህ የሞተበት ወርና አመተምህረት -----
- 6 ወላጆችህን ካጣህ በኋላ ከነማ ጋር ኖረሃል ? በቅደም ተከተል ንገረኝ -----

- 7 አሁን ያለህበትን አሳዳጊ በተመለከተ
 - 7.1 ምንህ ነው (ናት) ?
 - 7.2 እንዴት አሳዳጊህ ሊሆን ቻለ ?
 - 7.3 ስንት የቤተሰብ አባላት አሉ ?
 - 7.3.1 አዋቂዎች -----
 - 7.3.2 ልጆች -----
- 8 እህት ወንድሞችህ ከማን ጋር ነው የሚኖሩት ?
- 9 መደበኛ ትምህርት ትከታተላለህ ?
 - 9.1 ስንተኛ ክፍል -----
 - 9.2 ያቋረጥክ ከሆነ ከስንተኛ ክፍል -----
 - 9.3 ለምን ? -----

ለ) ወላጆች ከመሞታቸው በፊት

- 1 ከእናት አባትህ (ስ) ጋር የነበረህ ግንኙነትና መቀራረብ ምን ይመስል ነበር ?
 - 1.1 ምን ጥሩ ትውስታ አለህ ?
 - 1.2 ምን መጥፎ ትውስታ አለህ ?
- 2 እናትና አባትህ ጋር በነበርክበት ጊዜ አዘውትረህ የምትሰራው ምን ነበር ?
 - 2.1 በፍላጎት ነው በግዳጅ የምትሰራው ?
 - 2.2 ለምን ?
- 3 ወላጆችህ በምንድን ነው የሞቱት ?
 - 3.1 በህመም ከሆነ ለምን ያህል ጊዜ ?
 - 3.2 በምን እንደታመሙ ታውቃለህ ?
 - 3.3 እንዴት ልታውቅ ቻልክ ?
- 4 ወላጆችህን ያስታምምና ይንከባከብ የነበረው ማን ነው ?
 - 4.1 ያንተስ ድርሻ ምን ነበር ?
 - 4.1.1 ምን ይሠማህ ነበር ?
- 5 ወላጆችህ ምክር ይሠጡህ ነበር ?
 - 5.1 ስለምንድን ነው አዘውትረው ይመክሩህ የነበረው ?
 - 5.2 ምን ጠቅሞሃል ?
- 6 ወላጆችህ አንዳንድ ነገሮችን ያሳውቁህ ነበር ?
 - 6.1 ስለ ቤተሰቡ ንብረት

6.2 ስለ ሀመማቸው ሁኔታ

6.3 መረጃዎችን ከወላጆችህ ማግኘትህ ወይም አለማግኘትህ ምን ጠቅሞሃል ወይንስ ጉድቶሃል ?

7 ስለወላጆችህ ሀመም ምን ስሜት ይሠማህ ነበር ?

7.1 ይሞታል ብለህ ታስብ ነበር ?

7.2 ለምን ?

8 ወላጆችህ ታመው ዕያለ ብዙ ጊዜ የሚገቡኛቸውና የሚረዱህ ማን ነበር ?

8.1 ምን ያደርጉ ነበር ?

8.2 ምን ይሠማህ ነበር ?

9 ወላጆችህ ከመሞታቸው በፊት ተናዘወዋል ወይም ለአደራ ሠጥተውሃል ?

9.1 ለምን ?

9.2 መቼ ?

9.3 ምን ብለው ?

9.4 አደራ መስጠታቸውን እንዴት አወቅህ ?

9.5 አደራ መሠጠት ምን ጥቅም አለው ?

9.6 አደራ አለመስጠት ምን ጉዳት አለው ?

ሐ) በሞት ጊዜ

1 ወላጆችህ ስለመሞታቸው እንዴት አወቅህ ?

1.1 ምን ስሜት ተሠማህ (ስሜትህን እንዴት ገለጽክ) ?

2 ቀብር ሃደህ ነበር ? አዎ ከሆነ

2.1 እንዴት ልትሄድ ቻልክ ?

2.2 ምን አደረግህ ?

2.3 ምን ጠቀሙህ ወይም ጉዳህ ?

3 ቀብር ካልሄድክ

3.1 ለምን ?

3.2 ባለመሄድህ ምን ተሠማህ ?

3.3 ምን ጉዳት ወይም ጥቅም አለው ?

4 በወላጆችህ ሞት ጊዜ ካጠገብህ ሆነው ያጽናኑህ ነበሩ ?

4.1 ምኞታችሁ ናቸው ?

4.2 ምን አደረጉልህ ?

4.3 ምን ጠቅሞሃል ?

5 ከወላጆችህ ጋር ዳግመኛ እንደማትገናኝ ቆርጠልሃል ?

5.1 አዎ ከሆነ እንዴት ሊቆርጥልህ ቻለ ?

5.2 ምን ጠቅሞሃል ?

መ) ከወላጆች ሞት በኋላ

ሀ) ወላጆችን ማጣት በተመለከተ

1 ከሁለቱም ወላጆችህ ሞት በጣም የጉዳህ የማንኛው ነው ?

1.1 ለምን ?

2 በወላጆችህ ሞት ተጽናንተሃል ? አዎ ከሆነ

2.1 ለመጽናናት የረዳህ ምንድን ነው ?

2.2 በመጽናናትህ ምን ተጠቅመሃል (ለውጥ አግይተሃል) ?

2.3 ካልተጽናናህ ለምን ?

3 ወላጆችህ ትዝ ይሉሃል ?

3.1 በምን ሁኔታና አጋጣሚ ነው ትዝ የሚለህ ?

3.2 ስለወላጆችህ ያለህን ትዝታ እንዴት ትገልጻለህ ?

3.2.1 ምን ጠቀሜታና ጉዳት አለው ?

- 4 ወላጆችህ ባይኖሩም የወደፊት ህይወትህ (ዕድገትህ) የተሳካ ይሆናል ብለህ ታስባለህ ?
 - 4.1 እንዴት ?
- 5 ወላጆችህ ቢኖሩ ምን የተሻለ ነገር ይገጥሙኛል ብለህ ታስባለህ ?
- 6 ለወላጆች የሚገባኝን ነገር አድርጌያለሁ ብለህ ታስባለህ ?
 - 6.1 ምን በማድረግህ ደስተኛ ነህ ?

ለ) ራስን በተመለከተ

- 1 ህይወቴን ለማሻሻልና ለመለወጥ የኔ ጥረት ወጥኝ ነው ብለህ ታስባለህ ?
 - 1.1 ለምን ?
- 2 ለወደፊቱ ምን ለመሆን ትመኛለህ ?
 - 2.1 ምኞትህ እንዴት ሊሳካ ይችላል ?
 - 2.2 ምኞትህን ለማሳካት ተስፋ የምትቆርጥበት ነገር አለ ? አዎ ከሆነ
 - 2.2.1 ለምን ?
 - 2.2.2 እንዴት ትወጣዋለህ ?
- 3 ጨዋታ ትወዳለህ ? አዎ ከሆነ
 - 3.1 ከነማን ጋር
 - 3.2 ምን አይነት ጨዋታ ታዘውትራለህ ?
 - 3.3 ምን የጠቀመህ ነገር አለ ?
- 4 ሌሎች ሠዎች የልጅነት ባህሪዬን ይወዱታል ብለህ ታስባለህ ?
 - 4.1 ሌሎች ይወዱልኛል የምትለው ጸባይ ምንድን ነው ?
 - 4.2 ምን የጠቀመህ ነገር አለ ?
- 5 በቀን ውስጥ አዘውትረህ የምትሠራው ምንድን ነው ?
 - 5.1 ለምን ?
 - 5.2 ምን ጠቅሞኝል ?
- 6 የአኩራሬነት ፀባይ አለብህ ?
 - 6.1 ለምን ?
- 7 የብቸኝነት ስሜት ይሠማሃል
 - 7.1 በምን ሁኔታ ?
 - 7.2 ምን ያስከተለው ጉዳት አለ ?
 - 7.3 እንዴት ነው ከብቸኝነት ስሜት የምትመለሰው ?
- 8 በኑሮህ ደስተኛ ነህ ?
 - 8.1 ለምን ?
- 9 ብዙ ጊዜ የሚያስጨንቅህ ነገር አለ ?
 - 9.1 ምክንያቱ ምንድን ነው ?
 - 9.2 እንዴት ነው ከጭንቀትህ የምትወጣው ?
- 10 በሌሎች ሠዎች ዘንድ የምትጠላው ፀባይ ምንድን ነው ?
- 11 የአለባበስና ንፅህና ሁኔታ (ውጫዊ) - ለምልክታ

ሐ) ከሌሎች ጋር ያለውን ግንኙነት በተመለከተ

- 1 ከተለያዩ ሠው ጋር መጫወትና አብሮ መሆን ያስደስትሃል ?
 - 1.1 ለምን ?
- 2 ከአሳዳጊህ ሌላ ሌሎች ላንተ የሚያደርጉልህ ድጋፍና እንክብካቤ አለ ?
 - 2.1 እነማን ናቸው ?
 - 2.2 ምን አይነት እንክብካቤ ያደርጉልሃል ?
 - 2.3 ምን ጠቀሜታ አለው ?
- 3 ከአሳዳጊዎችህ ጋር ቅሬታ ሲኖር እንዴት ነው የምትፈቱት ?
 - 3.1 ምክራቸውንና ተግሳፃቸውን ትቀበላለህ ?
 - 3.2 ላንተ ምን ያህል ጠቃሚ ነው ትላለህ ?

- 4 ከሌሎች ጋር ባለሀ ግንኙነት ግንኙነት ግንኙነት ተፈጽሞብህ ያውቃል ?
 - 4.1 በነግን ?
 - 4.2 ምን ?
 - 4.3 ምን ስሜት አሳደረብህ ?
- 5 አንዳንድ የሚሰማህን ብሶትና መከፋት ለማን ነው የምታዋቀው ?
 - 5.1 ምን መፍትሄ ታገኛለህ ?
 - 5.2 ምን ያህል ያረካሃል ?
- 6 አንዳንድ ከሌሎች ጋር አለመግባባት ይገጥምሃል ?
 - 6.1 ከሆነ እንዴት ነው የምትፈታው ?
- 7 አንዳንድ ስህተት የምትሠራበት ወይም ጥፋት የምታጠፋበት ጊዜ አለ ? አዎ ከሆነ
 - 7.1 ምን ይሰማሃል (ምን ትላለህ) ?
 - 7.2 እንዴት ነው የምትታረመው ?
- 8 ከሌሎች የምትፈልገው ድጋፍ አለ ?
 - 8.1 ከነግን ?
 - 8.2 ምን ?
 - 8.3 ለምን ያህል ጊዜ ?

ለወላጅ አልባ ልጅ አሳዳጊዎች የቀረበ ቃለ መጠይቅ

አላማ

የወላጅ አልባ ልጆችን አደናቃ ፣ ከአሳዳጊዎቻቸው የሚያገኙትን ድጋፍና እንዲሁም አሳዳጊዎች የሚያጋጥሟቸውን ችግሮች በተመለከተ መረጃ ለመሰብሰብ ነው ።

ስለትብብርዎ በቅድሚያ አመሰግናለሁ ።

ቃለ መጠይቁ የተጠያቂውን ሰው መታወቂያ (አድራሻ) አይዝም

አጠቃላይ መረጃ

- 1 የታ _____
- 2 ዕድሜ _____
- 3 ሥራ _____
- 4 ከሚያሳድጉት ልጅ ጋር ያለዎት ዝምድና _____
- 5 እንዴት አሳዳጊ ሊሆኑ ቻሉ (አደራ ስለተሰጠዎት ነው ወይንስ በሌላ ምክንያት)? _____

5.1 ከመቼ ጀምሮ ነው አሳዳጊ የሆኑት ?

- 6 የሚያሳድጉት ልጅ እናት መቼ ሞቱ _____ በምን ምክንያት _____
- 7 የሚያሳድጉት ልጅ አባት መቼ ሞቱ _____ በምን ምክንያት _____
- 8 በቤት ውስጥ ያሉ ልጆች ብዛት _____
- ወላጅ አልባ ልጅ _____
- ሌሎች _____
- 9 የአዋቂዎች የቤተሰብ አባላት ብዛት _____
- 10 የቤተሰብ የገቢ ምንጭ _____

ሀ ወላጆች ከመሞታቸው በፊት

- 1 የሚያሳድጉት ልጅ ወላጆች ሞት ምክንያቱ ምንድን ነበር ?
 - 1.1 በሀመማቸው ጊዜ የእርስዎስ ድርሻ ምን ነበር ?
- 2 በወላጆች ሀመም ጊዜ ልጆቻቸው ምን ይሠሩ ነበር ?
- 3 ወላጆች ከመሞታቸው በፊት ለልጆቻቸው ምን ሁኔታ አመቻችተውላቸዋል ?
 - 3.1 አደራን በተመለከተ
 - 3.1.1 ልጆቻቸውን አደራ የሰጡት ለማን ነው ?
 - 3.1.2 ምን ያህል ጠቃሚ ነው ?
 - 3.2 ንብረትን በተመለከተ
 - 3.3 ወላጆች ታመው እያሉ ለልጆቻቸው ሳያመቻቸላቸው የቀረ ነገር አለ ?
 - 3.3.1 ምንድን ነው ?
 - 3.3.2 ምን ጉዳት አለው ?
- 4 በወላጆች ሀመም ወቅት የልጆች ዋና ስጋት ምንድን ነበር ?
 - 4.1 ይሞታሉ ብለው ይሰጉ ነበር ?

ለ) በወላጆች ሞት ጊዜ

- 1 የሚያሳድጉት ልጅ ወላጆች ሲሞቱ እሱ የት ነበር ?
 - 1.1 መሞታቸውን እንዴት አወቀ ?
 - 1.2 ምን ስሜት ተሰማው ?
 - 1.3 ስሜቱን እንዴት ገለጸ ?
- 2 ቀብር ሄዶ ነበር ?
 - 2.1 ሄዶ ከሆነ እንዴት ሊሄድ ቻለ ?
 - 2.2 ምን አደረገ ?
- 3 ቀብር ካልሄደ
 - 3.1 ለምን ?
- 4 በወላጆቹ ሞት ጊዜ ካጠገቡ ሆነው የሚያጽናኑት ነበሩ ?
 - 4.1 ምናቹ ናቸው ?
 - 4.2 እንዴት ነበር የሚያጽናኑት ?
 - 4.2 ምን ጠቅሞታል ?

ሐ) ከወላጆች ሞት በኋላ

- 1 በሀብረተሠቡ ዘንድ በወላጅ አልባ ልጆች ስሜት ላይ ተጽዕኖ የሚያሳድር አመለካከት ወይም አባባል አለ ?
 - 1.1 ምን ?
 - 1.2 በምን መልኩ ነው ጎጂነቱ ?
 - 1.3 ምን መደረግ አለበት ?
- 2 የሚያሳድጉት ልጅ ሀዘኑን ረስቶ በተረጋጋ መንገድ ህይወቱን እንዲመራ እርስዎ ምን ጥረት አድርገዋል ?
 - 2.1 በቤት ውስጥ ያሉ ልጆች ምን አስተዋጽኦ ያደርጋሉ ?
 - 2.2 ልጁ የሚደረግለትን እንክብካቤ እንዴት ይቀበላል ?
- 3 የሚያሳድጉት ልጅ በወላጆቹ ሞት ተጽናንቷል ?
 - 3.1 እንዴት ?
 - 3.2 ያሳየው የባህሪ ለውጥ ምንድን ነው ?
 - 3.3 ካልተጽናና ምን መደረግ አለበት ?
- 4 የሚያሳድጉት ልጅ አንዳንዴ የጎሳ ስህተት ይሠራል ?
 - 4.1 አዎ ከሆነ እንዴት ነው የሚታረመው ?
 - 4.2 ልጁ በአሳዳጊዎች (ቤተሰብ አባላት) የሚሠጠው ተግሳጽና እርማት አለ ?
 - 4.2.1 ምን ስሜት ያሳድርበታል ?
- 5 ለወላጆቹ ያለውን የተለመደ ትውስታ እንዴት ነው የሚገልጸው ?
 - 5.1 እናንተስ በምን መልኩ ነው የምትቀበሉት ?
 - 5.2 ምን ጥቅምና ጉዳት አለው ?
- 6 የሚያሳድጉት ልጅ የሚያሳደቸው አንዳንድ አስቸጋሪ ባህሪያት ካሉ በገልጽልኝ ?
 - 6.1 ለምን ?
 - 6.2 ለወደፊቱ እንዴት ሊታረም ይችላል ?

- 7 የሚያሳድጉት ልጅ ብዙ ጊዜ የማያስደስተው (የሚያስኮርፈው) ነገር አለ ?
 - 7.1 ምንድን ነው ?
 - 7.2 እንዴት ነው የሚገልጸው ?
- 8 የሚያሳድጉት ልጅ ከሌሎች የሚያገኘው እንደ-በካቤና ድጋፍ አለ ?
 - 8.1 ከነማን ?
 - 8.2 ምን ?
- 9 የሚያሳድጉት ልጅ በተበደለ ጊዜ (ከሠዎች ጋር አለመግባባት ሲፈጠር) እንዴት ነው ችግሩን የሚፈታው ?
- 10 ወላጅ አልባውን ልጅ በሚያሳድጉበት ጊዜ ጉላ ባለ ሁኔታ ያጋጠመዎ ችግር ነበር ? አዎ ከሆነ
 - 10.1 እንዴት ፈቱት ?
 - 10.2 በልጁስ ላይ ያሳደረው ተጽዕኖ ነበር ?
- 11 የሚያሳድጉት ልጅ በቤት ውስጥ የመገለል ባህሪ ያሳያል ? አዎ ከሆነ
 - 11.1 ለምን ?
 - 11.2 እንዴት ?
- 12 ወላጅ አልባ ልጆችን በተሻለ ሁኔታ ለማሳደግ ምን መደረግ አለበት ?
 - 12.1 ለምን ?
 - 12.2 የእነማን ድጋፍ ያስፈልጋል ?
- 13 ወላጅ አልባ ልጆችን በሚያሳድጉበት ጊዜ አሳዳጊዎች ለወስዱት የሚገባ ጥንቃቄ ምንድን ነው ?
 - 13.1 ለምን ?

**ከወላጅ አልባ ልጅ አግዳጊዎች ጋር ለሚደረግ
የቡድን ውይይት የተዘጋጁ ጥያቄዎች**

አላማ

አግዳጊዎች ለወላጅ አልባ ልጆች ህይወት ያላቸውን አስተዋጽኦና በሂደትም የሚያጋጥማቸውን ችግሮች ለይቶ ለማወቅ የሚያስችል መረጃ ለማሰባሰብ ነው ።

በትድሚያ ለቡድን ውይይት ዝግጁ ሆናችሁ እዚህ በመገኘታችሁ ክልብ አመሰግናለሁ ።

ውይይቱ የጀመረበት ሰዓት -----

ትውውቅ

የቡድኑ አወያይ ስም -----

ውይይቱ የሚካሄደው በሁሉም የቡድኑ አባላት ተሳትፎ ሲሆን ለሚቀርቡት ጥያቄዎች የሚሠነዘሩት ሃሳቦች በነጻና በሙሉ ፍላጎት ነው ። ሁሉም አስተያየቶች ጠቃሚ ናቸው ። ስለዚህ እያንዳንዳችሁ ክራሳችሁ ገጠመኝና ከአካባቢያዊ ተጨባጭ ሁኔታ በመነሳት በሚከተሉት ጥያቄዎች ላይ ውይይት እንድታካሂዱ ተጋብቶቻል ።

የቡድን አባላት አጠቃላይ ሁኔታ

ተቁ	ስም	ዕድሜ	የቤተሰብ መጠን			የወላጅ አልባ ልጆች ወላጆቻቸውን ያጡበት ጊዜ		ከሚያሳድገው ልጅ ጋር ያለው ዝምድና
			የአደራ ልጆች	ሌሎች ልጆች	አዋቂዎች	እናት	አባት	
1								
2								
3								
4								
5								
6								

ጥያቄዎች

- 1 ወላጅ አልባ ልጆችን ለማሳደግ አግዳጊዎች ሀላፊነት የሚወስዱት በምን ምክንያት ነው?
- 2 ልጆች ወላጅ አልባ የሚሆኑበት ዋና ምክንያቶች ምንድን ናቸው ?
- 3 የወላጅ አልባ ልጅ ወላጆች የህመም መንስዜ በዋናነት ምን ሊሆን ይችላል ?
- 4 ወላጅ አልባ ልጆች በቀብር የስነስርዓት ሂደት ላይ መሳተፍ አለባቸው ወይ ?
 - 4.1 ለምን ?
 - 4.2 ለማዳደር ወይም ባህላዊ ትርጓሜው ምንድን ነው ?
 - 4.3 በቀብር ስነስርዓት ያልተሳተፉ ልጆች የሚያነሱት ጥያቄ ይኖራል ?
 - 4.4 ምን መልስ ቢሰጣቸው ይሻላል ?
- 5 ወላጆች ሲሞቱና ከሞቱ በኋላ የወላጅ አልባ ልጆች ስሜት ምን ይመስላል ?
 - 5.1 እንዴት ነው የሚገልጹት ?

- 5.2 ለአሳዳጊዎች ያላቸው ቀረቤታ ምን ይመስላል ?
- 5.3 ሃዘናቸውን እንዲረሱ ወይም እንዲጸናኑ ምን ቢደረግ ይሻላል ?
- 5.4 ሃዘናቸውን ረስተው ራሳቸውን ከሁኔታዎች ጋር አስማምተው ለመኖር ምን ማድረግ አለባቸው ?
- 6 አሳዳጊዎች ከወላጅ አልባ ልጆች ጋር ያላቸው ግንኙነት ምን ቢሆን ይሻላል ?
 - 6.1 ወላጅ አልባ ልጆች ወደ አሳዳጊዎች ቤት ሲሄዱ በቤት ውስጥ ምን የሚያስከትሉ ለውጥ ሊኖር ይችላል ?
 - 6.2 ከወላጅ አልባ ልጆች ባህርይ አሳዳጊዎችን የሚያስቸግራቸው ምን ሊሆን ይችላል
 - 6.2.1 በምን መልኩ ቢያስተናግዱት ይሻላል ?
 - 6.3 ወላጅ አልባ ልጆች የተለያዩ ጥቃት እንዳይደርስባቸው ምን አይነት ጥበቃ ቢደረግባቸው ይሻላል ?
 - 6.3.1 በነማን ?
 - 6.4 አሳዳጊዎች የትኛውን የጾታ አይነት ማሳደግ ይፈልጋሉ ?
 - 6.4.1 ለምን ?
- 7 አሳዳጊዎች ከሌሎች ድጋፍ ያስፈልጋቸዋል ? አዎ ከሆነ
 - 7.1 ከነማን ?
 - 7.2 ምን ?
- 8 ህብረተሰቡ በወላጅ አልባ ልጆች ላይ ያለው አመለካከት ምን ይመስላል ?
 - 8.1 አድልእና መገለል የሚያስከትል ሁኔታ አለ ?
 - 8.2 ምን ?
- 9 ወላጅ አልባ ልጆችን ስሜታቸው ሳይገቡ ለማሳደግ ምን መደረግ አለበት ?
 - 9.1 በነማን ?

የቡድን አባላት የሚጠቃለያ አስተያየት

ውይይቱ ያበቃበት ሰዓት -----

ወላጅ አልባ ለሆኑ ልጆች የቀረበ የቡድን ውይይት ጥያቄ

አላማ

ወላጅ አልባ ልጆች ኑሮአቸው ምን እንደሚመስል ለመረዳትና ከተለያዩ ክፍሎች የሚፈልጉትን ድጋፍ ለማወቅ የሚያስችል መረጃ ለማሰባሰብ ነው ።

በቅድሚያ ለቡድን ውይይት ዝግጁ ሆናችሁ እዚህ በመገኘታችሁ ከልብ አመሰግናለሁ።

የቡድን ውይይት የተጀመረት ሰአት -----

ትውውቅ

የቡድኑ አወያይ ስም -----

ውይይቱ የሚካሄደው በሁሉም የቡድኑ አባላት ተሳትፎ ሲሆን ለሚቀርቡት ጥያቄዎች የሚሠነዘሩት ሃሳቦች በነጻና በሙሉ ፍላጎት ነው ። ሁሉም አስተያየቶች ጠቃሚነት ይኖራቸዋል ፤ በሚስጢር የሚያዘዙ ናቸው ። ስለዚህ እያንዳንዳችሁ ከራሳችሁ ገጠመኝና ከአካባቢያዊ ተጨባጭ ሁኔታ በመነሳት በሚከተሉት ጥያቄዎች ላይ ውይይት እንድታካሄዱ ተጋብዛችኋል ።

የቡድን አባላት አጠቃላይ ሁኔታ

ተቁ	ስም	ዕድሜ	ጾታ	ክፍል	አሁን የምትኖርበት ቤተሰብ ሁኔታ					ወላጆች የሞቱበት ጊዜ አካት	
					ከአሳዳጊ ጋር ያለው ዝምድና	ሥራ	ሌሎች ልጆች ብዛት	እህትና ወንድምች ብዛት	አዋቂዎች ብዛት	አናት	አባት
1											
2											
3											
4											
5											
6											

አጠቃላይ ጥያቄ

- 1 ወላጅ አልባ ልጅ ምን ማለት ነው ?
- 2 በአካባቢያችሁ ምን ያህል ወላጅ አልባ ልጆች ይኖራሉ ?
- 3 ልጆች ወላጅ አልባ የሚሆኑበት ዋናኛ ምክንያቶች ምንድን ናቸው ?

ሀ) አሁን በወላጆች ህመም ጊዜ ያለውን ሁኔታ እንመልከት

- 1 የወላጅ አልባ ልጅ ወላጆች የህመም መንስኤ በዋናነት ምንድን ነው ትላላችሁ ?
 - 1.1 የአካባቢው ሠው ግንዛቤ ምን ሊሆን ይችላል ?
- 2 የታመሙ ወላጆችን የሚንከባከብ ማን ነው ?
 - 2.1 ምን አይነት እንክብካቤ ?
 - 2.2 የልጆች ድርሻ ምንድን ነው ?
 - 2.2.1 ልጆች በወላጆቻቸው ህመም ጊዜ መገኘታቸው ምን ጠቀሜታና ጉዳት አለው ?
- 3 ወላጆች ታመሙ እያለ ለልጆቻቸው ምን ቢያመቻቹላቸው ይሻላል ?
 - 3.1 ስለ ንብረት
 - 3.1.1 ለምን ?
 - 3.2 ስለአሳዳጊ ሁኔታ
 - 3.2.1 ለምን ?
 - 3.3 ስለባህሪያቸውና ስነምግባራቸው
 - 3.3.1 ለምን ?

- 4 ወላጆች ለልጆቻቸው ማሳወቅ የሚገባቸው ስለምን መሆን አለበት ?
 - 4.1 ጠቀሜታው ምንድን ነው ?
 - 4.2 ሳይሳውቁት የሚቀር ነገር አለ ?
 - 4.2.1 ምን ?
 - 4.2.2 ጉዳቱ ምንድን ነው ?
- 5 ልጆች በወላጆቻቸው ህመም ጊዜ የሚያስጨንቃቸው ወይም ተስፋ የሚቆርጡበት ነገር ይኖራል ?
 - 5.1 ምን ?
 - 5.2 ለምን ?
 - 5.3 እንዴት ሊቋቋሙት ይችላሉ ?
- 6 ወላጆች ታመው ዕያላ የሚገቡበኛቸውና ቤተሰቡን የሚያጽናና ማን ቢሆን ይሻላል ?
 - 6.1 ምን አይነት እንክብካቤ (ድጋፍ) ?

ለ) በሞት ጊዜ

- 1 ልጆች በወላጆች ሞት ጊዜ ምን ዓይነት እንክብካቤ ያስፈልጋቸዋል ?
 - 1.1 ለምን ?
 - 1.2 ማን በቅርብ ሆኖ ቢመክራቸውና ማድረግ የሚገባቸውን ቢነግራቸው ይሻላል ?
 - 1.3 ምን ጠቀሜታ አለው ?
- 2 ልጆች የወላጆችን ሞት ቀድመው ይጠብቁታል ወይንስ አዲስ ነው የሚሆንባቸው ?
 - 2.1 ለምን ?
 - 2.2 ጥቅምና ጉዳቱስ ምንድን ነው ?
- 3 ወላጆች ሲሞቱ ልጆች ቀብር መሄድ ይገባቸዋል ?
 - 3.1 ለምን ?

ሐ) ከወላጆች ሞት በኋላ

- 1 የሞቱ ወላጆችን ስለማስታወስ
 - 1.1 ብዙ ጊዜ ልጆች ወላጆቻቸው ትዝ የሚሏቸው በምን ጊዜና ሁኔታ ነው ?
 - 1.1.1 ምን ስሜት ሊሰጣቸው ይችላል ?
 - 1.2 የሞቱ ወላጆችን ማስታወስ ይጠቅማል ወይንስ ይጉዳል ?
 - 1.2.1 እንዴት ?
 - 1.3 ልጆች ወላጆችን የሚረሡት በምን ሁኔታና ጊዜ ነው ?
 - 1.4 ወላጆቻቸውን የሚያስታውሱበት ዕቃዎች ወይንም ማስታወሻዎች ምን ሊሆኑ ይችላሉ ?
 - 1.4.1 ለምን ይጠቅማቸዋል ?
 - 1.5 አሳዳጊዎቻቸው ወላጆቻቸውን እንዲረሱ ምን ቢያደርጉ ይሻላል ?
- 2 ከወላጆች ሞት በኋላ የሚከሰቱ ለውጦች
 - 2.1 በትምህርትና የጤንነት ሁኔታ ላይ የሚታዩ ለውጦች ምንድን ናቸው ?
 - 2.1.1 ለምን ?
 - 2.2 የሚያጋጥማቸው አሳሳቢ ችግር ምን ሊሆን ይችላል ?
 - 2.2.1 እንዴት ይወጡታል ?
- 3 በየቀኑ የሚዘወተሩ ሥራዎች
 - 3.1 በወላጆች ሞት ሰዎች ልጆች ጊዜአቸውን በአብዛኛው እንዴት ነው የሚያሳልፉት ?
 - 3.2 ከአሳዳጊዎቻቸው ጋር መኖር ከጀመሩ ጀምሮ ልጆች የዘወትር ስራቸው ምንድን ነው ?
 - 3.1.1 በውዴታ ነው በግዴታ የሚሰሩት ?
 - 3.1.2 ለምን ?
- 4 ሠብአዊና ማህበራዊ ግንኙነትን በተመለከተ
 - 4.1 እህት ወንድሞቻቸው ጋር ያላቸው ባህሪ ወላጆች ከሞቱ በኋላ ይቀየራል ?

- 4.1.1 ለምን ?
- 4.2 ልጆች ወላጆቻቸው ከሞቱ በኋላ ከጓደኞቻቸው ጋር ያላቸው ግንኙነት ምን ይመስላል?
- 4.2.1 ለምን ?
- 4.3 ወላጅ አልባ ልጆች ላይ የማግለል ባህሪ ሊፈጸምባቸው ይችላል ?
- 4.3.1 በነማን ?
- 4.3.2 እንዴት ?
- 4.4 ወላጅ አልባ ልጆች የብቸኝነት ስሜት የሚሰጣቸው በምን ሁኔታና ጊዜ ነው ?
- 4.4.1 እንዴት ?
- 4.4.2 ማንው በቅርብ ሆኖ የሚያጽናናቸው ?
- 4.5 ወላጅ አልባ ልጆች ከወቃት የሚጠሉት ባህሪ ምን ሊሆን ይችላል ?
- 4.5.1 ለምን ?
- 4.6 ወላጆቻቸው ጋር ካሉ ልጆችና ወላጅ አልባ ከሆኑ ልጆች ማን በማህበራዊ ሀይቅ የተሻለ ይመስላቸዋል ?
- 4.6.1 ለምን ?

5 Experience of Abuse/ ያለአግባብ የሚፈጸሙ ክስተቶችን በተመለከተ

- 5.1 ወላጅ አልባ ልጆች ከቤተሰብ የሚያገኙትን ንብረት በአግባቡ የማይጠቀሙበት ሁኔታ ይኖራል ?
- 5.1.1 ካለ ለምን ?
- 5.1.2 ንብረታቸውንና ደህንነታቸውን የሚያስጠብቅላቸው ማን መሆን አለበት ?
- 5.1.3 እንዴት ?
- 5.2 ወላጅ አልባ ልጆች ያለአግባብ ስሜታቸውንና አካላቸውን የሚገደቡ ሊፈጸምባቸው ይችላል ?
- 5.2.1 በነማንና እንዴት ?
- 5.2.2 በምን መልኩ ሊቋቋሙት ይችላሉ ?
- 5.2.3 ከአቅማቸው በላይ ሲሆን ምን ማድረግ ይችላሉ ?
- 5.3 ወላጅ አልባ ልጆች ከባድ ሥራ የሚሠሩት ሁኔታ አለ ?
- 5.3.1 ለምን ?
- 5.4 በወላጅ አልባ ልጆች ስም ወይም ጉልበት ጥቅም የሚያገኙ አሉ ?
- 5.4.1 ካሉ እነማን ?
- 5.4.2 እንዴት ?
- 5.4.3 በልጆቹ ላይ ምን ስሜት ያሳድርባቸዋል ?
- 5.4.4 በምን መልኩ ይቋቋሙታል ?

6 ስለ ራሳቸው ወይም ህይወታቸው ያላቸውን ግንዛቤ በተመለከተ

- 6.1 እናት አባት የሌላቸው ልጆች ስኬታማ መሆን ይችላሉ ?
- 6.1.1 እንዴት ?
- 6.2 ወላጅ አልባ ልጆች የበታችነት ስሜት (ከሌላው አንሳሊሁ የሚል) የሚሰጣቸው ይመስላቸዋል ?
- 6.2.1 ለምን ?

7 ዋነኛ ችግሮችንና መፍትሔዎቻቸው በተመለከተ

- 7.1 ወላጅ አልባ ልጆች በህይወታቸው ላይ ዋነኛ ችግሮቻቸው ምንድን ናቸው ?
- 7.1.1 በምን ምክንያት ?
- 7.2 ችግሮቻቸውን ለመቋቋም የወላጅ አልባ ልጆች ድርሻ ምን መሆን አለበት ?
- 7.3 ወላጅ አልባ ልጆች ከሌሎች የሚያስፈልጋቸው ድጋፍ ምን መሆን አለበት ?
- 7.3.1 ከነማን ?

ውይይቱን በተመለከተ የሚጠቀሙ አስተያየት በቤድን አባላት

ውይይቱ ያበቃበት ሰዓት -----

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 for this thesis have been duly acknowledged.

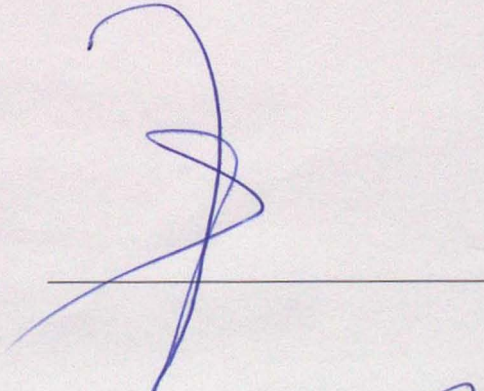


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This thesis has been submitted for examination with my approval as University Advisor.



Belug efers