

Assessing the Psychosocial Status of AIDS Orphans

(The case of fostered AIDS orphans in Woreda 5, Addis Ababa)

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Dedicated with Deepest Condolences to:

All Children who have lost their dear lives due to HIV they received from their parents, through mother to child transmission (MTCT),

and the modes of transmission other than MTCT

And

My beloved family

DECLARATION

I hereby declare that the thesis entitled, Assessing the Psychosocial Status of AIDS Orphans (The case of fostered AIDS orphans in Woreda 5, Addis Ababa), submitted by me for the partial fulfilment of Masters Degree in Social Work to Indira Gandhi National Open University, IGNOU, New Delhi, is my own original work and has not been submitted earlier, either to IGNOU or any other institution for the fulfilment of the requirement for any other program of study.

I also declare that no chapter of this research work as a whole or in part is lifted and incorporated in this report from any earlier work done by me or others.

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CERTIFICATE

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which he / she is submitting, is his / her genuine and original work.

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Abstract

Background

One of the destructive social impacts of HIV/AIDS is the problem related to children who lose their parents before reaching adulthood. Thus, AIDS orphans are one of the vulnerable groups of people who are facing various types of psychosocial problems. As a result, in this era of HIV/AIDS, orphan-hood is always linked with sufferings of various types.

Objective

Asses the psychosocial status of AIDS Orphans with particular emphasis on Fostered AIDS orphans.

Methods

The study was conducted in Woreda 5, under the Arada Kifle Ketema, in Addis Ababa, from June 2014 to October 2014. Purposive sampling method was used to select 100 AIDS orphans. The study also employed a descriptive survey method using structured questionnaire, focus group discussion (FGD), and an In-depth interview to generate cross-sectional qualitative data.

Results

The death of parents significantly affects the overall development and health conditions of AIDS orphans in general. However, apart from the AIDS orphans who are cared for by members of the extended family and those who are living under the supervision of their own older brothers and sisters, orphans who are cared for by persons with no blood relationship (foster parents), are more abused and exploited both physically and psychologically.

Conclusion

In the course of this research, it is evidenced that the psychosocial sufferings faced by orphans are more severe with children cared for by foster parents than those orphans who are cared for in another arrangements.

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LIST OF ACRONYMS

AIDS:	Acquired Immune Deficiency Syndrome
BGWCSSC:	Brothers of Good Works Counseling and Social Services Centre
CBOs:	Community Based Organizations
CYFWO:	The Children, Youth and Family Welfare Organization
FAO:	Fostered AIDS Orphan
FBOs:	Faith Based Organizations
FGD:	Focus Group Discussion
FHAPCO:	Federal HIV/AIDS Prevention and Control Office
FHI:	Family Health International
GOs:	Government Organizations
HIV:	Human Immunodeficiency Virus
MOLSA:	Ministry of Labour and Social Affairs
MOH:	Ministry of Health
NGOs:	Non-Governmental Organizations
OBR:	Orphans under Blood Relatives
OVC:	Orphans and Vulnerable Children
UNAIDS:	Joint United Nations Program on HIV/AIDS

Glossary

AIDS Orphan – A child who has lost one or both parents due to HIV/AIDS

Child Headed Family – A house headed by an older orphan who is caring for her / his orphaned sibling/s

Double orphan - A child under age 18 whose mother and father have both died.

Double AIDS Orphan - A child who have lost both parents due to HIV/AIDS

Fostering – Caring for a child who is not one's own

Foster Parent – A person caring for a child / children who have lost one or both parents due to HIV/AIDS, or other reasons than HIV/AIDS, without having blood relationship with the child / children

Foster child – Children that are not direct biological descendants of their caregivers.

Marginalized group - Group of people who had been relegated to the lower echelons, or outer edges, of society based on gender, education, genealogy, culture, nationality, race, or economic status. The process by which this occurs is defined as marginalization, that is, the process of being made marginal.

Members of the Extended Family – Persons who have blood relationship.

Orphan - A person under 18 years of age that has lost both parents. Reference is also given to children who have lost a father (paternal orphans) and children who have lost their mother (maternal orphans)

Orphanage – An institution in which orphans are kept

CHAPTER ONE

INTRODUCTION

1.1 - Background

One of the destructive social impacts of HIV/AIDS is the problem related to parents who die and leave small children behind. It is obvious that, following the death of their parents, most orphans are cared for by members of the extended family, live under the supervision of their older brothers or sisters, and few are cared for by foster parents. Those who have no one to support them in the community usually go to street or orphanages.

It is also clear that AIDS orphans are one of the marginalized groups of people who are facing various types of psychosocial problems. As a result, in this era of HIV/AIDS, orphanhood is always linked with sufferings of various types.

The major aim behind conducting this research is creating knowledge base on the psychosocial situation of fostered AIDS orphans and also to create public awareness as the problem affects the proper mental growth and physical development of AIDS orphans.

In this research, some suggestions that will help to address the needs of fostered AIDS orphan are also included.

1.2 - Statement of the Problem

Ethiopia is among the countries most affected by the HIV epidemic. With an estimated adult prevalence of 1.5%, it has a large number of people living with HIV (approximately 800,000); and about 1 million AIDS orphans (FDRE, 2012).

It is obvious that Ethiopia is still a country with a high prevalence of HIV. HIV, since it was first identified in Ethiopia some 24 years ago, has been an issue of great importance. One of the destructive social impacts of HIV/AIDS in Ethiopia is the problem related to parents who die and leave small children behind (MOWA / FHAPCO, 2010).

It is also true that children and youths are the major segments of the society who are responsible for building-up on the development activities that have already been started by their ancestors. For children to be development partners and the backbone of future generations, they must grow up socially, psychologically, physically, and emotionally unhurt.

However, various reports, studies, and, moreover, first hand observations gathered from various social workers and social work agencies engaged in providing support for orphans indicated that especially children orphaned due to HIV/AIDS, as one of the marginalized groups of people, are not cared for properly and their human and legal rights are abused.

“. . . one of the most tragic and difficult challenges of the HIV/AIDS epidemic is the growing number of children who have lost parents to AIDS or whose lives will never be the same because of it. The crisis is both enormous and complex, affecting many millions of children. Nothing can take away the pain that these children have already endured.....” (UNICEF /UNAIDS, 2004).

Children, after the death of their parents, are either supported by their descendants or the friends, neighbours or colleagues of their deceased parents. However, these orphans are usually reported to have faced with various types of psychosocial problems ranging from inability to fulfil basic necessities i.e. (food, shelter and clothing) to developing critical psychological problems such as loneliness, depression, psychological trauma which affect them deeply, develop stress and moreover, a great deal of hopelessness (L.Varnis, 2010).

As a result, many of them are forced to go out to streets in search of daily labour activity performed against a small amount of payment. Once on the street, the girls will be raped, contract HIV, get pregnant, give birth to HIV positive children, they will be forced to engage in sex selling activity and, in their turn, start spreading the virus among the society (HATiP, 2009).

Whenever orphans are starved and find it difficult to get their daily bread, they are also involved in unhealthy, destructive and anti-social copying mechanisms, including theft, begging, prostitution, etc, etc.

On the other hand, the GOs, NGOs, and individuals engaged in social work activities also report that the orphans who stay in their caregivers' houses too, and especially those who are cared for by persons who have no blood relationship with them, are expected to pay back, for what they have received from their caregivers, in the form of involvement in various types of house chores. Thus, the involvement in house chores affect most part of orphans lives, as they are not allowed to go to school before completing their house chores, they have no study time, they are fed less than the calorie they spend while working in the house, they are not properly clothed, etc, etc.

For this reason, this research, apart from those orphans cared for by members of the Extended family and Child headed households, focused on fostered AIDS orphans who are believed to be most affected by the above mentioned social and psychological problems.

The other reason for focusing on this particular group of orphans is the information received from AIDS orphans themselves, the employees of social work agencies and moreover, the researcher's first hand observation on the situation of fostered children residing in the study area. The researcher, as an employee of a pioneer Social Work Agency which is engaged in providing psychosocial support for AIDS orphans, has for years observed that apart from the above mentioned two groups of orphans, children cared for by the friends, neighbours or colleagues of their deceased parents have been shouldering various types of problems.

Moreover, what encouraged this researcher to work on this issue is the paradox observed regarding the group of children in focus, and the reality on the ground. This is to say that the psychosocial problems faced by fostered orphans being enormous, the number of research work done regarding Fostered AIDS orphans are very limited.

Thus, the major aim behind conducting research work on the status of fostered AIDS orphans is to investigate and draw conclusion on the extent of the said problem and to create knowledge base in the area of psychosocial situation of fostered AIDS orphans.

1.3-Research Questions

1. What is the psychosocial status of fostered AIDS orphans in the study area?
2. What is the real experience of AIDS orphans cared for by foster parents?
3. What are the greatest challenges of Fostered AIDS orphans?
4. What are the major support needs of Fostered AIDS orphans?
5. What benefits do you think one gets by growing in the hands of biological parents?
6. What is the real experience of Social workers engaged in providing support for orphans?
7. What is the opinion of Foster parents who are caring for fostered children?

1.4- General and Specific Objective of the Study

1.4.1. General Objective

The general objective of this research is to identify the psychosocial status of Fostered AIDS Orphans residing in Woreda 5, Addis Ababa, and to release the findings for the use of concerned individuals, CBOs, FBOs, GOs, NGOs and other interested groups.

1.4.2. Specific Objectives

The specific objectives of this research include:

- Identifying the situation of fostered AIDS orphans in Woreda 5, Addis Ababa
- Suggesting possible recommendations, based on the finding of the research, to be applied by concerned government and non-governmental organizations.
- Proposing social work intervention activities on the possible problems said to be affecting fostered AIDS orphans residing in the study area

1.5- Significance of the Study

In view of the above background, the present study is expected to have the following contributions:

- It may provide valuable information for concerned individuals; community based organizations, governmental and non-governmental bodies, as well as other service providers, about the real situation of AIDS orphans in the study area
- Raising the awareness of the community about the situation of Fostered AIDS orphans
- It may serve as an initial reference for researchers and stakeholders who might be interested in conducting research at a larger scale on the problems of AIDS orphans.
- The research also includes some suggestions for future action that will help to address the needs of AIDS orphans in the country in general.
- It is also hoped that the findings of the research assists field workers in other developing countries too that are faced with the challenges of orphans and other vulnerable children's issues.

1.6- Limitation and Scope of the Study

The study is delimited only to one Woreda in Addis Ababa and this might not be an exact sample in a big city which is divided into 116 Woredas.

In addition, as the study targeted fostered orphans aged 12-18, some of them might not be matured enough to give proper information. The relatively small ones are assumed not to be very considerate not to give incorrect information while filling out the questionnaires.

The study was conducted to identify the psychosocial status of fostered AIDS orphans. Thus, the findings of the research might not be generalized to the entire AIDS orphans who live in the rest of the above mentioned living arrangements.

1.7. Organization of the Thesis

The research work is organized into five chapters.

The first chapter includes the introductory part that deals with the statement of the problem, the research objectives and questions, significance of the study, limitation and scope of the study, and organization of the thesis.

The second chapter discusses the literature review part that deals with the general concept on AIDS orphans and continues by examining the needs of AIDS orphans and the reason why Fostered AIDS Orphans are more vulnerable to abuse and exploitation. Lastly, the Chapter tries to see the existing rules and regulations regarding the rights of the child.

The third chapter discusses methods which includes the study design, the study area, study population, sample size, sampling procedure, data collection procedure, data processing and analysis, data quality assurance, ethical consideration, and dissemination of results

The fourth chapter discusses the findings of the study.

The fifth and the last chapter present the summary, conclusion and recommendation.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

This chapter discusses the general concept on AIDS orphans and continues by examining the needs of AIDS orphans and the reason why Fostered AIDS Orphans are more vulnerable to abuse and exploitation and, at last, tries to see the existing rules and regulations regarding the rights of the child.

2.1- Overview on AIDS Orphans

Literature especially on fostered AIDS orphans is very limited. Therefore, the information on the overall situation of these children is mixed-up with the situation of AIDS Orphans in general and mainly consists of reports, studies, assessments and surveys conducted by international, governmental and non-governmental organizations and individuals. As a result, the reading materials consulted by this researcher are reports, study results, abstracts and assessments conducted by individuals, GOs, NGOs and UN agencies rather than publications published in the form of booklets or books.

Thus, UNICEF's Global Monitoring and Evaluation Group proposed that an orphan is a child below the age of 18 who has lost one or both parents. Ethiopia is one of the three high HIV prevalence countries in Africa and who also has big number of AIDS orphans.

"As of 2009, Ethiopia is estimated to have 5,459,139 orphans of whom 855,720 are orphans due to HIV and AIDS, one of the largest populations of OVC in Africa (Single Point HIV Prevalence Estimate, MOH 2007). Given the context of Ethiopia, all OVC, directly or indirectly are vulnerable to HIV and AIDS and other health, socio-economic, psychological and legal problems. This vulnerability may be linked to extreme poverty, hunger, and armed conflict and child labour practices, among other threats. All of these issues fuel and are fuelled by HIV and AIDS." (MOWA /CYFWO / FHAPCO, 2010).

Similarly, Steven L. Varnis, Ph.D., in his abstract entitled, "Promoting Child Protection through Community Resources: Care Arrangements for Ethiopian AIDS Orphans, says,

"One of the key development challenges posed by AIDS in Ethiopia is providing care for the vastly increased number of orphans resulting from the pandemic... the development challenges posed by AIDS orphans in Ethiopia are considerable. The macro-sociological problems have been identified in general terms, including the security threat posed by vast numbers of parentless youth, the drain on health care expenditures, manpower/labour force participation consequences, and so forth. Many of the micro-sociological problems have been identified as well, including the grief experienced by orphans, the stigma and discrimination they face, and

the abuse and exploitation they often experience.” (L.Varnis, 2010).

AIDS orphans are one of the marginalized groups of people who share various types of psychosocial problems faced by commercial sex workers, street children, refugees, women, children, the elderly, persons with disabilities, etc, etc. Thus, being an orphan is always associated to marginalization and vulnerability.

In this era of HIV/AIDS, it is a day-to-day seen that one of the highly affected and infected sections of the society is children. HIV/AIDS has exposed many AIDS orphans, all over the world and especially in Africa, to various social, economic and psychological disasters the major one being the abuse of their different rights.

Experience has shown that the problems faced by orphans usually begin long before the death of their parents. They are infected with HIV they directly get from their mothers through mother-to-child transmission and the virus they get through forced sex. They are also vulnerable to various types of abuses and exploitation. The girls face abduction, rape, unwanted pregnancy, abortion, fistula problems, STIs, and different kinds of gynaecological problems.

AIDS orphans are also indirectly affected when their parents and other close relatives become ill and die. They cannot attend their education properly because they have to take care of sick and dying parents. Moreover, they grow up emotionally hurt.

AIDS orphans abandon their parents' houses' and go to streets due to fear of stigma and rejection from the society. Once they are out of their houses, they will be obliged to engage in any one of the minimum wage level jobs and the girls become child prostitutes.

‘.... With 12-15 million children globally having lost a mother, father or both parent to HIV/AIDS, and millions more are in a danger of losing their parents due to HIV infection, it is all too easy to find sad and disturbing stories regarding orphans and vulnerable children. The problems often start while their parents are ill. The strain of living with a parent, whose health is failing— possibly over quite a long period of time, can leave a lasting imprint on a person’s psyche. For most children whose parents have HIV, this ultimately leads to bereavement — which may be made all the more challenging by the cause of death, or rather the community’s prejudice about it.’ (HATiP, 2009, Page 2).

According to a study on street children held in Durban and presented at the South African AIDS Conference,

... some children choose a life on the streets — where life is pretty much guaranteed to be traumatic ...At night, the girls depend upon the boys for protection, but are raped frequently and not just by one person — gang rape is common (HATiP, 2009, Page 3).

In South Africa, evidence suggested that AIDS-orphans are significantly more likely to start having sex at an earlier age. A study presented at the South African AIDS Conference suggested that early sexual debut may be more common when the parent lost is the same gender as the child.

Unfortunately, the sexual debut may be due to sexual abuse or survival sex. According to one study in Zambia, orphans and vulnerable children surveyed said that their greatest problem was 'defilement' (HATiP, 2009, Page 3).

The human and legal rights of orphans regarding property, inheritance, and the like are not insured. Their rights to proper diet, education and vaccination are denied. They are usually neglected, harassed and insulted. Many orphans do not have their own homes. They move out of their caregivers, be it members of an extended family or fostered parents' houses, whenever they are treated differently and are forced to take on a large burden of household work, respectively (HATiP, 2009, Page 5).

An extensive fieldwork by Dr Virginia Bond of the London School of Hygiene & Tropical Medicine, found that children orphaned by HIV in Zambia expressed feelings of rejection, exclusion, loneliness, pain, feeling "different" because they aren't treated the same as other children (Bond, 2008).

Psychological trauma deeply affects orphaned children, who may suffer from stress, depression, and a great deal of hopelessness.

Similarly, Dr. Cluver, (2008) a researcher who has also co-authored a definitive review on mental health, believes there is clear evidence of psychological distress in AIDS orphans, but not so much regarding AIDS-affected children.

".....I think that we now know quite a lot about children who have lost a parent - the impacts on mental health, physical health and education are important (Cluver 2008).

A national survey in Zimbabwe including 5,321 orphans and non-orphaned children aged 12–17 found that psychosocial disorders, especially depression, were significantly more common among orphans, even when controlling for poverty, gender, age of household head, school enrolment and adult support.

'.....some studies found orphan-hood to be the only significant predictor of poor mental health outcomes. One example was a study by Atwine et al in rural Uganda, which interviewed 123 orphaned children and 110 matched non-orphaned controls, aged 11–15, using the Beck Youth Inventory. Orphans were more likely to suffer from anxiety, depression, and to display anger and were also significantly more likely to think about suicide.' (HATiP, 2009, Page 5).

In addition to the various types of abuse, neglect and exploitation, the above mentioned reports and observations also indicated that the rights abuse is more severe on children orphaned because of HIV than those children orphaned because of reasons other than HIV.

In the largest South African study to date, which involved 1,061 children (455 orphaned by AIDS, matched controls of 278 non-orphaned children and 328 orphaned due to other or unknown causes), children orphaned by AIDS reported significantly more depression, peer problems, conduct problems and delinquency than the non-orphans or orphans due to other causes. Even when controlling for socio-demographic factors were controlled for, such as age, gender, poverty, migration and household composition, these differences remained. Even so, some factors had strong ‘strong mediational effects’ and should be noted because they may offer potential targets for interventions that may alleviate or even protect against of some of the mental health consequences of orphan-hood (HATiP, 2009, Page 5).

“.....most importantly, in impoverished rural settings in Zambia, orphans were forced to work while other family members were eating Orphans (regardless of cause) appear to be more often forced into child labor — one study in Ethiopia reported that more than three-quarters of the domestic workers were orphans. In Tanzania, 38% of the children working full time to quarry tanzanite are orphans while in Zambia, 47% of the children involved in sex work were double orphans (in other words, they had lost both parents), while 23%, were single orphans.” (Virginia Bond, 2008).

The Literature Review looked into the features of some of the existing documents regarding the situation of AIDS orphans in and outside of Ethiopia in general. Thus, according to the existing literature, it can be concluded that most AIDS orphans are leading miserable lives.

Thus, the chapter starts by addressing the general concept on AIDS orphans and continues by examining the needs of AIDS orphans and the reason why Fostered AIDS Orphans are more vulnerable to abuse and exploitation. Lastly, the Chapter tries to see the existing rules and regulations regarding the rights of the child.

2.2- What are the Needs of AIDS Orphans?

According to the joint Ministry of Women Affairs (MOWA/ CYFWO) and the Federal HIV / AIDS Prevention and Control Offices (FHAPCO) OVC Care and Support Standard Service Delivery Guideline, the services to be provided for orphans and vulnerable children should cover seven core areas. These are provisions of Shelter and Care, Economic strengthening services, Legal protection, Health care, Psychological support, Education and provision of Food and nutrients (MOWA/ CYFWO) / FHAPCO, 2010).

Family Health International, FHI's, Orphans and Vulnerable Children (OVC) Program Standard, in its part states,

..... children deserve quality care, support, and protection. The more vulnerable a child, the more support he or she will likely need to lead a normal childhood (FHI, (2008)).

FHI's Service Standard classified the needs of OVC into nine areas of support which includes dealing with Cross-cutting issues regarding OVC, provision of care and Support, provision of health services, provision of food and nutrition, provision of education, provision of psychosocial support, provision of shelter and care, strengthening household economic and protecting children from neglect and exploitation, and physical, verbal, and sexual abuse and helping them to exercise their human and legal rights in full (FHI, (2008)).

Thus, the areas mentioned above are believed to respond to the basic needs, and human rights of children. The standard, according to FHI is aligned with the core areas of support for OVC programs established by the US government.

“the goals for care arrangements should include the following. Arrangements should focus on, and replace, what children have lost: the love, support and protection of parents. Orphan care should be sensitive to the needs of children of different age, experiences and needs. Care arrangements should ensure that children are not put into a position of being abused and/or exploited under the guise of providing care.

Support should prepare children for a wide range of future roles, not just economically productive ones. Arrangement should give children the option of choosing to be adopted, and efforts should be made to provide that option (L. Varnis, 2010).

Based on the above cited facts, the different needs of AIDS orphaned children can be put under one big category: Holistic psychosocial support.

To be more specific, AIDS orphaned children need family and community based care, access to education and provisions that help them to stay in school. This includes, paying school fee for them, providing them with school materials and school uniform, organizing tutorial class, facilitating access to quality social services including health, nutrition, water & sanitation, shelter, provisions of counselling services and other psychological support which includes involving orphans in sports and other different recreational activities and protection of and advocacy for the rights of children.

2.3. Why are Fostered AIDS Orphans said to be More Vulnerable to Abuse and Exploitation?

According to UNICEF's Global Monitoring and Evaluation Group, Fostered Children are children that are not direct biological descendants of their caregivers. Accordingly, Foster parents are those adults who are caring for orphans who have no blood relationship with them.

In Ethiopia, as in most traditional societies, there is a strong culture of caring for orphans. Accordingly, orphans are usually cared for in mostly three settings. These are, a setting in which orphans are cared for by extended family members, an arrangement in which orphans are supervised by older brothers or sisters, called Child-headed households, and orphans who live in households in which they are cared for by foster parents.

Thus, according to the information received from persons working in social work agencies which are engaged in providing psychosocial support for AIDS Orphans, the AIDS orphans themselves, members of Community Based Organizations (CBOs), and moreover, the researcher's first hand observation, as a staff member of an NGO providing support for orphans, witness that Fostered AIDS Orphans are more vulnerable to abuse and neglect than those of the orphan groups who are cared for by persons who have direct blood relationship with them.

The reason for this, according to these same informants and persons who have participated in this research, is the way in which the orphans are absorbed into the houses of foster parents. Most foster parents decide to support orphans because of sympathetic emotion created at a death of a friend, a colleague or a neighbor.

The foster parents usually decide to care for orphans without having any realistic background. The decision made is not usually appropriately conceived and arranged. It is unplanned and based more on the interest of the foster parents than the interest of the fostered children.

"...both older and younger parents often fall in love with the idea of having a baby, without really understanding the full range of parenting challenges...Without giving careful thought to how you will manage, financially and otherwise, the needs of the fostered children who may become dependent upon them" (HATiP, 2009, Page 5).

As a result, the support received by orphans especially from foster parents is not an accountable measure that guarantees the provision of adequate care. Moreover, foster care, in most cases, does not prevent orphans from abuse and exploitation.

It is also observed, in a very few cases, that fostered children are vulnerable to abuse and exploitation due to poverty.

..... many caretakers' ability to cope with another mouth to feed is limited by poverty. The familiar narrative of orphans being treated as an unwanted burden is thus common across many cultures. For instance, a study in Mozambique reported that non-biological children placed in a non-poor household are treated more or less the same as the biological children, but in the poor households, there appeared to be "discrimination in the intra-household resources against children that are not direct biological descendants of the household head." (HATiP, 2009, Page 5).

From our general observation, we see that most foster parents in the 3rd World countries in general and Ethiopia in particular, are poor themselves. They have no permanent means of income. Most of them engage in an on and off daily labour activities and have two or more children of their own to care for.

Thus, as their decision to care for orphaned children is usually made emotionally, and is unplanned, there comes a time when they will not be able to care for the fostered children properly especially due to financial constraints. As a result, they will be forced not to send fostered children, and also their own children, in some cases, to school. Because of this same reason, they will not be able to feed the orphans properly and, in many cases, they will be forced to engage the children in various types of house chores.

"..... children have the right to be protected from any form of unfair treatment or discrimination because of their gender, race, disability or class (Wealth or poverty)"(HATiP, 2009, Page 5).

It is also observed that some foster parents think that providing food and shelter only will satisfy the needs of fostered orphans. Giving them shelter and food is considered as the biggest gift for fostered children which will be credited by God. Such foster parents believe that other provisions such as sending children to school, provision of proper clothing and nutritious food, etc, are luxurious extra services to be provided only for biological children than children who have become part of their family out of their kindness.

".....orphans are looked on as the remains of the dead person who only bring problems and whose needs are always a second priority."(HATiP, 2009, Page 3).

Thus, based on the above cited information it can be concluded that the first and the major reason for their exposure for abuse, stigma, discrimination, exploitation, etc, is absence of kinship between the orphans and their caregivers.

2.4- What are the Rights of the Child?

The convention on the Rights of the Child adopted by the General Assembly of the United Nations on 20 November 1989 contains 54 Articles. The provision of the Convention states that State Parties,

- Shall undertake to make the principles and provisions of the Convention widely known, by appropriate and active means to adults and children alike
- Shall familiarize organizations concerned with the well-being of children on the Convention and make them aware of the Rights of the Child
- Shall aware the public on the Rights of the Child and there-by promote their good upbringing (*Convention on the Rights of the Child, Article 2*).

The above mentioned Convention, which states that human right begins with children's rights, is based on what children need for survival, protection and development and provides a vision of children's rights for the convention and also promised a world fit for children.

CHAPTER - THREE

Methodology

The method of study used in this thesis is purposive sampling because of the working relationship the researcher has with BGWCSSC, a social work agency with a major objective of providing psychosocial support for AIDS orphans. This chapter incorporates methods such as the study design, the study area, study population, sample size, sampling procedure, data collection procedure, data processing and analysis, data quality assurance, ethical consideration, and dissemination of results.

3.1- Research Design and Methods

Research design

This study mainly uses quantitative research design. It employs a descriptive survey method using structured questionnaire, focus group discussion (FGD), and an In-depth interview to generate cross-sectional qualitative data.

Qualitative research design is included with an aim of elaborating the findings of the quantitative survey and to obtain in-depth information on the situation of the orphans.

Source population

The source populations for this study are three hundred sixty-five AIDS orphans residing in Woreda 5, under the Arada Kifle Ketema, Addis Ababa, and who are receiving various types of support from the Brothers of Good Works Counseling and Social Services Center (BGWCSSC), an NGO operating in this same Woreda. I chose BGWCSSC because it is one of the pioneer organizations in Ethiopia in providing psychosocial support for AIDS orphans. It was established in September of 1992 in Addis Ababa and its major objective is providing psychosocial support for Persons Living with HIV and children orphaned because of HIV/AIDS.

The 365 AIDS orphans (the study population) live in Woreda 5 in three arrangements. Thus, most of the orphans, 183, live with members of the extended family which includes grandparents, aunts, uncles, and other close blood relatives, some of the orphans, 95, live under the supervision of their older brothers and sisters termed as Child Headed households and a relatively few, 87, orphans live under the supervision of persons who used to be the close friends, colleagues or neighbours of their deceased parents termed as foster parents. These have no kinship with the AIDS orphans they are caring for.

Study population

Thus, the study population included 50 (M 25 and F25) out of the 87 Fostered AIDS orphans, 50 (M 25 and F25) out of the orphans who are cared for by members of the extended

family, 3 foster parents (M1 and F2), and 5 (all women) staff members of BGWCSSC, the NGO which is providing various types of support for all of the 365 AIDS orphans, In addition, 20 Fostered AIDS orphans (M 10 F10) were included in the two Focus Group discussion (FGD) sessions.

3.2- Description of the Study Area

The study was conducted in Woreda 5 under the Arada Kifle-Ketema, in Addis Ababa. The area is located at the northern tip of Markato, the biggest open air market place in Africa. Thus, almost all of the residents make their living through various types of small scale trading activities. There are thousands of small retail shops in the area. There are many hotels, bars and night clubs. The number of Chat chewing and Shisha smoking shops and drinking houses is abundant. According to the Administration, Civil Status and Registration Office of the Woreda, the total number of population in the Woreda is estimated to be around 45,000 (*Woreda 5, 2010*).

The economic status of most of the residents of the Woreda is very poor. The Woreda is packed with many commercial sex workers, street girls and boys, daily labourers and middle-men. As the area is very close to the Addis Ababa long-trip-buses terminal, many strangers visit the area and pass nights in the small sleeping rooms packed in the area. This exposes women and youths to risk of contracting HIV.

The socio economic problems contributing to vulnerability of especially women and youths is abundant. Due to this problem, many of the girls in the area are forced to engage in commercial sex work activity. The boys are forced to engage in various types of child labour activities (*Woreda 5, 2010*).

The number of schools and other government facilities in the area is very small. Most of the residents do not send their children to school. The illiteracy rate in the Woreda is very high.

According to the KAP survey conducted in 2013 by BGWCSSC, an NGO operating in Woreda 5, the area is full of the above mentioned socio economic problems which contribute to vulnerability of children. Due to these problems, there are many AIDS orphans in the area. Most of the orphans live with members of the extended family, some of the orphans live in Child-headed households and a few live with foster parents (*BGWCSSC, 2013*).

The study area accommodates many orphaned children who have lost one or both of their parents due to HIV/AIDS and reasons other than HIV. However, this research focuses on the few AIDS orphans who are cared for by foster parents.

3.3- Universe of the Study

The universe of the study consists of the 365 AIDS orphans who are receiving partial support from BGWCSSC. Thus, out of the total size of the study population, the researcher, based on age and sex factors, drew 50 (M 25 and F25) Fostered AIDS orphans and 50 (M 25 and F25) out of the orphans who are cared for by members of the extended family as a sample, and 3 foster parents (M1 and F2) and 5 (all women) staff members from BGWCSSC, the agency that provides the orphans with partial support. The group containing 50 AIDS orphans cared for by close blood relatives was included in the study for comparison.

3.4- Sample Size and Sampling Procedure

The method of study used in this thesis is purposive sampling because of the working relationship the researcher has with BGWCSSC, the NGO / the social work agency which has been supporting AIDS orphans since 1992. Each of the AIDS orphans under BGWCSSC support visit the organization at least once a month to benefit from the various types of supports provided for them. Thus the sample is readily available and selected on purpose.

While performing the research activity what the researcher brought into consideration was time and cost effectiveness. In this regard, the researcher used a readily available group of AIDS orphans who frequently visit BGWCSSC, using their own means of transportation, to benefit from the organization's various services. Thus, no time was expended in recruiting, inviting, convincing and transporting the sample to and from BGWCSSC. Cost wise, except for refreshments, no payment was expended either for hall rent or transportation.

The researcher has also given due attention to sample size and the representation of the social work agency. The researcher included 50 fostered AIDS orphans and 50 AIDS orphans who are cared for by close blood relatives in the filling out process of the structured questionnaire, hold two focus group discussions (FGD) with 20 (M10 and F10) of the 50 fostered AIDS orphans selected because of their maturity, and conducted an in-depth interview with three foster parents and five staff members of BGWCSSC.

The agency represented is a pioneer organization in the area of HIV prevention and control activities in Ethiopia, and has been supporting hundreds of AIDS orphans since more than twenty years.

3.5- Tools and Procedures of Data Collection

Data Collection

Data were collected using both quantitative and qualitative research methods. After the quantitative survey was conducted and the data were analyzed, the qualitative part of the study was conducted to further explain and complement the findings of the quantitative study.

Phase I - Quantitative Study

A structured questionnaire consisting of close-ended questions was used to collect data. The questions were related to the demographic and socio-economic characteristics of the study population.

The data collection tool was first prepared in English and then translated into Amharic, and finally it was translated back into English. The Amharic version was used for data collection after it was pre-tested with 20 AIDS orphans randomly picked-up from among the many orphans who were in the compound of BGWCSSC some days before the real testing was done. The children who were involved in the pre-test were the same age as the study participants and were there to deliver their exam results of the previous Ethiopian academic year, to concerned staff members of BGWCSSC. The pre-test helped the researcher to see whether the questions in the questionnaire were relevant to the age and educational level of the children to be included in the study.

Phase II - Qualitative Study

This part was aimed at elaborating the findings of the quantitative survey in simple language using short and concise narratives. The qualitative part was included to give more clarification on the data gathered and to create easy understanding of the study result for the would be readers of the research work.

Part I - Questionnaire

Fifty (25 Females and 25 males) Fostered AIDS orphans and 50 AIDS orphans (25 male and 25 females) cared for by close blood relatives filled out the structured questionnaire. The questionnaire contained 21 questions and the time allocated for the activities was 1:30 hours. The filling out session was held in BGWCSSC's Conference room.

The questionnaire comprised psychological aspects such as closeness between foster parents and the foster child, academic performance, time allocation to perform various activities in the foster home, stigma and discrimination, whether there is kinship between foster parent and child, the level of effort done by foster parents for the mental and psychological development of fostered children, whom the orphans consult when they are in a serious problem, for whom does children share their secrets and issues such as demographic aspects (the age and sex distribution of respondents), the health aspects of orphans such as HIV status, general health condition, socio-economic aspects such as feeding and nutrients, category of foster parent, length of stay with foster parents, clothing and shoes, Educational aspects such as school attendance, grade level, rank in class, extracurricular activity, and the future plan of the fostered children.

Thus, the tallying and analysis of the information gathered took two consecutive days and the work was started the next day after the filling out of the questionnaire.

Part II - Focus group discussion (FGD)

A one-and-half-hour FGD was conducted with 20 fostered AIDS orphans, 10 female and 10 male respondents aged between 16 and 18 years. The orphans based on sex were divided into two groups of 10 orphans each and the focus group discussions were held in two consecutive days. The respondents, older orphans, were believed to generate discussion and provide rich information. Topic guides were developed based on the research questions to facilitate and keep the discussion on track. The researcher raised relevant issues for discussion and all of the participants shared their views on the subject.

Different facilitation skills were used to keep every participant attentive and participatory.

The FGD was conducted in a well-furnished and well ventilated Training Room located in the compound of BGWCSSC, in July 2014, the Ethiopian rainy season when all schools in the country were closed for two months vacation.

At last, the notes taken by the researcher were organized and typed into computer on the same day of gathering the information. The proper recording of the FGD took a bit more than two hours.

Part III - In-depth interview

The interview was held with three Foster parents and five of BGWCSSC's staff members, respectively. The interviews were done in separate days. The three Foster parents were two women and a man caring for one fostered child each. The orphans cared for by the foster parents were two girls and a boy aged between 12 and 15 years. Similarly, the BGWCSSC staff was composed of two nurse counselors, two community motivators and a social worker. The interviews were conducted on an individual basis and in separate rooms, in the agency. The interview was done through face-to-face verbal interchange in which the interviewer attempts to draw information or expressions of opinions from the interviewee.

Hence, the interview question presented for BGWCSSC staff encompassed the following main categories: Educational background (specialization) of the interviewee, work experience with AIDS orphans, the degree of relationship they have with orphans, their observation on the psychosocial problems faced by Fostered AIDS orphans, the psychological support provided for AIDS orphans by their organization, their observation on academic performance of the children, whether there is difference between the two groups of orphans regarding stigma and discrimination, the most affecting specific problems faced by these specific group of orphans, the reasons for more suffering of Fostered AIDS Orphans, and the mechanism used by the staff members to Identify and smoothen / correct the sufferings faced by Fostered AIDS orphans.

Similarly, the interview questions presented for the three Foster parents included the following questions: to whom does the orphans you are caring for belong, how long have you been caring for the orphan under your support, how do you define the behaviour of the

child you are caring for, What types of efforts are you making for the best / bright future of the orphans you are caring for, what is the degree of relationship / closeness between you and the orphan you are caring for, do you send your child to school regularly, do you assign study time for the child you are caring for, how do you define the academic performance of the child under your supervision, how long does your child engage in house chores a day, what is your economic status, and the reason you decided to care for the foster child ?

In both cases the researcher took note of the points raised in the discussion. One interview took an average of 45 minutes and the recording in a computer of the information gathered was done on the same day of the data collection and took about two hours each. All of the in-depth interviews were handled by the researcher.

The data collection process held with the different groups yielded important, in-depth and supplementing information on the theme touching relevant issues of the research.

3.6- Data Processing and Analysis

Following the completion of data collection, the researcher took step forward to study the findings. Thus, the quantitative data was analyzed using frequency distributions and percentage which enabled the researcher to identify the situation of fostered AIDS orphans in Woreda 5 under the Arada KK, in Addis Ababa.

The qualitative data i.e. the combination of the In-depth interview and the FGD, on the other hand, provided the researcher detailed information on the psychosocial status of fostered AIDS orphans in the study area. The type of questions asked in the qualitative research focused more on the psychological situation of the orphans in focus.

Combination of the qualitative result with result from the quantitative study yielded elaborated meaning to the status of fostered AIDS orphans and finally, the data were presented in tabular form composed of frequencies, percentages and narrations.

3.7- Ethical Consideration

Prior to the actual data collection session, the researcher asked permission from the respondents. All of the 100 AIDS orphans, the 20 FGD participants, the 3 foster parents, and the five staff members of BGWCSSC were requested to give their written consent after the researcher explained the objectivities of the research, the confidentiality of the work, the benefits to be gained at the end of the research process, and also the ups and downs to be faced by the study population in the course of the research activity. The subjects were also informed that they can stop participating in the study any time they wanted or refuse to give answer to any question/s during the research process. Thus, finally the researcher managed to get written consent on the part of the respondents successfully.

The respondents were also informed that all pieces of information gathered from them has no harm on them and were to be used only for academic purpose i.e. partial fulfilment of a Masters degree in Social Work from IGNOU.

CHAPTER FOUR

Findings

This chapter mainly focuses on the analyses and interpretation of the findings in both quantitative and qualitative method. In this study a total of 100 respondents aged between 12 and 18 were asked to answer a structured questionnaire written in Amharic and 20 (M 10 & F10) older orphans (aged 16-18) participated in two FGD sessions held in separate days. Three foster parents caring for fostered children and five professionals from BGWCSSC were also included in the study. All the respondents reside in Woreda 5, under the Arada KK, in Addis Ababa.

Highlights of the analysis and discussion of the findings are briefly presented as follows:

4.1. Age and Sex Distribution of Respondents

Table 1

AGE	FAO				OBR			
	Sex		Total	Per-centage	Sex		Total	Per-centage
	Male	Female			Male	Female		
12 – 14	13	15	28	56 %	12	14	26	52 %
15 – 18	12	10	22	44 %	13	11	24	48 %
19 and Above	-	-	-	-	-	-	-	-
Total	25	25	50	100 %	25	25	50	100 %

As indicated in the table above the majority of the fostered AIDS Orphans (FAO) is between the ages of 12-14.

The same is true with the children who are cared for by blood relatives. This, in both cases, shows that orphans below the age of 14 (with younger age) are more dependent on persons caring for them.

4.2. HIV Status of Orphans

Table 2

HIV STATUS	FAO				OBR			
	Sex		Total	Per-centage	Sex		Total	Per-centage
	Male	Female			Male	Female		
HIV Positive	-	-	-	-	5	7	12	24 %
HIV Negative	24	23	47	94 %	4	6	10	20 %
Not Tested	1	2	3	6 %	16	12	28	56 %
Total	25	25	50	100 %	25	25	50	100 %

The above table shows that no HIV positive child was cared for by foster parents. In addition, almost all of the FAO (94 %) are free from HIV infection while about a quarter (24 %) of the orphans cared for by close blood relatives (OBR) live with HIV. Similarly, only 6 % of the FAO are not tested for HIV while more than half of the OBR (56 %) are not tested. One of the staff from BGWCSSC said, "...this is a usual thing for most foster parents, they do not want to care for children who live with HIV.

The main reason for this is fear of picking up the virus through casual contact with the children. Most caregivers have no enough knowledge about the modes of transmission for HIV". The other staff member interviewed by this researcher added on the point by saying, "...most of them (foster parents) want to have a healthy child who can support them in house chores; they do not want to worry themselves by caring for sick children".

This shows that almost all of the foster parents are interested in caring for orphans who are free from HIV. As most of the foster parents are not well aware about the modes of transmission for HIV, they prefer to raise only children who are free from HIV and this is mostly because of fear of contracting HIV.

4.3. Health Condition of Orphans

Table 3

HEALTH CONDITION	FAO				OBR			
	Sex		Total	Per-centage	Sex		Total	Per-centage
	Male	Female			Male	Female		
Healthy	14	10	24	48 %	17	19	36	72 %
Minor Health Problem	11	10	21	42 %	6	3	9	18 %
Major Health Problem	-	5	5	10 %	2	3	5	10 %
Total	25	25	50	100 %	25	25	50	100 %

As indicated in table 3 above, about half of the respondents, 48 %, have developed minor health problems. The health status of most AIDS orphans, according to the fostered AIDS orphans who participated in the focus group discussion, is poor as they have no one in the foster home who is concerned about their day-to-day health situation.

One of the FGD participants said, “Let alone having concern about our health status, our caregivers are not willing to seek timely medical assistance even when we are critically sick”.

When it comes to the OBR, about 72 % of the children are found to be healthy. The number of orphans having minor health problems too is very low (18 %) when it is compared to children cared for by persons with no blood relationship.

This is a result of proper living condition and follows up on the general situation of the children by their caregivers. This includes supply of proper diet, proper time allocation for sleeping, entertainment etc.

4.4. Category of Foster Parent

Table 4

Category Of Foster parent	FAO				OBR			
	Sex		Total	Per-centage	Sex		Total	Per-centage
	Male	Female			Male	Female		
Close friend of the deceased	15	15	30	60 %	2	1	3	6 %
Neighbour "	6	5	11	22 %	5	4	9	18 %
Colleague "	-	2	2	4 %	12	18	30	60 %
A soft-hearted person who has no any type of relationship with the deceased parents	4	3	7	14 %	6	2	8	16%
Total	25	25	50	100 %	25	25	50	100 %

The table above shows that most of the Fostered orphans, 60 %, live under the supervision of the close friends of their deceased parents. One of the foster parents who have participated in the in-depth interview have reinforced this fact saying, " I am caring for the child of my deceased friend because the children had no one to support them". This shows that decision to care for fostered AIDS orphans mostly comes from close friends who usually stand by the side of their friends whenever they are in any type of problem, including critical illness.

The presence, especially at the spot of death, according to the five staff members of BGWCSSC interviewed by this researcher, makes most close friends to be emotional and urge them to decide to care for the children of their dying or already died friends. Almost all of the staff involved in the in-depth interview said that the decision to be the replacements for dying close friends usually comes out of sympathy.

In the case of OBR, the study has shown that most of the orphans (60 %) live with their maternal grandmothers who by nature are always besides their children especially when they are sick. Similarly, the first places where girls go to especially when they are in a problem of any type, and for whom they tell their secrets are their biological mothers. Thus, when it comes to the case of HIV, literature and our day to day observation has shown that

most PLHIV die in the hands of their mothers living behind their small children. The children grew up in the hands of grandmothers considering them as their own biological mothers. Most of the grandmothers are very happy to care for their grand children whom they consider as the replacements of their deceased children, and as a gift of God in some cases. It is obvious that grandparents, especially grandmothers, as they are most caring by nature, support their grandchildren in a better way than even biological mothers and fathers.

4.5. Length of stay with Caregiver/s

Table 5

Length of time you want to stay under the supervision of your Caregiver/s	FAO				OBR			
	Sex		Total	Per-centage	Sex		Total	Per-centage
	Male	Female			Male	Female		
One to two years	-	-	-	-	-	-	-	-
Three to five years	3	1	4	8 %	-	-	-	-
Five years and above	6	5	11	22%	14	6	20	40 %
Until adulthood	16	19	35	70 %	11	19	30	60 %
Total	25	25	50	100 %	25	25	50	100 %

The research has also shown that most of the fostered orphans (70 %) prefer to stay under the supervision of their foster parents for a long time. The reason for this, according to most of the FGD participants, is fear of exposure to various types of problems occurring to homeless children. A participant at the FGD emphasized this fact by saying, “I prefer to serve my foster mother 24 hours a day than going out to street. Especially, we girls face various types of sufferings such as rape, HIV infection, unwanted pregnancy, exposure to HIV infection and death at last”.

According to the records of this study, most of the OBR, as big as 60 % too want to stay under the supervision of their relatives until they become adults. The explanation for the preference to staying under the supervision of caregivers, in both orphan groups, according to the interviewees from BGWCSSC, is fear of exposure to various types of problems occurring to underage children. “... the common thing for both groups is safety. They know they are always safe from outside attack, as long as they are in the hands of an adult be it a blood relative or a foster parent”. This is a point added at last by one of the BGWCSSC staff.

4.6. Provision of Food and Nutrients

Table 6

FOOD	FAO				OBR			
	Sex		Total	Per-centage	Sex		Total	Per-centage
	Male	Female			Male	Female		
One meal a day	-	-	-	-	-	-	-	-
Two meals a day	15	11	26	52 %	4	-	4	8 %
Three meals a day	10	14	24	48 %	21	25	46	92 %
Total	25	25	50	100 %	25	25	50	100 %

The Table above shows that securing three meals a day is one of the biggest problems of AIDS orphans. According to the data on the above sited table, 52 %, of the fostered children are fed only twice a day which is an indication of inadequate feeding.

On the contrary, the record for OBR shows that almost all of the children (92 %) under the super vision of close blood relatives are fed three times a day which is a big difference when it is compared to the feeding situation of fostered AIDS orphans.

The fostered orphans who participated in the focused group discussion also reached at an agreement that they do not get balanced and sufficient food. “There are times in which I will be provided only with one meal a day. In most cases, I eat one type of food for weeks and the amount of food provided for me is not enough to fill my stomach”, shouted, one of the FGD participants.

One of the three foster parents interviewed by this researcher said, “.... it is true that the children are not well fed and starved sometimes. It should be noted that some foster parents are not giving food for their children because of poverty; some foster parents might not have enough food to feed even their biological children and themselves. Of course, there are parents who do not provide their foster children with three meals a day and who do not follow proper feeding schedule because of extreme greed”.

4.7. Provision of Clothing & Shoes

Table 7

Clothing & Shoes	FAO				OBR			
	Sex		Total	Per-centage	Sex		Total	Per-centage
	Male	Female			Male	Female		
Once a year	14	17	31	62 %	9	6	15	30 %
Twice a year	5	7	12	24 %	16	19	35	70 %
Not at all	6	1	7	14 %	-	-	-	-
Total	25	25	50	100 %	25	25	50	100 %

As the above table indicates 31 out of 50 or 62 % of the fostered children in the study area are wearing new clothes and shoes only once a year and some orphans have never put on new clothes throughout their lives.

On the other hand, about a third (70 %) of the OBR reported that they wear new clothe and shoes once a year and none of the participants have reported a year in which they were not provided with clothing and shoes throughout a year. The record on fostered children above shows that 14 % of the children will pass a year without wearing new clothes and shoes.

One of the participants of the FGD reported “...even, most of the said to be new clothes and shoes are of poor quality and, as a result, are worn out within four months time since they were purchased.” Another participant of the FGD said, “Most of us receive donation of used clothes from some of the NGOs operating in our villages, from soft hearted individuals in our neighbourhood, and from the biological sons and daughters of our foster parents.” The possible explanation for this is that children who have lost their biological parents are clothed inadequately.

The FGD participants have also agreed on the point that inadequate clothing affects not only their health but also their educational development. They said that they are also exposed to physical and environmental hazards due to inadequate clothing.

4. 8. Level of Education

Table 8

Level of Education	FAO				OBR			
	Sex		Total	Per-centage	Sex		Total	Per-centage
	Male	Female			Male	Female		
Elementary	3	3	6	12 %	2	2	4	8 %
Junior Secondary	16	18	34	68 %	9	12	21	42 %
High school	6	4	10	20 %	14	11	25	50 %
Total	25	25	50	100 %	25	25	50	100 %

Table 8 shows that most of the fostered children under the study 68 % are attending their education in Junior Secondary schools i.e. grades 7 and 8. However, out of the children aged 15 – 18, only 10 of them or 20 % are attending High school education.

This indicates that most of the fostered ADS orphans, due to various reasons, are not able to proceed in their education according to their age. The figure is different when it comes to OBR. Thus, the data on these children shows that 50 % of the orphans are attending High school while only 8 % of the respondents are in Elementary schools.

The possible explanation for the variation across the two groups is that either of the foster parents or the foster children themselves is not serious about their education.

One of the FGD participant said, “...most of us are hopeless about everything including our education. We are thinking only about the terrible situation we are in currently. We do not usually worry about our future. Our caregivers too never want us to go to school or to be strong academically; they never encourage us to attend our education properly. They want us to be at home, day and night, to do house chores.”

4. 9. School Attendance

Table 9

School Attendance	FAO				OBR			
	Sex		Total	Per-centage	Sex		Total	Per-centage
	Male	Female			Male	Female		
Regular	8	5	13	26 %	17	22	39	78 %
On and Off	16	15	31	62 %	8	3	11	22 %
Not attending	1	5	6	12 %	-	-	-	-
Total	25	25	50	100 %	25	25	50	100 %

Attending regular education is the other critical problem of fostered AIDS orphans. The table above shows that 62 % of the fostered AIDS orphans under study are not attending their education regularly, while more than a quarter, 78 %, of the OBR are going to school without any interruption. In addition, the questionnaire filled out by OBR indicates that there is no one of the OBR who is not going to school at all while 12 % of the foster orphans have never been to school throughout their lives.

Most of the FGD participants indicated that they are not allowed to go to school before finishing the house chores they are assigned to do by their caregivers. One of the participants said, “ There are times in which I will be absent from class, on my own free will, for a reason that I don’t want to be seen in a dirty and stinking clothe that has retained the smell of the food items I had been cooking for my foster parents before going to school”.

Another fostered child said, “I have to accompany the biological children of my foster parents to school before going to my own school. Because of this I am always late from class”.

One of the two foster mothers included in this study said, “The children are not usually forced to engage in house chores; they are doing it on their own free will. This is just to support us. We have no enough income to hire house maids. They are doing house work just to support each other. ” The foster father added that, “My biological daughter too is always engaged in house chores. This cannot be an excuse to be absent from school, or an indication of abuse of children.”

“I am not going to school regularly due to engagement in endless house chores I am expected to do by my foster parents.” This is what one of the boys said during the FGD.

4. 10. Rank in class

Table 10

Rank in class	FAO				OBR			
	Sex		Total	Per-centage	Sex		Total	Per-centage
	Male	Female			Male	Female		
One to three	2	1	3	6 %	4	3	7	14 %
Average	9	10	19	38 %	18	16	34	68 %
Below average	14	14	28	56 %	3	6	9	18 %
Total	25	25	50	100 %	25	25	50	100 %

The table shows that 56 % of the fostered orphans have scored below average ranks in their classes while the proportion on OBR is only 18 %. The FGD participants in general agreed that the result is an indication of “not having enough time for studying”, while one of them said that, “...this is not new to us. We always score poor academic results. Our foster parents always want us to be serious about the house chores, not about our education”.

One of the BGWCSSC staff supplemented this idea by saying, “... most of the fostered orphans are not attending their class regularly and have no study time in the house. Moreover, they are not encouraged and supported to be serious about their education by their foster parents. I do not forget the child who once told me that his empty stomach has not allowed him to focus on his education.”

4. 11. Stigma and Discrimination

Table 11

The Types of Stigma & Discrimination faced, if any	FAO				OBR			
	Sex		Total	Per-centage	Sex		Total	Per-centage
	Male	Female			Male	Female		
Insult / Calling names / Gossiped about behind your back, Bullied	5	5	10	20 %	2	5	7	14 %
Not dining together / not sitting next to you								

in the classroom / not playing with you	11	6	17	34 %	5	5	10	20 %
Showing contempt / neglect	9	14	23	46 %	7	5	12	24 %
I didn't notice whether I am discriminated against or not	-	-	-	-	11	10	21	42 %
Total	25	25	50	100 %	25	25	50	100 %

Stigma and discrimination is one of the problems faced by AIDS orphans in general and fostered AIDS orphans in particular. The above table shows that the stigma and discrimination against AIDS orphans, done in both visible and invisible forms, is more serious on fostered AIDS orphans. One of the FGD participant explained this fact saying, “ ...each and every person in the community, without any doubt, knows that we are AIDS orphans, and for your surprise, the first persons who disseminate this information in the community are our foster parents and our immediate neighbours.”

However, in the case of orphans cared for by close blood relatives, the number of orphans who doesn't even know whether they are discriminated against or not is 42 %.

One of the BGWCSSC staff, during the In-depth interview, told the researcher that, “The discrimination is more severe on FAO as it is clear for the community around them that they are AIDS orphans cared for by persons who have no blood relationship with them. Their foster parents too, to get credit / respect / from the community, always openly speak that they are good persons who are caring for an orphan who has lost his/her parents due to HIV”.

The other BGWCSSC staff added by saying, “No doubt that the level of discrimination is less on OBR when it is compared to FAOs. One of the reasons for this is that the cause of death of their parents is not clearly known by the community. The cause of the death of their parents is hidden from the community because the caregivers of the children themselves, mostly grandparents, are afraid of being discriminated against by the community. Grandparents do not want the community to know the cause of their daughters or sons because HIV is considered by the community as a result of promiscuity.” She also said, “the other reason for this is the area the orphans live with their grandparents or any other close relatives is usually different from the area their deceased parents used to live.

Orphans are usually handed over to their grandparents or any other member of the extended family who mostly live in another part of the same town / city / or regional state other than the place their deceased parents used to live. Thus, both the community and the orphans are new to each other, and even if the neighbours know they are orphans, they have no any evidence to label them as AIDS orphans. ”

During the focus group discussion, some of the children have reported that their foster parents too, especially whenever they are angry with them; tell them to their faces that they are orphans who have no one to support them. They also tell them that their deceased parents were promiscuous persons who were highly hated by God. Their caregivers also told them that the parents' death was God's punishment for the sins (bad deeds) of their deceased parents, etc, etc. Some have also reported that there were times in which some community members, and the foster parents themselves, prohibit their children from mixing or playing with them, and hence, they become socially isolated.

One of the three foster parents who participated in this study said, " ... of course, there are foster parents who, due to lack of knowledge and fear of contracting HIV through casual contact, discriminate against the orphans they are caring for. In my part, there has never been even a single moment that I stigmatized and discriminated against the child I am caring for. I am well aware about the modes of transmission for HIV and I also know the sign and symptoms appearing on a person living with HIV".

4.12. Extracurricular Activities

Table 12

Extracurricular activities	FAO				OBR			
	Sex		Total	Per-centage	Sex		Total	Per-centage
	Male	Female			Male	Female		
Studying	2	-	2	4 %	12	13	25	50 %
Playing	5	3	8	16 %	11	6	17	34 %
Engagement in house chores	18	22	40	80 %	2	6	8	16 %
Total	25	25	50	100 %	25	25	50	100 %

According to the above table, more of the extra time of fostered AIDS orphans, 80%, is spent in house chores while only 16 % of the OBR are always engaged in house chores. The record is an indication of the deterioration of FAO's intellectual and physical development which is usually acquired through playing and participation in other types of entertainment activities and focusing on academic subjects.

During the FGD session the majority of the girl participants explained that they are exposed to a long working hour labour and exploitation by their foster parents. One of the participants said, "...we are always expected by our foster parents to work without a break

and we are forced to stay in the work environment even until midnight. We are also forced to get up early to finish all the housework if we want to go to school”.

One of the foster parents interviewed witnessed this fact by saying, “ we are poor, we have no one in the house to help us in house chores, and moreover, we are poor ourselves, we cannot hire a housemaid”.

One of the BGWCSSC staff interviewed by this researcher witnessed that most of the foster children face especial sufferings than the rest of the orphan groups. The staff said that during their home visiting sessions they usually found children engaged in house chores instead of going to school, and most of these are fostered AIDS orphans. They said that, to tackle this problem they have arranged a surprise home visiting sessions in which they especially conduct surprise visits to households where fostered AIDS orphans are living. They also said that they receive information from neighbours, friends of the orphans and the orphaned children themselves which witness most of the fostered orphans spend their leisure time engaged in various types of house chores.

4.13. Effort to Bring about Bright Future

Table 13

Effort made by caregivers to make your future bright	FAO				OBR			
	Sex		Total	Per-centage	Sex		Total	Per-centage
	Male	Female			Male	Female		
Very high	-	-	-	-	6	9	15	30 %
Medium	7	4	11	22 %	14	11	25	50 %
Less	17	19	36	72 %	5	5	10	20 %
Not at all	1	2	3	6 %	-	-	-	-
Total	25	25	50	100 %	25	25	50	100 %

Regarding the efforts made by caregivers in facilitating better future for orphans, the table above shows that most of the foster parents, as big as 72 %, are not making any effort in shaping the future of the children under their supervision. One of the FGD participants explained this fact by saying, “...let alone encouraging us to be strong in our education, most of them (foster parents) do not even notice whether we are bodily present in their houses or not”. One of the foster parents interviewed by the researcher said that, “... most of the

foster parents, including ourselves, spend most of our time in performing laborious activities. Our first priority is filling the stomachs of both our biological and fostered children. However, this does not mean that all of the foster parents are not making effort for the bright future or the orphans. There are foster parents who always closely follow-up the overall situation of the children they are caring for”.

This is different when it comes to caregivers supervising children of their descendants. The questionnaire filled out by OBR shows that 30 % of the caregivers are making extreme effort to facilitate better future for the orphans while 50 % of the caregivers are making at least effort to create better future, which is far better than making no effort at all. This is an indication of giving more time and energy for the benefit of persons belonging to ones kinship.

4.14. Degree of Relationship

Table 14

The Degree of Fatherly / Motherly Relationship with Caregiver/s?	FAO				OBR			
	Sex		Total	Per-centage	Sex		Total	Per-centage
	Male	Female			Male	Female		
Very close	-	-	-	-	9	15	24	48 %
Average	12	15	27	54 %	10	10	20	40 %
Less than average	12	10	22	44 %	6	-	6	12 %
Not at all	1	-	1	2 %	-	-	-	
Total	25	25	50	100 %	25	25	50	100 %

“FAOs trust and favour outsiders than us. They exaggerate things and try to discredit our effort to support them. They inform the community that we are not good to them they always pretend as if they are abused and exploited by us. We are treating them in a similar way that we treat our biological children. Our children too engage in house chores; our own children too wear worn out clothes, not only the orphans.... I might not be able to represent all of the foster parents in this country. Some are very kind and treat their fostered children as if they are their own biological children; some are cruel and might not even treat them as humans However, in my part, I want to assure you that I have never done deliberate attack and abuse on the child I am caring for.” this is what one of the Foster parents told this researcher, angrily.

On the other hand, 44 % of the foster children under this study have witnessed that the fatherly / motherly treatment they receive from their caregivers is less than average. This is witnessed by one of the BGWCSSC staff who said, “...it is clear that fostered children are not usually treated as biological children. This could be due to human nature. We mostly give priority to our own things. There are also very cruel persons who abuse the orphans. There are also cases in which the foster father gives maximum care and support for the children while the foster mothers are not good or extremely hate the children.”

Meanwhile, 48 % of the OBR have said that they are very close to their caregivers.

4.15. Sharing of top secret / s

Table 15

For whom do you share top secrets?	FAO				OBR			
	Sex		Total	Per-centage	Sex		Total	Per-centage
	Male	Female			Male	Female		
Caregiver	-	3	3	6 %	15	19	34	70 %
Close friend / s	7	6	13	26 %	6	3	9	18 %
Neighbours	7	5	12	24 %	4	3	7	14 %
BGWCSSC staff	11	11	22	44 %	-	-	-	-
Total	25	25	50	100 %	25	25	50	100 %

Many FAOs prefer to share their top secrets to social workers and counselors in BGWCSSC and their close friends, respectively. These are people whom they think they are more close and sympathetic to them more than any other person in the world. “as they have no other person by their side, mostly, they depend on us and their close friends not only to share their top secrets but also regarding any other aspects of their lives. They come to our office and tell us their secret. As this is one part of our work, we usually sit together with the orphans and look for a remedy together”. This is what one of the BGWCSSC staff told this researcher. One of the foster parents who have participated in the research emphasized this fact by saying, “...they are not open to us. They trust their friends and the parents of their friends more than us”.

The table above shows 44 % of the fostered children prefer to share their top secrets to BGWCSSC staff while 70 % of the OBR said they share their top secrets to their caregivers.

4.16. Whom do you consult when you are in a problem?

Table 16

Whom do you consult when you are faced with a problem?	FAO				OBR			
	Sex		Total	Per-centage	Sex		Total	Per-centage
	Male	Female			Male	Female		
Caregiver	2	-	2	4 %	11	16	27	54 %
Close friend / s	9	3	12	24 %	10	2	12	24 %
Neighbours	1	5	6	12 %	3	-	3	6 %
BGWCSSC staff	13	17	30	60 %	1	7	8	16 %
Total	25	25	50	100 %	25	25	50	100 %

As indicated above, 60 % of the fostered orphans consult BGWCSSC staff whenever they are in a problem, while only 16 % percent of the orphans under blood relatives go to the Center staff for consultation. This indicates that the fostered children are more dependent on BGWCSSC staff than the persons who are caring for them.

The BGWCSSC staff interviewed by this researcher explained this fact by saying, “most of the FAOs are very close to the Center staff than their own caregivers. They come to us whenever they are in a problem/s be it with their caregivers, neighbours, friends, classmates or teachers.

“They also frequently visit our organization whenever they are depressed and sick. The girls frequently visit our organization than the boys. Of course, the orphans under the members of the extended family too visit our office whenever they are in a trouble. But the reason they come to us is simple and easier to solve when it is compared to the problems faced by FAOs”.

4.17. Are you depressed?

Table 17

When do you fill depression?	FAO				OBR			
	Sex		Total	Per-centage	Sex		Total	Per-centage
	Male	Female			Male	Female		
While thinking about my deceased parents	10	13	23	46 %	5	12	17	34 %
Whenever I am not able to get whatever I wanted to have	4	2	6	12 %	11	7	18	36 %
Whenever I am mistreated	11	10	21	42 %	6	4	10	20 %
Not at all	-	-	-	-	3	2	5	10 %
Total	25	25	50	100 %	25	25	50	100 %

According to the data on the above table, most of the fostered AIDS orphans, 46 %, fill depression whenever they start thinking about their deceased parents. Similarly, 42 % of these orphans have reported that they get depressed when they are mistreated in any way. One of the FGD participants said, “... the time we are depressed most is when we think about our deceased parents”.

On the other hand, 36 % of the OBR have reported that they feel depression whenever their material needs are not full filled and 34 % of them said that they feel depressed whenever they start thinking about their deceased parents.

The BGWCSSC staff who participated in the In-depth interview said, “... the most serious problem of almost all of the orphans under the Center support is depression. However, it is critical on orphans cared for by foster parents”.

Based on the above data, it could be concluded that fostered AIDS orphans are more depressed than children growing in the hands of close relatives.

4.18. When do you feel Relaxed?

Table 18

When do you feel undisturbed?	FAO				OBR			
	Sex		Total	Per-centage	Sex		Total	Per-centage
	Male	Female			Male	Female		
When I am with my friends	17	13	30	60 %	10	8	18	36 %
When I am in my home	1	2	3	6 %	8	14	22	44 %
When I am at school	7	10	17	34 %	7	3	10	20 %
Total	25	25	50	100 %	25	25	50	100 %

According to the record on the above table, most of the fostered AIDS orphans (60 %), have said that they feel comfort or a feeling of relaxation whenever they are with their friends. On the contrary, 44 % of the OBR witnessed that they fill comfort whenever they are among family members, in their houses.

One of the fostered children who participated in the FGD said, "... I feel comfort whenever I am with my friends who always share my grievances with me and who always stand by my side and support me with whatever they can. When there is problem, we look for a remedy together. Moreover, they always give me their ears and attentively listen to what I am saying. When it comes to the foster house, every member of the family usually shows me contempt, and has never listened to what I said throughout my stay in the house".

One of the BGWCSSC staff also said that, "nobody listens to what they are saying. They are not considered even as a member of the family".

4.19. What benefits do one gets by growing in the hands of biological parents?

Table 19

What do you think are the benefits of growing under the supervision of biological parents	FAO				OBR			
	Sex		Total	Per-centage	Sex		Total	Per-centage
	Male	Female			Male	Female		
Belongingness	5	4	9	18 %	9	7	16	32 %
Filling Security / Protection / Warmth	14	18	32	64 %	7	12	19	38 %
Developing self confidence	6	3	9	18 %	9	6	15	30 %
Total	25	25	50	100 %	25	25	50	100 %

Regarding the benefits of growing in the hands of biological parents, 64 % or 32 out of the 50 fostered orphans said that they would have developed feelings of protection, warmth, and security if they had chance to grow-up under the supervision of their own parents. “I would have been a better personality than I have now, if I had chance to live together with my biological parents.” said one of the FGD participants.

One of the foster parents who participated in this research witnessed this fact by saying, “...this is crystal clear, we cannot be perfect replacements for their biological parents. We are only doing effort, using whatever resources we have, to support the children to grow-up and become self-reliant”.

Regarding the point in focus, 38 % of the OBR said that they would feel more security, protection, and warmth if they had been able to grow up in the hands of their biological parents.

4. 20. Future plan

Table 20

Future plan	FAO				OBR			
	Sex		Total	Per-centage	Sex		Total	Per-centage
	Male	Female			Male	Female		
Complete tertiary level education and support my caregivers	4	2	6	12 %	14	7	21	44 %
Stay with my caregivers until I am able to support myself in any way	5	10	15	30 %	11	18	29	58 %
Use any opportunity to leave caregiver's house	16	13	29	58 %	-	-	-	-
Total	25	25	50	100 %	25	25	50	100 %

Regarding the future plan, most of the fostered children (58 %) need to abandon their caregiver's houses using any opportunity while an equal number of the OBR, 58 %, wanted to stay with their close blood relatives until they would be able to stand on their own in all aspects of their lives. Similarly, no one of the OBR has chosen to be out of house as soon as possible. As has been indicated in the above cited table, only 12 % of the FAO have a plan to complete tertiary level education while 44 % of the OBR have a plan to join university.

One of the FGD participants explained the situation by saying, "...we are focusing on any type of means of survival of our own. This is because we know the foster house is only a temporary shelter. We can live in the foster house as long as we are able or willing to accommodate the sufferings we are receiving from our caregivers and as long as we are healthy. Moreover, we are not always in good terms with our foster parents, we are always quarrelling with them, and thus we are always looking for another means of survival."

One of the three foster parents said, "... we know the community always consider us as bad people. The children we are caring for too think similarly. Fostered children have no settled mind; they are always looking for another means of survival whatever good thing you do for them. They never stop looking for another means. They don't trust us, they are always suspicious. They do not usually trust you even if you care for them better than your own biological children".

CHAPTER - FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1. DISCUSSION

According to the findings of this research, fostering, in most cases, is not a planned act. Most foster parents decide to support orphans because of sympathetic emotion created at a death of a friend, a colleague, a neighbor, etc. The parents decide to care for orphans without having any realistic background. The decision made is not usually appropriately conceived and arranged. It is unplanned and based more on the interest of the foster parents than the interest of the fostered children.

The findings of the research have also shown that fostered orphans are suffering from endless engagement in lengthy house chores, lack of love and warmth from foster parents, stigma and discrimination, poor academic performance, inadequate food and nutrients, poor clothing and shoes, and poor health.

The findings of the study have also indicated that almost all of the orphans under study (94 %) are free from HIV infection. The explanation for this, according to the participants of the research, is that almost all of the foster parents are interested in raising orphans who are free from HIV. The major reason for this is fear of contracting HIV through casual contact with the fostered children.

Regarding health problems other than HIV, about half of the respondents, 48 %, have developed minor health problems. The health status of most AIDS orphans is found to be poor and the reason for this is lack of concern about and follow – up on the health situation of orphans, from the foster parent’s side.

With regard to the category of foster parents, half (60 %,) of the fostered children live under the supervision of the close friends of their deceased parents, and the explanation for this, according to the research participants, is decision to care for fostered AIDS orphans mostly comes from close friends of the deceased parents. Thus, their closeness urges them to emotionally decide to care for the children without having deeply thought plan.

The research has also shown that most of the foster orphans (70%) prefer to stay and have also stayed under the supervision of their foster parents for a long time and shoulder the various types of sufferings than going out to streets in search of better opportunities. The reason for this are two: They have no other place to go, and when it comes to orphaned girls, they are afraid of exposing themselves to life threatening dangers such as rape and unwanted pregnancy, which are common and frequent in street life.

According to this research, securing three meals a day is one of the biggest problems of fostered AIDS orphans. Thus, more than half of the respondents, 52%, said that they are fed only twice a day, which is an indication of inadequate feeding.

Many of the fostered children in the study area, 62 %, are wearing new clothes and shoes only once a year and some orphans have never put on new clothes throughout their lives. The possible explanation for this is that most children who have lost their biological parents are clothed inadequately.

More than half of the respondents, 62%, reported that they are not able to attend their education regularly, due to several factors. Some of these were: not allowed to go to school by their foster parents before finishing the house chores they are assigned to do, the orphans themselves are not willing to go to school wearing worn out and dirty clothes, and accompanying the children of foster parents to school before going to school themselves which in most cases delay them from reaching their schools on time.

With regard to academic performance and rank in class, the finding indicated that most of the foster orphans, 60%, are not performing well academically and score below average ranks in their classes. This is an indication of not having enough time for attending class and studying. This also indicated that fostered children are not receiving proper encouragement from their caregivers to be strict in their education.

The findings of the study regarding stigma and discrimination indicated that fostered orphans are insulted, called names, gossiped about behind their back and bullied. The research also showed that some members of the community and some of their school and class mates doesn't want to dine together with them, to sit next to them and also to play with them. They said that they are neglected and many of the community members show them contempt.

The findings of the research also showed that most of the fostered AIDS orphans are spending their leisure time engaged in house chores and some other laborious activities in their foster parent's houses.

Regarding the efforts made by caregivers to bring about better future for orphans, the research showed that most of the foster parents, as big as 72 %, are not making any effort in shaping the future of the fostered children under their supervision.

The research result witnessed that the fatherly / motherly treatment foster orphans receive from their caregivers is less than average. The research has also showed that the degree of relationship existing between the children and their foster parents is poor.

Regarding the sharing of top secret/s, the research showed that most fostered children prefer to share their top secrets to the social workers in BGWCSSC and their close friends respectively, than their foster parents. The reason for this, according to the respondents is lack of trust between the children and their foster parents.

The research has also shown that fostered orphans, whenever they are in a problem, consult social workers and counsellors employed by social work agencies and their close friends respectively, than the persons who are caring for them.

The research result has also shown that the causes for being depressed, in the case of most of fostered AIDS orphans, are the memory of their deceased parents and facing mistreatment of any type from any person in the community.

According to the findings of this study, most fostered AIDS orphans feel comfort or a feeling of relaxation whenever they are with their close friends.

The benefits of growing in the hands of a biological parent, according to the results of this research work, are safety, peace of mind, and the feeling of warmth.

The research work has also shown that the future plan of most of the fostered children under study is using any opportunity to abandon their caregiver's house and becoming self-reliant in all aspects of their lives.

5.2. Summary

This study is conducted to see the Situation of Fostered AIDS Orphans residing in Woreda 5, Addis Ababa. The major objective of the study was to assess and identify the real situation of the orphans and look for a possible remedy if there are problems occurring to the children based on the findings of the study.

The data was gathered from 100 AIDS orphans (50 fostered AIDS orphans and 50 AIDS orphans who are cared for by close blood relatives) and who receive seasonal support from BGWCSSC, a pioneer Social Work Agency operating in the study area, five staff members working in the Social Work Agency, and three foster parents.

The study employed structured questionnaire, Focus Group discussion and an In-depth interview to obtain primary data. Finally, frequency percentage and qualitative analysis were used to present the data.

From this study, we can see that the death of parents due to HIV significantly affects the overall development and health conditions of AIDS orphans in general. The study has also showed that, apart from the AIDS orphans who are cared for by members of the extended family and those who are living under the supervision of their own older brothers and sisters, orphans who are cared for by persons with no blood relationship (foster parents), are more abused and exploited both physically and psychologically.

Thus, the assessment made on the psychosocial situation of fostered AIDS orphans, according to the findings of this study, are expressed through engagement in endless and lengthy house chores, lack of love and warmth from foster parents, stigma and discrimination, denial of the right for education, lack of adequate food and nutrients, lack of adequate clothing and shoes, improper health and poor health follow-up, and denial of the right to be protected from any form of unfair treatment.

The research has shown that one of the reasons why many of the fostered AIDS orphans in the study area have received and are receiving extra sufferings is lack of kinship between the children and their caregivers. The other reasons are poverty, lack of concern, and lack of sympathy of foster parents.

5.3. Conclusion

Double AIDS orphans usually live in four arrangements i.e. under the supervision of members of the extended family, in child headed households (supervised by elder sister or brother), under the supervision of foster parents (friends, neighbours, colleagues of deceased parents), and orphanages, where children who have no one to support them in their houses are kept.

The results of this research work have proved that Fostered AIDS Orphans are living in poor psychosocial situations. Many of the fostered AIDS orphans, as they are cared for by persons who have no blood relationship with them, are exposed to different forms of direct and indirect abuses. They are stigmatized and discriminated against, their human and legal rights and their rights to proper diet, education and health services are denied.

However, the study has also indicated that there are foster parents who are very kind and who treat their fostered children in a similar way they treat their own biological children. It is also known that there are foster parents who abuse and neglect orphans due to lack of resources. Through this research work it is also known that some foster parents believe that providing food and shelter only will satisfy the needs of fostered orphans and some others are found to have no idea on what abuse and exploitation of orphans mean. These ones believe engagement in endless house chores instead of going to school, especially for a fostered child, is a normal day to day activity.

5.4. Recommendation

Social work agencies should design strategies in which the awareness of AIDS orphans on their various rights will be raised, and that would enable orphans to be well aware about what to do when and where to go and report whenever they are in a problem

Increasing the awareness of the community in general and persons volunteering to care for AIDS orphans with no blood relationships in particular, on the different human and legal rights of AIDS orphans, the responsibilities they would shoulder while raising an orphan /s, etc.

There should be prerequisite for fostering. Thus, concerned community members and social work agencies should jointly prepare a kind of agreement paper that will be signed between the parties who will be involved in the handing over of orphans (GOD fathers / mothers, Kebele officials, Idir members, religious leaders, or representatives of Anti-AIDS clubs), and the person who is willing to foster an orphan/s. Foster parents should take full responsibility of the child / children they are taking care of.

Currently, NGOs, CBOs, FBOs, Kebele offices or any other government body is involved in the process of fostering. The arrangement for fostering is usually made between the orphans and the person who volunteer to care for them. In most cases, foster parents are either the used to be close friends or neighbours of the deceased parents of the orphans.

Establishing a joint close follow-up mechanisms among the above mentioned concerned bodies which includes conducting of surprise visits to the houses of orphans who live with foster parents

Encouraging foster parents through provisions of awards and letters of recognition for their willingness to care for children who have no blood relationship with them, as acknowledgement encourages others to engage in the same activity which is important in stopping dependence on foreign aid and foreign adoption

Empowering foster parents economically so that they will be able to support the orphans under their support properly. One of the reasons why fostered AIDS orphans are receiving extra sufferings is the economic poverty of their caregivers. For instance, foster parents can be provided with start up capital and basic business skills trainings so that they will be able to engage in various types of small scale trading activities. They can also be provided with vocational skills trainings so that they will be able to get better job or start their own projects).

Building the capacity of older foster children economically and psychologically so that they will stand on their own within a relatively short period of time

The Mass Media and the Police Force should engage in digging out and disseminating information on the invisible sufferings of fostered children. They should also publicly condemn the deeds of foster parents who are to be found abusing AIDS orphans

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APPENDIX

Annex 1: Structured questionnaire used to interview respondents

This questionnaire will have paramount contribution to the success of this research. The objective of the questionnaire is to assess the psychosocial situation of Fostered AIDS Orphans in Woreda 5 under the Arada Kifle Ketema, Addis Ababa

N.B. No need of writing your name

Please Circle the answer you select

1 Sex

Male

Female

2 Age

12-14

15-18

19 plus

3 HIV Status

HIV Positive

HIV Negative

Not Tested

4 Health Condition

Healthy

Minor Health Problem

Major Health Problem

5 Category of Caregiver

Close friend of the deceased

Neighbour “ ”

Colleague “ ”

A soft-hearted person who has no any type of relationship with the deceased parents

Close blood relative

6 Length of stay with Foster parents

One to two years

Three to five years

Five years and above

7 Provision of Food and Nutrients

One meal a day

Two meals a day

Three meals a day

8 Provision of Clothing & Shoes

Once a year

Twice a year

Not at all

9 Level of Education

Primary

Secondary

Higher education

10 School Attendance

Regular

On and Off

Not attending

11 Rank in Class

One to three

Average

Below average

12 Level of Stigma & Discrimination

High

Only sometimes

I am not sure

13 Extracurricular activity

Studying

Playing

Engagement in house chores

14 Effort made by caregivers to make your future bright

Very high

Medium

Less

Not at all

15 The Degree of Fatherly / Motherly Relationship with Caregiver/s?

Very close

Average

Less than average

Not at all

16 For whom do you share top secrets?

Caregiver

Close friend / s

Neighbours

BGWCSSC staff

17 Whom do you consult when you are faced with a problem?

Caregiver

Close friend / s

Neighbours

BGWCSSC staff

18 When do you feel depressed?

While thinking about my deceased parents

Whenever I am not able to get whatever I wanted to have

Whenever I am mistreated

Not at all

19 When do you feel relaxed?

When I am with my friends

When I am in my home

When I am at school

20 Benefits of growing under the supervision of a biological parent

Belongingness

Filling Security / Protection

Developing self confidence

21 Future plan

Complete tertiary level education and support my caregivers

Stay with my caregivers until I am able to support my self in any way

Use any opportunity to leave caregiver's house

Amharic Version

መጠይቅ

ማላሰቢያ፤ የዚህ ጥናት ዋና ቅጽ ዓላማ በአራዳ ክ/ከተማ ወረዳ 5 ክልል ውስጥ በኤድስ ህመም ማሰባሰቢያ ወላጆቻቸውን ያጡ ሕፃናት የማህበራዊና ስነ-ልቦናዊ ሁኔታታ ማወቅ ሲሆን ጥናቱ ትክክለኛ ውጤት የሚያገኘው የአንቺን (የአንተን) ትክክለኛና እውነተኛ ምላሽ ሲያገኝ ብቻ ነው።

ሀ. መጠይቁ በሚሞላበት ወቅት ስም መጥቀስ አያስፈልግም

ለ. የመረጥኸውን (የመረጥከውን) መልስ በመክበብ አሳይ (አሳዩ)

ሐ. አይመለከተኝም ያልሺውን (ያልከውን) ወይም መልስ መስጠት ያልተፈለገበትን ጥያቄ ማትከቢ (ማትከብ) ማለፍ ይቻላል

1	የታ	ወንድ	ሴት	ሌላ	
2	ዕድሜ	12-14	15-18	ከ 19 በላይ	
3	ከኤች - አይ - ቪ ጋ	የሚኖር	የማይኖር	ያልተመረመረ	
4	አጠቃላይ የጤና ሁኔታ	ጤነኛ	መለስተኛ የጤና ችግር	ከባድ የጤና ችግር	
5	አሳዳጊህ / ሽ ማነው? ማናት?	የወላጅ የቅርብ ጓደኛ	የወላጅ ጎረቤት	የወላጅ የሥራ ባልደረባ	የስጋ ዘመድ
6	በማደግ ቤት የቆየህበት (የቆየሽበት) ጊዜ	ከ 1-2 ዓመት	ከ 3-5 ዓመት	ከ 5 ዓመት በላይ	
7	የምግብና አልሚ ምግቦች አቅርቦት	በቀን አንድ ጊዜ	በቀን ሁለት ጊዜ	በቀን ሦስት ጊዜ	
8	የትምህርት ቤት/ሽ ደረጃ	1ኛ ደረጃ	መለስተኛ 2ኛ ደረጃ	ኮሌጅ / ዩኒቨርሲቲ	
9	የትምህርት ክትትል	በመደበኛነት (ያለማቋረጥ) የሚማር	አልፎ - አልፎ የሚማር	ጀምሮ ያቋረጠ	ጭራሹን ትምህርት ቤት ያልገባ
10	የትምህርት ውጤት	ከ 1ኛ - 3ኛ የሚወጣ	መካከለኛ ተማሪ	ዝቅተኛ ውጤት ያለው	

11	ከትምህርት ሠአት ውጭ ያለውን ጊዜ የምታሳልፈበት/የምታሳልፍበት ሁኔታ	በጨዋታ	በጥናት	የቤት ውስጥ ሥራ በመስራት	
12	ምን አይነት መድሎና መገለል ደርሶብህ/ሽ ያውቃል?	አብሮ ያለመመገብ	አጠገብ ያለመቀመጥ /አብሮ ያለመጫወት	ንቀት ማሳየት	አድሎና መገለል ይድረስብኝ ወይም አይድረስብኝ ልብ ብዬ አላውቅም
13	ከአሳዳጊ ጋር ያለሽ/ህ አባታዊ/እናታዊ ፍቅርና መተሳሰብ	በጣም እንቀራረባለን	በመጠኑ እንቀራረባለን	ብዙም አንቀራረብም	ቅርብ የለንም
14	በቀን ስንት ጊዜ ትመገባለህ /ሽ?	አንድ ጊዜ ብቻ	ሁለት ጊዜ	ሦስት ጊዜ	
15	የአልባሳት አቅርቦት (ልብስ የሚገዛልሽ/ህ መቼ ነው)?	በአመት አንድ ጊዜ	በ ሁለት አመት አንድ ጊዜ	በ ሦስት አመት አንድ ጊዜ	ተገዝቶልኝ አያውቅም
16	ከባድ ችግር ሲያጋጥምህ/ሽ ማንን ታማክሪያለሽ / ታማክራለህ?	አሳዳጊዬን	የቅርብ ጓደኛዬን	ጎረቤቶቼን	በሚረዳኝ ድርጅት ውስጥ ያሉ ካውንስለሮችን (የምክክር አገልግሎት ሰራተኞችን)
17	የምትደበርበት / የምትከፋብት ጊዜ መቼ ነው?	ስለሙታን ወላጆቼ ሣስብ	የምፈልገውን ነገር ሣላገኝ ስቀር	ሠዎች ሲያንጉ ዋጥጡኝ/አሳንሰው ሲያዩኝ / ሲያንቋሽሹኝ	ተደብሬ አላዋቅም
18	የወደፊት ሕይወትህ / ሕይወትሽ የተስተካከለ ይሆን ዘንድ አሳዳጊህ/ሽ የሚያደርጉት ጥረት	በጣም ከፍተኛ	መካከለኛ	ዝቅተኛ	
19	ምስጢርህ / ሽን የምታከፍለው የምታከፍደው ለማን ነው?	ለአሳዳጊ	ለቅርብ ጓደኛ	በሚረዳኝ ድርጅት ውስጥ ላሉ የምክክር አገልግሎት ሰራተኞች (ከውንስለሮች)	
20	ዘና የምትለው / የምትደው ምን ጊዜ ነው?	ከጓደኞቼ ጋር ስሆን	ከአሳዳጊዎቼ ጋር	ትምህርት ቤት ስሆን	

21 የወደፊት ዕቅድ

ስሆን

	ራሴን	
	በራሴ	
የዩኒቨርሲቲ	ማስተዳደር	ማንኛውንም
ትምህርት	የምችልበት	ዕድል
ጨርሼ	ሁኔታ እስኪ	/አጋጣሚ
አግዳጊዎቼን	ፈጠር	ተጠቅሜ
መጠር	ድረስ	ከማደግ ቤት
	በማደግ	መውጣት
	ቤቱ	
	መቆየት	

Annex 2: In-depth interview questions for BGWCSSC staff

Your genuine and frank response to the following questions will have a paramount contribution to the success of this research. The objective of these questions is assessing the psychosocial situation of fostered AIDS orphans who are supported by your organization (BGWCSSC).

- Q 1. What is your educational background?
- Q 2. How long have you been working with AIDS orphans?
- Q 3. The degree of relationship you have with orphans?
- Q 4. What are the problems of AIDS orphans in general?
- Q 5. What do you think are the reasons for Fostered AIDS Orphans to receive more sufferings than the rest of the orphan groups?
- Q 6. What are the most affecting specific problems faced by this specific group of orphans?
- Q 7. What are the mechanisms used to identify the sufferings faced by Fostered AIDS orphans?
- Q8. What do you think should be done by the community, GOs, NGOs, CBOs and other concerned bodies in order to improve the existing psychosocial situation of fostered AIDS orphans?

The Amharic version of the In-depth interview questions for BGWCSSC staff

ማሳሰቢያ፤ የዚህ ጥናት ዋና ግብር ለሥራ ስራ ክ/ከተማ ወረዳ 5 ክልል ውስጥ በኤድስ ህመም ማሳሰቢያ ወላጆቻቸውን ያጡ ሕፃናት የማህበራዊና ስነ-ልቦናዊ ሁኔታታ ማወቅ ሲሆን ጥናቱ ትክክለኛ ውጤት የሚያገኘው የአንቺን ትክክለኛና እውነተኛ ምላሽ ሲያገኝ ነው።

- 1. የትምህርት ደረጃ
- 2. በኤድስ ሳቢያ ወላጆቻቸውን ካጡ ሕፃናት ጋር ምን ያህል አመት ሰራሽ?
- 3. ወላጆቻቸውን ካጡት ሕፃናት ጋር ያለሽ ቅርበት ደረጃ ምን ያህል ነው?
- 4. በኤድስ ሳቢያ ወላጆቻቸውን ያጡ ልጆች ባጠቃላይ ዋና ችግሮች ምንና ምን ናቸው?
- 5. በኤድስ ሳቢያ ወላጆቻቸውን ካጡ በሁዋላ በባዕድ እንደ የሚያደጉ ሕፃናት በስጋ ዘመድ እንደሚያደጉት ሕፃናት በተለየ ሁኔታታ የሚደርስባቸው በደል አለ? ካለ የተለየ በደል የሚደርስባቸው በምን ምክንያት ነው?

6. በስጋ ዘመድ እእእጅ የማያድጉ ሕፃናት የሚደርሱባቸው ከሌሎቹ የተለዩ በደሎች ምንና ምን ናቸው?
7. በባዕድ እእእጅ የማያድጉ ሕፃናት የተለዩ በደል እእእንደሚደርስባቸው የምታውቁበት ዘዴ አለ? ካለ ዘዴው ምንድነው?
8. የሥጋ ዝምድና በሌላቸው ሰዎች አማካኝነት የማያድጉ ሕፃናት የሚደርስባቸውን ችግር በዘላቂነት ለመቅረፍ ወይም ለመቀነስ ከህብረተሠቡ፣ ከመንግስት፣ ከግል ድርጅቶች፣ ዕድሮችና ሌሎችም ጉዳዩ በቀጥታ የሚመለከታቸው አካላት ምን አይነት ጥረት ማድረግ አለባቸው ?

Annex 3: In-depth interview questions for Foster parents

Your genuine and frank response to the following questions will have a paramount contribution to the success of this research. The objective of these questions is assessing the psychosocial situation of fostered AIDS orphans who live in Woreda 5, Addis Ababa.

Interview questions presented for the three Foster parents included the following questions:

- to whom do the orphans you are caring for belong?
- how long have you been caring for the orphan under your support?
- how do you define the behaviour of the child you are caring for?
- What types of efforts are you making for the best / bright future of the orphans you are caring for?
- what is the degree of relationship / closeness between you and the orphan you are caring for?
- do you send your child to school regularly?
- do you assign study time for the child you are caring for?
- how do you define the academic performance of the child under your supervision?
- how long does your child engage in house chores a day? and,
- the reason you decided to care for the foster child?

The Amharic Version of the In-depth interview questions for Foster parents

የሥጋ ዝምድና የሌላቸውን ሕፃናት ለሚያሳድጉ ሠዎች የቀረቡ ጥያቄዎች

ማሳሰቢያ፤ የዚህ ጥናት ዋና ጥያቄ ለአራዳ ክ/ከተማ ወረዳ 5 ክልል ውስጥ በኤድስ ህመም ማሰባሰቢያ ወላጆቻቸውን ያጡ ሕፃናት የማህበራዊና ስነ-ልቦናዊ ሁኔታ ማወቅ ሲሆን ጥናቱ ትክክለኛ ውጤት የሚያገኘው የአንቺን (የአንተን) ትክክለኛና እውነተኛ ምላሽ ሲያገኝ ብቻ ነው።

-የምታሳድጋቸው ሕፃናት ወላጆች ላንተ / ላንቺ ምንህ / ሽ ናቸው?

-ለምን ያህል ጊዜ ባንተ / ባንቺ ቁጥጥር ስር ቆዩ?

-የምታሳድገው / ጊዜ ልጅ ባህሪዬ ምን ይመስላል?

-የምታሳድገው / ጊዜ ልጅ በጥሩ ሁኔታ ተቀርቶ እንዲያድግና ጥሩ የተማረ ዜጋ ሆኖ ያድግ ዘንድ ምን ያህል ጥረት ታደርጊያለሽ / ታደርጋለህ ?

-ከምታሳድገው / ጊዜ ልጅ ጋር ያላችሁ ቅርብነት ምን ያህል ነው?

-የምታሳድገው / ጊዜ ልጅ በመደበኛነት / ያለማቋረጥ ወደ ት/ቤት እንዲሄድ ታደርጋለህ / ታደርጊያለሽ ?

-የምታሳድገው / ጊዜ ልጅ የጥናት ፕሮግራም አለው ? ትምህርቱን / ትምህርትዋን መከታተል ያለመከታተልዋንስ ትቆጣጠራለህ? / ትቆጣጠራለሽ ?

-የምታሳድገው / ጊዜ ልጅ የትምህርት ውጤት ምን ይመስላል ?

-የምታሳድገው / ጊዜ ልጅ በቀን ምን ያህል ሠዐት በቤት ውስጥ ስራ ላይ ይሠማራል ሕፃኑን ወደ ቤትህ / ቤትሽ አምጥተሽ ለማሳደግ የወሰንሽው በምን ምክንያት ነው?

Annex 4 : Topic Guides for FGD

The participants of the FGD were twenty fostered AIDS orphans, 10 female and 10 male, aged between 16 and 18 years. The orphans based on sex were divided into two groups of 10 orphans each and the focus group discussions were held in two consecutive days.

The topics discussed were:

1. Health situation of fostered AIDS orphans
2. Provision of food and nutrients
3. School performance and follow-up
4. 4. Stigma and discrimination
5. The situation of life with foster parents
6. Types of psychological problems occurring to fostered AIDS orphans
7. Degree of participation in house chores
8. Foster parent's effort done for the bright future of orphans
9. For whom do you share your top secrets
10. Whom do you consult when you are in a problem
11. When do you feel relaxed
12. When are you depressed
13. The importance of growing in the hands of biological parents
14. Future plan.

Amharic version **የተከራት ቡድን ውይይት መመሪያ**

ተሳታፊዎች: በ ሁለት ቡድን የተከፈሉ 20 ወላጆቻቸውን በኤድስ ሣቢያ ያጡና የሥጋ ዝምድና በሌላቸው ሠዎች ስር የሚያድጉ ዕድሜያቸው በ 16 እና 18 መካከል የሚገኝ 10 ሴትና 10 ወንድ ታታዳጊዎች።

የጥናት ቦታታ: አዲስ አበባ - የበጎ ሥራ ወንድሞች የምክክርና ማህበራዊ ድጋፍ መስጫ ተቋም።

ለውይይቱ ተሳታፊዎች የቀረቡ መነሻ ሀሳቦች

የጤና ሁኔታታ ፣ የምግብ አቅርቦት ፣ የትምህርት ደረጃና ክትትል ፣ ማግለልና መድሎ ፣ ከአሳዳጊ ጋር ያለ ህይወት ምን ይመስላል ፣ በልጆች ላይ ተደጋግመው የሚከሰቱ የስነ-ልቦና ችግሮች ፣ በቤት ውስጥ ስራ ያለ ተሳትፎ ፣ የልጆችን የወደፊት ህይወት ለማሳመር አሳዳጊዎች የሚያደርጉት ጥረት ፣ የምስጢር ጓደኛ ማንነት ፣ በችግር ጊዜ የምናማክረው ሰው ማንነት ፣ ዘና የሚባልባቸው ወቅቶች የትኞቹና መቼ ናቸው፣ በጣም የምትከፋብት ጊዜ መቼ ነው ፣ በወላጅ እቅፍ ውስጥ የማደግ ጠቀማታና የወደፊት ዕቅዳችሁ ምን ይመስላል የሚሉ ናቸው።

Annex 5: Informed consent form for In-depth Interview and FGD participants

Hello, my name is Samuel Lijalem. I am a second year student at IGNOU. I am working towards MSW Degree in Social Work.

I am here to take interview from eligible study participants like you and fill in the questionnaire forms prepared by me. I am glad to inform you that you are one of the chosen study participants. The purpose of the study is to assess the psychosocial situation of AIDS orphans residing in Woreda 5. The study results may be used to address issues related to AIDS orphans.

The information in this questionnaire will be kept strictly confidential. It will never be revealed for anyone. The information you gave will not be recorded or identified by any one except the researcher.

Meanwhile, it is your right to terminate your participation at any time (from the very beginning or you can answer some questions you like to do so). I will appreciate and respect what so ever your decision will be.

Thus, the interview and the FGD will take place only and only if you agree to take part in the study. I sincerely ask you to give your genuine responses to the questions to be asked and also to warmly participate in the FGD.

So, would you like to participate in the study?

Yes/agree -----

No/disagree -----

Thank you!

The Amharic version of the Informed consent form

ዕ ገና ግን ስለሌላ ማህተም ልጅዓለም እንደሚሰጠው ሕንጻው አገር የሚገኘው የኢንዱስትሪ ጋንዲ አገንደን የኒቨርሲቲ የሁለተኛ ዲግሪ ተማሪ ነኝ። የኔ ስራ ለጥናቱ ተሳታፊዎች ቃለ-መጠይቅ ማካሄድና በውይይት ላይ የሚከሰቱትን ነጥቦች መዝገብ መያዝ ነው። እኔም የዚህ ጥናት ተሳታፊ እንዲሆኑ በመመረጥዎት በጣም ደስተኛ መሆኔን እንደሚያሳዩዎት ዋናው የጥናቱ አላማ በአራዳ ክ/ከተማ ወረዳ 5 ውስጥ ነዋሪ የሆኑና ወላጆቻቸውን በኤድስ ምክንያት ያጡ ህፃናት የሚገኙበትን የስነ-ልቦናና ማህበራዊ ሁኔታታ ማወቅ ነው።

ለጥያቄዎቹ የሚሰጡን መልሶችና በውይይቱ ላይ የሚነሱት ነጥቦች ምስጢራዊነታቸው የተጠበቀ ከመሆኑም በላይ ስምዎትና ሌሎችም እኔም የሚገልጽ ነገሮች በማንም አይታዩም።

ይህም ሆኖ ግን በጥናቱ ውስጥ በሙሉም ሆነ በከፊል ያለመሳተፍ መብትዎ የተጠበቀ ነው። ለመሳተፍም ሆነ ላለመሳተፍ የሚወስዱትን ወሳኔ እንደሚሰጡ አክብራሪዎቻችን የሚፈልጉትን ጥያቄ መርጠው መመለስም ሆነ የማይፈልጉትን መተው መብትዎ ነው።

ስለዚህ፣ ይህን ቃለ-መጠይቅ የማደርገው እኔም ፈቃደኛ እንደሆኑ ድረስ ብቻ ነው። በጥናቱ ለመሳተፍ ፈቃደኛ የሚሆኑ ከሆነ ትክክለኛና እውነተኛ መረጃዎችን በመስጠት ይተባበሩኝ ዘንድ በትህትና እጠይቃለሁ።

ስለዚህ በጥናቱ ለመሳተፍ ፈቃደኛ ነዎት?

አዎ፣ ፈቃደኛ ነኝ-----

ፈቃደኛ አይደለሁም-----

አመሰግናለሁ!

ቀን -----

RESEARCH PROPOSAL

Enrolment Number – ID1115023

Date of Submission – August 2014

Name of the Study Center – St. Mary's University

Name of Guide – Dr. Zena Berhanu, AAU

Title of the Project – Assessing the Psychosocial Status of AIDS Orphans

(The case of fostered orphans in Woreda 5, Addis Ababa)

Signature of the Student

.....

Approved / Not Approved

Signature

Name and Address of Guide

Dr. Zena Berhanu

Addis Ababa University

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Name and Address of the Student

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Addis Ababa, Ethiopia

Glossary

AIDS Orphan – A child who has lost one or both parents due to HIV/AIDS

Child Headed Family – A house headed by an older orphan who is caring for her / his orphaned sibling/s

Double orphan - A child / children under age 18 whose mothers and fathers have both died.

Double AIDS Orphan - A child who have lost both parents due to HIV/AIDS

Fostering – Caring for a child who is not one's own

Foster Parent – A person caring for a child / children who have lost one or both parents due to HIV/AIDS, or other reasons than HIV/AIDS, without having blood relationship with the child / children

Foster child – Children that are not direct biological descendants of their caregivers.

Marginalized group - Group of people who had been relegated to the lower echelons, or outer edges, of society based on gender, education, genealogy, culture, nationality, race, or economic status. The process by which this occurs is defined as marginalization, that is, the process of being made marginal.

Members of the Extended Family – Persons who have blood relationship.

Orphan - A person under 18 years of age that has lost both parents. Reference is also given to children who have lost a father (paternal orphans) and children who have lost their mother (maternal orphans)

Orphanage – An institution in which orphans are kept

Assessing the Psychosocial Status of AIDS Orphans

(The case of fostered AIDS orphans in Woreda 5, Addis Ababa)

Thesis submitted for partial fulfilment of

Masters Degree in Social Work

Submitted to:

The Department of Social Work, MSW program,
The Indira Gandhi National Open University (IGNOU),
St. Mary's University

Prepared by:

Samuel Lijalem Hassan, 2nd year, MSW student, Social Work

School of Graduate Studies, IGNOU

(St. Mary's University)

Enrolment Number – ID1115023

Advisor: Zena Berhanu (PhD)

Addis Ababa

August 2014

I-INTRODUCTION

1.1-Background

One of the destructive social impacts of HIV/AIDS is the problem related to parents who die and leave small children behind. It is obvious that, following the death of their parents, most orphans are cared for by members of the extended family, some live under the supervision of their older brothers or sisters, few are cared for by foster parents and those who have no one to support them in the community goes to orphanages.

According to UNAIDS, AIDS orphans are one of the marginalized groups of people who are facing various types of psychosocial problems. As a result, in this era of HIV/AIDS, orphanhood is always linked with sufferings of various types.

Thus, it is highly rumoured that the sufferings faced by orphans are more severe with children cared for by foster parents than those orphans who are cared for by members of the extended family or those who are supervised by their older brothers and sisters.

This researcher, as a social worker in a pioneer social work agency, many other Social workers, and agencies engaged in providing psychosocial support for AIDS orphans too share this rumour.

Thus, the major aim behind conducting this research is checking whether the above mentioned rumour is true or false, and creating public awareness, as the problem affects the proper mental growth and physical development of AIDS orphans, if the rumored is to be found true.

The research will be conducted in Woreda 5 under the Arada Kifle Ketema, in Addis Ababa, an area that is said to accommodate many AIDS orphans.

1.2. Statement of the Problem

Ethiopia is among the countries most affected by the HIV epidemic. With an estimated adult prevalence of 1.5%, it has a large number of people living with HIV (approximately 800,000); and about 1 million AIDS orphans. (FDRE 2012)

It is obvious that Ethiopia is still a country with a high prevalence of HIV. HIV, since it was first identified in Ethiopia some 24 years ago, has been an issue of great importance. One of the destructive social impacts of HIV/AIDS in Ethiopia is the problem related to parents who die and leave small children behind.

It is also true that children and youths are the major segments of the society who are responsible for building-up on the development activities that have already been started by their ancestors. For children to be development partners and the backbone of future generations, they must grow up socially, psychologically, physically, and emotionally unhurt.

However, various reports, studies, and, moreover, first hand observations gathered from various social workers and social work agencies engaged in providing support for orphans indicated that especially children orphaned due to HIV/AIDS, as one of the marginalized groups people, are not cared for properly and their human and legal rights are abused.

“ . . . one of the most tragic and difficult challenges of the HIV/AIDS epidemic is the growing number of children who have lost parents to AIDS or whose lives will never be the same because of it. The crisis is both enormous and complex, affecting many millions of children. Nothing can take away the pain that these children have already endured.....” (UNICEF/UNAIDS 2004)

Children, after the death of their parents, are either supported by their relatives or the friends, neighbours or colleagues of their deceased parents. However, these orphans are usually reported to have faced with various types of psychosocial problems ranging from inability to fulfil basic necessities i.e. (food, shelter and clothing) to developing critical psychological problems such as loneliness, depression, psychological trauma which affect them deeply, develop stress and moreover, a great deal of hopelessness.

As a result, many of them are forced to go out to streets in search of daily labour activity performed against a small amount of payment. Once on the street, the girls will be raped, contract HIV, get pregnant, give birth to HIV positive children, they will be forced to engage in sex selling activity and, in their turn start spreading the virus among the society.

Whenever orphans are starved and find it difficult to get their daily bread, they are also involved in unhealthy, destructive and anti-social copying mechanisms, including theft, begging, prostitution, etc, etc.

On the other hand, the GOs, NGOs, and individuals engaged in social work activities also report that the orphans who stay in their caregiver's houses too, and especially those who

are cared for by persons who have no blood relationship with them, are expected to pay back, for what they have received from their caretakers, in the form of involvement in various types of house chores.

Thus, the involvement in house chores affect most part of orphans lives, as they are not allowed to go to school before completing their house chores, they have no study time, they are fed less than the calorie they spend while working in the house, they are not properly clothed, etc, etc.

For this reason, this research, apart from those orphans cared for by members of the Extended family and Child headed households, focuses on fostered AIDS orphans who are said to be most affected by the above mentioned social and psychological problems.

The other reason for focusing on this particular group of orphans is the information received from AIDS orphans themselves and the researcher's first hand observation on the situation of fostered children residing in the study area.

The researcher, as an employee of a Social Work Agency providing support for AIDS orphans, has for years observed that apart from the above mentioned two groups of orphans, children cared for by the friends, neighbours or colleagues of their deceased parents have been shouldering various types of problems.

Thus, the major aim behind conducting research work on the status of fostered AIDS orphans is to investigate and draw conclusion on the extent of the said problem.

1.3-Research Questions

1. What is the psychosocial status of fostered AIDS orphans in the study area?
2. What is the real experience of AIDS orphans cared for by foster parents?
3. Is there any psychosocial problem faced by fostered AIDS orphans in the study area?
4. What are the major support needs of Fostered AIDS orphans?
5. What are the benefits of growing in the hands of a biological parent / parents?
6. What is the real experience of Social workers engaged in providing support for orphans?
7. What are the greatest challenges of Fostered AIDS orphans?

1.4. General Objective of the Study

The general objective of this research is to identify the psychosocial status of AIDS Orphans residing in Woreda 5, Addis Ababa, and to release the findings for the use of concerned individuals, CBOs, FBOs, GOs, NGOs and other interested groups.

1.4.1 Specific Objectives

The specific objectives of this research include:

- Identifying the situation of fostered AIDS orphans in Woreda 5, Addis Ababa
- Raising the awareness of the community on the existing situation of fostered AIDS Orphans
- Suggesting possible recommendations, based on the finding of the research, to be applied by concerned government and non-governmental organizations.
- Proposing social work intervention activities on the possible problems said to be affecting fostered AIDS orphans residing in the study area

1.5. Significance of the Study

In view of the above background, the present study is expected to have the following contributions:

- It may provide valuable information for concerned individuals, community based organizations, governmental and non-governmental bodies, as well as other service providers, about the real situation of AIDS orphans in the study area
- Raising the awareness of the community about the situation of Fostered AIDS orphans
- It may serve as an initial reference for researchers and stakeholders who might be interested in conducting research at a larger scale on the problems of AIDS orphans.
- The research also includes some suggestions for future action that will help to address the needs of AIDS orphans in the country in general.
- It is also hoped that the findings of the research assists field workers in other developing countries too that are faced with the challenges of orphans and other vulnerable children's issues.

1.6. Limitation and Scope of the Study

The study is delimited only to one Woreda in Addis Ababa and this might not be an exact sample in a big city which is divided into 116 Woredas.

It is also assumed that it will be hard for the researcher to easily identify and access Fostered AIDS Orphans from among the thousands of AIDS orphans who are usually cared for in four arrangements i.e. orphans cared for by Members of the Extended family (grandparents, uncle, aunt, etc), orphans who live in Child Headed households (cared for by older sister, brother, etc), and orphans residing in orphanages. This situation is expected to be the major limitation of the study. However, it will be attempted to find at least some fostered orphans to support the discussion in the study.

Foster parents too are expected not to be easily approachable or easily accessible. Most of them are assumed to be reluctant in providing information on the way they are treating the orphans they are caring for. The other limitation of the study is expected to be locating GOs and NGOs engaged in providing support only for children cared for by foster parents.

In addition, as the study targets fostered orphans who are not matured enough to give proper information, they are assumed not to be very considerate not to give incorrect information while filling out the questionnaires.

The study will be conducted to identify the psychosocial status of fostered AIDS orphans. Thus, the findings of the research cannot be generalized to the entire AIDS orphans who live in the rest of the three living arrangements.

1.7. Organization of the Thesis

The research work is organized into five chapters.

The first chapter includes the introductory part that deals with the statement of the problem, the research objectives and questions, significance of the study, limitation and scope of the study, and organization of the thesis.

The second chapter discusses the literature review part that deals with the general concept on AIDS orphans and continues by examining the needs of AIDS orphans and the reason why Fostered AIDS Orphans are more vulnerable to abuse and exploitation. Lastly, the Chapter tries to see the existing rules and regulations regarding the rights of the child.

The third chapter discusses methods which includes the study design, the study area, study population, sample size, sampling procedure, data collection procedure, data processing and analysis, data quality assurance, ethical consideration, and dissemination of results

The fourth chapter discusses the data presentation and analysis.

The fifth and the last chapter present the summary, conclusion and recommendation.