The Situation of Children Who Lost Their Parents: The Case of Addis-Ketema Sub-City, Addis Ababa, Ethiopia

Bezawit Sentayehu

A Thesis Submitted to School of Social Work

Presented in Partial Fulfillment of the Requirements for the Degree of Master of Arts

(School of Social Work)

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June, 2014

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Addis Ababa

Addis Ababa University School of Graduate Studies

This is to certify that the thesis prepared by Bezawit Sentayehu, entitled: *The Situation of Children Who Lost Their Parents: The Case of Addis-Ketema Sub-City, Addis Ababa, Ethiopia* and submitted in partial fulfillment of the requirements for the Degree of Master of Arts (School of Social Work) complies with the regulation of the University and meets the accepted standards with respect to originality and quality.

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Declaration

I declare that "The Situation of Children who Lost their Parents: The Case of Addis-Ketema Sub-City, Addis Ababa, Ethiopia is my work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

Name: Bezawit Sentayehu

Signature: 

June, 2014

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List of Abbreviations and Acronyms

ACRWC	African Charter on the Rights and Welfare of the Child
AIDS	Acquired Immunodeficiency Syndrome
AU	African Union
CRC	Convention on the Rights of the Child
CSA	Central Statistics Agency
DHS	Demographic and Health Survey
DNPE	Draft National Policy of Ethiopia
FDRE	Federal Democratic Republic of Ethiopia
GOs	Government Organizations
HIV	Human Immunodeficiency Virus
MoLSA	Ministry of Labour and Social Affairs
MYSC	Ministry of Youth, Sport and Culture
NASP	National Association of School Psychologists
NASW	National Association of Social Workers
NGOs	Non-Governmental Organizations
OAU	Organization of African Unity
TB	Tuberculosis
UNICEF	United Nations Children Fund

Abstract

This research aims to understand the situation of children who lost their parents in Addis-Ketema sub-city, Wereda 09, Addis Ababa, Ethiopia. A qualitative research method, case study, is used in order to accomplish the research objective. The data collection instruments were in-depth interview, and observation supplemented with field note. Empirical data is collected from a total of eighteen respondents of which eight of them are children, who are between 13 to 18 years of age, the other eight are guardians of the children and two key informants, who have an expert knowledge about bereaved children. The major findings of the study illuminate that, single/double parental death negatively affects the well-being of children. Some of the drawbacks of parental death include; psychological, educational, health, and economical challenges. The study results show that child grief response differs from one child to the other but the commonly showed grief responses are crying, shocks, frighten, denial, hopelessness, sensitivity, isolation, anger, feeling of accusation, attitudinal change towards death, acceptance and emotional fluctuations. Finally the upshots of the study show that, after the death of one or both parents the specific roles and responsibilities will be switched to the living parent and children are forced to carry out domestic house work, engage themselves in casual jobs, tutoring and fully managing their younger siblings. In conclusion, when children lose one or both parents they experience simultaneous changes and the bearings in their lives. Therefore, the study findings had an implication for social work education, policy frame works, future researches and intervention.

***Key words**: Parental death, children, guardians/single parent, Addis-Ketema sub-city*

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Chapter One: Introduction

1.1.Background of the Study

For most people the death of an individual whom they love is the most painful emotional experience. It changes their emotional setting since their personal world can never be the same again. Such a loss obtains a devastating feature when a child loss a parent. This is because children emotions mainly rely on the parents as a main source of love and security. Young children in particular are affected as they are almost completely dependent on their parents for their sense of security (Webb, 2003).

According to the 2005 Demographic and Health Survey (DHS), Ethiopia counted a total of 2.4 million maternal, 3 million paternal and more than 600,000 double orphans, making the country home to the fourth largest orphan's population in Sub-Saharan Africa after Nigeria, Democratic Republic of Congo and Zimbabwe. According to the 2007 census report Ethiopia had 73.9 million total populations of which about53 percent are children. Ethiopia is a country with widespread poverty, where 80.7 percent of the population survives on less than US$2 a day (DHS, 2005). The current life expectancy is 65 years for women and 63 for men.

Among the major reasons HIV/ AIDS epidemic makes many children orphans. The Ministry of Health (2005) estimates that between 800,000 and 1.2 million children have been orphaned due to AIDS. The report of UNICEF (2007) states that there are nearly five million orphans under the age of 18 which constituting 11% of all children in Ethiopia. Approximately 750,000 children have lost either one or both parents to AIDS. This contributed to the increment in the number of children who handle house responsibilities. These in turn change the normal child care habit and put noticeable obstacles on social safety nets in Ethiopia (UNICEF, 2007).

According to Young Lives Policy Brief (2009), from 1,000 children in Ethiopia one in five children lost one or both parents by the time they reached the age of 12. Therefore, parental

death is one of the significant and distressing events faced by children in Ethiopia. Various studies have shown that losing a parent in childhood can often lead to significant effects on a child short and long-term wellbeing. These situations may occur in various paths of life. It shocks, distresses, confuses, devastates, and frightens the child (Brite, 2005).

When child lives in a family where a parent has a chronic illness and when people die of unknown cases, the child develops confusion and anxiety about his or her own personal survival. When children witness the death of their parents they often quickly grasp the implications of separation and loss (Webb, 2003). According to Dorothy (2008), children will have many experiences of loss and separation as part of their normal development. Even when they have not experienced bereavement, children will have lots of thoughts about death. Then they start to internalize this phenomenon as a major concern of their entity.

Our parents brought us into this world and most of us know our parents longer than we have known anyone else. The majority of parents provide their children with traditional wisdom, that they will pass on to their children and others close to them. Parents care for their children as they grew up and share joys, sorrows, failures and accomplishments. Children form especial attachment with their primary caretakers. Therefore, this emotional bond between parents and their children provides a foundation for the development of subsequent relationships with peers, family relatives and other people. Moreover, it will help children have their own handling skills in response to separations and other family changes (Murphey, 2013).

Parents are vital and influential role models setting the guide from which children pattern their behavior throughout their lifetime (Moody, 1997). Even as a totally independent adult, there are individuals who still rely on their parents because they have always been their son or daughter (Ciffone, 2007). As Rhatigan (2002:53) states "no matter what age you are, you are

always your parent's child". Whether or not your relation is rough or smooth, whether or not your relationship was close or difficult, whether you have regular contact or not, parents are the origin of oneself, in which we understand about ourselves and our place in the world.

Loss of a parent is the most significant event in a person's life. For a child, this is significant because they may not have the emotional strength to process it effectively and the loss may seem almost unbearable and it is likely to affect the child in many ways. Among the possible effects, it deprives him/her of love, care, guidance and discipline (Adda, Bjorklund and Holmlund, 2011). Moreover, it is often accompanied by symptoms of poor psychosocial well-being. Sometimes, due to parental loss, changes in children behavior, school performance and isolation from friends can also be observed. According to Webb, (2003) the death of any family member requires role realignments and reorganization. After a loss, family must be restructured, and the roles of the dead must be taken over by others. The more important thing is that the deceased may be the ongoing emotional or practical functioning of the family; which may pose more difficulty for those remaining to adjust.

A parent's death typically ends a child's relationship with someone of central emotional importance (Cas, et.al. 2013). Depending on the nature of the relationship, the death can shatter the bond of a lifetime and make the children feel vulnerable and exposed. Children need the stability and security of knowing that the people who love them will remain constant in their lives. Even when illness and death take priority over a child's needs, the child may feel abandoned. In fact, children need their parents in order to complete certain developmental tasks (Kagan, 1999).

Brite (2005) states that, parental death can bring about an array of negative consequences for children. Some possible symptoms include, but are not limited to, anger, anxiety, behavior

disturbances, cognitive difficulties, denial, depression, developmental delays, eating problems, fear that the remaining parent may die, feelings of abandonment, guilt, hopelessness, insomnia, loss of trust, phobic reactions, regression, restlessness, inability to accumulate skills and qualifications, and other short and long term effects. Some children may only experience one of the aforementioned symptoms; some may experience all of them. The symptoms can vary in intensity from child to child depending on his/her personality and environment. A supportive and loving environment where grief is openly shared and allowed will often decrease the risk of multiple symptoms (Brite, 2005).

Upon experiencing the death of a parent, children need to grieve out their emotions and feelings in their own ways. Stifling such normal process can perpetuate the feeling of loss into a long, painful memory which could affect many of the child life performances (Coyne and Beckman, 2012).

The purpose of the present study is to look at the situation of children who lost their parents in Addis-Ketema Sub-city, Addis Ababa, Ethiopia. It specifically focuses on the children life experience and the specific effects that parental death created in their life. It also looks into their grieving response and the adjustments or the role shifts that occurred in the family after the first and/or second parental death.

1.2.Statement of the Problem

There are various literature like Moody (1997); Maier and Lachman (2000); Schafer (2009); Coyne and Beckman (2012); Cas, et.al. (2013) dealing with the effects of parental death on children. These researches suggest that parental death has long term effects that occur later in adulthood such as certain psychopathologies, depression or increased death anxiety. In addition, maternal and paternal death also has an effect on children school enrolment, educational

attainment and health. Moreover, parental death will trim down financial resources, brings physical and mental distress, emotional distress.

In his study Penny (2007) showed that separation from the people we love or the death of a significant person has the possibility to turn life upside down, bring powerful feelings and lead to further changes. Moreover, it is the most distressing event in which children can live through. Penny (2007) also states that, it is normal to respond powerfully to an experience of this event, yet the feelings evoked by this grief response, can be overwhelming and frightening. Moody (1997), also gives a brief explanation about the feeling of grief. The response of grief is longer and perhaps more difficult for a child for the reason that they are expected to restructure their lives, recover and grow without the lost parent. The study reveals that the death of a parent has an enormous effect on a child. It disturbs every aspect of their life, can result developmental delays, and long term depression. Therefore, the magnitude of the event should not be underestimated, and the child's care should take these circumstances into account to facilitate the mourning process, though not by forcing it in predefined steps.

On the other hand, Maier and Lachman (2000); Schafer (2009); Case, et.al. (2006); Cas, et.al. (2013) conducted studies on the gender dimension of the effects of parental death on children. The above mentioned authors in their respective studies argue that the effects that occurred on the children will have a difference according to the gender of the deceased parent. For example, Maier and Lachman (2000) argue that parental death anticipates more independence for men and a higher likelihood of depression for women. Schafer (2009) also argues that maternal death is in childhood associated with the stronger effect that occurs in an older subjective age in adulthood, but death of a father does not have a similar influence on subjective age.

The study conducted in Indonesia by Cas, et.al. (2013) showed that death of a father has significant negative consequences for the educational attainment of older sons, whereas the effects of maternal death are more muted. Furthermore, the longitudinal study that was conducted in South Africa by Case, et.al. (2006) also showed that the loss of a mother is a strong predictor of poor schooling outcomes. Maternal orphans are less likely to be enrolled in school and complete fewer years of schooling. Less money is spent on educating maternal orphans, and in general they are found to be an educational disadvantage and the loss of a child's father is significantly correlated with poor household socioeconomic status.

According to Murauskas (2000), when a parent's death occurs the role in the family played by the dead parent goes unfilled. Therefore, the surviving parent starts to care for the children alone and faces the pressure of taking other responsibilities of the dead parent, or depending on the child's age, the child may also take some of those responsibilities.

Two working papers have been produced by using the data found from two rounds of young lives survey in 2002 and 2006 in Ethiopia. The two young lives papers were produced by Himaz (2009) and Camfield and Himaz (2009). One is about the consequence of parental death on child schooling and subjective well-being; and the other explores on how the age of orphaning matter to child outcomes. Hence, the result of both working papers is summarized together in the Young Lives Policy Brief (2009).

The results of this working papers showed that death of a parent at any age is a significant and distressing event. In Ethiopia the age of the child when a parent dies contributes for predicting the overcoming positive or negative consequence on the child's life. If a parent dies when the child is less than six years then the loss may have little or no effect in the child's cognitive wellbeing, education outcome, positive future expectation and self-confidence. The

other working paper has examined the consequence of parental death on children in Ethiopia, focusing on children education outcomes and perceptions of well-being. They found that both education and subjective well-being are affected by the death of a parent, especially when a loss of mother occurred in middle childhood (between ages 7 and 12). In such cases the children are less likely to be enrolled at school or to be able to read or write, and if the father dies it seems to reduce the child's sense of optimism and these effects appear to apply equally to boys and girls alike.

Studies that are conducted outside of Ethiopia focused on different dimensions of the consequences of parent death. Generally, Moody (1997); Batts (2004); Penny (2007); Meier and Eddy (2011); and focused on the response of grief or mourning. The others Murauskas (2000); Beegle, Weerdt, and Dercon (2007) conducted a study on the consequence of parent death in childhood or adolescence and focused on the long term upshots, short term effects may not ultimately worsen in the years yet to come, when they reach the adulthood period. Gertler, Levine and Ames (2004); Case, Paxson and Ableidinger (2004); Case, et.al. (2006); Suryadarma, Pakpahana, and Suryahadi (2009); Coyne and Beckman (2012); focused on parental death and its upshots on the school enrollment of children and found that one or both parents death has a severe effect in their school enrollment and achievement. Murauskas (2000); focused on the role shifts that occurred when one or both parents death. Moreover researches conducted in Ethiopia by Himaz (2009) and Camfield and Himaz (2009), respectively, focus on the upshots of parental death on child schooling, subjective well-being and found out that the age of orphaning matter to child outcomes.

This research focused on the specific consequences of parental death on children, grief responses and role and responsibility shifts that occurred among the family after the death of

parent/ parents. It specifically gives answers for the following questions: What are the specific consequences of the parental death creates in the child life? In what way do children cope with such an untimely, tragic loss or the grieving response? What kind of adjustments or role shifts occurred in the family after the first and/or second parent's death? Even if these questions or issues are well researched in different studies outside Ethiopia but the issue is hardly studied in Ethiopia but the issue is little studied in Ethiopia and these researches that are conducted outside of Ethiopia will have a difference when we bring it to Ethiopia social, economic and political context. In addition, there is a significance difference between Ethiopia and country where the aforementioned researches are conducted in terms of social, economic and political context. It is also very important to mention the fact that many of the studies related to the consequences of parental death on the child's life in Ethiopia have been done before 2009. So, this research is conducted in order to bring current evidence for the development and implementation of a comprehensive child protection policy as well as specific legal frameworks concerning the care and support to be given for vulnerable children who lack caregivers due to death and other reasons.

1.3. Objective of the Study

1.3.1. Major Objective

The major objective of this study is to examine the situation of children who lost their parents: the case of Addis-Ketema Sub-City, Addis Ababa, Ethiopia.

1.3.2. The Specific Objectives of the Study

- To identify the specific consequences of parental death in the child's life in Addis-Ketema Sub-City, Addis Ababa, Ethiopia.
- To examine children grief responses Addis-Ketema Sub-City, Addis Ababa, Ethiopia.

- To investigate the adjustment that occurred in the family after the death of one or both parents Addis-Ketema Sub-City, Addis Ababa, Ethiopia.

1.3 Rationale of the study

According to the National Association of Social Workers (NASW, 1999:57), "the primary mission of the social work profession is to enhance human well-being and help to meet the basic human needs of all people with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty". Children are one social group that is vulnerable to various forms of disadvantages because they have not reached their full physical, psychological and mental levels of maturity that would serve to protect them (Webb, 2003). So children are one of research interest areas in social work.

According to Webb (2003:17):

> *Social work education made a commitment to address the needs of people of color and of all sexual orientations across the life cycle. This commendable goal implicitly includes helping children in desperate situations, such as those growing up in chemically dependent family or those who have been orphaned by war or traumatized by terrorism.*

The researcher chooses to conduct a research on children for many reasons. Parents, relatives and the community set expected responsibilities on children because all at some future time will be expected to provide in varying ways for this dependent and growing new life. They are the new generations; some life changing events which they face in their tender age may bring them serious difficulties later on. Losing one or both parents is the most severe trauma that a child can suffer. The loss will cause an emotional distress and take away from the child love, nurturing, values, information, discipline and may weaken his/her ability to deal with even the

everyday difficulties of life, let alone situations of extreme stress. Moreover, the grieving parent or other family members will be needed to spend a tremendous amount of energy and time to carry out their usual parental role to the children. Therefore, a child in a bereaved family loses not only the dead parent but also parents who are emotionally available. The child's reaction to the loss depends on how successfully the parents can continue to maintain their parental functions while they express grief (Webb, 2003).

The second reason for choosing this research title goes to the good impression that the researcher have developed toward research on children. The researcher did a lot of reading on different materials dealing with children while taking the course "social work practice with children''. Several books and studies have examined the subject of parental death. Each research focuses on different issues such as the grieving response, or on the effects of parent death in childhood or adolescence and its longer effects. In our culture, losing a parent can be very hard for children because our children grow up in a culture which tries to deny the reality of death. It is considered as the most difficult concept to explain to our children.

The study is conducted in Addis-Ketema sub-city. There are some reasons why the researcher selected this study area. The main reasons are: the sub-city is identified as vulnerable settings with high rates of HIV/AIDS prevalence as well as large numbers of orphaned children as a result of the HIV/AIDS epidemic and it is also identified as majority of settlers are living as slum as they are categorized under low living standard. This suburb is one of the seediest and most densely populated areas of the city where there are relatively cheaper rent rooms affordable for family who face parental death. Mainly due to the nearness to "Merkato" and "Autobis Tera", these areas also are appropriate for small scale and casual works that is the income means for much family who live under economical stresses. The researcher also has prior information about

the availability of many children who lost one or both of their parents through death. The other reason is that the area is found in Addis Ababa, where it is convenient for the researcher to conduct the study. Therefore, the researcher is convinced that exploring the effects of parental death on the children of Addis-Ketema sub-city is a very relevant case that needs to be described, illustrated and revealed in an in-depth research. Besides, it would have an important contribution in developing a policy framework for supporting orphans and other vulnerable children in Ethiopia.

1.4. Scope of the Study

The scope of this research is limited to children whose one or both parents are dead in Addis Ababa with particular emphasis to those who live in Addis-Ketema sub-city Wereda 09. The study makes its focus on the effects of one or both parent's death on children. This was done with the purpose of assessing the life experience of the children who are under the age of 13-18. Children coping method or the grief response and the adjustments or role shifts that occurred in the family have also been studied. However, the study does not cover the long term effects on the family who faced parental death.

1.5. Significance of the Study

According to the National Projection of the 2007, National Population and Housing Census, Ethiopia population was projected to be 82,101,998 in 2011of which 41,431,989 are male and 40,670,009 are female. Children below the age of 18 years constitute 52.9% of the population (CSA, 2010). The number of children living in difficult circumstances is noted to be significant due to social, economic, political as well as cultural factors (MoLSA, 2005). Since significant number of Ethiopian population are below age 18 years, and this research focused on children who are between the ages of 13 and 18 years old, therefore this kind of researches which

are related with the situation of children who lost their parents therefore it will have a paramount significance.

The study generates a comprehensive empirical data on the situation of children who lost their parents specifically in Addis-Ketema. Moreover, the finding from this research will be used as a good insight to family members, social work practitioners, health professionals, policy makers, counselors, teachers, researchers, other GOs and NGOs working with children. It will also give insights about the complexities of issues about the children who are facing the consequence of the tragic event in their life. It will have an important implication for policy framework, practice and research. This can add weight to the perception and help in addressing the problem properly. There are a number of issues that need to be studied on how to alleviating the specific challenges and its consequences.

1.6. Operational Definition

Child= in this paper refers to a person who is between 13-18 years who are also considered as adolescents.

Parent= the child's biological mother or father and adoptive parents of the child.

Parental loss or death= refers to death of biological mother or father or death of adoptive parents during early period of child's life.

Child who lost a parent= refers to a child between 13-18 years of age whose parents (either one or both) have died from any cause.

Guardian/Care taker= refers to siblings, relatives (who are a member of the same family by birth, marriage or adoption) and a single parent who guards, protects or lives with the children after they lost either one or both of their parents.

Grief= the cause of intense, great sadness, deep, and profound sorrow especially as a result of a death or children emotional response to death of their parent or parents.

Role reversal= refers to a situation in which a child assumes his/ her deceased parent's responsibilities. These responsibilities include cooking, cleaning, looking after younger siblings or giving advice, giving comfort and encouragement for the living parent.

1.7. Organization of the Thesis

The forwarding part the thesis is the review of literature which incorporates facts that have relationship with parental death and its consequences on children. In addition, the policy documents contain different policy frameworks concerning children rights like International Policy Framework, Regional Policy Framework, The Constitution of the Federal Democratic Republic of Ethiopia and Draft National Child Policy of Ethiopia.

The third chapter of the thesis is research methodology which contains; research paradigm, research design, case definition, sampling technique, sample size determination, description of study site, eligibility criteria, source of information, method of data collection, data collection process, data analysis, ethical consideration, rigor enhancing, and limitation of the study. The fourth chapter is the data presentation and data analysis. The data collected from the cases, the guardian/care giver and key informants is presented and the major findings are analyzed in this chapter. The data is presented and analyzed under different themes and sub-themes based on the codes that are listed for different responses that are given. It contains background characteristics of respondents, family background, grief response, gaps observed in the family following the parent/ parent's death, specific adverse consequences on the child following the parent/ parent's death and the roles and responsibility shifts among the family members. Chapter five is discussion, in these chapter major findings under each research

questions are discussed in a way of compare and contrast with the review of literature. Finally, chapter six is about the conclusion and implications for social work education.

Chapter Two: Review of Literature

2.1. Introduction

Parents are the source of life, primary attachment figures, care givers and protectors in a child's life. Since children well-being reflects the well-being of their parents and caregivers, when their parent or other caregiver/parent is not in a good physical or emotional health, they are likely to be unwell or to project behavior problems (McDowell and Futris, 2001). Terminal illness and death of a parent bring about many changes in a child's life. These include additional caregivers, a grieving parent and economic loss. In addition, there may be a change in a child's life and housing. The age and gender of the child, the temperament, the internal and external supports available, and the conditions that follow the death all affect the child's short- and long-term ability to adjust (Aiken, 1994).

Furthermore, parental loss brings stress in different shades like losing companionship, emotional support and friendship. In addition, parental responsibility, household burden, financial problems, memory about the absent parent and social isolation would increase (Murphey, 2013). As McDowell and Futris (2001) states that the loss of a parent afflicts children with experience intense grief and sadness, social withdrawal, attention seeking, declines in academic performance, rebellion, anger, guilt, health problem and melancholy. The death of a parent creates considerable stress and tension that may take a while to go away.

Therefore, in this section, different literature is reviewed in relation to consequences of parent death on children by dissecting it with topics and sub-topics like, the short and long term consequences, on educational outcome, the differentiation based on the gender of deceased parent, children well-being, psychological, and health and the role shift that children face after the death of one or both parents. This section also contains other sections in relation to children

grief behaviors and grief stages. Next to this topic different policy frameworks that have concerns with children right are presented by starting from the international policy framework to the draft national child policy of Ethiopia.

Researches that are published, articles, books, and policy documents are reviewed in order to find massive information about the research topic. In addition, lists of references from original research publications or reports were reviewed for additional relevant information. It also has been tried to review studies that are done by using qualitative, quantitative and mixed research method. Only publications available in English language were utilized and the literature and reports that are reviewed are researches and reports that are conducted in Ethiopia and reviewed materials that are written on other country experience.

2.2. The Consequences of Parental Death on Children

"You can expect to feel terrible for a while... you won't know what a parent's death is like until it happens to you... it may be a common experience but common experience can have a profound effect." (Debra, 2003:5).

Children who lose their parents through death will face different kinds of consequences including lower educational achievement, behavior problems, mental health, psychological problems, lack of social competence and long-term health consequences, mental health and well-being, alcohol abuse, and problems with relationships Moody (1997); Maier and Lachman (2000); Schafer (2009); Coyne and Beckman (2012); Cas, et.al. (2013) and Himaz (2009).

2.2.1. Short and Long Term Effects

There are both long term and short term effects of a parent's death on children. According to Darrell and Dixie (1995), they conducted a research in USA in order to show that, as a short term effect of parental death children will usually face sadness, guilt, nervousness,

distress, feelings of neglect, anger, opposition, misbehavior and other emotional disturbances. However these effects vary depending on a number of factors like the age of the child, the child's level of perception, potency and support of other family members, previous death experiences, the unique characteristics of the child, the significance of the relationship with the deceased parent, the characteristics of the death itself, and the availability of love, care and support for the bereaved child. Moody (1997), also states that parental death will have effect on different functional areas of children such as emotional disturbance, sex-role and related behavior, delinquency and criminal activity, educational achievement and creative performance.

Beegle, et.al. (2007) on their study that is conducted in north western Tanzania highlighted that, considering short term effects is important, but sometimes short term effects may not eventually worsen in the years yet to come, when they reach the adulthood period. For example, most of the time parental death is related with loss of earning or income of the family in general income which would in consequence affect the outcomes around the time of illness or during the period of memorial service. However, these outcomes may cover over time. The financial consequences and short term distress were which are common at the time of parental death have a tendency to fade with time.

Effect of parental death on the earlier period of childhood may bring a long term effect by extending to adulthood. Adults who experienced parental death during childhood are exposed to reveal different level of misery, addiction, suicide, dependency, low self-confidence, being self-absorbed, sustaining intimacy and expressing anger, predict a shorter life span for themselves, perceive themselves as more vulnerable to future loss and worry more about their own death than adults who did not experience parental death during childhood (Lloyd, 1980; Barnes and Prosen, 1985; Mack, 2001).

Darrell and Dixie's (1995) study suggested that, an adult who loses one or both parents during childhood is more likely to be susceptible to physical and emotional problems and exposed to various inabilities adjusting him/her to the needs of others or to the stresses of normal life throughout adult life compared with those who have not experienced parental death. Another study conducted by Moody (1997) showed that, parental death brings a long term effect in later life in noticeable forms, from increased death anxiety to a high risk of deviation from healthy or normal condition, abnormality such as chronic mental illness which variously affect behavior, thinking and emotion and severe forms of depression. Moreover it disturbs every aspect of early life and can result in retardation, adult behavior disorder and long term depression.

Beegle, Weerdt, and Dercon (2007) in their study, which is orphans-hood and the long-run effect on children, states that children who are one or double orphans will suffer with trauma which in turn affects schooling and health outcomes. In addition, adults who had experienced parental death in childhood had a higher likelihood of problems which includes mental health and well-being, addictive substance use, lower educational achievement and problems with relationships.

A study on parental death regarding to relationship showed that, when parental death occurred during childhood the long-standing response to this experience will be diverse. It can be positive outcome for some sibling relationship and negative for others. However, parental death during adulthood influences emotional closeness between siblings or sibling contact. It results in closer sibling relationship, shared grief and feelings of responsibility (Mack, 2004).

Himaz (2009), children who have lost one or both parents accumulate fewer skills and experience, and such factors as age, gender, and changes in home circumstances and caregiver can all contribute to this effect. The other study conducted by Adda, et.al. (2011), found out that

parental death has a long run effect on children cognitive and non-cognitive skills (emotional stability, social skills), and that explains why such children dropout of schools, and experience of teen-age pregnancies. In addition it will have an effect on educational achievements, IQ scores, successive family development, health, employment and income. By the cause of death, children will lose the role model of their life as the deceased parent may have been role model for his/her children and other family members by his/her socio-economic status, education level and profession in life. Parental death also affects the parenting process in which the children receive from their caregivers. It will have an implication on children wellbeing, shaping children life chance, and influencing their livelihood opportunities and feelings of security which all aftereffects will occur as a result of losing a relationship with caregivers which is protective act as a go between in children experience and helps children in their daily struggle (Crivello and Chuta, 2011).

2.2.2. Educational outcome of children who lost their parents

Destruction of schooling is one of the adverse effects that a child may experience when his/ her parent or parents die. Different literature (Gertler, Levine and Ames, 2004; Asiamah, Kraybill and Thompson, 2005; Case, et.al. 2006; Evans and Miguel, 2007; Himaz, 2009; Suryadarma, Pakpahan and Suryahadi, 2009; Smiley, et.al. 2009; Adda, Bjorklund and Holmlund, 2011; Crivello and Chuta, 2011; Scott, et.al. 2013) said a lot about the aftereffect of parental death on school outcomes, children education, academic achievement and school enrollment.

In the young lives policy brief, Himaz (2009) focused on the aftereffect of parental death on children in Ethiopia, focusing on children education outcomes together with fundamental skills that the students need; mathematical and language and their attitude toward well-being.

Therefore the study showed that both education and personal well-being are significantly affected by the death of a parent to boys and girls alike.

Scott, et.al. (2013) based on study conducted in India; reveal that educational outcomes are key indicators of children wellbeing and their potential for future success. Enrollment and level of achievement in school shows the children better cognitive, psychological and social development. However, employment, earning opportunities and achievement in school are the aspects which set the stage for children future success. These varied outcomes are important not only for the children but also for the productivity and well-being of family, communities and nations.

The study conducted in Indonesia by Suryadarma, et.al. (2009) showed that children whose one or both parents are dead still have considerably lower school enrollment. The study which is conducted in Indonesia, by Suryadarma, et.al. (2009), showed that children whose one or both parents are dead still have considerably lower school enrollment, lower educational outcome and higher dropout rates as compared to children whose parents are not dead. They found that children who lost a parent at a young age are vulnerable to school dropouts unlike children who have parents. Therefore, their study implies that orphan hood only affects the educational achievement of children who lost their parents at young age for the reason that deprived family give up the education of younger children to keep adult children from dropping out of school.

According to Case, et.al. (2006), in most sub-Saharan country children who lose their parents face poorer schooling outcomes because children welfare is highly related with the death of parent and also there is a great association between parental death, children educational achievement and the assets that are devoted to the children education. Children who lost a parent

may become unwell; their household may face financial problems regarding the parent's death. These multifaceted problems would be a challenge to the children to attend their education properly, and they would be humbled by the accomplishment of others.

Biological parents may invest in their children education but a single parent may have to choose between investing on other life aspects or in their children. It appears that children living with both biological parents will have educational advantages over children living with single parents. It is because the additional support time, resources, money, and emotional support will make a big difference among the surviving parents and single parent or no parent (Scott, et.al, 2013). The same authors in their study tried to put that children living with one or neither parents do just as well in their educational achievement as those living with their surviving parents but this varies across country.

According to a study by Gertler, Levine and Ames (2004) in Indonesia the loss of a parent reduces the children human resources that were supplied for their quality life, livelihood and for quality schooling. Most children whose parents died are more likely to dropouts of school than children with living parents. This school dropout happens due to the family insufficient investment on the children education. As Asiamah, Kraybill and Thompson (2005) states cost of education includes school fees, uniforms, school supplies, stationeries, transportation, and opportunity cost. Therefore, the failure to pay school fees is a reasonable cause for the dropouts, because death reduces household income and credit constraints will be occur (Evans and Miguel 2007). Gertler, Levine and Ames (2004) states that in Africa various programs have been designed to support educational expenses of orphaned children, however observed or practical evidences to support these policies became weak.

of Himaz (2009) research. According to whom a maternal death has a much larger effect than paternal deaths, and most of the difference is driven by the sharp drop in school participation. Encouragement and income provided by (healthy) mothers is more important, on average, in determining child schooling participation than the encouragement and income provided by fathers. Moreover after maternal death children are more likely to be sent to live in other households.

The other finding from the research of Adda, Bjorklund and Holmlund (2011) showed that although the death of mothers and fathers are generally important, there is a tendency that the mother is more important for cognitive skills (IQ & educational attainment), and the father is more important for non-cognitive skills (emotional stability, social skills). Additionally, Scott, et.al. (2013), based on a study is conducted in India showed that, when mothers take the responsibility of single parenting children become more likely to be enrolled in school, particularly because mothers place a higher value on their children schooling than fathers.

The research that is conducted by Cas, et.al. (2013) in Aceh, Indonesia before and after the December 2004 Indian ocean tsunami which is conducted to identify the effect of parental deaths on the well-being of children, the finding showed that the death of a father in the tsunami has significant negative consequences in educational achievement of older sons but the maternal death is more muted. However, the death of both parents has the largest and essentially most important effects on adult males, adult females and possibly younger females. According to Furukawa, et.al. (1998) research illustrates that men who experienced maternal death during their childhood were more likely to go through panic attacks and women who experienced paternal death during their childhood were more likely to suffer from hallucinations.

Nicolson (2003) analyses on longitudinal data reveal that a father's death causes more negative effects for sons than daughters and a mother's death leads to more negative effects for daughters than sons. In terms of alcohol consumption father's death was associated with a greater increase in alcohol consumption relating with sons. Specifically, the result suggests that death of a father leads to less personal mastery for both daughters and sons. It is also associated with a greater increase in depressive symptom, lower psychological wholeness and greater decline in health for sons. On the other hand death of a mother may have somewhat more problematic effects on daughters than sons. Mother's death was related with lower levels of psychological health, a greater decline in self-esteem, and a lower level of personal restraint, greater increase in depressive symptoms and a heightened decline in happiness.

2.2.4. Effects on Children Well-being, Psychology, and Health

Parental death has been documented as a trigger for symptoms of psychological and emotional trauma. According to the findings by Behrendt and Mbaye (2008) children who have not lost their parents are more optimistic about the future while children who lose their parents have showed significantly higher levels of depression, negativity, sense of failure, lack of emotional ties, depressive disorder and suicidal tendencies. Parental death is likely to endanger, the development of a child and its mental health. Children will be more at risk for impairment on some psychological dimensions such as depression, psychosomatic problems or anxiety than children who have not lost their parents. The degree of impairment, however, seems to be highly variable.

Tenant (1988) suggested that a range of psychological disorders and antisocial personality is associated with parental loss in childhood. For these reasons it can be unquestionably states that parents do affect their children psychological growth, their cognitive

abilities, beliefs, ethical values, coping defenses, and relevant emotional moods that characterize each stage of their development (Kagan, 1999). Similar to child's psychological well-being, physical wellbeing is also considered to be a multidimensional construct to natural body resistive and functional status, symptoms and diseases, attitude towards death and active consciousness (Marks, Jun and Song, 2007).

According to Maier and Lachman (2000) parental death may lead to a reduction in social support which is also related to poorer health, particular lifestyle changes that could affect physical health in mid-life, may increase the likelihood of alcohol and drug abuse in adulthood. Parental death has an effect on children psychological well-being and depression as well on mental and physical health. In addition parental death may also have an effect on behavioral factors such as substance abuse and smoking, and lower levels of social support and negative effect on health problems and psychological adjustment in midlife.

2.3. Role Shift

Staudacher (1987) role reversal explains a situation in which a child assumes parental responsibilities to an extent that goes beyond the developmental norms in a given culture. These responsibilities include instrumental help which is cooking, cleaning, looking after younger siblings and emotional help like giving advice, giving comfort and reassurance.

Many children experience a role reversal toward the end of their parent's life, where they assume the role of parent and the parent becomes their child. This typically occurs when a parent has a terminal illness or when death of a parent occurs. The child may have to attend to the family' physical and emotional needs and this may lead to emotional distress for the child (Staudacher, 1987).

It is obvious that when one of or both parents are dead the role and responsibilities that were covered by the deceased parent become vacant therefore there must be someone to cover these vacant role and responsibilities. The most natural candidate will be the other surviving parent, other relatives or children. As Cas, et.al. (2013) states, Parental death usually worsens the family's economic status and creates pressure on children to take on responsibilities which may isolate them from colleagues. Especially female children are expected to fulfill these vacant roles. As Cas, et.al. (2013) showed if parents died, female children will face the responsibility to do the house chores and they are expected to take care of the other family members who are living with them. Death of a mother also results in higher rates of housekeeping suggesting that girls whether they are older or younger, are expected to substitute their dead parents. Some female children get married earlier because they need to fill the psycho-social and financial needs.

Based on Adrian and Breda (2010), sometimes children become the head of a household. This adjustment carries with it many challenges and makes the children lose the feeling of one's childhood, feel helpless and ambiguous about their personal safety, their natural talents will highly be affected to become enrolled in school. In poor households children will be engaging themselves in casual jobs like working in mini markets or shops which are accessible for boys. And the girls work tends to be based around or inside the home (Crivello and Chuta, 2011).

Current conceptualizations of role reversal suggest that excessive role reversal in childhood leads to problems in developing autonomy, and later in relationships. In particular, excessive role reversal is expected to promote a tendency to relate to others through excessive care giving at the expense of satisfying one's own emotional needs (Staudacher, 1987).

2.4. Grief

Death is unavoidable and never easy to deal with. It touches the entire family members. Children can be taught in a developmentally appropriate manner about death or they may not have a clear understanding about death because of the harsh realities that accompany it. Therefore children may have the hardest time in coming to terms with their parent's death and it will be a larger factor in the resultant grief. Possibly the process of grief is longer and more difficult for a child since they have to try and prepare themselves to start living, get well and nurtured by their own which creates long term effect (George, Tremblay and Allen, 1998).

There is no similar way to react to a parental loss: two children will never response in exactly the same way in grief response. They are influenced by their age, individual nature, cognitive system, family and cultural context and previous death or loss experience (Mcdowell and Futris, 2001). However, the maturity of adults enables to understand the actual episode of death than children (Bowlby, 1980). Emotions of sadness; confusion and anxiety with constant reminders of their loss are likely to be observed in children of all ages (NASP, 2003). Similar to these Moody (1997) states that the characteristics of the child with regards to a parental death will be divided into four areas: their age and developmental level, their personality, their loss history, and their overall background. Each of these is strong factors influencing the resultant aftereffect on the child. Developmental level and age may significantly affect grief responses. Most children before the age of seven are unable to fully understand the nature of death but in later years 8 to12; this new environment will goad the children to develop introvert personalities and hide their feelings. Therefore each age and developmental range has its own difficulties that require special attention.

Fletcher, et.al. (2013) suggest that bereaved children are a vulnerable population, at increased risk for social impairment and psychopathology and also various emotions such as shock, guilt, and anger. Research also demonstrated that these children may display lower levels of self-esteem and self-efficacy and may experience depressed states and increased levels of anxiety (Bowlby, 1980). As Mcdowell and Futris (2001) shows children who have experienced the loss of a parent typically experience intense grief and sadness, social withdrawal, attention seeking, declines in academic performance, rebellion, anger, guilt, and preoccupation with thoughts about their deceased father or mother.

Children are likely to show their grief in less direct ways, which is different from that of adults. One cannot know whether the child become fine because children seem fine when they start playing and focusing on other things. However, this may not be true because some other time they can start showing that they still are not managing so well. In general children will move in and out of grief. Children often have more needs at times of loss which can lead to demanding behavior as they try to get closeness, care, information, reassurance and support from adults.

Children irregularly mourn, confront, and manage the emotional influences of loss in a manner consistent with their cognitive and emotional abilities as they may initially be too shocked to show any type of emotion and this is at times misunderstood to mean that they are fine when they really are not (McDowell and Futris, 2001). In fact, most children are unable to handle the intense emotions that accompany the death of a parent for long periods of time. They grieve according to their current developmental level, and then may postpone their grief work until they reach a new stage of development which is appropriate for mourning.

Therefore it is important that parents, researchers, counselors and caregivers understand that the way children grieve is quite different from the way that adults do and must understand childhood grief and loss on multiple levels, including systemic and contextual influences, developmental stages of the child and the child's own grief experience (Moody, 1997).

Table 2.1: Five Stages of Grief

Stage	Interpretation
1 – Denial	Denial is a conscious or unconscious refusal to admit the reality. This situation occurs in different peoples it is a kind of defense mechanism. This kind of situation is mostly shown on people who deal with traumatic changes. Death of course is not particularly easy to avoid or evade indefinitely.
2 – Anger	Anger can manifest in different ways. Especially people become emotionally upset with other people who are close to them. Knowing this helps keep detached and non-judgmental when experiencing the anger of someone who is very upset.
3 - Bargaining	Children would try to win the favor of the guardian hiding their true feelings, and they tend to feel at ease with people whom they can trust. When peoples face distress they will seek to negotiate a compromise. Bargaining rarely provides a sustainable solution, especially if it's a matter of life or death.
4 - Depression	Refers to as an opening of grieving. Although this stage means different things depending on whom it involves, it shows that the person has at least begun to accept the reality.

5 - Acceptance	Again this stage definitely varies according to the person's situation, but it is a clue that there is some emotional detachment. After someone dies the people they leave behind will pass through their own individual grief to enter this stage.

Based on the Grief Cycle model, (Ross, 1969),

2.5. Policy Frameworks Concerning Children Right

There are different international and national conventions, laws and policies that deal with every member of the society that guarantee social and economic protection and transformation. However, most country policy frameworks give a great emphasis for the protection of the rights and welfare of children and focus on making them an integral part of every law of the land. This is because they are the future caretakers of every generation and hence they need to be safe in every aspect of their life.

2.5.1. International Policy framework

The convention on the rights of the child (CRC) was the only instrument for protecting a child's right before the adoption of the African children charter. The CRC was the first international human rights agreement to accept an inclusive approach on the protection of children. The convention covers a wide range of issues and establishes legally necessary obligations by placing international standards, which states must meet both their regional legislations and policies affecting children. The CRC defines a child as every human being below the age 18 years (Nijugwe, 2009)

The convention covers civil, political, economic, social and cultural rights. It contains a broad non-discrimination section, which provides that the best interest of the child shall be a

primary consideration, protects the right and responsibilities of parents and legal guardians, guarantees the children right to life, name, and nationality and identify. It also protects the child's right to the family and when deprived of his or her family environment; protects the child from illegal transfer and all forms of exploitation. It further guarantees child adoption, protects refugee children, the disabled, minority groups or indigenous origin and children in armed conflicts. It protects children against torture; cruel and inhuman treatment. The convention protects the child from capital punishment or even life imprisonment and also guarantees socio economic rights of children (education, rest, right to health) (Nijugwe, 2009).

The Universal Declaration of Human Rights, the United Nations has proclaimed that childhood is entitled to special care and assistance, the CRC also puts family by saying that, a fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children should be afforded the necessary protection and assistance. In addition the convention states that the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding.

Article 27 of the document states that every child has a right to have a standard of living adequate for his/her physical, mental, spiritual, moral and social development. It also states that the parents or others responsible for the child have the primary responsibility to secure, within their abilities and financial capacities, the conditions of living necessary for the child's development; otherwise the state parties in accordance with national conditions and within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support, particularly with regard to nutrition, clothing and housing. And the states parties shall take all

appropriate measures to secure the improvement of maintenance for the child from the parents or other persons having financial responsibility for the child, both within the State Party and from abroad.

In the document it also describes that every child has a right to benefit from social security, including social insurance. These benefits will be appropriate by taking into account the resources and the circumstances of the child and persons having responsibility for the maintenance of the child, as well as any other consideration relevant to an application for benefits made by or on behalf of the child.

2.5.2. Regional policy Framework

Children in Africa are affected by many different factors such as migration, early marriage, child headed households, orphans and vulnerable children, street children, child soldiery, sexual abuse and poverty.

The African charter on the rights and welfare of the child (also called the ACRWC or children charter) was adopted by the then organization of African unity (OAU) in 1990 and entered into force in 1999. The children charter is a comprehensive instrument that sets out rights and defines universal principles and norms for the status of children. It has two parts which consists of four chapters, and forty eight articles (Nijugwe, 2009).

The ACRWC defines a child as a human being below the age of 18 years. It recognizes the child's distinctive and advantaged place in African society and that African children need protection and special care. It also recognizes that children are entitled to the enjoyment of freedom of expression, association, peaceful assembly, thought, religion, and conscience. It aims to protect the private life of the child and safeguards the child against all forms of economic exploitation and against work that is unsafe, interferes with the child's education; protects his/her

physical, social, mental, spiritual, and moral development and health. It stands for protection against abuse and mal-treatment, negative social and cultural practices, and all forms of exploitation.

Article 18 states the protection of the family. The family shall be the natural unit and basis of society. It shall enjoy the protection and support of the State for its establishment and development. Article 20 talks about parental responsibilities by stating that, parents or other persons responsible for the child shall have the primary responsibility of the upbringing and development the child and shall have the duty to ensure that the best interests of the child are their basic concern at all times, to secure, within their abilities and financial capacities, conditions of living necessary to the child's development, to ensure that domestic discipline is administered with humanity and in a manner consistent with the inherent dignity of the child. Again in article 20 the second bullet describes that state parties assist parents and other persons responsible for the child and in case of need provide material assistance and support programs particularly with regard to nutrition, health, education, clothing and housing, assist parents and others responsible for the child in the performance of child rearing and ensure the development of institutions responsible for providing care of children and ensure that the children of working parents are provided with care services and facilities (Nijugwe, 2009).

2.6. The Constitution of the Federal Democratic Republic of Ethiopia

The Constitution of the FDRE also provides specifically for the rights of children under article 36, namely the rights of the child to life, name and nationality, to know and be cared for by parents or legal guardians, to be protected from exploitative labor and not to be forced to undertake work that may harm his or her education, health and well-being, to be free from cruel and inhuman treatment in schools or child care institutions. Article 36(2) of the Constitution goes

beyond recognition of specific child rights and incorporates the principle of the best interests of the child.

2.7. Draft National Child Policy of Ethiopia

The policy deals with Ethiopian children in general and has three fundamental goals (Ministry of Women, Children and Youth Affairs, 2011). These are

- Ensuring the development and growth of children
- Prevention and protection of children from social, economic and political problems
- Stipulating treatment, care and support for children living under especially difficult circumstances.

The researcher has attempted to address the complexity of issues which children face when their one or both parents die. As it is states in the above literature children will be forced to face life struggle with no support. After the death of parents these children will be exposed to take some responsibilities relating to the changes that they face in their living circumstances. These include changes in caregiver, the financial reduction, and loss of support in their education will bring different kinds of psychological and health problems. Therefore social protection, financial support, and psychological protection need to be underlined in our policy framework.

Chapter Three: Research Methodology

3.1. Research Paradigm

The researcher philosophical perspective while conducting this research is constructivist epistemology. Constructivism opposes the philosophy of objectivism, it only suggest that human experience can be understood as a subjective reality (Morries, 2006). The focus is on presenting results as negotiable constructs rather than as a type that aim to represent social realities more or less accurately.

According to Romm (2001:12), "social researchers can earn trust from participants and wider audiences insofar as they adopt this [constructivist] orientation and invite inputs from others regarding their inquiry practices and the results thereof". According to constructivists the world is independent of human minds, but knowledge of the world is always a human and social construction. This constructivist orientation holds that datum is constructed with interacting interpretations. So we can see that constructivism is a joint built of an interactive, interpretive, produced data with an epistemological bias to achieve a credible, accurate description of data collection (Glaser, 2002).

"Constructivism represents local and specific constructed realities wherein social phenomena are products of meaning-making activities of groups and individuals" (Gerald, 2001: 165). Constructivists take for granted the idea that truth is comparative to individuals and communities. Constructivists will be more interested in describing the coherent structure of a meaningful phenomenon; this strengthens the basics of understanding. Generally Constructivists require that researchers gathering new knowledge about the human experience gather subjective data.

3.2. Research Design

This is a descriptive study, which begins with a well-defined subject or social phenomenon and it explains and shows the detailed picture of the subject. According to Keruger and Neuman (2006), descriptive research presents a picture of the specific details of a situation, social setting, or relationship. A descriptive study presents a picture of the types of people or of social activities. Descriptive researches are meant to answer questions like what? How? Who? When? Where? (Kerugar and Neuman, 2006).

Murauskas (2000) states research methodology is influenced by the research question. Therefore with regarding to the research questions the researcher decided to use qualitative research methods in order to gather the relevant data. According to Pope and Mays (1999), there are a number of reasons for choosing qualitative research method for a study;

> *Firstly, qualitative research is considered as an appropriate methodology for researchers whose research questions lead them towards inductive or 'data driven' approach, i.e. to look at the existing situation and try to make sense by analyzing themes and patterns. Secondly, qualitative research is said to suit for research project which requires descriptions and explanations, and when the phenomenon is too embedded to be extracted in the study (Pope and Mays, 1999: 90).*

Qualitative research is used to gain insight into people attitudes, behavior, value systems, concerns, aspirations and life style. Moreover it allows the subjects being studied to give much richer answer to questions put to them by the researcher, and may give valuable insights which might have been missed by any other method. We know that not every single thing can be

quantified so the advantage of this qualitative research is that, it can investigate these things or individual experiences can be studied in more depth (Eva, 2007).

The researcher poses such questions as: What kinds of things are going on here? What are the forms of this phenomenon? What variations do we find in this phenomenon? These questions help to the researcher to probe and see the situation in detail. Therefore the rational for selecting qualitative research design is in order to carve out research questions that help to describe, demonstrate and disclose the existing social phenomenon, to expound the experience of the children who faced one or both parental death, and to see divergent bearings on the children.

Generally qualitative research helps to find out the meaning of people's lives, under real-world conditions, it helps to represent the views and perspectives of the people in the study, covers the contextual conditions within which people live, contributes insights into existing or emerging concepts that may help to explain human social behavior; and helps to use multiple sources of evidence rather than relying on a single source alone (Yin, 2011).

Case study method has been used in this research. As Creswell (2007) indicated case study develops an in-depth explanation and investigation of a case or multiple cases. Moreover it helps to study an incident, a program, an activity, more than one individual and it looks at groups of individuals.

The study uses a case study research method because this method is appropriate for describing the individual and collective views, opinions and life experiences of children who lose one or both parents through death (Mulu, 2007). "The distinctive need for case studies arises out of the desire to understand complex social phenomena because the case study method allows investigators to retain the holistic and meaningful characteristics of real-life events" (Yin, 2003: 2). Case studies are chosen as a research strategy when questions such as "who", "what",

"where", "how" and "why" are posed to inquire about the case, when the researcher has little control over events, and when the focus is on some real-life circumstance (Yin, 2003). A case study also helps the researcher to connect the micro level, or the actions of individual people, to the macro level, or large-scale social structures and processes (Keruger and Neuman, 2006).

Case studies provide a chance for an in-depth investigation of these children and people who are considered to have a relation with the event. According to Yin (2003), the case study's unique strength is its ability to deal with a full variety of evidence. For this full variety of evidence, as the source of information case study include in-depth interviews participants and key informants, direct and participant observation, as well as assessment of documents.

Researchers collect case-study data for a period of time; it can be collected for over months, years or across many decades (Keruger and Neuman, 2006). Then this research is cross-sectional, which is the most commonly used design in the social sciences research. This best suited to find out the prevalence of a phenomenon, situation, problem, attitude or issue by taking a cross section of the population which is useful in obtaining an overall picture as it stands at the time of the study on a cross-section of a population at one point in time.

3.3 Case Definition

This research is a single case study and focuses on children whose one or both parents are dead. Therefore the units of analysis are children who experienced parental death. As a general rule, the definition of the unit of analysis is related to the way the initial research questions have been defined and the generalizations desired as the task completion (Yin, 1994). While focusing on these children the researcher interviewed the guardians or care-takers of the respondents in order to make the information about the children under study more eligible and multi-dimensional. In addition, the researcher interviewed key informants, who have an expert

knowledge on the problems that children face when they lose one or both parents to death. This helped the researcher to have detailed information about the research topic. The other reason of the research being single case study is the cases are defined based on the specific geographic area and common experience that the children have. Finally the last justification of the research being single case study is the fact that the researcher did not explain every single case study of the respondents. The researcher develops themes and the responses are divided through these themes.

3.4. Sampling Technique

According to Kerugar and Neuman (2006: 209),

> *Qualitative researchers tend to use non probability or nonrandom samples. They focus less on a sample's representativeness or on detailed techniques for drawing a probability sample. Instead, they focus on how the sample or small collection of cases, units, or activities illuminates social life. The primary purpose of sampling is to collect specific cases, events, or actions that can clarify and deepen understanding. Qualitative social work researchers' concern is to find cases that will enhance what other researchers learn about the processes of social life in a specific context. For this reason, qualitative researchers tend to collect a second type of sampling: non-probability sampling.*

Therefore from the second type of sampling which is the non-probability sampling the researcher used purposive sampling in order to select all the participants. Purposive sampling has been defined as "a type of sampling in which particular settings, persons or events are deliberately selected for the important information they can provide that cannot be gotten from

other sources" (Maxwell, 1997: 87). Therefore, purposive sampling becomes appropriate in three situations. First, a researcher may use it to select unique cases that are especially informative. Second, a researcher may use purposive sampling to select members of a difficult-to-reach, specialized population. Instead, he/she uses subjective information and experts to get the required information. Another situation for purposive sampling occurs when a researcher wants to identify particular types of cases for in-depth investigation (Keruger and Neuman, 2006). Therefore the researcher used this sampling in order to select the child respondents with their guardian/care takers and the key informants who have expert knowledge about vulnerable children and effects that occurred on children through the death of one or both parents and about the grief responses that occurred in the children at the time of such events.

3.5. Sample Size Determination

For this study in depth interview were carried out with a total number of eighteen respondents. Creswell (2007: 76) suggested that, "four or five cases provide sample opportunity to identify themes of the case as well as to conduct a cross case theme analysis". Therefore the researcher has come to determine the size of the participants to be eight children chosen from Addis-Ketema sub-city specific to four Kebeles under Wereda 09 by using purposive sampling technique. The other eight respondents were the guardians of the children; they were interviewed in order to get more data about the children. The last two respondents are the key informants, these peoples do not have direct relationship with the children but they have expert knowledge about orphans and vulnerable children.

3.6. Description of Research Area

According to the CSA (2007) Census, Addis Ababa City Administration has a total population of 2,738,248 among this the number of female population is equal to 1,433,730 (52%)

and the remaining are males 1,304,518(48%). About 24% of the population in Addis Ababa is under the age of 15 and 34% are people above the age of 65. Addis Ababa population is characterized by a children and young (CSA, 2007).

In the city there are about 44, 695 children who have lost both of their parents (double orphans) out of which 37,304 children are lost their parents due to HIV/AIDS. About 102,306 children live with their fathers only (single orphans) out of who 67,584 lost their mothers due to the HIV/AIDS. About 124,625 children live with their mothers only (single orphans) out of which 62,667 lost their father due to HIV/AIDS.

From the ten sub-city administrations in Addis Ababa, the study focuses on Addis-Ketema sub-city specifically on Wereda 09 which consists of four Kebeles (Kebele 19, 21, 20 and 14). Addis Ketema sub city represents the central areas of Addis Ababa together with Lideta, Kirkos and Arada sub-cities. Addis Ketema is the smallest sub city in Addis Ababa with a total area cover of 7.41sq.km and the total population density resides in 36,659.1per sq. m (CSA, 2014). Even if Addis-Ketema has the smallest coverage area from nine of the sub-city in Addis Ababa, it is one of the densely populated sub-cities (CSA, 2011).

It is one of the oldest sub-cities of Addis Ababa. It is mainly known by the famous Merkato market and by the main regional bus terminal, Autobus Terra where all national buses arrive and depart (Gebre, et.al. 2009). According to the 2007 census, the sub-city has a total population of 271,644 of which 138,819 are female populations and 132,825 are the males.

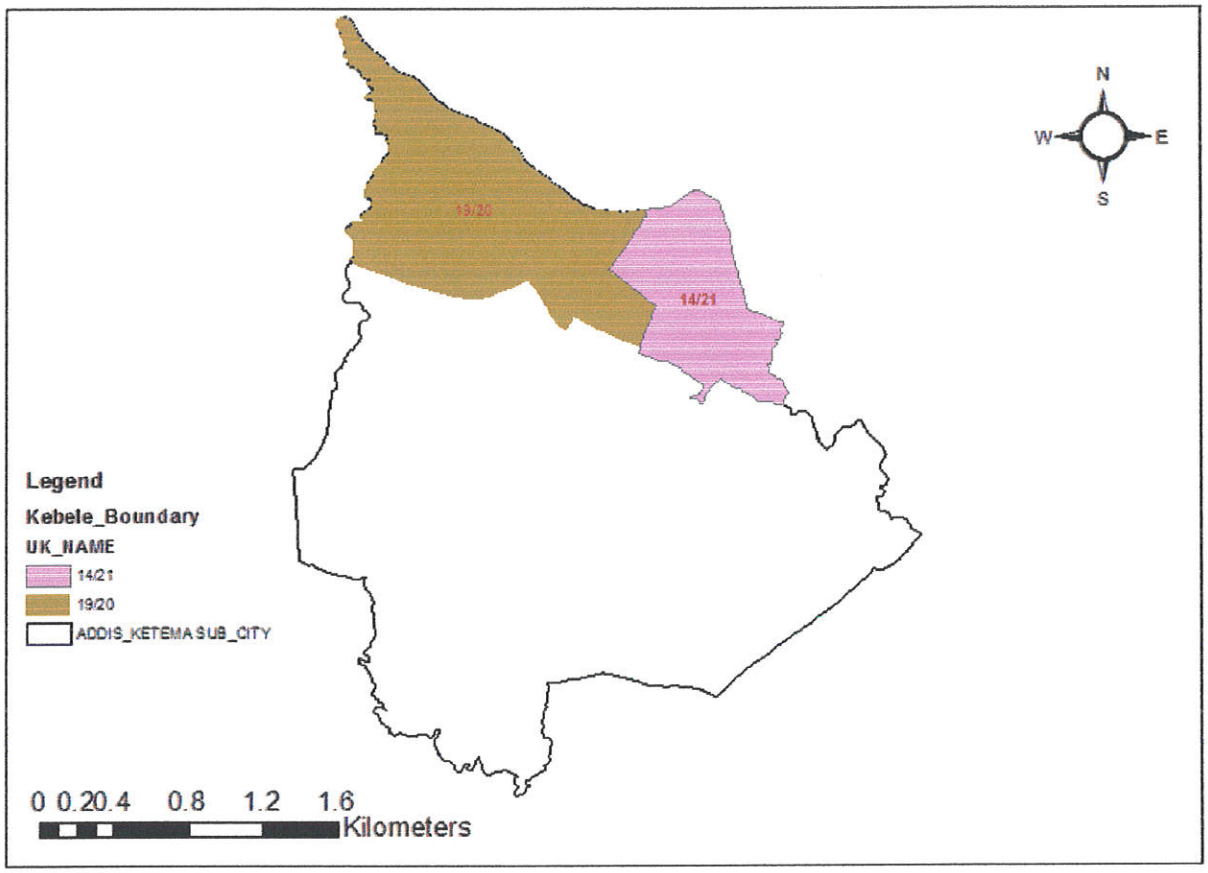


Figure 1: **Addis-Ketema sub-city Area Map with an indication of Wereda 09 (Kebele 14, 21, 19, 20);** Source: Central Statistics Agency (2007)

According to CSA (2007) under Addis Ketema sub-city there are 45,138 children who are under the age of 18. Among the 45,138 children 32,449 of them live with both parents (biological father and mother); 7,442 children lost their father through death and live only with their mother. Two thousand four hundred twenty one children lost their mother and live with their father and 2,597 children lost both parents and live with different relatives and siblings.

3.7. Eligibility Criteria

There were five basic inclusion criteria for participants in this study:First, children who have personally experienced parental death and who reside under Wereda 09. Second, children who were between thirteen and eighteen years of age are eligible for the study. This age range

was chosen because, by the age of 13-18, children reach middle school and probably understand death as that of adults and see that it is permanent and happens to everyone eventually (Batts, 2004). Third, other than the children, the guardians or the caretakers, who were biological mothers, father or brother and sister or relatives who took over the care-taking responsibility, were the research participants. Fourth key informants, who had expert knowledge and who had an experience of treating children who faced parental death, were recruited as research participants. And fifth, participants, who are willing to participate in the research through sharing their experiences with the researcher, were selected to take part in this research.

3.8. Sources of Information

This study included both the primary and secondary sources of information. The primary data were collected from the case study participants and key informants by using in-depth interview guide and direct observation. In addition, secondary sources of information were also used; mainly published government reports, books, published research papers, articles and international, regional and national legislations and policy frameworks.

3.9. Methods of Data Collection

For this research relevant primary data were collected by using different qualitative data collection method. The empirical data were collected with in-depth interview, key informant interview and observation.

3.9.1. In-depth Interview

According to MCnamare, (1999:36). "In depth interview are particularly useful for getting the study behind a participant's experiences. The interviewer can pursue in-depth information around the topic". So the in-depth interviews have given the researcher a chance to work directly with the case study respondents. The interview guides were made up of open ended questions

which created a minimum of restraint on the participant. During the interview it was possible for the researcher to ask for clarification of the responses and probing for greater detail and participants can communicate details about their experiences, including matters of attitudes, beliefs, values, and behavior (Murauskas, 2000).

3.9.2. Observation

According to Kikwawila, (1994: 21). "Observation as a technique is more than the simple fact of seeing something. To observe means to give particular attention to something that can afterwards be described, that is, to express in words what has been observed". Whenever possible, observation was taken place because it is one of the data collection methods in order to complete the qualitative assessment. Observation in qualitative studies produces detailed descriptive accounts of what was going on and such observation often is crucial to the assessment of a structure (Eva, 2007). The observation was carried out without a check list which helps the researcher to observe the overall situations of the children, the family, the environment, the neighborhood and it helps the researcher not to become blind for new happenings. Detailed notes were taken during all observations that captured the researchers' impressions and insights. This method helped the researcher to have good evidence in some relevant behaviors, non-verbal expression and environmental conditions. It also helped to observe things that are not states in words or sentences during the interview.

3.9.3. Key informant Interviews

Having an interview with key informants will help the researcher to learn about the topic of interest because key informants are people who have information, familiarity and work experience or lived experience about the specific topic that is required to be known. According to Kikwawila, (1994: 25);

> *A key informant is a person who is especially knowledgeable, at least in some subjects or topics of interest and with whom the interviewer develops an ongoing relationship of information exchange and discussion. Both men and women, formal and informal leaders, professionals and ordinary people can be key informants. Key informants should be knowledgeable and interested in the subject matter to enable them to communicate and exchange information with the interviewer. The difference between a general informant and a key informant is that general informants primarily give information about themselves, whereas key informants provide information about others or specific situations, events and conditions in the study area. Thus, a key informant is a kind of expert on some cultural, political or health aspects of the community beyond his or her own personal beliefs and behaviors.*

In this study two key informants are interviewed. The first key informant is an officer in Addis-Ketema sub-city, regarding children rights, security and supporting services. She is responsible to the issues concerning vulnerable children including both orphans and non-orphans children. The second key informant is a project and advocacy expert under women- children affair in the Addis-Ketema sub-city.

3.10. Data Collection Process

During data collection, the researcher has faced challenges in order to get access to children who are at the age of 13-18 and who are living with the single parent or with guardian/caretaker. One of the challenges was the study area is very densely populated and it was difficult for a stranger to investigate each nook alone. Hence the researcher decided to go to the sub-city bureau of women's and children affair. In this case the officers were very open hearted

to help people who are trying to get information. The researcher was directed to contact Wereda 09 office where it is possible to find some children who fits with the specific research criteria. However, the children demanded payment in order to conduct the interview.

Again the researcher went to the sub-city women and children affair bureau, in which directed to a woman who works as an officer in Addis-Ketema sub-city regarding children rights, security and supporting services. She was an exceptional woman, who was with the researcher starting from the day that the interview started until the last day of the interview which was from March 10-31, 2014. In those three weeks, every single day after working hour the researcher and the women went to the children residence in Wereda nine. The women has a good rapport with the community who live under this Wereda, they respected her because her work mostly involves around children and their guardians. So she had the knack to make people feel at ease. After getting to each of the respondent house the women gave warm greeting and she often talk personal issues with family and then she introduced the researcher with family and respondents, this was the ice breaking process that was been using with the whole interview sessions that is conducted.

The interview with the children and their guardian or single parents were conducted after school hours or the weekends on the premises of the woman that assisted with the selection of respondent. However, interviews with key informants were conducted in their personal offices in order to make things easy for them. The researcher arranged the transport and phone call expenses of the assistant woman at each interview days.

In all interview sessions audio recorder was used, the audio recorder was placed on the top of the table between the researcher and interviewee, to maximize the quality of the recording. The tape recorder was switched on once the first question was asked and switched off at the end

of the interview except in instance where interviewees become emotional to allow them to regain their composure.

Each interview was preceded with the interview guide. The researcher was probing questions in the middle of the interview. The probing questions were also open ended questions. The researcher was also encouraging open discussions towards the end of each interview, which allowed interviewees to ask any questions and add comments.

Field notes were taken during the observations and interview that capture the researcher impressions and insights, such as non-verbal clues (facial expression), silences, crying, sorrow, laughter, physical appearance, the surrounding environment, residential condition and general impression regarding a particular interview were also written carefully on the note book during the interview session. Those notes were also incorporated into the analysis. At the end of each individual interview, the researcher shared experiences and preliminary observation. This proved quite helpful as it gave the interviewer an opportunity to better understand behaviors or issues that emerged during the interview.

3.11. Data Analysis

According to Eva (2007:15); "qualitative researchers are interested in the complexities of social reality. Their methods of data analysis, therefore, attempt to capture the meanings, relationships and richness involved in the complexities of lived experience". Qualitative data analysis is about interpretation rather than mathematics. It is about finding the meanings that people ascribe to their experiences (Alston and Bowles, 2003). According to Yin (2003:109) data analysis consists of "examining, categorizing, tabulating, testing, or otherwise recombining both quantitative and qualitative evidence to address the initial propositions of a study." Therefore the finding is analyzed and interpreted starting with pre coding, coding and then summarizing and

categorizing empirical data to the main thematic issues. Finally, the findings have been grouped into codes, themes and sub-themes, which are supported by the field note.

Mulu (2007) states that, data analysis remains to address the different research questions and objectives by looking at different groups and analyzing all information obtained from all informants or cases. The data that are acquired from the in-depth interview and direct observations are presented and transcribed in different categories based on themes identified. Moreover similarities and differences of response that are obtained from participants of the study and presentations of major findings are based on different categories which are made according to homogeneity of responses on data collection. But this information that is collected by each method was triangulated to bring some views and derive some meaning. This starts with the transcriptions and translation of the audio interview data which is from Amharic to English. The researcher transcribed the interview, one advantage of this approach is that it allows the researcher to become familiar with the material at a much quicker rate crucial information, such as the meaning of the significance of a long pause, crying, sobbing and other non-verbal cues, may be lost where an independent person is recruited to transcribe the tapes. Each transcript was read a number of times. Re-reading each transcript several times proved useful in assisting the researcher become familiar with the interviewees. The field notes made during the interviews on the respondent's non-verbal expression supplemented these comments.

Then the transcriptions were carefully reviewed for consistency, as well as the intensive notes and memos. The researcher listened to the audio tapes several times by comparing them with the transcription as well as the serious field notes and memos after the corrections was made, the transcriptions were also broken into units, and reread numerous times. Then it was

developed or constructed to codes and themes and divided into sections based on major topics and subtopics that are identified for accurate analysis.

According to Alston and Bowles (2003:98);

Qualitative research does not have a set of rules for data analysis. There must be flexibility to move back and forth between and among the steps and tasks, to check and recheck their findings in the field in order to produce rich and meaningful findings, which refer to the process of moving from inductive analysis to deductive and back to inductive.

Then the finding were analyzed and interpreted by summarizing and categorizing the research concerns according to the main thematic issues. Finally, data analysis and interpretation were carried out in the process of assigning meaning to the collected information and determining the conclusions, significance, and implications of the findings.

3.12. Enhancing Rigor

Rigorous research must be both transparent and unambiguous, i.e. clearly describing how themes are identified, how codebooks are built and applied, how models were induced would help bring more rigors to qualitative research. Rigorous research also applies the appropriate tools to meet the states objectives of the investigation (Ryan and Bernard, 2000).

Therefore in order to make the research rigorous, the researcher started from translating the instruments that are prepared in English into Amharic and then to English in order to ensure consistency. In addition, the data that are founded through the in-depth interview and observation were triangulated in order to bring trustworthy information. As states in Keruger and Neuman (2006:137) "the process of triangulation, is used by quantitative and qualitative social work researchers. Applied to social research, it means it is better to look at something from several

angles than to look at it in only one way". Krefting (1990) also states that, triangulation is a powerful strategy for enhancing the quality of the research. The triangulated data sources are assessed against one another to cross-check data and interpretation. This strategy of providing a number of different segments of data also minimizes misrepresentation from a data source.

3.13.Ethical Considerations

A consent form was prepared to explain issues of confidentiality, informed consent, the research aim, risks in participation, rights of informants, duration of interview, and tape recording of interview. The in-depth interview procedure started from showing the supporting letter written by the school of social work for the researcher in order to help the researcher get the needed information efficiently, to dispel other doubts on the respondents about the researcher. Then the purpose of the study was presented to the study participants by reading the informed consent that is prepared in Amharic. Moreover the ethics of social work research have been explained so that they could understand the risks and benefits of getting involved in such academic researches.

Each participant was asked to give verbal or written informed consent before starting the interview session to allow the researcher to use the information for academic purposes only. The researcher also informed the respondents that their names are not going to be written on the report instead pseudonyms are to be used in order to differentiate their responses. The data have been collected through one-to-one and face-to-face interview in a place that the respondent selected.

All written documents and the recorded cassettes have been kept in a file that is accessible only to the researcher in which the documents have been locked in a file drawer but

these interview responses and the recorded cassettes will be kept at least for some years, in case they are needed for further analysis but after that, all will be destroyed.

Moreover the respondents have been reassured that they may decline to answer any or all of the research questions if they do not want to answer. It was also explained that any respondent could withdraw from the study at any time during the interview process. However child respondents have been only interviewed or allowed to participate in interviews when it is supported by parents or caregivers permission. Even if the caregiver consented to the interview but the child refused to give consent, the interviewer would quit the interview and the child would not participate in the study.

3.14.Limitation of the Study

Some of the limitations of this study are:

1. The researcher faced a big challenge to get children respondents who fit the criteria that is set for the study purpose. As a result of this the data collection schedules become delayed but the researcher rearranges other task schedules and combats the problem.
2. Most of the children and some of the guardians/single parents were emotional during the interview session. But the researcher used different refreshing methods to create comfortable environment in which the respondent can settle themselves.
3. The researcher couldn't get demographic data of the total number of children who are orphaned (children who lost one or both parents) from each Kebeles of Wereda 09 from the Wereda bureau because the demographic data is not recorded yet but the researcher used the aggregate demographic data of Addis-Ketema sub-city.
4. There was resistance from some of the respondent children and guardians. Getting them to speak openly was difficult. This is because some of the respondent guardians were not happy

when their children were subjected to remembering things that were bitter and passed some years ago and some of the guardians were afraid of the child might start remembering the past situation and get to a tension. They were pensive the child may start asking questions about his parents. It was hard to tell them not to interfere while the child respondent is answering. When the researcher asks what the role of the child is in the house the guardians would start interfering "no he/she does not work anything; I need her/him to focus on her/his education" but the reality is vice versa. In addition some of the children respondents were answering to every question by saying "Yes" and "No". Therefore it was tried to make them speak openly.

5. The researcher faced difficulties while conducting the interview with the respondents. Some respondents have a heart attack and during the interview session they answered in a very low voice which was hardly audible. At the 4th question a grandmother of the orphaned children she asked a big excuse and quit the interview. Another grandmother of the orphaned children said her grandchildren were sad, when they heard from the interview about the death of their father. The women too were over laden with emotion, some sobbed bitterly. But the researcher stopped recording and the interview session for a while until the respondent become emotionally stable then the interview contained with a stable emotions of the respondent.
6. The researcher faced some inconvenience about the places that the child respondents as well as guardian respondents chose for the interview, because some of the places are not free from disturbing sounds of neighbors and playing children. Therefore during transcription there was difficulty having a clear and audible sound. Here, it is not wanted to undermine the living situations of the respondents. But while hearing the responses it was hard to get the clear

voice of the respondent because disturbing sounds were a struggle to take it out from the recorder voice. But the researcher was attentively listening to the responses during the interview and minimal field notes were taken therefore the researcher can able to combat this problem by referring the notes and also the good memorizing skill.

7. The researcher faced other problem, Sometimes it was must to wait until the children had their snacks. After that the interview will start and as soon as the interview was completed with the child respondents the researcher had to continue the interview with the guardian or single parent. The other reason is that the time that is given for completing the paper was less than 5 months, so the data collection was expected to be completed quickly. As a result the interview that took place in every single day of the 3 weeks varies. This crowded schedule exposes the researcher to have limited time to work on the rest of the thesis contents.
8. During transcribing the data the researcher faced family problem. Therefore it took a longer time to finish transcribing the data and rush out to the remaining sections of the research paper.
9. The research is cross sectional research; therefore the researcher did not focus on social process and changes.

Chapter Four: Data Presentation and Data Analysis

4.1. Background Characteristics of Respondent

In this section, the demographic background of the respondents (children and single care giver parents/ guardians) is presented. These demographic characteristics of respondent children contain sex, age, kebele, religion, educational level, deceased parent, age of children at the parental death, and primary care giver parents/guardians. Single care giver parent/ guardian respondents' demographic characteristics contain sex, age, kebele, educational level, marital status and deceased parent, total number of children and relationship to the child. Therefore, the following two tables i.e. table 4.1 and 4.2 summarize the demographic characteristics of parent respondents.

Table 4.1: Background Characteristics of Children Respondent

Code	*(Name)	Sex	Age	Kebele	Educational level	Deceased parent	Age of children at the parental death	Primary care giver parent/guardian	Family composition before parental death	Family composition after parental death
1	Beminet	F	16	19	10	Mother	6	Grandmother	Nuclear family	Siblings and grandmother
2	Meron	F	15	19	10	Father	5	Mother	Nuclear family	Sibling and biological mother
3	Sara	F	16	20	9	Father	10	Mother	Nuclear family	Sibling and biological mother
4	Gelan	F	13	20	6	Both parent	5 and 7	Grandmother	Grandmother with a nuclear family	Sibling and grandmother
5	Lemelem	F	17	14	12	Father	5	Mother	Nuclear family	Sibling and biological mother
6	Brukti	F	17	14	11	Mother	An Hour	Father	Nuclear family	Sibling and biological father
7	Mohammed	M	15	21	8	Mother	2	Aunt	Aunt with a nuclear family	Biological father, sibling and parental relatives
8	Elias	M	14	21	7	Both parent	4 and 7	Grandmother	Nuclear family	Sibling and grandmother

***All the names mentioned are pseudonyms**

Source: Data generated from the field work (2014)

Table 4.2: Background Characteristics of Single Care Giver Parent/ Guardians Respondent

Code	*(Name)	Sex	Kebele	Level of education	Marital Status	Relationship to the child
1	Terengo	F	19	Illiterate	Married	Grandmother
2	Azalech	F	19	Illiterate	Widowed	Mother
3	Mebrat	F	20	10	Widowed	Mother
4	Tewabu	F	20	Illiterate	Widowed	Grandmother
5	Mulu	F	14	Illiterate	Widowed	Mother
6	Alemayehu	M	14	6	Widowed	Father
7	Fozia	M	21	Illiterate	Widowed	Aunt
8	Mulualem	F	21	Illiterate	Widowed	Grandmother

***All the names mentioned are pseudonyms**

Source: Data generated from the field work (2014)

4.3. Family Background

4.3.1. Shifts in Family Composition

In fact, the loss of parent will forever change one's family. Among various effects that followed the parental death, change in family composition can be considered as a compulsory consequence in one's family who faced parental death. There were children who experienced the death of one or both biological parents.

All respondents told the researcher about the former family composition, in comparison with the present one (see table 4.1); the former family composition was a nuclear, grandmother with a nuclear family and aunt with a nuclear family but for the present one siblings and biological mother, siblings and biological father, siblings and grandmother and biological father, siblings and parental relatives make the family. As Beminet responded this life changing experience after her biological mother's death and the consequence shift on her family composition as:

> *...I used to live in Mekanisa, Kore area with my parents and sister. When I was six years old, my mother passed away with unknown sickness. I am the second child to the family. Currently I am living with my grandmother and younger sister in Addis-Ketema sub-city, Kebele 19 after our father chased us out due to the frequent arguments we had...*

Child Sara who lost her biological father said the follows:

> *...I used to live with my father, mother and sister. But now, I live with my mother and sister. My father was a good parent and he loved his family very much. He died while he engaged in illegal migration. He was attempting to build a financially strong family. Before he fled, he bought cereal meals for*

about a year and completed six month's rental fee. We used to live in a rental house at another area in Addis Ababa. But we could not live further in the same house due to high rental fee. So, we were forced to come to this area where we could be able to get cheaper rental rooms. My father was the one who has been managing all the family necessities….

As the data shows, there were respondent children who lost their parents as they were at early age, less than 10 years. Child Lemlem who lost her biological father in her early age said the follows:

… I used to live with my parents. I have two sisters and a brother. I am the 3rd child for the family. My father died when I was five. Therefore, currently, I am living with my mother and elder sister, my brother died after some time f our father's death and there is no relative who is living with us…

And there was another child named Gelan who lost both biological parents. She responded as follows:

…previously, I was living with my father, mother and sister. Meanwhile, my mother died when I was five. She died 15 days after giving birth to my sister. My father died three years after my mother's death. Then, I and my sister started to live with my grandmother and other siblings…

4.3.2. Children Relationships with the Living Parent, Family Members and Guardians

Regarding the type of relationship they have with the living parent, guardians, siblings, or other parent's relatives, some children respondents said they do have an intimate relationship with their guardian/single parent and there was a child respondent who said, "in general, I do have a rough relationship with the living family members".

Here the researcher used the terms of "intimate" or "rough" relationship with primary care giver-child or guardian-child relationship where the basic principles such as trust, respect, affection, expression of emotion, compassion, emphatic attachment, mutual understanding and fill the gaps of the deceased parent or parents have taken into consideration. In fact, whether positive or negative, parents will always have an influence in the lives and development of their children. This relationship is unsurpassed and longer lasting than any other type of relationship. Therefore, the parent-child relationship is the very basis for all other relationships formed in the child's life. In much similar way child Meron expressed her affection and appreciation to her mother as follows:

> *...I have emphatic affection and respect for my mother. She has been playing significant role as both a mother and a father simultaneously. I consider my mother a hero...she gave everything she has for this family like a candle. Often I admire those advices and industrious nature of my mother. So, I put all my effort for my entire academic achievement to make my mother proud. I am determined to improve my mother life and make her happier in the future...*

Although parent-child relationships tends to be among the most powerful and influential, these relationships are also most likely to be very complex and sometimes stressful, quarrel and squabble are as normal part of the family life. One of the children experienced such scenario, Beminet said the follows:

> *... My father had a rough relationship with my deceased mother and her relatives. As a result our house was all squabbles and quarrels between my parents. It was a common experience. He was a field worker. So, he visits us rarely. Sometimes he visits his house once in two months including holydays. He*

was neglectful of the needs of my sisters and me, as well as my mother's. This behavior of my father became very common even after my mother's death. Often he came home at night drunk and would beat us ... (Pause)... (Crying)... As a result, we could not argue with our father. Then, he chased us out from our home and we went to our grandmother's house. Till this day, both of us have rough relationships with our living parent...

The researcher observed this respondent child throughout the interview, she was still angry with her father. The respondent indicated during the interview that her mother's absence was a source of anguish and pain, as she felt that her mother should be concerned about her children wellbeing than her father who is alive. Unlike her mother, her father seems never been part of her life.

A father, Alemayehu, responded how the death of his wife contributed to the loss of family tie as well as his wife's relatives as follows:

...I took the responsibilities and roles of the single parenting following my wife's death while delivering the last birth for my family. In general, during the time of our marriage, my wife has given a birth to 12 children, four boys and eight girls. My wife's death occurred due to lack of pre and post-maternal cares as well as with the frequent pregnancies and pressures in care giving of the large number of children. My wife's absence created gaps in maintaining family ties and encouragement of emphatic relationship among my children. My wife was a kind of persuasive woman who was skilled in bringing peace and happiness among our family members as well as other relatives. She was much respected as she was the elder among relatives. She was a bridge to maintain

family relationships with her relatives. Following my wife's death, we experienced a number of challenging disputes with my wife's relatives for benefits. Moreover, there were also quarrels and arguments created within my children. Although, there were no economic problems, there were changes seeing at the holiday's celebration due to my children displacement after my wife's death. Now there are only three children who reside under one roof, the rest family members were detached as a result of inability of handling frequent quarrels as well as by marriage and others fled ...

4.3.3. Age of Children during the Parental Death

According to the data gathered from children respondents, they were under 10 years while they experienced their parent's death (see table 4.1). There were two children respondents who were at their early ages (2 and an hour) while their parents were dying. So, they really did not understand the whole happenings. They also added that they have seen people crying in their house but no attempts have been done to enlighten the children about the parent's death neither from their living parent nor relatives. On contrary, there were children respondents who already have known soon after the coincidence and there were children respondents who have known gradually through time. Moreover, the children are nostalgic for the parental love and care of the deceased parents. Therefore, they commonly experienced short and long-term grief, psychological and socialization problems. As a result, those children also developed unhealthy socialization with the community, school age-mates and neighbors. Key informant Robel added that there were children who started to suffer with the aforementioned problems since there were children who started suffering with the grief as soon as they learned their parent/ parent's death as early as seven. Most of the children were under five years when their parents died.

Key informant Rediet responded based on her work experience that these vulnerable children may not understand fully about the meaning of death at their early ages. Sometimes they may consider the parents has gone very far and may be expecting the day of coming back to the family, or sometimes requiring to bring the dead parent to the living single parent. In particular, the children in between 13-15 years start re-thinking about their parent and feeling their absence. For the children, between 14-16 years of age experience frustration. Later children at the age of 18 years or around, they became more sensitive to their living situation, frustrating easily, losing patience, nervous with the economic inadequacies, using addictive substances and so on. She added, for those psychological disorders, those orphans children fall under the third classification i.e. orphans children around 18 years, may choose street life as the last resort.

In particular, child Brukti who lost her mother an hour after the girl came to the world:

> *…My mother died while giving birth to me. As a result, I did not have spending time with my mother or attending the funeral ceremony. I thought for a longer time that my mother has gone far and I was expecting the day of her coming back home. I never had known about my mother's death in any discussion, till I grown up to the age of nine. I remembered my frustration emotion, crying and sorrows at the time that I knew my mother's death... (Pause)... (Crying)... In addition, I experienced unhealthy psychological changes including loneliness, isolation, deep thinking and undermining emotions. Due to this, I went to a therapist. Besides, I have received treatments by the family members, teachers, relatives and neighborhoods...*

4.4. Grief Response

4.4.1. Grief Response of Children to Parental Death

In general, the children care giver parents/ guardians as well as key informants responded with some shocking memories, confusions, distress, fear, denial, hopelessness, sensitivity, isolation, and anger about parental death and acceptance of the events. In contrary, denial of the event and deep thought were observed as a common child grief response.

A mother of two children whose husband has died responded about the grief responses observed on her child as follows:

> *...My older daughter, Sara was 10 years old when her father died in illegal migration. Following her father's death she has given to bitter crying, high depression, sensitivity and denial of his death. In particular, Sara and my husband had an intimate relationship while he was alive. I could not give her big attention like her father did when he was alive.*

A single care giver mother said the following about the situations and her daughter's grief reaction at the time:

> *... My daughter Lemlem was five years of age when my husband died. Lemlem was aware of his death, and even attended the mourning. But she had not shown visible reaction at the time while my elder daughters were crying bitterly in the funeral ceremony; she was playing with the neighborhood age-mates. However, when she grew up to around nine years ,she gradually developed unhealthy behavioral changes such as depression, isolation from her age-mates, deep thinking, vague to express her opinions freely, and insecure feelings....*

In contrary child Elias added the follows:

…I lost both of my parents when I was less than seven years old. However, I never experienced any kind of psychological disorder and spiritual stresses as a result of my parent's death since I was receiving good care and love with my grandmother. In fact, I am not interested in any kind of discussion regarding my deceased parents. Now I do believe, I have to accept the reality of my parent's death. But I have been felt anxious while I was thinking about the loss. It has also affected my educational performance. Therefore, while I grew up, I realized that I should stop thinking further…

Key informant Rediet responded the emotional fluctuation of children grieving to their parental loss. As example, she has explained one child's grieving experience as follows:

…I have known one child girl whose father was dead. She was at the age of ten at that time. She had a rough relationship with her living mother due to this child's unhealthy behavioral changes including anger, frustration, laying blame on her mother to the whole state of affairs and disbelief about his death. She was living with her mother and siblings by institutional financial assistance. In marked difference to other children, I was observing emotional fluctuation on this girl. Sometimes she came with delighted looking face, hope and good academic results. While we thought she was psychological stabled, some other day, she came with sorrow, frustration, loneliness, insecurity, and long lasting cry…

4.4.2. The Closeness with Deceased Parent and Adjustments of the Surviving Parent

We see that the closeness with the deceased parent and adjustments of the surviving parent varied from one family to another. There were vulnerable children who were more

affected with mother's death or father's death because of their closeness or attachment they had. With regard to the above situation, key informant Rediet said the follows:

> *…the family has been categorized under lower levels of living standard in Ethiopian context. The father was the primary care giver of his boy as much as he could. He was too much worried about the child's education that he used to attempt different scholarship opportunity for the betterment of his child future. I remembered the boy's physical body and face that witnessed the father's scarification. Meanwhile, the father got mental illness and later he died. When that child came with his mother a couple of months later after the father's death, the child looked totally different that everyone present at the interviewing room was shocked. So the vulnerability depends up on the family as well as the deceased parent's relation with the child and it is better for children when they are raised with both parents. The children may start to feel inferior either in losing one parent or both. In addition, the orphan's children start to suffer due to the trends they were having with the deceased parent or parents…*

The researcher was observed while the key informants were interviewing, they gave case examples on each interviewee questions as to give emphasis or elaborative ideas to the situations of those venerable children they have working through.

There were children respondents who said, they had very intimate relationship with their deceased mother's /father's. Unlike these there were children respondents who said, they lost their parent at the early ages including respondent Brukti's mother who died during her infantry ages. She never had experienced the deceased parent's love and care. Sometimes, the role and

coping mechanisms of the living parent or relatives will positively affect the child's grief response to the parental loss. In this regard, single care giver mother Mulu responded as follows:

> *...I took the roles and responsibilities of single parenting following my husband's death 13 years ago. I am the mother of three daughters. My children were kids when my husband died. In fact, my younger daughter had experienced difficult grieving because she was very much intimate to her father. I have observed unhealthy behavioral changes such as isolation, depression and crying. That also affected her educational performance. So, first I tried to fill the gaps in family economy as much as I could. Moreover, I made friendly relationship with my children. I naturally did not spend in much grieving of my husband's death rather satisfy the necessities of my children. I believe that parents should train their children in the way parents want. Even people around us were astonished. As coping familial habits, my children and I were often looking well to people as if we never had faced parental absence. Due to this, my children could cope the grieving unlike other children who faced parental death. Nowadays, my younger daughter is in grade 12 and is anticipating joining the university in the coming year. Although, my elder daughters were dropouts at early time, they could help us furnish our home while they were working in Saudi Arabia...*

While conducting the above interview with a primary care giver mother, the researcher could recognize that the mother is relaxed; that she was talented in cracking some jokes throughout the discussion. The residential rooms looked attractive and well-handled even if it was small. On the other hand, the researcher has observed "chat'' leaves and a cigarette pack that likely belonged to the respondent. In addition, this mother seemed very beloved around the

neighborhood youth group. On the other hand, the respondent girl seemed vague, shy and preferred isolation. Both the woman and the girl physical bodies and clothing were good. Similarly, Key informant, Robel said that the degree of vulnerability of the children depends on the kind of relationships children used to have with the deceased parent or parents.

4.4.3. Children Involvement on the Funeral Ceremony

According to the data obtained from children and single parents/ guardians, there were no child involvement on the funeral ceremony or services to be hold due to their ages. In fact, some children attended only the ceremony that was held in their house. Child named Mohammed said the following about his mother's death:

> *... Currently, I live with my father and relatives. My mother passed away while I was only two years old. Therefore, I could not remember anything about my mother. I knew about my mother's death when I was seven years old. I remember, before this age, no one was talking about my mother in front of me including my father. I felt sorrow, frustration, depression and sleeping disturbance at that time. I thought that my mother went abroad as did my aunt Fozia who went to Saudi Arabia. I was expecting her to come back home to see me once again. I wish I could know my mother while she was alive. I do not know where my mother funeral took place...*

4.4.4. Children Seek Psychological Support during the Grief Response

Asked if the respondent children sought any psychological support, counseling or advocacy following the parent's death, some children responded that they were treated by the living parents, guardians, school teachers, care giver relatives and neighborhood. This is due to lower economic standard of the family, parent's illiteracy (see table 4.2.) and lack of awareness

about the organizations and institutions which aid vulnerable orphan's children. However, there was a respondent child from a middle class family who said, she had seen a therapist. In addition, there was a respondent child who said, she was treated in religious method called "Holy Water" treatments. In fact, the term "middle" or "higher" seems to be relative.

4.5. The Gaps observed in the Family Following the Parental Death

As to the gaps observed in the family following parental death, they responded that among the variety of gaps experienced within the family the well-known gap is; decreasing in family economy/ finance. In fact, there was a respondent child who said, her family economy remains the same after the mother's death.

4.5.1. The Family Economy/ Finances

As common to anywhere in the Ethiopian societal norm, the father is a house head of a family who manage the family's economy. Due to this fact, the father's death creates gaps in the family's economy. Regarding this Mulu said the follows:

> *...As commonly seen in many families, my husband was the house head who managed the financial expenses of the family. He was a city taxi driver and I was a house wife. After his death, economical problems were created among the family. So, it resulted to my baby boy death at the age of one due to lack of post marital care and suffering with lack of daily meals. My children deteriorated in their academic performance. In addition, lack of interest in education and children involvement in income generating casual works were some of the consequences at the late ages ...*

4.5.2. Residential Shifts

Residential shifts either with grandparents or relatives are common to children who lost both biological parents. When children lose both parents where there is no relative or guardians available to take care of them the only option could be institutional care. Sometimes relatives show unwillingness to take the primary care giving role due to the negative attitude towards children who faced parental death. The common myths of such children are considering them as who are complex, inflexible, and fear of the inevitable behavioral changes when they grow up to adulthood. According to key informants, the guardians, single care giver parent, grandparents and relatives had rather raise the children by themselves rather than giving to the care of the institution or organization. Unlikely, there were children who were chose to join the institutions and organizational care. Often, children escaped from their guardians for the following reasons: child labor abuses, scuttles with the guardian, unfair treatments, behavioral changes and discomforts in living with the guardian. On the other hand, there were orphaned children who were also developing accusation emotions towards their care giver parent. In this regard Rediet responded as follows:

> *...I have known a vulnerable boy who was a minor whose father's had died. So, he was living with his mother. Then he shifted to institutional care due to his adverse behavioral changes he has developed while growing up. While he was living with his mother, often they were arguing and quarrels. Moreover, he was addicted to substance abuse including alcohols, tobacco, chat and marijuana. As a result, the mother could not be able to handle this boy anymore. Often the boy would threaten to kill her when he got back home and resorted to other illegal drugs. So, the*

mother was begging the institution cares to take him away from her. She even reported the case to the police...

4.5.3. Celebrating Holidays and School Events

Children who lost their parent/s feel lonely during holiday celebrations. With regard to this, a respondent child who said, they would wish to spend holidays with their deceased parents. In particular children who lost their father feel the gaps of the deceased during the call of parent-teacher discussion. In this regard, child Meron said the follows:

...When I grow up I was often crying and felt sorrowful about the death of my father especially when my class mates brought their fathers to school on the teachers- parents' day....

Another single parent Mebrat, who lost her husband, responded as follows:

...Especially, during holidays even I fulfilled everything that were expected in holidays like wearing new clothes, pairs of shoes, and special holiday's meals as when the deceased father was doing. My elder daughter, is however unhappy due to her father's absence.

4.6. Adverse Situations of the Child after Parental Death

While we see the specific consequences that a child may face following the parental death, according to the gathered data, in general, these adverse effects categorized under the psychological, educational, health, economical and coping mechanism related to the grief response. In this vein, let us see each specific adverse effect one by one.

4.6.1. Psychological Effect

The degree of psychological vulnerability varies from one child to another depending on the family situation. Every child may experience pessimistic attitudes towards the future,

regression, higher level of depression, anxiety, sensitivity, isolation, anger, frustration, hopelessness, restless, socialization difficulties, jealousy, undermined feelings, addiction to substances and may favor friends who faced parental death.

In regarding to this, one single care giver mother Mebrat responded as follows:

...since the days following my husband's death, in particular to my elder daughter, Sara, I was observing a number of adverse psychological changes. She is still worrying too much about her father's death. She still thinks that he will come back one day. Her mind still is confronting the fact. She has problems of less appetite, bitter crying, spiritual disturbances and losing sleep, isolation from people, sensitivity and undermined feelings in sharp contrast to other children who have both parents alive...''

4.6.2. Educational Effect

In fact, it is mere coincidence that among the respondent children, some responded that they faced one or more of the following educational drawbacks such as loss of interest in attending classes, absence of reading habits/ studying, frequent failure in grades, dropping out of school, loss of supportive monitoring and encouragement, lack of educational materials and school fees and passive class and school club activities. In regard to this, child Beminet said as follows:

...in my early age, I used to be the first in the class. I attentively attended classes until the actual time. I accepted my mother's death. I felt hurt soon after hearing about the event. The life change that I and my sister experience has made the whole situations surrounded by obstacles than in the past. For instance, I stopped

looking any future in my education, I am going to school as a duty or I could say that I hate studying…"

Care giver Fozia who was an aunt of Mohammed was said the follows:

…Mohammed had been scoring good results at his early ages. He was one of the top scoring students. But after he started missing his dead mother his academic performance decreased…''

Another single parent Mebrat added the follows:

…while my husband was alive, he was supporting my daughter Sara through tutoring. But now she was not attending class attentively as before. She is categorized under lower scoring students. Her school teachers met me many times due to my daughter's depression and uncommon behaviors that she is showing in class-room. She failed to pass the two grades. Still, she scored lower grades even I employed a tutor for her…

In addition grandmother of Elias's added the follows:

…my grandchild Elias and his brother have less academic performance. They were only good at stealing money, disobeying my rules and playing with their age mates. Generally, they do not have any habit of studying. I tried to advise them but it does not change anything. As a result, I got a heart attack. Now their uncle has employed a tutor for them. So, I am seeing relative changes in their academic performance. Any ways, God knows if it lasts to the future…

4.6.3. Health Effect

While we see the health problems that occurred following parental death on the respondent children, there were respondents who said that they experienced chronic illness

related to pre and post-marital care such as HIV/ AIDS and TB, contaminated diseases related to personal hygiene such as common cold, diarrhea, trachoma, and skin problems, less appetite, malnutrition, and sicknesses caused by stress such as gastric and intestinal problems. In this regard, there was a child Sara who was said the follows:

> *...I have experienced depression, stresses, anxiety and sleeping problem thinking about my father's absence. My father and I had an intimate relationship than anyone in the family. Nowadays, I had also less appetite and high depression. Due to this, now I am suffering with a critical gastric problem...*

The aforementioned respondent, Sara still is in denial about her father's death. She was looking after her younger siblings. Her sister's face looks as well is emaciated as she has been suffering with the TB, diarrhea, and other diseases due to lack of hygiene. Like, Sara mentioned in the interview the researcher has seen the respondent's single rental room, it looked narrow but was filled with furniture. They used it as a kitchen and it is uncomfortable for sitting and studying. There was a sleeping mat and other many clothes. The researcher could see that the room was in high risk to fire accident. The respondent seems still worrying too much about the family life beyond her age. Because of this, she had less appetite and suffered from gastric problems. Moreover, the child's physical condition is a very bad shape that she has been passing through malnutrition. The respondent's mother also looks stressed by the single parenting responsibility. The researcher has observed that the respondent child seems unhappy with the responsibilities she is carrying out at home.

4.6.4. Economical Effect

Respondents children said that among a number of lacks created in the child's fundamental necessities; lack of daily meal, lack of clothing, housing problems and lose of

vacation or recreation were mentioned as the economic shortcomings they are facing following their parent's death. Regarding this, child Gelan said the follows:

> *...my father was the manager of our family's economy and my mother was a house wife. We had not experienced poverty when my father was alive. In particular, I spend good times with my deceased father. My father worried too much about his family. I remembered that we went to the zoo known as "Anbessa Gibi" and bought us snack foods. However, now he is not here with us; he is dead. So, there is nobody who could entertain us like he did. When our father was around, he used to buy us meat for our daily meal. But after his death we were shifted to our grandmother. Then, we always eat "Shiro Wett"; we cannot get our favorite food, meat. We do not have extra money to afford buying meat..."*

In fact, both key informants were given the same answer about the children major problems facing in loosing parent/ parents. However, the respondent Robel said the follows:

> *...In general, the most adverse problems have seen on orphans children are categorized under economical and psychological and related problems.*

4.6.5. Coping Mechanism to Grief

Children, who lose one or both parents, lead unhealthy behavioral practices, and do resort to addictive substance, choosing institutional care than living within the family/guardian and going out to street life to cope with the stressful situation. Regarding this, single caregiver Azalech responded as follows:

> *...my daughter, Meron has developed a defying behavior and gets involved into things beyond her capacity or age. For instance, once she falls in love with our neighbor who was much older than her. I remembered that it created much mess in*

my family. I even went as far as forced her to get advice from our spiritual father, "Aba" who treated her with the Holy Water, "Tsebel". I also advised her to stay focused on her education at that time; the rest would be kept in the future. In addition, I begged her not to bring shame to the whole family...

Concerning the coping mechanism of vulnerable children who faced parental death, Robel said that he used to cry, feel isolation, go out to street life and used addictive substances. However, both key informants responded that they had not experienced a suicidal child. Robel added that there were vulnerable children who recovered sooner after joining the institutional care or within good care given by the guardians; there were vulnerable children who preferred loneliness and isolation even after they joined the institutional care. And there were vulnerable children who hated the living situation in the institutional care. In fact, there were vulnerable children who used crying as a coping mechanism and who were not privileged living with their primary care giver parents or guardians. On the other hand, there were vulnerable children who were privileged to the life in the street as a last resort. There were vulnerable children who were using addictive substances such as alcohols, tobacco, chewing chat and smoking marijuana as coping mechanisms or response to their grief or loss.

Robel said that commonly, those vulnerable children chose the street life and addictive substances in order to forget the deceased parent or parents. According to his experience vulnerable children who faced parental death, worry more about death more than any one understood before. However, he responded that he never had a suicide committing case throughout his career with vulnerable children. In most cases, children may commit suicide when they might reach to the critical psychological disorder, spiritual stresses and labor abuse with the guardians whom they live with. Sometimes the feeling of hopelessness, labor abuse or unfair

treatments might lead the vulnerable children to privileged street life as a last resort. As example, Rediet has given one child case as follows:

> *...There was one vulnerable orphans boy...he was 16. His parents were dead. This child loved his parents very much. At the time, he had joined institutional care. But he thought his life would not be similar as before when he had lived with his parents. I remembered this child's frustration, isolation, high depression and spiritual stresses. He had different meanings to the "death" as well as the life he was leading. Meanwhile, he started taking addictive substances while he went to school. Finally, he went to street life by dropping out of school..."*

4.7. The Roles and Responsibilities Shifts among the Family Member

The other drawbacks that inflict with children following the parental death are the division of roles and responsibility shifts among the family members, i.e. role reversal. There were respondents who said that they had done some kind of adjustments and role shifts in both earning bread and the domestic house activities. In this vein, there were respondents who said that the living parent started to manage both the family survival means and the internal house activity, both the living parent and child were involved in income generating businesses; the living parent was only managing the family survival and the child controlling the house chores. Furthermore, the contributions of relatives, neighbors, organizations and institution on the family survival have been observed. As the researcher observed, in particular, there were economical stresses on the single care giver mother and stresses in internal house activities on the respondent child.

Some respondent children said their primary care giver shifts to their grandmother (see table 4.1.), biological mothers or fathers. A unique case was that of an aunt named Fozia who took the care giving of Mohammed. She relates her experience as follows:

…I am unmarried. I fled to Saudi Arabia, Jidda when his mother passed away when Mohammed was only two years old. In fact, the parenting roles were taken by his disabled father and grandmother who is deaf and physically weak to generating means of income. However, I replaced the primary care giving roles soon after my coming back to my homeland. At that time, his grandmother was sick due to older age related weaknesses and diseases. Moreover his father is hearing impaired and had to handle the challenges in business …

It is not a common practice to involve children in managing the family economy but children do some house chores in order to ease the burden of the guardian. However, Mulu said about the involvement of her daughters in the family economy as the follows:

… I sent my elder daughters to Saudi Arabia by having them dropping out from school. In fact, they are supporting the family; they helped us buy materials to re-build the living rooms. Moreover, they paid back the debt I have taken to cover their transportation…

Respondent Fozia added the follows:

…the family's survival is depends on the assistant that was given from NGOs and the rest has fulfilled by his uncle who are running small scale business at Merkato. Beside this, the respondent child Mohammed was engaging himself in shoe shinning work in every summer break time. He was bringing money that he got from his casual work. His roles in the house included monitoring his younger siblings and helping them through tutoring after school. Besides, he used to wash cloths, kitchen materials and clean the houses. But now days, his behavior became difficult to perform the things he was ordered…

The researcher observed that child Mohammed was active in business alike any other children. But, he responded that after his mother's death the hearing impairment of his father and his shoe shinning business have had a negative aspect in his academicals achievement. The respondent's aunt opted to hide her contribution in buying casual work materials to this child, but the respondent mentioned in the interview.

Child Meron also responded about the responsibilities that she started to carry out after her father's death, said the follows:

...My roles and responsibilities is not only limited on attending school properly but supporting my mother through house chores, cleaning rooms, making beds, washing cloths and cooking materials as well as supporting my mother's business through fermenting "Injera", baking breads, packing and selling the home made cereal products and spices...

In addition, the empirical data indicated that there was no shift in survival means or economical decrease occurred within the single caregiver family, Brukti said the follows:

...my deceased mother was limited on managing the domestic house activity. However, there were no economic problems created followed my mother's death because the merits of a large family size provide multi-source of income both from my living parent and older siblings...

While in the episode of double parental deceases, in fact, it creates burden on the children in the interior house activities.

Chapter Five: Discussion

5.1. Introduction

This part of the study deals with the discussions of the data obtained from in-depth interview conducted with a total number of 18 respondents included, 8 children who faced parental death, 8 primary care giver parents/ guardians while the remaining 2 were key informants experts working in children who lost their parent/ parents. The qualitative data is pre-coded, coded, categorized and developed in to themes. Data collected from the key informants is also integrated with major themes. In this vein, the super ordinate themes of the analysis include: the shifts in family background, grief response of the child, specific consequences on the child followed the parental death and roles and responsibility shifts among the family members. Within each of these super ordinate themes, a number of sub-themes emerged. In line with this, the available literature on the adverse problem of parental death on children who have experienced the death of one or both parents will give insight further within the fieldwork of the study by providing information from primary sources. Finally, the policy frame works concerning to children rights will be observed along with the Constitution of Federal Democratic Republic of Ethiopia (FDRE), Draft National Policy of Ethiopia (DNPE), and Regional and International Policy Frame Works.

5.2. The Shifts in Family Background

A host issues that could be grouped within this super ordinate theme emerged from the transcript or field note. These issues mainly reflect the child life changing experiences by parental death and the consequences on the family composition and relationships of children with the living family members. Therefore, the following sub-themes will be presented: The deceased parent, former family composition, current family composition and children

relationships with their living family members; weather good or bad. The first two preceding sub-themes will result to the following two sub-themes.

One of the children experiences explored is the episode of parental death; biological father, mother or both biological parents less than 10 years. Thus, this life changing experiences of children can potentially affect their family composition, relationships with the living family members, relatives, age-mates and socialization with community. Beyond the underlying causes however, the observable fact of parental death continues to give rise to a surplus of serious adverse consequences on the children, in particular, when the death occurs at an early ages.

The study which conducted by Moody (1997) confirmed that early parental death bring negative aspects in later life in noticeable forms, from increased death anxiety to a high risk of deviation from healthy or normal condition which is abnormality such as chronic mental illness which variously affects behavior, thinking and emotion and severe form of depression. Moreover it disturbs every aspect of early life and can result developmental delays, adult behavior disorder and prolonged depression.

A result from a study on parental death regarding to relationship showed that when parental death occurred during childhood the long-standing response to this experience will be diverse, it can be positive outcome for some sibling relationship and negative outcome for others. However, parental death during adulthood influences emotional closeness between siblings or sibling contact. It results closer sibling relationship, shared grief and feelings of responsibility (Mack, 2004).

In contrary to the aforementioned situation, the study revealed that the children who faced parental death, alongside of unmet needs of love, care, security, guidance and mentoring, the situation may contribute to loss of family ties with other relatives. It may also contribute to

separation of siblings resulted by frequent quarrels, children fleeing abroad in order to fill the family economic gaps created following the parental death and institutional care distribution of siblings at the basis of gender. In the data presentation part, this specific phenomenon of separation of siblings resulted by loss of family tie and disputes arise over inheritance asset among deceased parent's relatives was more illustrated within one single care giver parent respondent father's family.

5.3. Children Specific Adverse Consequences

This super ordinate theme deals with the main objective of the study. In general, the specific children experiences within the effects of parental death that the study explored categorized under the following five sub-themes; psychological effect, educational effect, health effect, economical effect, and problems related to child's coping mechanisms to the grief response. In consistent with the research come within reach of informing this study, the aim was not to form generalizations from the findings, the study instead set out to explore and develop understanding about the aforementioned main objective of the study.

In general, children who lose their parents through death will face different kinds of problems including both long and short-term drawbacks. As discussed in the literature part, losing parent is an awful and sometimes, unexplainable happenings that plant many negative effect on the entire of child life's. Nuclear family life is an important but also a strong emotional tie such as one that exists between parents and children, is not easily broken till some unfortunate consequences appeared in the mean while. Children may have such of memories, familiar traditions and holiday's celebration with their deceased parent or parents. The parental death lead children to face by the reality that the dead parent is gone forever will do frustrated accomplishment in sustain the child-parent relationships. The loss of a parent/ parents will

forever change one's child life that may negatively contribute to prolonged serious threats to health and well-being that individual child will experience in his or her entire life.

According to the respondents, in fact, the degree of children vulnerability who faced parental death is uneven in each individual child in factors include economical, psychological/ emotional, age of child during the parental death, affection and care of the living parent/ guardian, assistant and coping mechanisms to the grieving. A similar finding emerged from a study conducted by Darrell and Dixie (1995) confirmed that parental death shortcomings vary depending on a number of factors like the age of the child, child's level of perception, support of other family members, previous death experience, nature of death affect this outcome, unique characteristics of the child, meaning and power of the relationship with the deceased parent, characteristics of the death itself and the availability of support for the bereaved child. As Himaz (2009) also states that children who have lost one or both parents; accumulate fewer skills and experience and that age, gender and changes in home circumstances and caregiver can all be contributing factors.

According to the study finding, in concerning children psychological effects faced in parental death included emotions of pessimistic about the future and regression, higher level of depression, anxiety, sensitivity, isolation, anger, frustration, hopelessness, restless, socialization difficulties, jealousy, undermine feelings, using addictive substances, making friends whom parent/ parent's died.

Tenant (1988) suggested that a range of disorders, including depression, anxiety and antisocial personality is associated with parental loss in childhood. For the reason that parents do affect their children psychological growth there cognitive abilities, beliefs, ethical values, coping defenses, and relevant emotional moods that characterizes each child at each developmental

stages. However, those aforementioned unhealthy behavioral changes will reveal it both psychologically and physically. Psychological symptoms include feelings of unreality, confusion, helplessness, anxiety while the physical symptoms include crying, sleep disturbance, loss of appetite and weakened muscles. In fact, during the interview, all respondent groups witnessed the possibility of those symptoms or children experiences one or the most in grieving responses.

The study also found that the fact that children in need have psychological, counseling, therapy or advocacy during the time of parental death as well as in grieving response. However, the respondent children were not serviced in any kind of professional therapy or psychological supports. For this reason, firstly, those care giver parent/ guardians have low living standard resulted by the deceased parent. Commonly, this parental death contribution to economical gaps will observe in the paternal decease, in particular. This is due to the communal norm and tradition towards parental roles and responsibility division at basis of gender. In most communal family, the father is the house head who entirely control the family's economy/ survival means while the mother is a house wife who manages the internal house activities as well as share the leading roles in child raising and caring. Secondly, although there are institutions and organizations which aid vulnerable children in both psychological and material for children who faced either single or double parental death, the care giver parent/ guardians, in most cases, they are lack of awareness about those services. In fact, there are still gaps in the addressing service mechanisms from the servicing bodies. Thirdly, the illiteracy of those care giver parent/ guardians may also contribute to the factor.

On the other hand, children who faced parental death are supported by school teachers, single living parent/ guardians, religious institutions and other relatives and neighborhood.

Therefore, as one the study finding, the deficiency or absence of professional psychological, counseling, therapy or advocacy during the time of parental death as well as in grieving response. Its absence may indirectly contribute to the long-term consequences on children who faced parental death.

The study finding also show as, children who faced parental death will experience a set of socio-economic and psychological/ emotional challenges. They also face decline in their standard of living since their parent/ parents deceased. Commonly, they lacked food, clothes, housing problem, recreational family vacation and money for school fees and uniforms for their siblings.

According to the data gathered during the interviews, the maternal death will not create economical problem. In most family in Ethiopia, the father is a house head who managing the entire family survive means. The paternal death will create the living mother and sibling's involvement by small scale and casual works; sell at petty trade of homemade products such as cereal, prepared Injera, wheat bread and spices, in order to survive the family. However, this role reversal following the paternal death, will negatively effect on the children educational out comes or it resulted to dropout schooling at the early academic grade. In contrary, Scott, et.al. (2013) states that when mothers have more decision-making power which is likely when they are single mothers, children may be more likely to be enrolled in school, particularly mothers place a higher value on their children schooling than fathers.

On the other hand, in most cultural societies, the maternal death is contributed to the gaps in internal house activities, child care, love and mentoring. While the paternal death mainly contributed to the economic problem as the father managing the entire family survives means.

Likely, as Himaz (2009) research showed that in Ethiopia many fathers are bread winner for their household therefore children will feel that they have fewer assets available for them.

The other indicator of long term problem is related to educational/academicals performance decrease of children who faced parental death. Here also the economic problem contributing adversely for the children academicals performance.

In regarding educational problems, children who faced parental death will lose of interest to attending classes properly as well as studying, frequent failure in academicals grades, loss of supportive monitoring and encouragement, dropout school, lack of educational materials; school fees, uniform and stationary, passive class and school club activity. Likely, Scott, et.al. (2013) pointed out that educational outcomes are key indicators of children wellbeing and their potential for future success. Enrollment and level of achievement in school shows the children better condition of their cognitive, psychological and social development. Though, these aspects are the one which sets the stage for children future success. These varied outcomes are important not only for the children but also for the productivity and well-being of family, communities and nations. According to Case, et.al. (2006) also states that children who lose their parents face poorer schooling outcomes because children welfare is highly relate with the death of parent. Therefore, there is a great association between parental death, children educational achievement and the assets that are devoted to the children education. Children who lost a parent may become unwell; their household may face financial problems regarding to the parent's death. Therefore, these multifaceted problems become a challenge for the children to attend their education properly which makes them vulnerable for not becoming on the same track with their other school colleagues.

Apart from psychological and educational problems, children also have faced countless problems health related problems due to parental death. As states earlier, economical gaps created following the parental death, is one affects the children education, health and other psychological /emotional needs. It results from experiences in parental death; the absence of guidance, mentoring and the unmet need of love, security, and health care. Similarly, Beegle, Weerdt, and Dercon (2007) highlighted that most of the time parental death is related with loss of earning or income which brings a problems on the children, the family. In general, income constrained in the household and related economical consequence of parental death may affect the outcomes around the time of illness or during the period of memorial service. However, these outcomes may cover over time. The financial consequences and short term distress which common at the time of parental death have a tendency to fade with time.

In addition the finding shows that, children in parental death may face challenges through the coping strategies they have used for relief their grief and pain; unhealthy behavioral practices, usage of addictive substances, going out to street, crying, isolation, choosing institutional care than living within the family/ guardian and so on, will effect on the future. In particular, children who had intimate attachments with their deceased parents will have faced prolonged psychological disturbance. Often those children will faced higher depression, frustration, anxious with their parental lose and stresses. They may also privileged withdrawal/ individual life than socialize within the community. Moreover, they commonly use addictive substances such as being alcoholic, chewing Chat leaf, smoking cigarettes and hallucinating drags like marijuana when they growing up to youth ages. Those children also have different meanings to life, death and lose than other children who living with parents. They also pessimistic about their future, reflected with less care for their educational achievement. They

commonly suffer with frustration emotion that may lead them to decide choosing street life than join institution care or commit suicide. Likely, Maier and Lachman (2000), parental death may lead to a reduction in social support which is also related to poorer health, may also be associated with particular lifestyle changes that could affect physical health in mid-life, may increase the likelihood of alcohol and drug abuse in adulthood. In addition, Marks, Jun and Song (2007) suggested that similar to psychological well-being, physical health status has been found to be usefully considered as a multidimensional construct including related yet distinct dimensions of health perceptions, functional status, symptoms and diseases, mortality and opportunities for activity.

In general, the health problems faced in parental death include chronic illness related to pre and post-marital care revealed during one interview conduct; the consequences challenges faced of lost a baby boy. Another health problems reflected in the study include was living with HIV/AIDS resulted by lack of post and pre-marital care. Contaminated diseases related to sanitary lack include TB, Common Cold, Influenza, Trachoma and a number of skin and intestinal problems. One respondent child has got a younger sister who frequently suffering with the TB diseases and malnutrition. Another experienced may relate to depression, stresses, anxiety and sleeping problem when they think about their parental absence. As a result, those children suffer with a critical gastric problem. As researcher observed, those vulnerable children had slim physical appearance that seems they still anxious with reminding their deceased parents. While children describing the times they spent with their deceased parents, they frequently used words like pain, sadness and deep rooted hurt to describe how they felt. In addition, they were frequently spoken of crying and described feelings of extreme sorrow.

5.4. Grief Response of the Child

The second super ordinate theme that emerged from the transcripts is related to the grief response of a child in line with the consequence situations. Although, the occurrence of parental death is natural in many family around the globe the children grief responses and process are resulted by parental death at their early ages. The developmental level and age may significantly affect grief responses.

According to the data gathered from single care giver parents/ guardians, children grief responses while their parent/ parents did not immediately observed due to their early age and less understanding to the happening. Children may developed a myth assumption about the death of their parent/ parents that was reflected on the interview conducting of children respondents, in particular to respondent children who faced parental death at the early ages, they assumed their deceased parent/ parents has gone to somewhere far or abroad country, they also has been expecting their parent/ parents coming back for see them one day.

In general, this research finding reveals that the consequence of parental death produces unhealthy behavioral changes on the children such as physical shock, crying, sleeping disturbance, sleeplessness, confusions, devastates frighten, denial, hopelessness, sensitivity, isolation, anger, feeling of accusation, less appetite, attitudinal change towards death, acceptance of the events and deep thoughts.

However, some general trends exist that can help adults understand typical reactions of bereaved children. Developmental level and age of children may significantly affect grief responses. According to NASP (2003), sadness, confusion and anxiety are among the most common grief responses most likely to occur to children of all ages. Similar findings by Moody (1997) pointed out that the characteristics of the child with regards to a parental death will be

divided into four areas: their age and developmental level, their personality, their loss history, and their overall background each of this are strong factors influencing the resultant consequences on the child.

There is communal norm that restrict early aged children involvement in decisions or discussions on the funeral ceremony or services. Often early aged children are isolated at this time may remain in shock for greater periods of time simply because they have no way of communicating about the loss because of their less understanding about death. It is important to remember that every child grieves differently and there is no "one size fits all" model of grieving. There were children who may not experience all symptoms and there were children who may be having difficulties in longer period than others and symptoms will be different levels of intensity for different people.

Moody (1997) argued that there is no right or wrong way to react to a loss. Not two individuals will react in exactly the same way. Grief reactions among children and adolescents are influenced by their developmental level, personal characteristics, mental health, family and cultural influences, previous exposure to crisis, death and loss. The characteristics of the child with regards to a parental death will be divided into four areas; their age and developmental level, their personality, their loss history and their overall background each of this are strong factors influencing the resultant consequences on the child.

Children are likely to show their grief in less direct ways than adults. Children move in and out of grief. One day they will seem to be fine and another day they will be showing that they are not managing so well. The experience of loss affects each child differently. The child's age, emotional maturity, the circumstances of the loss, and the connectedness with the person or

whatever the child has lost are important factors (Department of Health, Government of South Australia, 2010).

Likely, key informants were said there was grieving differences observed from one child to another. There were also emotional fluctuations in children grief response. Based on the Grief Cycle Model, Ross (1969), there are five grief stages listed: denial, anger, bargaining, depression, and acceptance. Likely regarding the grief response of children faced with parental death, the data gathered from the key informants that are bases on their experiences working with children and family who faced parental death matched to the Ross's Grief Cycle Model. In summary, when parental death occurred at children early age which is less than 5 years, first the problems of death produces a physical shock that can last for only some hours up to several days. During this time, they need psychological support than anytime, although, the living parent or relatives has given no attention as they considered being immature to understand the events. This is common among many families in Ethiopia. However, this physical shock can be reflected in many ways. Some may scream and cry, and some may become static and soft.

The study finding shows that, the common feelings at this time include confusion, disbelief, helplessness, insecurity, fear, loss of appetite weakened muscles and sleep disturbance. After the funeral is over when friends and family have left, children start to realize the events or get a sense of what the loss is really mean. Then, it brings feeling of unconditional stress, crying, angry, guilty, regression, frustration, shame and fear of death. While children growing up around 13 years, some may develop accusation or lay blame on the surviving parent if the deceased parent attachment has been closer. This unhealthy unconditional stress may lead to health problems and unhealthy psychological changes.

The finding showed that, most children may build undermined emotions by seeing other age-mates bring their parents to school. The holidays may get them in too anxious by reminding the deceased parent shared memories and his/ her absence. In particular, at this time, children may be angry or sensitive to their surrounding people. Often they may be feels depressed and frustrated when they unmated their necessities. Finally, children accept the event along with adopting each one's coping mechanisms may include social withdrawal, alcoholic usage, habiting addictive substances and decide to going out street life when children growing up to 18 years. The degree of vulnerability in each child depends in the economic condition of the family, type of love, care and role of surviving family members. Similarly, Crivello and Chuta (2011) states that by the cause of death children will lose the role model of their life, the deceased parent may have been role model for his/her children and other family members by his/her socio-economic status, education level and profession in life. Parental death will also affect the parenting process in which the children receive from their caregivers. It will have an implication on children well-being, shapes children life chance, influence their livelihood opportunities and feelings of security. This all consequences will occur as a result of losing a relationship with caregivers which is protective act as a go between in children experience and help children in their daily struggle.

The research found that the grief response depends on the way of coping to that which the surviving parent displays as the fact children parents are essential and influential role models. It is important for children to have an appropriate role model for the grieving response that the one who allows the child to express his or her own grief. Familiar attitudes and traditions towards death also play a vital role in children grieving response and it should be taken into consideration

as well. In addition, the surviving parent/ guardian's consistent love, care, closeness and kindness will greatly minimize the sense of loss.

5.5. Roles reversal and Responsibility Shifts among the Family Members by Parental Death

Finally, this super ordinate theme deals with the division of works or roles and responsibility shifts among the living family member followed by the parental death. Commonly in Ethiopia, in the nuclear family, the parents have their own division of roles, the father is a house head who control the family economy, while the mother mange the internal house activities and the children limited on attending their school. According to the data gathered during the interviews, this familiar specific roles division will go up side down with the occurrence of parental death. The mother may simultaneously manage both the family survival means as well as the internal house activity, along with the single care giving if the children are living under early aged. This roles shift will create double burden, may be later, it may consequence to critical health problem on the single care giver mother or either the living parent will manage the familiar survive means while the entire internal home activities lay down on the children. In the other side when mother's death occurred in the family, the study finding revealed that burden in domestic house activities in children, specifically in elder female siblings and losing family tie regarding with relatives as well as in the family member. In addition the revealed children unmet love and care of their living parent, father.

In other family, both the living parent and the children involve in family survive means. This situation mainly negatively affects the children educational performances as well as socialization skill as the children forced to spend much times at the domestic house works. As Crivello and Chuta (2011) states on their study, sometimes after the death of one parent or both parent's children will face burden of domestic responsibilities. Therefore, children ability will

highly be affected to become enrolled in school. In poor households children will engage themselves in casual jobs like working in mini markets or shops which are accessible for men. And the girls work tends to be based around or inside the home.

On the other face, when it occurs double parental deaths, either directly or indirectly relatives, neighbors, organization and institution involvement on the family survival. It is obvious that when one of the parent or both parents are dead the role and responsibilities that where covered by the deceased parent become vacant. Therefore, there must be some one that needs to cover this vacant roles and responsibilities; the person who is going to cover this vacant role and responsibility will be the other surviving parent, other relatives or children.

Normally, children who lose both parents will also effects on the former family composition as it will create residential shifts of children and the siblings to grandparents or relatives. According to Aiken (1994), terminal illness and death bring about many changes in a child's life including additional caregivers, a grieving parent and economic loss. In addition, there may be a change in a child's life and housing. The primary care giver roles and responsibilities were shifts to their grandmother, biological mothers, and biological fathers. The child may also force to be involved in generating income through a casual business at summer. As Staudacher (1987) states that the role reversal explains a situation in which a child assumes parental responsibilities to an extent that go beyond the developmental norms in a given culture. These responsibilities include instrumental help which is cooking, cleaning, looking after younger siblings and emotional help like; giving advice, giving comfort and reassurance, keeping the parent company. As Adrian and Breda (2010) pointed out that sometimes children became the head of a household. An adjustment that carries many challenges makes the children lost the

feeling of one's childhood, children feel the responsibility towards one's family and children felt helplessness and ambiguity about their personal safety.

According to the data gathered during the interviews, domestic housework has been dealt with in different ways by the children who faced both single and double parental death in the study. The boys have never much concerned in doing domestic housework and they have delegated the housework to their living parents in assisting the single parent businesses or tutoring their siblings. On the other hand, the girls shared in doing the domestic housework. The girls either took all the domestic housework upon them or shared it with their siblings. It seems that housekeeping roles in those families reflect the gendered nature of responsibilities in the Ethiopian culture. In particular, elder female children faced. The girls along with the siblings will share their family's burden in domestic house works such as cleaning rooms, making beds, looking after their younger siblings, washing cloths and kitchen materials. As Cas, et.al. (2013) showed that if both parents died, female children will face the responsibility to do the house chores and they are expected to take care of the other family members who are living with them. Death of a mother also results in higher rates of housekeeping suggesting that these young girls, like older female children, are substituting for their mothers or substitute for the parent who died in different problems or ways.

5.6. Discussion of Different Policy Frameworks Concerning Children Right

This sub-chapter part is discussed with different policy frame works concerning to children rights along within the Constitution of Federal Democratic Republic of Ethiopia (FDRE), Draft National Policy of Ethiopia (DNPE), Regional and International policy frame works. The study attempted to examine on the aforementioned policy frame works at the bases of the actual data gathered from respondents group during the interviews, the researcher field notes

and investigation of the experienced challenges in working with vulnerable children who faced parental death. This part of the study included valuable information from key informant groups that were personal commented gained from not less than 10 years field experiences working with vulnerable children who faced parental death. Thus, this information has given helpful overview for the recommendation part of the study.

As it is discussed above, children who faced parental death experiencing a number of both short and long-term challenges, in general, those children experiences problems of economical, psychological/ cognitive, health, educational and socialization. This phenomenon can change one's life forever. Problems of children related parental deaths on the lives of children and its threat to Ethiopia long term developmental endeavors. In fact, assuring the wellbeing of individual children development is considered to be place in the ground one's country sustainable growth.

In the researcher view, children who faced parental death are a special group, even within the category of vulnerable children with their own unique needs and challenges, due to their limited physical and emotional maturity. This category of children finds it hard to earn a satisfactory living with little or no support from their family who are struggling for daily survival under the routine complexity of lives. Yet they are sidelined by policy makers, advocacy groups, service providers and the community due to practice and implementation of policies

Most country policy frameworks give a great emphasis for the protection of the rights and welfare of children and focus on making children an integral part of the law of every land which is because they are the future caretaker of ever generation therefore they need to be safe in every aspect of their life.

However, yet vulnerable children who faced parental death have given less emphasis while the problems has been damaging a number of children as they suffering with psychological disorder related negative consequences. As the key informant responded that now a days, due to the deep rooted economical problem/ poverty related problems as well as unhealthy psychological effects has resulting those children suffering with higher depression, spiritual stresses and anxiety by reminding their deceased parent/ parents, adopting addictive substances as a coping mechanisms to their grief; such as Chat leaf, tobacco, alcohols, marijuana and other hallucinating drugs, privilege to street life and also committing suicide, although, it is particular events to each individual that basis on the degree of vulnerability. Moreover, those children have been isolated in multidimensional of socio-political aspects.

In far to the reality, the CRC defines a child as every human being below the age 18 years as: it contains abroad non-discrimination section, provides that the best interest of the child shall be a primary consideration in all actions affecting children, protects the right and responsibilities of parents and legal guardians over the child guarantees the right of life and the child's right to a name, nationality and identify. It protects the child against torture; cruel and inhuman treatment. Protects the child from capital punishment or even life imprisonment the convention also guarantees socio economic rights of children (Nijugwe, 2009). The Universal Declaration of Human Rights, the United Nations has proclaimed that childhood is entitled to special care and assistance. The CRC also puts family by saying that a fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children should be afforded the necessary protection and assistance. In addition the convention states that the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding (Nijugwe, 2009).

In the CRC document Article 27 states that every child has a right to have a standard of living adequate for the child's physical, mental, spiritual, moral and social development. It also states that the state parties in accordance with national conditions and within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support, particularly with regard to nutrition, clothing and housing and the states parties shall take all appropriate measures to secure the improvement of maintenance for the child from the parents or other persons having financial responsibility for the child, both within the state party and from abroad (Nijugwe, 2009).

The African Charter on the Rights and Welfare of the Child (also called the ACRWC or Children Charter) defines a "child" as a human being below the age of 18 years. It recognizes the child's unique and privileged place in African society and that African children need protection and special care. It aims to protect the private life of the child and safeguard the child against all forms of economic exploitation and against work that is hazardous, interferes with the child's education, or compromises his or her health or physical, social, mental, spiritual, and moral development. It calls for protection against abuse and bad treatment, negative social and cultural practices. Again in article 20 the second bullet describes that states parties assist parents and other persons responsible for the child and in case of need provide material assistance and support programmers particularly with regard to nutrition, health, education, clothing and housing, assist parents and others responsible for the child in the performance of child rearing and ensure the development of institutions responsible for providing care of children and ensure that the children of working parents are provided with care services and facilities (Nijugwe, 2009).

The Constitution also provides specifically for the rights of children under article 36, namely the rights of the child to life, name and nationality, to know and be cared for by parents or legal guardians, to be protected from exploitative labor and not to be forced to undertake work that may harm his or her education, health and well-being, to be free from cruel and inhuman treatment in schools or child care institutions.

Despite the fact that the working policy in Ethiopia has made far reaching provisions for the specific protection of, relevant laws and guidelines to enforce these provisions have not yet been enacted.

To sum up, policies and legal frameworks are too general which need specific provisions and implementation instruments. There are no specific legal frameworks concerning the care and support to be given for vulnerable children who lack caregivers due to death and other reasons. For instance, immediate measures to be taken by the state when primary caregivers are not in a position to care and support their children, is lacking. It seems that assistance to most vulnerable children depends upon the economic capacity of the country, region, and immediate caregivers and their relatives.

There are no specific legal frameworks concerning the mechanisms in addressing the fundamental rights for isolated children and their family who are still suffering unmet need of basic necessities for survive and psychological supports; therapy, counseling and advocacy within the sub-cities, Weredas and Kebeles.

According to key informant, throughout all sub-city of the capital, Addis Ababa, the vulnerable children aid programs is working under the children-women affairs sub-sector bureau. In fact, within the Addis-Ketama sub-city, there are a large number of vulnerable children and family reside who faced both single and double parental death. These areas are in favored among

those family due to the reason, the place where they can obtain cheap rent rooms for a kind of lower income earning family, near to the "Merkato" and "Autobis Tera" which are suitable to ran small scale and casual businesses and the lower standard of living areas where they can capable with.

Therefore, those situations required sufficient finances and large number of professional psychologists and social workers. However, this service is incapable with the aforementioned resources which make the servicing unsatisfactory. The other reason is related to the addressing mechanisms of vulnerable children who are kept isolated. Children who one or both parental death are coming to the sub-city women and children affair bureau in such a way that if they come by themselves or by the neighborhoods or friends. For this reason, the sector service projects should including the home visiting services in order to identifying or extracting the vulnerable children living below the poverty line and addressing the isolated vulnerable children who have been hidden in the house with both in basic needs and the psychological supports, or available appropriate legal communication to the concerning bodies in the areas in order to meet their immediate needs including psychological and materials.

In addition, it shall be offer psychological supports at school level that mapped children out of school and advocated to get them into school. Educational influences are only of the bearings that parental death has on children. There were respondent children who said they were seen decrease in their academicals performance as they lose interest and love to their education as one symptoms of hopelessness, frustration, depression and stresses. So, the policy along with the concerning bodies shall create the suitable working situations to offering educational assistants to vulnerable children through implementing special need programs at school level that aimed to raise their decline academicals output in such a way offering education emphasizing;

school fees, school uniforms and tutorial support, psychosocial support such as; counseling, home visits, recreational support, peer education, life skill training, succession planning and family reunification, health including; medicine, hygiene and sanitation, adolescence reproductive health, vaccination, livelihood support such as; income generating activities (provision of startup capital), vocational/skill training, and subsistence financial support, advocacy and awareness raising with an emphasis on child protection, food support through the provision of supplementary food and food rations, early childhood development including clothing and feeding.

The key informants suggested that the policies, rules and regulation shall give emphasis to vulnerable children in a way the vulnerable children servicing shall be stand independently from children-women affairs as to offer quality servicing at large range. The sector-service bureau shall build itself with sufficient graduates in the psychology and social works. The independent service bureau shall be run with adequate annual, semi-annual and quarter budget.

The other key informant comments were related to the primary care givers/ guardians as well as the community's negative attitudes towards vulnerable children who lost parent/parents and the dependency syndrome. They are thought to be difficult to handling along with their grieving sections and coping strategies. So, often those vulnerable children have experiencing discriminations from peoples. The parental relatives or guardian may not want to take the care giving roles due to not creating additional dependent member in the family, rather they favor to institution care. However, institution care negatively effects on the socialization skills of vulnerable children who faced parental death. Now days, they are promoting the Foster Care and Group Home Care as to vanish the socialization impairments in institution care giving.

The key informants also mentioned in accordance to their experiences working with vulnerable children who faced parental death, in particular to children whose faced double parents death, the episode effects children in a way either they have taken to available parental relatives includes grandparents, uncles, aunts, as well as neighborhoods and friends who are willing to talk the primary care giving role or they have join institution care where there were none available care giver guardian who willing to talk the children. However, in line with child's unmet need of care, love, monitoring and guidance they face alike their parents did, some guardians committing labor abuse, sexual arrestments, and so on. As a result, children suffering with surplus psychological disorder, burden in domestic house works that contribute to lower academicals performance, and stress emotions by reminding their deceased parents. The key informants have known a number of similar cases related to this situation. Therefore, those children privileged institution care than their guardians or choose street life. Moreover, the legal system has no mechanism to monitoring the children living situation, comments and accuse in flexible legal working condition unless the children come by themselves. So, the legal system should be ensuring the best interest of a child in the preference of their guardian.

The other comment of key informants was related to the absence of documented legal child guardian system. Often children take to non-relatives guardians, through communal or religious system. However, this situation may effects the sustainable survival of a child as the care giver able to chase that child at any time or events. So, the legal system should ensure the sustainable survive of children through documented legal agreements than communal or religious oral agreements as to block the child's long term impairments.

The other failure of the policy may related to institutions and organizations that the policy fell to implement legal monitoring and evaluating mechanisms of those servicing bodies. In fact,

the vulnerable children who faced parental death focused institutions and organizations have made considerable efforts to promote the wellbeing of those children by providing support such as education, psychosocial assistance, health care, food and nutrition and early childhood development care in their respective operational areas at community grassroots. Despite such considerable efforts however, there has been noticeable limitations as they offer insufficient budget allocation to meet the needs. Besides, the proportion of children faced parental death who received care and support in the form of food and clothing is not comparable to the severity and magnitude of the problem. What is more, the absence of clear guidelines and operational policies lead to the invalid inclusion or exclusion of children services. On the other hand religious institutions are imposing their own each objective. So the policy shall have its own mechanisms of controlling.

In sum, Ethiopia has plenty of laws and policies regarding children on paper. Ethiopia is the first to adopt and sign international laws, but the problem is the enforcement of laws and policies. Adopted laws and formulated policies do not have strategies and guidelines for how they are implemented.

Chapter Six: Conclusion and Implication for Social Work Education

6.1. Conclusion

The result of this study explores the situation of children whose parents are dead, in Addis-Ketema sub-city, Woreda 09, Addis Ababa, Ethiopia. The episode of single or double parental death will negatively affect the well-being of children. As conclude, the specific children experiences within the effects of parental death mainly includes the psychological, educational, health, economical, and other challenges related to child's coping mechanisms to their grief. The children who faced parental death at their early ages, alongside of unmet needs of love, care, security, guidance and mentoring, the situation may contribute to lose of family and relatives tie. It can potentially effect on their family composition, relationships with the living family members, relatives tie, age-mates, and socialization with community.

Parents are the fundamental need for a child's wellbeing. In particular, children need their parent's presence while they grow up. In fact, the children who faced parental death, suffering with lack of basic necessities including love and care, daily meal, clothes, housing problems, lack of educational materials and school fees. On the other hand, those children also suffered from psychological disorder including lack of confidence, insecurity, sensitivity, loneliness, frustration, hopelessness other bearings in children health.

The child's grief response resulted by parental death is different from adult's. Crying, shocks, confusion, frighten, denial, hopelessness, sensitivity, isolation, anger, feeling of accusation, attitudinal change towards death and acceptance are commonly showed grief responses. Every child grieves differently that the surviving parent coping displays effects as the fact, parents play essential and influential role models. Attachment to the deceased parent and the coping strategy of the living parent, have a positive outcome on the children grieving response and other oncoming adverse consequences.

The specific roles division in the family will be switch with the occurrence of parental death. In particular, often this roles shift will create double burden on the living parent and have negative consequence on children educational performance as well as socialization skill because the children enforced to spend much time at the domestic house work, managing the family economy feeling to abroad country, engage themselves in casual jobs, tutoring and fully managing their younger siblings.

6.2. Implications for Social Work Education

Various interventions were also taken so far by social workers to address the problem of children at various levels in different parts of the country. Social workers should take actions to promote the wellbeing of children, to ensure that their rights are respected and to make certain that their basic needs are met. Social workers should also take measures to rehabilitate the deprived and disadvantaged children. Conducting different studies in different cultural context are critical. This can add weight to the perception and address the problem properly. There are a number of issues that need to be studied towards alleviating the specific challenges and its consequences. These research findings are important foundation for further research and investigation of interested individuals. The researcher has found out that parental death being affected children wellbeing as contributes both short and long-term problem. Especially, children who grow within slum settlement areas, like Addis-Ketema villages, faced a number of complexities of life. So, the work should mobilize every concerned body if a real and tangible change has to come. It needs urgent solutions by imposing the necessary and possible measures.

Ethiopia has ratified a number of international conventions on children right and adopted different policies aimed at protecting the fundamental rights for children, the implementation of these policies and programs have not gained full attention. For instance, there are no specific

legal frameworks concerning the care and support to be given for vulnerable children who lack caregivers due to death and other reasons. However, the existing laws lack enforcing mechanism for their implementation. Therefore, strategies should be developed to tap the available local resources so as to utilize them in priority areas that need immediate response. It is important to design different programs and strategies in line with the policies and follow the proper implementation. Full awareness and consensus need to be reached on the policies and laws available in the area of children rights include household children by all concerned bodies. Apart from the existing policies, policy makers need to give due consideration to identify new areas that need to be addressed and design conducive legal and policy environment towards the specific adverse problems of children in facing parental death. More importantly, it requires the government and other body's commitment to increase access to resources in promoting the wellbeing of vulnerable children. For the child's severe economic insecurity is a dire situation that needs to be addressed urgently. These families are in desperate need of immediate material assistance in the form of donations. Communities, NGOs and religious institutions need to develop distribution systems, including the identification of the isolated vulnerable children by home to home visiting which will provide these children with clothing, food, health services and education.

The social work profession mainly includes knowledge, understanding, and practice. The findings of the study, especially activities of each group participating in the program assist organizations undertaking development interventions apply the positive achievements. Furthermore, other organizations involving beneficiaries in the development projects may get the findings of this study useful to assess their program as well. In implementing different policies and programs and adopting appropriate practice with regard to supporting vulnerable children, it

is imperative to work at the grass root level. The active involvement of different NGOs, civil societies and the community at large towards adopting the appropriate practice is also important.

This is to bring efforts of government and NGOs together to create comprehensive engagement in addressing vulnerable children who faced parental death, under poor residents in slum areas of Addis Ababa like Addis-Ketema areas. The finding of the study indicated that there is a need for awareness creation program. Government policy makers also need to design a special social protection policy that reinforces intervention special need programs of psychological and educational supports in school to specifically focus on the empowerment of children who faced parental death embedded within a human rights framework and creates access to the government's low-cost housing and priority to employment opportunity to their care givers in the government sectors.

Most importantly, NGOs need to develop clear strategies that independently address the practical and strategic needs of these families. Also, special emphasis should be placed on the vocational skill programs that aim to avoid dependency syndrome, and trainings that aim to create positive attitudes towards vulnerable children who faced parental death.

The policies, rules and regulation shall give emphasis to vulnerable children in a way the vulnerable children servicing shall be standing independently from children-women affairs so as to offer quality servicing at large range with sufficient finances and large number of professional psychologists and social workers. It need to promote ''Foster Care'' and ''Group Home Care'' as to vanish the children socialization problems in institution care giving.

The legal and civil rights groups such as the Ethiopian Human Rights Commission, Institution of Ombudsman, and the Ethiopian Women's Lawyers Association can take part in implementing the legal protection of child by giving them free legal support services and by

investigating complaints free of charge. The legal system should be ensuring the best interest of a child in the preference of their guardian. Also the legal system should ensure the sustainable survival of children who are living among non-relative care givers through documented legal agreements than communal or religious oral agreements as to block the child's long term problem.

The child household heads need to give attention by the policy makers in general and the service providers at large. This specific nature of the challenges faced in parental death, as well as the special support they need, and their difficulty has not been sufficiently appreciated by service providers such as the children-focused NGOs in the study.

Reference

Adda, J., Bjorklund, A., & Holmlund, H. (2011). The Role of Mothers and Fathers in Providing Skills: Evidence from Parental Deaths. Stockholm University, Sweden.

Aiken, L. R. (1994). Dying, Death and Bereavement. Boston: Allyn & Bacon, 3rd ed.

Alston, M. & Bowles, W. (2003) Research for Social Workers, Allen and Unwin, Sydney. P. 50.

Asiamah, S., Kraybill, D., & Thompson, S. (2005). Does Orphans Status Affect Primary School Attendance? An Analysis of Household Survey Data from Uganda. Ohio State University, American Agricultural Economics Association Annual Meeting, Columbus.

Barnes, G.E., & Prosen, H. (1985).Parental Death and Depression. J. Abnorm. Psychol. 94, 64–69.

Batts, J. (2004).Death and Grief in the Family: Tips for Parents. Eastern Kentucky University, National Association of School Psychologists, East West Highway, Bethesda.

Beegle, K., Weerdt, D. J., & Dercon, S. (2007). Orphans hood and the Long-run Problems on Children. Trust Fund for Environmentally & Socially Sustainable Development at the World Bank and the Economic and Social Research Council, United Kingdom.

Behrendt, A., & Mbaye, M. S. (2008). The Psychosocial Problems of Parental Loss and Orphanhood on Children in an Area of high HIV Prevalence: a Cross Section Study in the North West Region of Cameroon. Plan German National Office and USAID. Dakar.

Bowlby, J. (1980). Loss, Sadness, and Depression. New York: Basic Books.

Brite,. M. B. (2005). How The Death of a Father/Husband Affects the Mother-Child Relationship. Kansas State University, Manhattan, Kansas.

Camfield, L. & Himaz, R. (2009). Does The Age of Orphaning Matter to Child Outcomes? Department of International Development, Queen Elizabeth House, University Of Oxford, Mansfield Road.

Cas, G.A., Frankenberg, E., Suriastini, W., & Thomas, D. (2013). The Problems of Parental Death on Child Well-being: Evidence from the Indian Ocean Tsunami. Duke University, World Bank.

Case, A., Paxson, C., & Ableidinger, J. (2004).Orphans in Africa: Parental Death, Poverty and School Enrollment. Center for Health and Wellbeing, Research Program in Development Studies, Princeton University, Princeton.

Case, Anne & Ardington, Cally. (2006). The problems of parental death on school outcomes: Longitudinal evidence from South Africa, Demography, Population Association of America, Princeton University, Princeton. 43(3), 401–420.

Central Statistics Agency (Ethiopia) Statistical Abstract. (2006).

Central Statistics Agency Ethiopia Facilities and Services ATLAS. (2011).

Central statistics agency, Ethiopian mapping agency.(2007), Population and Housing Census in Ethiopia. Addis Ababa, August 2007.

Ciffone, J. (2007). Helping your Child Cope with the Sudden Death of a Friend: A Message to Parents. LCSW School Social Worker, Elgin.

Coyne, R. & Beckman, O.T. (2012). Loss of a Parent by Death: Determining Student Problems. University of Nebraska, Kearney, USA.

Creswell, J. (2007). Qualitative Inquiry And Research Design; Choosing Among Five Approaches. Sage Publications, Thousand Oaks, London, New Delhi. 2.

Crivello, G., & Chuta, N. (2011).Beyond Orphanhood: Rethinking Vulnerability in Ethiopia, Young Lives Policy Brief, Oak Foundation, University of Oxford. 16.

Darrell, C., & Dixie, R. (1995). Fear of Parental Death: Problems on Young Children. U S Department of Education, Educational Resources Information Center. The University of Memphis, Memphis.

Debra, U. (2003). Death of a Parent: Transition to a new Adult Identity. University of Cambridge, United States of America.

Department of Health, Government of South Australia. (2010). Grief and loss Parent easy guide Parenting SA, Children, Youth and Women's Health Service, Parent Easy Guides in South Australia.

Dorthoy, D. (2008). Bereavement Helping Parents and Children Cope when Someone Close to Them Dies. Child Psychotherapy Trust, London, Charlotte Street. United States of America.

Ethiopia Population and Housing Census. (2007), Addis Ababa, Ethiopia.

Eva, P. (2007). Research with and about Children, Theoretical, Methodological and Ethical aspects. Department for International Development, DFID, UK.

Evans, K. D., & Miguel, E. (2007).Orphans and Schooling in Africa: A Longitudinal Analysis. Department Of Economics, University Of California, Berkeley, 44(1), 35–57.

Federal democratic republic of Ethiopia Ministry of Health, (2005).

Fletcher B, J., Fernandez A, V. M., & Wolfe, B. (2013) Dynamic Effects of Sibling Death on Children Outcomes. William T. Grant Foundation, University of New South Wales and IZA, Yale University, University of Wisconsin-Madison and Australian National University.

Furukawaa, U. T., Mizukawab. R., Hiraic. T., Fujiharad. S., Kitamurae, T., & Takahashi, K. (1998). Childhood Parental Loss and Schizophrenia: Evidence against Pathogenic but for some Pathoplastic Effects. Psychiatry Research, Elsevier Science Ireland, 81: 353-362.

Gebre Yntiso, Ayalew Gebre, Rahel Shiferaw, Hiwot Workineh, (2009). Resilience in Children Exposed to Sexual Abuse and Sexual Exploitation in Merkato, Addis Ababa, Ethiopia. Bamboo Project, Research Report Submitted to the Oak Foundation, Ethiopia.

Gerald, C. (2001). Constructivist Realism: An Ontology that Encompasses Positivist and Constructivist Approaches to the Social Sciences. Forum Qualitative Sozialforschung / Forum: Qualitative Social Research, 2(1), Art. 7, http://nbn-resolving.de/urn:nbn: de: 0114-fqs 010177.

Gertler, P., Levine, L.D., & Ames, M. (2004) Schooling and Parental Death. Review of Economics and Statistics, Harvard College and the Massachusetts Institute of Technology, 86(1): 211–225.

Glaser, G. B. (2002). Constructivist Grounded Theory? Forum Qualitative Sozialforschung / Forum: Qualitative Social Research, 3(3), Art.2, http://nbn-resolving.de/urn:nbn:de:0114-fqs0203125.

Himaz, R. (2009). The Problems of Parental Death on Child Outcomes: Evidence from Ethiopia. Young Lives Policy Brief 7, Department Of International Development Queen Elizabeth House, University Of Oxford, Mansfield Road.

Kagan, J. (1999). The Role of Parents in Children Psychological Development. American Academy of Pediatrics, Northwest point Boulevard, 104-164.

Kikwawila, S. G. (1994). Qualitative research methods: Teaching materials from a tropical disease work shop. World health organization, UNDP/ World Bank/ WHO, Ifakara, Tanzania.

Krefting, L. (1990). Rigor in Qualitative Research: The Assessment of Trustworthiness. Queeen's University, Kingston, Ontario, Canada.

Kreuger, L., & Neuman, L. W. (2006).Social Work Research Methods: Qualitative and Quantitative Applications. Boston: Pearson.

Lloyd,C. (1980). Life Events and Depressive Disorder Reviewed: I. events as predisposing factors. Arch. Gen. Psychiatry 37, 529–535.

Mack, Y. K. (2004). The Effects of Early Parental Death on Sibling Relationships in Later Life. Bay wood Publishing Co., Inc, Baker Hall, University of Northern Iowa, 49(2) 131-148.

Maier, H. E., & Lachman, E.M. (2000).Consequences of Early Parental Loss and Separation for Health and Well-Being in Midlife. International Journal of Behavioral Development, Brandeis University, Waltham, USA, 24 (2), 183–189.

Marks, F. N., Jun, H., & Song, J. (2007).Death of Parents and Adult Psychological and Physical Well Being: A Prospective U.S. National Study. National Institute Of Health, University of Wisconsin-Madison.

Maxwell, J.A. (1997). Qualitative Research Design: An Interactive Approach. Thousand Oaks: Sage. 2.

McDowell, U. & Futris, G. T. (2001). The Problems of Parental Death on Children. Department of Human Development and Family Science, The Ohio State University.

MCnamara, C. (1999). General Guidelines for Conducting Interviews. Minnesota.

Meier, F. D., & Eddy, B. D. (2011).Children and grief: Developmentally speaking. American Counseling Association Conference, New Orleans, LA.

Ministry of Women, Children and Youth Affairs, (2011).

MoLSA.(2005). National Action Plan on Sexual Abuse and Exploitation of Children (2006-2010). Addis Ababa: MOLSA.

Moody, G. (1997). Effects of Parental Death on Children. Arizona State University.

Morris, T. (2006). Social work research methods: Four alternative paradigms. Thousand Oaks: Sage.

Mulu, Y. (2007). Pottery Production an Asset for Women Livelihood; Case Study on Kechene Women Potters In Addis Ababa. Addis Ababa University Graduate School of Social Work, Addis Ababa.

Murauskas, M.V. (2000). The Long-term Problems of Parent Death on Adult Children. Midlife University of Wisconsin-Stout. Marriage and Family Therapy, Menomonie.

Murphey, D. (2013). The Risks Facing Young Children in Military Family, Child Trends, Bethesda, Wisconsin Avenue.

National Association of School Psychologists, (NASP). (2003). Helping Children Cope with Loss, Death, and Grief. East West Highway, Bethesda, 301-657.

National Association of Social Workers.(1999). Code of Ethics of the National Association of Social Workers.

Nicolson, A. N. (2003). Childhood Parental Loss and Cortisol Levels in Adult Men. Department of Psychiatry & Neuropsychology/EURON, Maastricht University, Maastricht, Netherlands.

Njungwe, N. E. (2009). International Protection of Children Rights: An Analysis of African Attributes in the African Charter on the Rights and Welfare of the Child. Cameroon Journal on Democracy and Human Rights, Pretoria. 1(3).

Penny, A. (2007). Grief Matters for Children: Support for Children and Young People in Public Care Experiencing Bereavement and Loss. National Children Bureau. Registered Charity, London.

Pope, C. & Mays, N. (1999) Qualitative Research in Healthcare. London: British Medical Journal Books. 2.

Rhatigan.(2002). Bereavement. Irish Hospice Foundation, Bereavement Resource Centre.

Romm, N. (2001). Accountability in Social Research. Dordrecht, the Netherlands: Springer. http://www.springer.com/social+sciences/book/978-0-306-46564-2.

Ross, K. E. (1969). On Death and Dying. Scribner.

Ryan, W.G& Bernard, H. R. (2000).Data Management and Analysis Methods: What Are Standards of Rigor for Qualitative Research? Thousand Oaks, CA: Sage Publications, 2; 769-802.

Schafer, H. M. (2009). Parental Death and Subjective Age: Indelible Imprints from Early in the Life Course. Purdue University, Sociological Inquiry, Alpha Kappa Delta, 79 (1), 75–97.

Scott, E M., DeRose, F. L., Lippman, H. L., & Cook, E. (2013). Children Living Arrangements and Educational Outcomes around the World. Wisconsin Avenue, Bethesda.

Smiley, A., Omoeva, C., Benjamin Sylla, B., & Chaluda, A. (2009).Orphans and Vulnerable Children, Trends in School Access and Experience Eastern and Southern Africa. Education Policy and Data Center, Washington, DC.

Staudacher, C. (1987). Beyond Grief; A Guide For Recovering From The Death Of A Loved One, New Harbinger.

Suryadarma, D., Pakpahan, M.Y., & Suryahadi, A. (2009). The Effects of Parental Death and Chronic Poverty on Children Education and Health: Evidence from Indonesia. Chronic Poverty Research Centre, SMERU Research Institute Jl. Pandeglang, Jakarta. 30 (133).

Tennant, C. (1988). Parental Loss in Childhood: It's Effect in Adult Life. University of Sydney, Australia. 45.

Tremblay, C. G., & Israel, C. A. (1998). Children Adjustment to Parental Death. American Psychological Association, University at Albany, University of New York.

UNICEF (2007).The State of the World's Children and Child Survival. New York: UNICEF.

Webb, B. N. (2003). Social Work Practice with Children and Family. The Guilford Press, New York London, 2.

Yin, K.R., (2011).Qualitative Research from Start to Finish. The Guilford Press New York London.

Yin, R. K. (1994).Case Study Research, Design and Methods. CA: Sage, Beverly Hills.

Yin, R. K. (2003). Case study research: Design and Methods. Applied social research methods series, CA: Sage, Beverly Hills, 5.

Appendix I

Addis Ababa University

School of Social Work

Study Title: The Situation of Children Who Lost Their Parents: The Case of Addis-Ketema Sub-City, Addis Ababa, Ethiopia

Part 1: Consent Form

To whom it may concern

My name is Bezawit Sentayehu, and I am a post graduate student at Addis Ababa University. For my Masters dissertation, I have chosen to study the situation of children who lost their parents. I hope that the information that I will gather for this study will help policy makers and other professional people to better understand the difficulty of these children as well as their needs. Hopefully, such information will assist in the planning and implementation of effective strategies for improving their problems and challenges.

Please understand that you are not forced to participate in this research and the choice whether to participate or not is your decision, but I would really appreciate it if you do share your life experiences with me. I also ask for permission to tape record the interview.

The choice whether to be recorded or not, once again is your option. Recording helps me to keep a record of everything you say. If you agree that I can record the interview, your name will not be mentioned on the tape recorder, and if you want the tape recorder switched off at any point during the interview, I will do that. But I can assure you that, this interview will be confidential. What you share with me will stay between you and me and the notes that I take during the interview, diaries and the recorded cassettes will be kept in a safe locker, which will be accessed only by me. These interview responses and the recorded cassettes will be kept at

least for a five years, incase if we need a further research on the topic it will be needed but after that all the responses that recorded on the paper, the diaries and the recorded cassettes will be destroyed. The interview will last around 35 to 60 minutes and in fact that your participation is purely voluntary; there will not be any promise of special rewards as a result of your participation. I request that you will be honest and open as possible in answering the questions.

Risk and Benefits= the risks associated with this study are minimal. It is possible that you may experience an emotional or psychological response when answering these questions. If your amount of discomfort becomes extreme please consider contacting psychiatrists or social work professions. Benefits may include the opportunity to comment on your feelings regarding your experiences and I may also contribute for social work profession by increasing the understanding of intervening with children who lost a parent to death.

Are you willing to take part in the interview? Interviewee: Agreed…….. Not agreed…….

I look forward your essential assistance: My contact details are as follows:

Mobil No.: 0913-88-38-75; E-mail: bezapustosenta@yahoo.com/ gmail.com

Part 2: Interview Guide for Children Who Experienced One or Both Parent's Death

1. Can you tell me something about yourself? Just give me a brief description of who you are, based on both what you know and what your parents and others told you and anything else that you think I might want to know about you.
    - Name
    - Sex
    - Age
    - Kebele
    - Educational level
2. Tell me about your family background?
    - Your mother, father, sister or brother
    - Family composition (place in family, number of sisters and brothers)
    - Other relatives living with the family
    - About the deceased parent
    - Relationships with the family members (sister, brother...)
    - Roles and responsibilities of the family member including you (who looked after you, took you to school, etc.?)
    - Contact with other family members (your contact with grandparents, aunts, uncles, cousins on both sides of the family?)
    - Single parent/guardian educational level
3. Can you tell me what happen when you lose your parent?
    - About your reaction
    - Attending the funeral ceremony

- Involving in any of decisions or discussions, like what the deceased parent should wear, what kind of service to hold? Participation in the service?
- About grief response
- Things that you think after you heard the death of your parent(s)
- relationship with the deceased parent(s)
- Seek help from a therapist, support group, teachers or other
- Do you think of your mortality in a new way?

4. After your parent(s) death, what changes and consequences did you and your family experience in the following areas:

- Family regular doings
- Changing Residence
- Contact and relationships with family and friends
- Financial/economic circumstances
- Relationships with the surviving parent or family members/ relatives
- Holidays and trips/ outgoings
- Yours and your family responsibilities

5. In what way does your parents' death affects your life or what is the specific drawbacks of your parent death creates in your child life?

- Relationship with friends, colleagues, family and relatives
- Using alcohols or drugs to forget what happened
- Psychological problems
- Academic performances

6. What kind of adjustments or role shifts occurred in the family after your parent(s) death?

- Parent(s) role and responsibility in the family
- Main roles that your parent(s) played in your life
- In what ways have you or your brother, sisters or other relatives stepped into the shoes of your deceased parent, for example, maintaining family ties, keeping traditions...etc.?
- Roles and responsibilities you started to carry out or share with the surviving parent or the family after the death of the parent(s)
- Any gaps or vacant places that are not still covered by you or other family members after the death of the parent(s)?

7. Do you want to add something before we conclude and close our session?

- Something not states in the question and answering period
- Something that concerns you regarding with the deceased parent(s).

Thank you very much for your valuable information!

Part 3: Interview Guide for the Guardians or Care Takers of Respondents

The purpose of this interview is to gather information related to the situation of children who lost their parents. The data to be collected from this interview will be used only for educational research purpose. Your response will be kept confidential. So, I kindly request you to participate in this study voluntarily. The quality of this study depends on your genuine responses. So that I would like to ask your consent, to record your voice through the tape recorder, because it is hard to list down all your responses. The interview will last around 45 to 50 minutes and in fact that your participation is purely voluntary; there will not be any promise of special rewards as a result of your participation. I request that you will be honest and open as possible in answering the questions.

1. What is your relationship with the child? If the guardian is a relative the following questions will be probed.
    - The condition that makes you a guardian
    - About responsibility of being the guardian
    - Relationship with the child

If the guardian is the biological father or mother, sister or brother the following questions will be probed.

- Age of the child at the parental death or the age of the child when he/she got informed about the death of his/her single or double parental death.
- About single parenting role
- Relationship with your daughter or son before the death of his/her father or mother and after the death of his/her father or mother

2. Can you tell me what happen when the child found out about the death of his/her parent?
   - About the reaction
   - The child grief process
   - Behavior change after he/she find out about the death of the parent
   - The person treating the child on that time
3. After the parent(s) death, what changes did you observe in the children and other family members:
   - Family regular doings
   - Changing Residence
   - Contact and relationships with family and friends
   - Financial/economic circumstances
   - Holidays and trips/ outgoings
   - Change in family responsibilities
4. What problems or negative changes did you observe on the child after the death of the parent(s)?
   - Behavior problems
   - Health problems
   - Psychological problems
   - Decreasing in the academic performance
   - Relation problems with friends, family members, relatives…
5. What kind of adjustments or role shifts occurred in the family after the parent(s) death?
   - The deceased parent(s) previous role

- About the responsibility that fulfill the gaps that occurred because of the deceased parent in the family
- The roles that are shifted from the dead parent
- About the child sharing the roles and responsibilities of the dead parent

6. Do you want to add something before we conclude and close our session?
   - Something not states in the question and answering period
   - Something that is forgotten but that I might need to know.

Thank you very much for your valuable information!

Part 4: Interview Guide for the Key Informants

The purpose of this interview is to gather information related to the situation of children who lost their parents. The data to be collected from this interview will be used only for educational research purpose. Your response will be kept confidential. So, I kindly request you to participate in this study voluntarily. The quality of this study depends on your genuine responses. So that I would like to ask your consent, to record your voice through the tape recorder, because it is hard to list down all your responses. The interview will last around 45 to 50 minutes and in fact that your participation is purely voluntary; there will not be any promise of special rewards as a result of your participation. I request that you will be honest and open as possible in answering the questions.

1. What are the major problems that children who lost their parents in particular facing and their main perceived needs?
    - Treating children who face problems regarding with parent death
    - Meaning of death for children
    - Exact needs of most children
2. What are the major problems you are confronting in caring children who lost their parent?
    - Unique case while working with these children who lost their parents
3. What are the mechanisms that you use to bring children to the stable kind of feeling?
    - Contact with their parent or guardians
    - Using any spiritual methods
4. What is the common grief process's that most children follow?
5. The shortcoming of parental death does it vary with the gender of the deceased parent?

- When the child's father dead, and
- When the child mother dead

6. What do you recommend to improve the existing intervention?
7. Do you want to add something before we conclude and close our session?

Thank you very much for your valuable information!

Appendix II

አዲስ አበባ ዩኒቨርስቲ

የድህረ ምረቃ ትምህርት

የህብረተሰብ ትምህርት ክፍል

የጥናቱ ርዕስ፡ የወላጅ/የወላጆች ሞት በልጆች ላይ ያለው ተፅእኖ በአዲስ ከተማ ክፍለ ከተማ ወረዳ 09

አጠቃላይ መመሪያ እና የፈቃደኝነት መጠይቅ ፎርም

እኔ የዚህ ጥናት አጥኝ በአዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ትምህርት ክፍል (ሶሻል ወርክ ትምህርት ክፍል) የሁለተኛ ዲግሪ (MA) ተማሪ ነኝ፡፡ የዚህ ጥናታዊ ጽሁፍ ዋና አላማ የወላጅ/የወላጆች ሞት በልጆች ላይ ያለውን ተፅእኖ እና የልጆቹን የህይወት ተሞክሮ በሚገባ ለማሳየት ነው፡፡ለዚህ ጥናት የምሰበስበው መረጃ ከ 13-18 እድሜ ክልል ዉስጥ ካሉ ልጆች፣ ካሳዳጊዎቻቸዉ እና ከልጆች ጋር ተያያዥነት ያለዉ ስራ ከሚሰሩሰዎች ነዉ፡፡

ይሄ ጥናት በልጆች ላይ ያተኮሩ አቅዋመ መመሪያ ለሚያወጡ ባለድርሻዎች እና በዚህም ዙሪያ ለረጅም ግዜ በተደጋጋሚ ለሰሩ ሰዎች ጥሩ መረጃን የሚሰጥ ጥናት ነው ተብሎ ይታሰባል፡፡ በተለይም በልጅነት ግዜያቸዉ ወላጆቻቸውን አተው የሚኖሩ ልጆች የሚገጥማቸዉን መሰረታዊ ተፅእኖዎች እና ችግሮች ለማሳየት የሚረዳ ጥናት ነው፡፡ በተጨማሪም ከዚህ ጥናት የሚገኘው መረጃ የተለያዩ አቅዋመ መመሪያዎችን ለማዉጣት እንዲሁም የወጡትን መመሪያዎች ውጤታማ በሆነ መንገድ ለመተግበር ይረዳል፡፡

- ይህ መጠይቅ ከ 30-60 ደቂቃ ይወስዳል፡፡
- የምትሰጡት መረጃ ፍፁም ሚስጥራዊነቱ የተጠበቀ ይሆናል፡፡
- ድምፃችሁን ለመቅረጽ የመቅረፀ ድምፅ መሳሪያ እድጠቀም ፍቃደኝነታችሁን እጠይቃለሁ፡፡

- የድምፅ መቅረጫው መሣሪያ በፈለጋችሁት ግዜ እንዲዘጋላችሁ ስጠይቃችሁ የኔንን ለማድረግ ሙሉ በሙሉ ዝግጁ ነኝ።
- በቃለ መጠይቁ ግዜ በየመሀሉ የምይዛቸው የፅሁፍ መረጃዎች እና ቃለመጠቁ የተቀረፀበት ካሴት ለጥናታዊ ፅሁፉ ግብአትንት ብቻ ነው ጥቅም ላይ የሚውለው።
- የዚህ ጥናታዊ ፅሁፍ መሳካት በናንተ ሀቀኛ መልስ ላይ የተመሰረተ ይሆናል።
- በዚህ ጥናታዊ ፅሁፍ ላይ በራሳችሁ ፍቃደኝነት እንድትሳተፉ በትህትና እጠይቃለሁ።
- በዚህ ጥናት ላይ የመሳተፍም ሆነ ያለመሳተፍ መብታችሁ የተጠበቀ ይሆናል።
- በማንኛዉም ሰዐት በጥያቄው ሂደት ጥሩ ስሜት ባልተሰማችሁ ግዜ ማቆም ይቻላል።

እዚህ ጥናታዊ ፅሁፍ ላይ ለመሳተፍ ፈቃደኛ በመሆንህ/ሽ አመሰግናለሁ።

ክፍል አንድ

ከ13-18 ዓመት ለሆኑ ልጆች የተዘጋጀ የቃለመጠይቅ መሪ ጥያቄዎች

1. ስለራስህ/ስሽ ማንነት የተብራራ መረጃን ስጠኝ/ጪኝ? ወላጃችህም/ሽም፣ ቤተሰቦችህ/ሽም እና ዘመድህ/ሽ በነገሩህ/ሽ ላይ ተመስርተህ/ሽ ንገረኝ/ሪኝ፡፡
   - ስም
   - ፆታ
   - ዕድሜ
   - ቀበሌ
   - የትምህርት ደረጃ
2. ስለቤተሰብሽ/ህ ጠቅላላ መረጃ ስጪኝ/ጠኝ
   - ስለ እናትሽ/ህ፣ አባትሽ/ህ፣ ወንድምሽ/ህ እና እህትሽ/ህ
   - የቤተሰብሽ/ህ ሁኔታ (የቤተሰቡ መኖሪያ ቦታ፣ የእህት ወይም የወንድም ቁጥር)
   - ከቤተሰቡ ጋር የሚኖር ሌላ ሰው
   - ከቤተሰቡ በሞት የተለየ ሰው
   - ከቤተሰብሽ/ህ ጋር ያለሽ ግንኙነት (ከወንድም፣ እህት ጋር...)
   - የቤተሰቡ ሚናና ኃላፊነት (ማነው የሚቆጣጠርሽ/ህ፣ ወደ ትምህርት ቤት የሚወስድሽ/ህ?)
   - ከዘመዶች ጋር ያለሽ/ህ ግንኙነት (አያት፣ አክስት፣ አጎት፣ ያክስት ልጅ እና ያጎት ልጅ ግንኙነት?)
3. ወላጅሽን/ህን (ወላጆችሽን/ህን) በሞት የተለየሽ ግዜ ምንድን ነበር የተሰማሽ/ህ?
   - ቀብር ዝግጅቱ ላይ የነበረ ተሳትፎ

- የተለያዩ ውሳኔዎች ላይ የነበረ ተሳትፎ (ለምሳሌ ምን አይነት የቀብር ስነ ስርዓት ይፈፀም? የሞተዉ ሰው ሲቀበር ምን አይነት ልብስ ይልበስ? ሰዎችን ማስተናገድ ላይ ተሳትፈሽ/ህ ነበር?
- ስለነበረዉ የሃዘን ምላሽ
- ከስነ ልቦና አማካሪዎች፣ ከአስተማሪዎች እንዲሁም ከሌሎች አካሎች እርዳታን ለማግኘት ከተሞከረ
- ስለራስ ሞት ያለ ያመለካከት ለዉጥ

4. ከእናትሽ/ህ ወይም ከአባትሽ (ከወላጆችሽ ሞት በኋላ በቤተሰብ ውስጥ ምን አይነት ለውጥ ተከሰተ ወይም ምን አይነት አሉታዊ ተፅእኖ ተፈጠረ?)
   - የቤተሰቡ የለት ተዕለት ልምዶች
   - የቤት ለዉጥ
   - በህይወት ካሉት የቤተሰብሽ/ህ አባላት ጋር እና ከጓደኞችሽ ጋር ያለግንኙነት
   - ገንዘብ ነክ በሆኑ ነገሮች ላይ እና በቤተሰቡ ገቢ ላይ የተፈጠረ ተፅእኖ
   - በዓሎችና የቤተሰብ ሽርሽሮችስ
   - ያንቺና/ያንተና የቤተሰብሽ/ህ ሃላፊነቶች
5. በምን አይነት ሁኔታ ነው የወላጅሽ/ህ (የወላጆችሽ/ህ) ሞት አንቺ/አንተ ላይ ተፅእኖ የፈጠረው ወይም ከወላጆችሽ/ህ ሞት በኋላ በባህሪሽ/ህ ላይ የተለየ የምትይዉ/ለዉ ለውጥ ተፈጥሯል?
   - ከቤተሰብ፣ ጓደኛ፣ ዘመድ ጋር ያለሽ/ህ ግንኙነት
   - የተፈጠሩትን ነገሮች ለመርሳት አደንዛዥ እፅዎች ለመጠቀም መሞከር
   - የስነ-ልቦና ችግር
   - ትምህርትሽ/ህ ላይ ያለሽ/ህ ተሳትፎ

6. ከወላጅሽ/ህ (ከወላጆችሽ/ህ) ሞት በኋላ ምን አይነት የሃላፊነት ወይም የሚና ለውጥ መጣ?
    - የናትና አባትሽ ኋላፊነት ወይም የቤተሰብ ሃላፊነት
    - በህይወትሽ ውስጥ ቤተሰቦችሽ ያላቸው ሚና ወይም ሃላፊነት
    - ከአሉት የቤተሰብ አካሎች ጋር የምትጋሪያቸዉ/ራዉ ሃላፊነትቶች
    - ከወላጆችሽ ሞት በኋላ እነሱ ትተውት የሄዱትን ኃላፊነት እና የቤተሰብ ውስጥ ሚና ላይ ክፍተት አይተሽ ታውቂያለሽ ወይም ትተው ያሩላፊነቶችን ካሉ አብራራልኝ?
7. ቃለ መጠይቃችንን ከመጨረሳችን በፊት የሞትጨምሪው/ረዉ ነገር አለሽ/ህ?
    - በጥያቄና መልሱ ላይ ያልተነሱ ጉዳዮች ካሉ?
    - ከሆነው ሁኔታ አንፃር ውስጥሽ የተቀመጠ ነገር ካለ?

ለሰጠኽኝ/ሽ ጠቃሚ መረጃ በጣም አመሰግናለሁ!

ክፍል ሁለት

ለወላጅ ወይም ለአሳዳጊ የተዘጋጀ የቃለመጠይቅ መሪ ጥያቄዎች

1. ለልጁ/ጅትዋ እናት ኖት፣ አባት ኖት ወይስ ዝምድናዊ ግንኙነት ነው ያልዎት?

   አሳዳጊው ትክክል የእናትና የአባትነት ግንኙነት ከሌለው ወይም የቅርብ ዝምድና ከሆነ የአሳዳጊዉን ቦታው እንዲወስድ ያደረገው የሚከተሉትን ጥያቄዎች እጠይቃለሁ፡፡

   - የአሳዳጊነቱን ሃላፊነት የወሰዱበት ግዜ
   - ከቤተሰቡ ጋር የነበርዎት የቅርብ ግንኙነት
   - ከሚያሳድጉዋቸዉ ልጆች ጋር ያለዎት ግንኙነት

አሳዳጊው ወይም አሳዳጊዋ ትክክለኛ አባት ወይም እናት፣ እህት ወይም ወንድም ከሆኑ የሚከተሉትን ጥያቄዎች ይጠየቃሉ፡፡

- ብቸኛ አሳዳጊ ስለመሆን
- ከልጆችዉ ጋር ስላለ ግንኙነት፣ የትዳር አጋርዎ ከሞቱ በኋላና ከመሞታቸዉ በፊት

2. ልጁ/ጅትዋ የወላጅዋን/ዉን ሞት በሰማበት ግዜ እንዴት ነበር ምላሹ?
   - ስላሳየው/ችዉ ሁኔታ
   - ስለሀዘኑ ሁኔታ
   - ከወላጁ/ጅዋ ሞት በኋላ ልጅትዋ/ልጁ ላይ ስለታየ ባህሪ
   - በወቅቱ ልጁን/ጅትዋን ግዜ ሰጥቶ የተንከባከበ ሰዉ
3. ከወላጁ/ጅዋ (ከወላጆቹ/ችዋ) ሞት በኋላ በልጁም/ጅትዋ ላይም ሆነ በቤተሰቡ ላይ ምን አይነት ለውጦች መጡ?
   - በቤተሰቡ የዕለት ተዕለት ተግባራት ላይ
   - የመኖሪያ ቦታ ለውጥ

- ከቤተሰቡ ጋር ወይም ከጓደኞቹ ጋር ያለው ግንኙነት
- የቤተሰቡ የገቢ ምንጭ
- በዓላትና የቤተሰብ ሽርሽሮች
- በቤተሰቡ ውስጥ የነበሩ ኃላፊነቶች

4. ከወላጁ/ጅዋ (ከወላጆቹ/ችዋ) ሞት በኋላ በልጅዎ ላይ ምን አይነት አሉታዊ ለውጥ ወይም ተጽእኖ ተመልክተዋል?
   - የባህሪ ለውጥ
   - የጤና ችግር
   - ስነልቦናዊ ችግር
   - በትምህርት ላይ ያለው ውጤታማነት
   - ከጓደኞች፣ ከቤተሰብ ጋር፣ ከዘመድ ጋር ያለው ግንኙነት
5. ከወላጁ/ጅዋ (ከወላጆቹ/ችዋ) ሞት በኋላ በቤት ውስጥ ምን አይነት የሚና ወይም የኃላፊነት ለውጥ ተፈጠረ?
   - በህይወት የሌለዉ ወላጅ ኃላፊነት
   - ከሞተው ወላጅ ወደ ቤተሰቡ የመጡተ ኃላፊነቶች
   - ስለተፈጠረዉ የኃላፊነት ክፍተት
   - ልጅዎ እነዚህን ኃላፊነቶች ውስጥ ያለዉ ተካፋይነት
6. ቃለ መጠይቃችንን ከመጨረሳችን በፊት መጨመር የሚፈልጉት ነገር አለ?
   - ጥያቄና መልስ ውስጥ ያልተካተተ ነገር
   - የተረሳ ነገር እኔ ማወቅ ያለብኝ ነገር ካለ?

ስለ ሰጡኝ ጠቃሚ መረጃ በጣም አመሰግናለሁ!

ክፍል ሦስት

ከልጆች ጋር ተያያዥነት ያለዉ ስራ ለሚሰሩ ሰዎች የተዘጋጀ የቃለ መጠይቅ መሪ ጥያቄዎች

1. አንድ ወይም ሁለቱንም ወላጆቻቸውን ያጡ ልጆች የሚገጥማቸው ችግሮች እና መሰረታዊ ፍላጎቶች ምንድን ናቸው?
    - አንድ ወይም ሁለቱንም ወላጆቻቸውን ያጡ ህፃናትን ስለመንከባከብ
    - ልጆች ሞትን የሚተረጉሙበት መንገድ
    - የልጆቹ መሰረታዊ ፍላጎት
2. አንድ ወይም ሁለቱንም ወላጃቸውን ያጡ ልጆች ጋር ስትሰራ/ሪ ምን አይነት ችግሮች አጋጥመውሃል?
    - ለየት ያለ አጋጣሚ ወይም በብዛት የሚገጥምህ/ሽ አጋጣሚ
3. ልጆቹን ወደ ተረጋጋ ስሜት ለማምጣት ምን አይነት ዘዴ ተጠቅመሀል/ሻል?
    - ወላጅ ወይም አሳዳጊ ጋር ግንኙነት መፍጠር
    - ሀይማኖታዊ ወይም መንፈሳዊ ዘዴ መጠቀም
4. ልጆች ይሄን አይነት የህይወት አጋጣሚ በሚገጥማቸው ግዜ በምን አይነት ሁኔታ ነው ሀዘናቸውን ሲገልፁ ያስተዋልከው/ሽው?
5. የልጆ ጉዳት መጠን በሞቱት ወላጆች ፆታ መሰረት ይለያያል ብለህ ታስባለህ? አዎ ከሆነ
    - አባት ሲሞት ያለ ጉዳት
    - እናት ስትሞት ያለ ጉዳት
6. አንድ ወይም ሁለቱንም ወላጆቻቸውን ላጡ ህፃናት ስለሚደረገው እገዛና ክትትል ምን ትላለህ? ምን ማሻሻያ ቢደረግበት ይሻላል?

7. የቃለ መጠይቅ ሂደቱን ከማጠናቀቃችን በፊት የምትጨምረው/ሪው የምትለው ነገር አለህ?

ለሰጠኽኝ/ሽ ጠቃሚ መረጃ በጣም አመሰግናለሁ!

Appendix III

Part 1: Response Themes and Codes for the Children Respondents

A. Family background

1. Former family composition

    001. Nuclear family

    002. Grandmother with a nuclear family

    003. Aunt with a nuclear family

2. Current family composition

    001. Siblings and biological mother

    002. Siblings and biological father

    003. Siblings and grand mother

    004. Siblings and parental relatives

3. Deceased parent

    001. Biological mother

    002. Biological father

    003. Both biological parents

4. Child intimate relationship with

    001. Living mother

    002. Living father

    003. Guardian grandmother

    004. Siblings

    005. Rough relationship with the living family members

B. Grief response

1. Grief reaction of the child

The Situation of Children…

001. Crying, shocks, confusions, sleeping disturbance, devastates and frighten

002. Denial, hopelessness, sensitivity, isolation, anger and feeling of accusation

003. Less appetite and attitudinal change towards death

004. Acceptance of the events

005. Deep thought

2. Child involvement in decisions or discussions on the funeral ceremony or service

001. No participation at the funeral ceremony

002. Attend only on the sad room

3. Child intimate relationship with the deceased parent

001. without experiencing parenthood love and care

002. Very intimated to the deceased mother

003. Very intimated to the deceased father

4. Child seek support psychological/ counseling or advocacy from

001. A therapist

002. School teachers

003. Single living parent

004. Guardians

005. Religious institutions

006. Other relatives and neighborhood

C. Gaps observed in the family following the parent/ parent's death

1. The family economy/ finance

001. Decrease

002. Remain the same

2. Residential shifts

001. Shift to the grand parent

002. Re-settle to other area

3. during the time of holiday celebrations

001. Seen the gaps of the deceased parent

D. Specific adverse drawbacks on the child followed the parent/ parent's death

1. Psychological problems

001. Pessimistic about the future and regression

002. Higher level of depression and anxiety

003. Sensitivity, isolation and anger

004. Frustration, hopelessness, restless and emotion

005. Socialization difficulties

006. Jealousy and undermine feelings

007. Using addictive substances

008. Making friends whom parent/ parent's death

2. The educational shortcomings

001. Lose of interest in attending classes and studying

002. Frequent failure in academicals grades

003. Lose of supportive monitoring and encouragement

004. Dropout school

005. Lack of educational materials and school fees

006. Passive class and school club activity.

3. Health problems

001. Chronic illness related to pre and post-marital care

002. Contaminated diseases related to sanitary lack

003. Less appetite and malnutrition

004. Sicknesses caused by stress

005. No health problem experienced

4. Economical shortcomings

001. Lack of daily meal/ food

002. Lack of Cloths

003. Housing problem

004. Lose of vocational recreation

5. Problems in decisional and coping mechanism

001. Unhealthy behavioral practices

002. Coping stresses with addictive substances

003. Choosing institutional care than living within the family/ guardian

004. Going out to street life

E. Roles and responsibility shifts among the family member

001. Living parent managing both the family survival means and internal house activity

002. Living parent only managing the family survival means

003. Both the living parent and child involved in income generating businesses

004. Child controlling the internal house activities

005. Relatives, neighbors, organization and institution involvement on the family survival

Part 2: Response Themes and Codes for the Guardian/Care Taker Respondents

A. Relationship, roles and responsibilities with the child

1. Relationship with the child

001. Biological mother of the child

002. Biological father of the child

003. Grandmother of the child

004. Other relatives

2. Conditions that resulted to the primary caregiver/ guardian roles

001. Followed the mother's death

002. Followed the father's death

003. Followed the parent's death

004. Followed the living parent illness/ disability

B. Child responses and behavioral changes at the time he/ she is aware about the parent/ parent's death

1. Exact time that the child aware the parent/ parent's death

001. Soon after the parent/ parents death

002. When the child grown up

2. Child reaction/ grief process through the observation of the guardian/ care giver

001. Crying, shock, confusion, devastates and frighten

002. Denial, hopelessness, sensitivity, isolation, anger and feeling of accusation

003. Less appetite and anger

3. Child behavioral change through the observation of the guardian/ care giver

001. Theft and disobedience

002. Feeling of anxiety when the living parent/ guardian illness

003. Unwillingness to the discussion related to the deceased parent/ parents

004. Hiding their emotion

005. Decreasing in academicals performance

4. Person treating the child at the parent/ parent's death

001. Living parent

002. Relatives or guardian

003. Siblings

004. Age-mates neighborhood

005. School teachers

C. Roles and responsibilities of deceased parent.

1. Deceased parent/ parent's roles

001. Only the deceased father was managing the family economy/ finances

002. Deceased mother was managing the inside house activities

003. Both deceased parents were managing the family economy

D. Roles and responsibilities shifts occurred within the family followed the parent/ parent's death

1. Economical roles shift

001. Living mother start involving income generating businesses

002. Siblings start supporting the family survival means

003. Relatives start supporting the family survival means

004. Organizations and religious institutions start supporting the family

2. Psychological roles shift

001. Living father become the primary care giver of the child

002. Guardian become the primary care giver of the child

003. Institutions became care giver of the child

3. Child sharing role of the deceased parent

001. There is no contribution

002. Contribute in the internal house activity

003. Contribute in the family economy/ finance

Part 3: Response Themes and Codes for Key Informants

A. Position

001. Officer In Addis-Ketema Sub-City in A Position of Child Rights, Security and Supporting Services under Women And Children Affair Program

002. Officer in Addis-Ketema Sub-City in a Position of Research, Project and Advocacy Expert under Women and Children Affair Program.

B. Children major problems facing in loosing parent/ parent's

001. Economic problems

002. Psychological problems

003. Educational problems

C. Challenges in working with children lost their parent/ parent's

1. Regarding the vulnerable orphans children

001. Preference to institutional care than family/ guardian care

002. Children Uncooperative/ untrustworthy relationship with the institutions and organization

003. Consumption of addictive substances

004. Unhealthy relationship with their primary caregivers/ guardians

2. Regarding the community

001. Negative attitudes towards vulnerable orphan's children

002. Preference to institutional care than family/ guardian care

003. Dependency syndrome

3. Regarding the servicing organization/ institutions

001. Lack of finance, budget and skilled human resource

002. Gaps in addressing the isolated vulnerable orphans children

003. Improper servicing

004. Lack of further research

005. Preceding the organizational/ institutional goals and objectives

006. Lack of trainings and sustainable self-aid programs.

4. Regarding the policies, rules and regulations

001. Problems in implementation, monitoring and evaluation of projects, programs and services

002. Inflexibility and uncooperative condition with the servicing bodies

003. Failure to considering in servicing self-headed vulnerable orphans children

004. Failure to update in recent international convention of child right and security

005. Lack of special need programs in school and community

5. Coping mechanism of vulnerable orphan's children

001. Crying, isolation, and accusation on the living parent

002. Going out to street life

003. Chose Institutional care than Foster care

004. Using addictive substances

6. Degree of vulnerability depends on the sex of the deceased parent

001. Varied from one family to another

002. Mother's death

003. The intimate parent

7. Respondent's personal comments in improving services

001. Implementing home to home visiting programs

002. Implementing foster care/ group home programs

003. Creation of community awareness

004. Promoting sustainable self-aid programs

005. Creating cooperative work condition.

002. Implementing foster care/ group home programs

003. Creation of community awareness

004. Promoting sustainable self-aid programs

005. Creating cooperative work condition.