# ETHIOPIAN PUBLIC HEALTH ASSOCIATION



# THE ROLE OF INDIGENOUS PRACTICES IN ASSISTING HIV/AIDS ORPHANS AT COMMUNITY LEVEL IN SELECTED LOCALITIES OF ETHIOPIA.

**DECEMBER 2005**

**ADDIS ABABA**

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# Abbreviations

| | |
|---|---|
| AIDS | Acquired Immuno Deficiency Syndrome |
| CBOs | Community Based Organizations |
| CCF | Children's Christian Foundation |
| CSA | Central Statistical Authority |
| EC | Ethiopian Calendar |
| FGD | Focus Group Discussion |
| FSCE | Forum on Street Children-Ethiopia |
| HHD | Household |
| HIV | Human Immunodeficiency Virus |
| HTP | Harmful Traditional Practices |
| IEC | Information, Education and Communication |
| IK | Indigenous Knowledge |
| KAP | Knowledge Attitude and Practice |
| MOH | Ministry of Health |
| MOLSA | Ministry of Labor and Social Affairs |
| NGO | Non-Government Organization |
| OSSA | Organization for Social Services for AIDS |
| OVC | Orphans and Vulnerable Children |
| PAR | Participatory Action Research |
| FBO | Faith Based Organization |
| SNNPR | Southern Nations Nationalities and Peoples Region |
| TB | Tuberculosis |

# Definitions of Ethiopian Terms

***Debo/Jige/Wonfel:*** A social gathering of individuals in rural Ethiopia organized as a voluntary association to do practical work for each individual, by turn.

***Gudifecha:*** An 'Oromo' ethnic group tradition for the adoption of children. The adopted child is considered as a biological son or daughter.

***Idir:*** A traditional social gathering in the form of an association which assists at the time of burial ceremonies.

***Ikub:*** A form of local traditional association usually found in urban parts of Ethiopia where members contribute money regularly and take turns to use the total collected.

***Kebele:*** The lowest administrative unit in Ethiopia. In urban areas it is also called an urban dwellers association (UDA) whilst in rural areas it is called a peasant association (PA).

***Kimet:*** A tradition practiced in the country in which a woman is in an established sexual relationship with a married man, sometimes supported by him financially.

***Madego:*** A tradition of the 'Amhara' ethnic group for the adoption of children from relatives or friends. The adopted child is considered as a biological son or daughter.

***Mahber:*** Individuals organized in groups for family, community or religious affairs. They usually meet after a defined time interval in the house of a different group member turn by turn.

***Mogizit:*** A care taker who brings up children.

***Oretsaba:*** An 'Oromo' marriage tradition, when due to problems created during the marriage time between the families of bride and groom, a male may arrange a marriage quickly with another female, for example by abduction.

\* *Investigators for purpose of this study adopt definitions.*

# Definition of Ethiopian Terms—cont.

*Oromo Sera:* The 'Oromo' tradition of male circumcision, performed for all male members of one clan on one specific day of the year using one cutting utensil (eg. sharpened knife).

*Senbete:* A collection of individuals who are organized in a group to celebrate Sunday in the Coptic Orthodox religious faith.

*Telefa:* Marriage by abduction.

*Tilosh:* The provision of material or money by the family of the bride to the family of the groom, or *vice versa*, during or after the marriage ceremony is arranged.

*Tute Matebat:* A woman who breastfeeds a child who is not her own, and thus is considered a mother in addition to the child's biological mother.

*Warssa:* A tradition practiced in Ethiopia in which when one brother dies another brother claims the wife of his brother for sexual relationship or marriage.

*Woreda:* An administrative unit (equivalent to a district).

*Wushimenet:* A man that has a relationship with a woman outside his marital bond.

*Yafincha Abat or Enat:* A traditional practice common in Ethiopia in which a man or woman is considered as an additional father or mother to the child's biological father or mother.

*Yeayen Abat or Enat:* A traditional practice common in Southern Ethiopia in which the man or woman who covers the eyes of the child during circumcision is considered as an additional father or mother to the child's biological father or mother.

*Yechirstina Abat or Enat:* Godfather or Godmother.

*Yechirstina Lij:* Godchild.

*Yetut Lij:* A traditional practice common among Coptic Orthodox Christians in which a close relationship is established between families through an additional mother or father to a child.

# Operational Definitions

**Adoption:** A childcare mechanism that enables an unaccompanied child to benefit from substitute, permanent family care.

**Biological parent/s:** Biological parent/s are both birth parents if they are alive or the mother or father if one is deceased.

**Community:** A community is a group of individuals living in one locality.

**Extended family:** The social unit, which comprises not only a couple and their children but also other relatives, eg uncles, aunts and grandparents. In Ethiopian tradition this may extend to clans.

**Family circle:** A family which is bounded by parents and their children in the household, or all those who live in one house.

**Indigenous Traditional Practices:** Opinions, beliefs, and customs that have approval or a favorable reception by members of the community or ethnic group locally.

**Orphan:** A child deprived of father or mother, or both, through death owing to different reasons including HIV/AIDS.

**Union:** Used to show the state of combination or association between orphan children and the supporting family.

**Vulnerable children:** Children that are in difficult circumstances living in the community.

**Vulnerable community:** A community that is exposed to overwhelming problems of orphan hood.

# Message from the EPHA President

This study summarizes the nature of assistance available to young Ethiopians orphaned by HIV/AIDS or other conditions.

The study was designed in order that traditional practices of caring for orphans might be better understood and included among the options which have been more extensively acknowledged in the past. The practices of a number of Ethiopian sub-cultures are identified, and the strengths and limitations of each are weighed up against institutional care.

Many traditional practices are widely used within one particular sub-culture, and the value of extending these practices across cultures is discussed.

One of this study's strengths is the diverse methods used to elicit the opinions and experiences of the general community, carers and orphans in both family and institutional settings. Information on the realities of life as an orphan or carer, and the major challenges facing both, are elicited and deliberated. Significant misunderstandings relating to mother-to-child transmission of HIV are identified in the community. This may lead to unwillingness to care for an orphan perceived to be an HIV/AIDS orphan, thus strategies to remedy this will be vital in increasing community willingness to adopt.

The recommendations of this study are wide ranging and deserve recognition by all those committed to improving the circumstances of orphans in Ethiopia.

# Executive Summary

Mechanisms of protecting orphaned children and vulnerable children have to be designed in parallel with responses to the HIV/AIDS epidemic. The need to seek solutions for problems that orphaned children face in Ethiopia caused us to investigate indigenous traditional practices that are used in different cultural contexts to help orphaned children.

This study assessed the role of indigenous traditional practices in supporting orphaned children with particular emphasis on those who had lost their parents to HIV/AIDS.

Data for this study were collected from four study sites namely South Shoa (Basona Worena), East Shoa (Bosete), SNNPR (Sidama Zone) and Addis Ababa. Both quantitative and qualitative approaches (household survey, opinion makers, FGDs and PAR) were used to collect information from the study subjects. The total sample size for the quantitative study was 2000 subjects.

Thirteen point seven percent of households were rearing orphaned children who were mostly relatives of either the husband or the wife. The perceived causes of death of the parents of orphaned children were reported to be TB, HIV/AIDS and other infectious diseases. This suggests that the problem will worsen in the future with the spread of HIV/AIDS in Ethiopia. At least eight indigenous social practices (classified into three major groups), were identified for rearing orphaned children within family circles. These are the extended family or clan, adoption *(gudifecha* and *madego)* and godfathers or godmothers (including y*etut lij, yechristina lij, yeayin enat* or *abat*, and *afincha enat* or *abat*).

This study has shown that indigenous traditional practices for caring and supporting orphaned children are used at community level. Through further investigation, it is possible to promote the use of these traditional practices to assist orphaned children. The following recommendations are made:

1) The indigenous socialization process is a good alternative for rearing orphaned children in family circles.

# Executive Summary –cont

2) IEC interventions must be implemented in families caring for orphaned children.

3) An organized and integrated approach must be used to solve the problem of orphaned children.

4) Job opportunities should be created for mature minors or child -headed families.

5) Supporters of the extended family approach must be mobilized.

6) The community's vulnerability in terms of social values, norms, legislations, policies and human rights must be reduced.

7) Community coping mechanisms must be implemented.

8) Future studies on indigenous traditional practices related to childcare and rearing must be undertaken.

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# Introduction

## Background

The population of Ethiopia is about 69 million (1) and is composed of more than 80 different ethnic groups (2-4). Ethiopia is the third largest country in Africa and different cultural and traditional practices prevail in the country (5 -7). These different cultural and traditional practices have been conveyed from generation to generation up to the present date.

Some of these traditional practices have been very useful and have contributed much to maintain and perpetuate the society as a whole. Prolonged breast feeding, postnatal care, settling quarrels, informal organizations such as *Idir, Ikub,* and *Debo*, the extended family and helping others in times of need are some of the useful traditional practices in the country. Hence, the whole society in general and women and children in particular have benefited from these beneficial traditional practices.

Orphanhood is not a new phenomenon in Ethiopia. Traditionally it is common for grandmothers and fathers, uncles and aunts or any other member of an extended family to take care of or-

phans. Long-established blood relationships create opportunities for most orphans to know their respective guardians even before the death of their parents. Hence, in Ethiopia childcare is not the sole responsibility of parents. A child can be reared by anyone in the network of blood relationships. *Yechiristina abat* or *yechirstina inat* and *gudifecha* are some of the traditional practices to care for orphaned children in Ethiopia.

At present, HIV/AIDS has increased the mortality rate of the people of Ethiopia (8). Problems of orphan hood due to HIV/AIDS are increasing (9, 10). Ethiopia houses the second largest population of AIDS orphans in sub Saharan Africa, next to Nigeria (11, 12). A total of 4.6 million Ethiopian children under 17 years of age are estimated to be orphans for a variety of reasons, and 539,000 are thought to be orphaned by AIDS (8). According to the 2003 estimate, a total of 1.5 million people were living with HIV/AIDS in Ethiopia (8), of which about 96,000 were children under 15 years old. In 2003 it was estimated that 25,000 children had died

from AIDS. The number of AIDS orphans will increase to over 1.8 million by the year 2010 (9).

Orphans are more likely to become malnourished than other children. About 50% of AIDS orphans are not well fed (13) and also have less opportunity for education. Many of these children are forced to go out to the streets and start activities which are harmful to themselves and to society. Different studies have indicated that there are at least 100,000 street children in Ethiopia (14, 15). It is estimated that yearly, over 6,000 orphaned girls are driven to become commercial sex workers (13) and their number is increasing.

Most HIV/AIDS orphaned children face problems of food, shelter, clothing and other material necessities. They lack access to health care facilities and education, and are exposed to discrimination and stigmatisation. They are economically and sexually exploited, and do not get the necessary support and attention to their social and emotional needs (10). According to one study, a considerable number of AIDS orphans are expelled from their homes following the death of their parents (10). Some of them get assistance from family circles or established institutions. In connection to this, the same study has shown that 74% and 20% of AIDS orphans live with their families and relatives respectively. Other indigenous socializing means such as *yechiristina abat* and *yechiristina enat* are not widely exercised to assist orphan children at present.

Several studies have shown that 30-40% of HIV infected mothers transmit HIV/AIDS to their babies during pregnancy, delivery and breast-feeding (16, 17). The remaining 60-70% are free from the virus but they will be orphans since they eventually lose their parents.

Thus, in Ethiopia, a large number of children will become orphans in the coming 5-10 years. Therefore, in parallel with the HIV/AIDS epidemic prevention campaign a working mechanism has to be devised to protect HIV/AIDS orphans. This study was conducted in response to this need and to assess and identify indigenous knowledge that can be used to assist orphans in Ethiopia who have lost their parents through HIV/AIDS. It is hoped that the findings will reveal new insights into the problem and will assist AIDS orphans, practitioners, policy-makers and other stakeholders at local, national and international level.

## Study Objectives

**Major objective**

The major objective of this study is to assess and identify accepted traditional methods that can be applied to support orphaned children in general and HIV/AIDS orphans in particular.

**Specific objectives of the study**

- To assess the existing situation of orphaned children,
- To identify accepted and useful indigenous knowledge that can be applied to improve the condition of orphaned children in Ethiopia,
- To find out the problems and challenges associated with orphaned children, care-givers and parents,
- To identify a mechanism that can be applied to support and help orphaned children and,
- To explore the means of improving, applying and promoting indigenous positive traditional mechanisms to support orphaned children and caregivers in the community.

# Methodology

## Study area and period

The data for this study were collected from four study sites: South Shoa (Basona Worena *Woreda*: 03 *Kebele*, Keyit, Wushawushigne, and Angolela), East Shoa (Bosete *Woreda*: 01 and 02 *Kebele*s of Wolenchite, Dengore Tiyo, Tsedeta Yadecha, Merko Adelaga), SNNRP (Sidama Zone: 1-01 and 1-03 *Kebele*s of Awassa, Chefe, Alamora) and Addis Ababa (08, 10 and 11 *Kebeles* of Gulele to capture the Southern Nationalities; 04 and 06 *Kebeles*, 07 *Kebele* in Tekelehamanote for Tigraway Nationals; 09 and 13 *Kebele*s of Abinet for Guragie Nationals). The field study was conducted between October and December 2004.

## Study population

The study considered four major target areas: East Shoa, for Oromo tradition; North Shoa for Amhara tradition; one *Woreda* for Southern Nations Nationalities traditions; and Addis Ababa for mixed traditions. There were two justifications for focusing on these target population groups. They were: (a) The Oromo, Amhara and Southern Nationalities make up over 80% (56,297,284 out of 69,892,020) of Ethiopia's population according to 2003-04 population data (1); (b) Addis Ababa was selected because orphaned children usually migrate from rural areas to major towns and cities looking for a better life, though ironically they encounter different social problems and become vulnerable.

## Quantitative approach
## Sampling techniques

The reporting unit of the quantitative assessment was taken to be a district (*woreda*) at each region. Hence, assuming an expected frequency of 50%, worst acceptable precision of 0.05% and 95% confidence level, a sample size of 384 subjects (or approximately 400) at district level was determined. During the selection process each selected site was divided into clusters ('*Gots*' in rural and urban areas and zones) from which 2-3 clusters were randomly selected from each study site for household visits. Among the households one subject was randomly selected for the interview from household members above 15 years of age.

In Addis Ababa, eight *kebele*s from eight different sites were selected to get representative samples of different ethnic groups. From each *kebele* 100 households were selected to interview 800 subjects. Another three *woreda*s from East Shoa, North Shoa and SNNPR were selected to collect information from 1200 individuals, 400 from each site. The total sample size was 2000 subjects. In each *woreda,* 2 urban *kebele*s and 2 Peasant Associations were selected. At each site, 100 study subjects were included making the total sample for each *woreda* 400.

A questionnaire (Questionnaire 1, see Annex 1) was designed mainly to collect information and to identify the magnitude of the problem, to study the knowledge of the society about the transmission of HIV/AIDS, and to identify indigenous systems in the society which might be used to assist orphaned children.

Questionnaire 1 mainly consisted of:

1. Background information of respondents,
2. Presence of orphaned children in the selected and neighbouring households,
3. Knowledge, attitude and opinion on indigenous social systems that

might help to assist orphaned children at the family circle level.

**Opinion Makers**

A total of 100 opinion makers were selected from the 20 study sites (8 from Addis Ababa, and 4 from each of the three regions), from the same areas that were identified for the quantitative study. From each site the research team members interviewed 5 opinion makers. The opinion makers were mainly *kebele* leaders, women and youth (boys and girls) representatives, religious leaders, elders of the community (both men and women), and others who knew the community very well. Questionnaire 2 (see Annex 2) was prepared to collect information from opinion makers. The contents of the questionnaire focused on identification of respondents, their background characteristics, an estimation of the number of orphaned children in their *kebele*, other open-ended questions on indigenous social systems that can assist orphaned children, and their opinion on HIV transmission.

## Qualitative approach

In this approach, information was collected from opinion makers by conducting FGDs with key informants and Participatory Action Research (PAR) with orphaned children and their attendants. The qualitative approach consisted of four main components.

## Focus Group Discussion

At district level, five FGDs were conducted. In Addis Ababa two FGDs were conducted, one in each district. FGD participants were administrative officials, *kebele* leaders, women and youth from their respective organizations, religious leaders, and community elders who recognized the problems of orphaned children and were working or participating in HIV/AIDS prevention and control programs. The research team prepared discussion topics for the FGDs (see Annex 3). During any FGD one member of the study team moderated the discussion and the other two recorded points that were raised by the participants. The major topics of the FGDs were:

- Identifying all positive traditions that existed in different areas,

- Selecting positive traditions that safeguard the well-being of children,
- Screening local indigenous social systems that might be used to assist orphaned children, in particular HIV/AIDS orphans, and
- Conducting in-depth discussion on the identified indigenous social systems.

A complete analysis was carried out on the five FGDs that were conducted (see under section 3.2.1).

## Discussion and Interview with Selected Organizations and Local Institutions

The purpose of this study was to assess the role of individuals, CBOs, government, NGOs, private sectors and faith based organizations in supporting orphaned children. Towards this end individuals from a total of fifteen organizations and local institutions were interviewed using questionnaires. Leaders of organizations (government and NGOs) and local institutions like *Idir, Ikub,* and *Debo*, were approached and interviewed to suggest community coping mechanisms useful to help HIV/AIDS orphans. For this purpose, detailed questions (See Annex 6) were included in the FGDs.

**Participatory Action Research (PAR)**

The PAR method is an appropriate research tool to use with children. It makes children more responsive and more responsible when they participate in planning, implementing, and evaluating programmes and activities. This research is also concerned with the problems and interests of children. Thus its research methods require approaches related to the children's experiences and addresses issues that benefit them.

The main elements and resources of PAR are children and the ideas, knowledge and attitudes of children, families and communities. Doing research that is related with children requires:

- Taking children as a unit of observation and childhood as the unit of analysis,
- Putting children at the centre of the research process, and
- Finding out children's perspectives and views, using methods that take into account their relative lack of power in families and communities, their different understanding and interpretation of words and their relative lack of experience.

PAR with children entails a participatory process where participation means taking part in or being present in the given programme. The application of the PAR method aims at identifying new and/or improved intervention activities and strategies.

PAR was conducted at the Abebech Gobena orphanage centre. A total of twenty-two children (eleven boys and eleven girls) participated in the PAR (see annex 4). The following two major activities were performed at this centre.

a. The first activity was the collection of information on the behavior of orphaned children living in an institution. Information was also collected to identify indigenous local systems that might be used to assist orphaned children living in family circles. To get this information, two attendants, including the General Manager, were asked for their opinions. The result is presented in Section 3.2.4.

b. b. The second activity was to conduct discussions with selected children to find out their feelings towards parents. The tools employed to collect this information were drama, essays, drawings and poems.

The information obtained from the children is presented in 3.2.4.

**Case Studies**

Taking care of orphaned children is one of the traditional practices in Ethiopia. The purpose of this study was to assess and identify accepted indigenous practices that are used to give care and support for orphaned children and to strengthen family circles that play a meaningful role in taking care of them.

Before the survey was conducted, selected *kebele* administrators or Farmers Association leaders were contacted to make arrangements to approach households where orphaned children were living. Households were selected to represent different ethnic groups. Twelve carers from Addis Ababa and six from each of the other study sites were selected for the study. Using structured questionnaires, information regarding personal details of respondents, orphaned children, and the opinions of guardians were collected. Hence, a total of thirty cases were considered under this assessment. A questionnaire was designed (See Annex 5) to collect information at the family level by conducting an in-depth interview with the carers.

All data collection instruments were pretested and necessary modifications were made before using them.

**Organizational Arrangements**

In the qualitative study, research team members conducted the FGDs and the PAR. Interviewers who had completed 12th grade and who could speak the local language and Amharic perfectly were employed on a temporary basis. They were given training on the method of data collection and on the objectives of the study. The research team performed close supervision to maintain the quality of the data.

**Data Analysis**

The collected data, especially the qualitative information, were pre-coded before they were entered into a computer using the SPSS/DE package and analyses were performed using SPSS 10 for Windows. Frequency distributions were performed to give a full description of the information collected. Bivariate analysis or cross tabulations were done for some variables to show differentials at some background characteristics level.

# Results

## Quantitative Study.

### A. Individual Interviews.
### Background Characteristics

A total of 2000 individuals above the age of 15 years were interviewed using a structured questionnaire to get information on the conditions of orphaned children in their families and in their respective communities. Table 3.1.1.1 presents the socio-demographic characteristics of the respondents. A total of 800 subjects (40%) were interviewed in Addis Ababa to collect relevant information from different ethnic groups. In the three regions 400 subjects from each were interviewed during data collection.

Of all respondents, 52% were males and the rest females. The age interval used was five years. The highest frequency was found in the interval 25-29 (20.8%) followed by 30-34 (19.8%), 40-44 (18.1%) and 20-24 (14.9%). The majority of the respondents were Coptic Orthodox Christians (43%) followed by Muslim (27.2%) and Protestants (20.5%). Their ethnic composition was as follows: Oromo (29.6%), Amhara (21.1%), Tigraway (8.3%), Gurage (8.4%), Sidama (16%), Gamo (12%) and others (4%). More than a quarter of the respondents (30%) had elementary education, 24.9% had grade 9 and above, and 10.7% junior education. The rest (17.8 % and 15.4%, respectively) were illiterate or with little ability to read and write. The majority of the respondents were housewives and in terms of occupation most of them were farmers followed by merchants and students. Almost half of the respondents were married and the rest were single, divorced or widowed.

**Table 3.1.1.1 Socio-demographic characteristics of study subjects in selected localities of Ethiopia, December 2004.**

| Variable | Level | Number | Percent (%) |
|---|---|---|---|
| Region | Addis Ababa | 800 | 40.0 |
| | Amhara | 400 | 20.0 |
| | Oromia | 400 | 20.0 |
| | SNNPR | 400 | 20.0 |
| Sex | Male | 1039 | 52.0 |
| | Female | 954 | 47.6 |
| | Not stated | 7 | 0.4 |
| Age | 15-19 | 117 | 5.8 |
| | 20-24 | 299 | 14.9 |
| | 25-29 | 417 | 20.8 |
| | 30-34 | 397 | 19.8 |
| | 35-39 | 215 | 10.7 |
| | 40-44 | 362 | 18.1 |
| | 45-49 | 34 | 1.7 |
| | 50-59 | 115 | 5.7 |
| | 60 and above | 40 | 2.0 |
| | Not stated | 14 | 0.7 |
| Religion | Orthodox | 859 | 43.0 |
| | Muslim | 543 | 27.2 |
| | Protestant | 410 | 20.5 |
| | Other | 176 | 8.8 |
| | Not stated | 12 | 0.6 |

**Table 3.1.1.1—cont.**

| Variable | Level | Number | Percent (%) |
|---|---|---|---|
| Ethnic Group | Oromo | 592 | 29.6 |
| | Amhara | 422 | 21.1 |
| | Tigraway | 166 | 8.3 |
| | Gurage | 168 | 8.4 |
| | Sidama | 320 | 16.0 |
| | Gamo | 239 | 12.0 |
| | Others | 80 | 4.0 |
| | Not stated | 13 | 0.7 |
| Educational status | Illiterate | 356 | 17.8 |
| | Able read & write | 309 | 15.4 |
| | Grade 1-6 | 600 | 30.0 |
| | Grade 7-8 | 215 | 10.7 |
| | Grade 9 and above | 498 | 24.9 |
| | Not stated | 18 | 0.9 |
| Occupation | Farmer | 484 | 24.2 |
| | Housewife | 587 | 29.4 |
| | Merchant | 369 | 18.5 |
| | Student | 295 | 14.8 |
| | Others | 251 | 12.6 |
| | Not stated | 14 | 0.7 |
| Marital Status | Single | 634 | 31.7 |
| | Married | 1030 | 51.5 |
| | Divorced | 247 | 12.4 |
| | Widowed | 72 | 3.6 |
| | Others | 17 | 0.9 |

## Status of Orphaned Children Living in the Community

Table 3.1.1.2 shows the distribution of orphans living in the respondents' houses, in *kebele*s, with relatives and with households, and the causes of deaths for their parents. 13.7% of respondents confirmed that orphans were living in their houses. The majority of the orphans were males (69.6%), 32.7% were aged 10-14 years and 30.1% were aged 5-9 years. Household heads were found to be uncles (44.1%) and aunts (31.5%) of the orphans living with them. 7.6% of respondents from *kebele*s confirmed the existence of orphans in their respective *kebele*s. According to *kebele* respondents the percentages of male and female orphans were 52.8% and 47.2%, respectively. The perceived causes for the deaths of parents of the orphaned children were found to be HIV/AIDS (15.8%), TB (20.5%), malaria (19.5%), other communicable diseases (27%), and incidental hazards (12.6%).

## Means of Bringing Up Orphaned Children

Table 3.1.1.3 presents positive traditions that are used to bring up orphaned children. The majority of the respondents suggested different means of bringing up orphaned children. They suggested institutions (33.4%), the extended family (29.4%), *gudifecha* (22.9%) and adoption (9.0%). The extended family and *gudifecha* were considered to be positive traditions to bring up orphaned children by a number of respondents and both these positive traditions were suggested by a similar number of respondents (44.8% and 39.9%, respectively).

**Table 3.1.1.2 Characteristics of Orphans and Parents' Cause of Death, in Selected Localities of Ethiopia, December 2004**

| Variable | Level | Number | (%) |
|---|---|---|---|
| Orphans living in the house | Yes | 273 | 13.7 |
| | No | 1714 | 85.3 |
| If Yes, Sex (N=409) | Male | 285 | 69.6 |
| | Female | 124 | 30.4 |
| Age (N=389) | 0-4 | 33 | 8.0 |
| | 5-9 | 123 | 30.1 |
| | 10-14 | 134 | 32.7 |
| | 15-19 | 59 | 14.4 |
| | 20-24 | 22 | 5.3 |
| | 25 & above | 18 | 4.4 |
| Relation with father | Uncle | 98 | 44.1 |
| | Brother | 27 | 12.2 |
| | Grandfather | 48 | 21.6 |
| | Uncle's children | 17 | 7.7 |
| | Relative's children | 11 | 5.0 |
| | Children | 13 | 5.9 |
| | Neighbor's children | 8 | 3.6 |
| Relation with mother | Aunt | 98 | 31.5 |
| | Sister | 59 | 19.0 |
| | Grandmother | 51 | 16.4 |
| | Children | 36 | 11.6 |
| | Neighbor's children | 39 | 12.5 |
| | Relative's children | 13 | 4.2 |
| | None | 15 | 4.8 |

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**Table 3.1.1.2—cont. Characteristics of Orphans and Parents' Cause of Death, in Selected Localities of Ethiopia, December 2004.**

| Variable | Level | Number | (%) |
|---|---|---|---|
| Orphans living in the *kebele* | Yes | 152 | 7.6 |
| | No | 1845 | 92.4 |
| If Yes, Sex   (N=280) | Male | 148 | 52.8 |
| | Female | 132 | 47.2 |
| Perceived parental cause of death | HIV/AIDS | 34 | 15.8 |
| | TB | 44 | 20.5 |
| | Other communicable diseases | 58 | 27.0 |
| | Malaria | 42 | 19.5 |
| | Incidental hazard | 27 | 12.6 |
| | Cancer | 5 | 2.3 |
| | Diabetes | 1 | 0.47 |
| | Not known | 4 | 1.9 |

The majority of the respondents (83.6%) suggested establishing additional orphanages as a better alternative in the future to give the necessary care and support for orphaned children. But in the existing situation where the number of orphaned children is growing very rapidly it is practically impossible to accommodate all orphaned children in orphanages and solve their problems. At this stage accommodating orphans within family and community circles is the best alternative and a practical solution to the problem. The suggestion of government institutions (54.7%) to arrange the union between orphans and their supporters may be helpful to reduce and eventually overcome the problem.

**Table 3.1.1.3 Means of Bringing Up Orphan Children in Selected Localities of Ethiopia, December 2004**

| Variable | Level | Number* | Percent (%) |
|---|---|---|---|
| Appropriate means to bring up orphan children | *Gudifecha* | 552 | 22.9 |
| | With godfather | 92 | 3.8 |
| | Adoption | 218 | 9.0 |
| | Extended family | 709 | 29.4 |
| | By an institution | 806 | 33.4 |
| | Others | 37 | 1.5 |
| Suggestions to raise AIDS orphans as per the tradition of the community | *Gudifecha* | 854 | 39.9 |
| | With God father | 102 | 4.8 |
| | As *Yetut Lij* | 94 | 4.4 |
| | With Relatives | 959 | 44.8 |
| | Others | 67 | 3.1 |
| | I do not know | 63 | 2.9 |
| Suggestions to establish an institution responsible to raise orphans | Yes | 1671 | 83.6 |
| | No | 318 | 15.9 |
| | Not stated | 11 | 0.5 |
| Suggestions for responsible body to arrange the un-ion | Government | 1195 | 54.7 |
| | Individuals | 328 | 15.0 |
| | NGOs | 397 | 18.2 |
| | Religious Institutions | 234 | 11.7 |
| | Others | 17 | 0.8 |
| | Not stated | 12 | 0.5 |

In Amhara region the majority of respondents suggested the following strategies: extended family (42.3%) followed by institution (30.5%), *yetut lij* (15.8%) and the three combined (11.5%).

In Oromia region respondents put the strategies in the following order: *Gudifecha* (53.3%) followed by institution (30.5%) and the two combined (13.0%). In SNNPR respondents preferred extended family (47.3%) and institutions (26.3%). By religion, Orthodox Christians preferred extended family but Muslims preferred *Gudifecha*. By ethnic group, the Oromo and the Gurage respondents preferred *Gudifecha*. On the other hand, the Amhara, the Sidama and the other respondents gave high preference to extended family.

**Table 3.1.1.4 Strategies to bring up orphan children by region, religion and ethnic group, December 2004**

| Variable | Level | *Gudifecha* | Godfather | *Tut Lij* | EF | Inst. | Other |
|---|---|---|---|---|---|---|---|
| Region | Amhara | 0.0 | 0.0 | 15.8 | 42.3 | 30.5 | 0.0 |
| | Oromia | 53.3 | 0.0 | 0.0 | 0.0 | 33.5 | 0.3 |
| | SNNPR | 0.0 | 0.0 | 0.0 | 47.3 | 26.3 | 5.3 |
| | AA | 11.1 | 2.3 | 1.0 | 16.9 | 53.8 | 1.9 |
| Religion | Orthodox | 1.0 | 0.3 | 7.2 | 23.1 | 49.5 | 0.1 |
| | Muslim | 44.3 | 2.4 | 1.1 | 3.9 | 46.0 | 2.2 |
| | Protestant | 0.0 | 0.2 | 0.7 | 52.9 | 27.0 | 5.6 |
| | Others | 30.1 | 0.0 | 0.0 | 27.3 | 0.0 | 0.6 |
| Ethnic Group | Oromo | 36.7 | 0.3 | 0.0 | 16.4 | 36.5 | 0.2 |
| | Amhara | 0.2 | 1.4 | 13.0 | 42.7 | 20.6 | 1.7 |
| | Tigraway | 0.0 | 0.6 | 5.4 | 2.4 | 67.5 | 0.0 |
| | Gurage | 49.1 | 4.2 | 2.4 | 4.8 | 22.4 | 4.2 |
| | Sidama | 0.0 | 0.0 | 0.6 | 46.6 | 30.9 | 6.6 |
| | Gamu | 0.4 | 0.4 | 0.4 | 2.1 | 96.2 | 0.4 |
| | Others | 0.0 | 0.0 | 0.0 | 52.5 | 7.5 | 0.0 |
| | All | 15.1 | 0.9 | 3.6 | 24.8 | 39.4 | 1.9 |

**Assisting Orphaned Children**

Table 3.1.1.5 presents existing and suggested future means that might be used to assist orphaned children. According to the information obtained from respondents the majority of orphaned children get most of their assistance from extended family circles (51.8%) followed by community based organizations (24.1%), *Gudifecha* (15.6%), adoption (5.9%) and others (13.2%). Over 80% of the respondents have witnessed that CBOs can play a significant role in assisting orphan children and in keeping them in family and community circles. In line with this, respondents identified *Idirs* (60.8%), religious institutions (14.0%), *Mahbers* (13.5%) and *Ikubs*, and a combination of the others.

**Table 3.1.1.5 Means of assisting orphans in selected localities of Ethiopia, December 2004.**

| Variable | Level | Number | Percent |
|---|---|---|---|
| Means of orphans being assisted in the *Kebele or* area | CBO | 483 | 24.1 |
| | Extended family | 1036 | 51.8 |
| | Adoption | 119 | 5.9 |
| | *Gudifecha* | 312 | 15.6 |
| | Other | 264 | 13.2 |
| Role of CBOs in assisting orphans | Yes | 1603 | 80.2 |
| | No | 381 | 19.1 |
| | Not stated | 16 | 0.8 |
| If yes, Which CBOs are most relevant? (n=1603) | *Idir* | 974 | 60.8 |
| | *Ikub* | 39 | 2.4 |
| | *Mahber* | 217 | 13.5 |
| | Church or mosque | 225 | 14.0 |
| | Others | 61 | 3.8 |
| | Do not know | 12 | 0.7 |
| | Combination | 85 | 4.3 |

Table 3.1.1.6 overleaf depicts current means that are used to assist orphaned children by region, religion and ethnic group.

In Amhara region, currently used means of assistance are: the extended family system (50.5%), CBOs (32.0%), adoption (12.3%) and others (5.3%). In Oromia region, they are *Gudifecha* (54%) and extended family (46%). In SNNPR, it is the extended family system. In Addis Ababa, since multi ethnic groups live in the city, all the different means of assistance are currently in use.

Among the Orthodox Christians, CBOs are most used currently. On the other hand, among Muslims and Protestants, *Gudifecha* and extended family are the most frequently used. Currently *Gudifecha* dominates among the Oromos, extended family among the Amharas and Sidamas and CBOs among the Tigrays.

Each region, religion and ethnic group has its own preferences and its own useful traditional systems. Therefore it is advisable to create suitable conditions in order to share positive traditions and experiences to assist orphaned children at family and community level. For example, it is high time to introduce *Gudifecha* among the Amhara and the Tigraway ethnic groups and similarly to transfer and adapt those useful traditions common among the Amhara and the Tigraway to the Oromo ethnic group.

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**Table 3.1.1.6 Means of Current Assistance by Regions, Religion and Ethnic Groups in Selected Localities of Ethiopia, December 2004**

| Variable | Level | CBOs | Extended family | Adoption | *Gudifecha* | Others |
|----------|-------|------|-----------------|----------|-------------|--------|
| Region | Amhara | 32.0 | 50.5 | 12.3 | 0.0 | 5.3 |
| | Oromia | 0.0 | 46.0 | 0.0 | 54.0 | 0.0 |
| | SNNPR | 0.0 | 100 | 0.0 | 0.0 | 0.0 |
| | AA | 38.9 | 15.7 | 9.1 | 5.9 | 30.3 |
| Religion | Orthodox | 48.5 | 30.3 | 8.4 | 5.5 | 7.4 |
| | Muslim | 2.4 | 29.3 | 0.0 | 49.1 | 19.3 |
| | Protestant | 2.0 | 80.2 | 0.0 | 0.0 | 17.8 |
| | Others | 0.0 | 93.2 | 0.0 | 0.0 | 6.8 |
| Ethnic Group | Oromo | 3.1 | 38.3 | 0.0 | 44.9 | 13.7 |
| | Amhara | 23.7 | 39.3 | 11.1 | 6.4 | 19.4 |
| | Tigraway | 82.4 | 0.6 | 6.1 | 6.1 | 4.8 |
| | Gurage | 4.2 | 39.2 | 7.8 | 6.0 | 42.8 |
| | Sidama | 0,\.3 | 98.8 | 0.0 | 0.0 | 0.0 |
| | Gamu | 72.8 | 23.4 | 0.8 | 0.0 | 2.9 |
| | Others | 0.0 | 100 | 0.0 | 0.0 | 0.0 |
| | All | 22.0 | 45.9 | 3.6 | 15.7 | 12.7 |

**Respondents' opinions on the transmission of HIV/AIDS from mother to child, their attitudes towards HIV/AIDS orphans and willingness to support them.**

Table 3.1.1.7 presents respondents' opinions on the transmission of HIV/ AIDS from mother to child, their attitudes towards HIV/AIDS orphans and their willingness to support them. 21% of respondents believed that for a baby born of an HIV positive mother there is 100% chance of being infected with HIV from the mother. 45% of respondents believed that 70% of the children living with the virus are born of HIV

positive mothers. This clearly indicates the existence of misconceptions among respondents concerning children born of infected mothers. According to 52.9% of respondents HIV/AIDS orphans are suffering from alienation in the communities they live in. 25% of respondents believe that some people in communities take on responsibility to raise HIV/AIDS orphans assuming that the children are free of the virus.

Only 42% of the respondents expressed willingness to raise HIV/AIDS orphans if they had the financial means. On the other hand, 41.7% respondents expressed unwillingness to raise HIV/AIDS orphans even if they had the financial means. The reason is that they were afraid they might be infected with HIV/AIDS. This clearly shows that education must be given on the chance of HIV transmission from mothers to children. On top of this, the PMTCT program has to be strengthened and people should be informed that HIV positive mothers can deliver HIV free babies.

**Table 3.1.1.7 Respondents Knowledge of Mother-to-Child Transmission and Attitudes Towards HIV/AIDS Orphans in Selected Localities of Ethiopia, December 2004**

| Variable | Level | N | Percent |
|---|---|---|---|
| Knowledge of mother-to-child HIV transmission | 100%  transmission | 417 | 20.9 |
| | 70% transmission | 896 | 44.8 |
| | 30% transmission | 191 | 9.6 |
| | No risk at all | 252 | 12.6 |
| | Do not know | 228 | 11.4 |
| | Not stated | 15 | 0.8 |
| Attitude towards an orphan who lost his or her parents due to AIDS | The child is alienated on the assumption that he or she is also infected | 1057 | 52.9 |
| | The community tries to bring up the child on the assumption that the child may be free of the virus. | 500 | 25.0 |
| | Others | 352 | 17.6 |
| | Do not know | 77 | 3.9 |
| | Not stated | 14 | 0.7 |
| Willingness to raise an orphan whose parents died due to HIV | Willing to raise the child | 839 | 42.0 |
| | Not willing since the child may be infected | 833 | 41.7 |
| | Others | 310 | 15.5 |
| | Not stated | 18 | 0.9 |

**B. Opinion Makers**

In addition to the information obtained from the public an in-depth interview was also conducted with one hundred key informants. Forty of the key informants were from Addis Ababa and twenty key informants were approached from each of the other three sites. The key informants were asked to give their opinions on the number of orphaned children, on indigenous social systems that might be used to assist orphaned children, and on the attitudes

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of the public towards HIV/AIDS orphans.

The majority of the opinion makers were males (68%),and were above 20 years old. The key informants were Orthodox Christians (52%), Protestants (24%) and Muslims (22%). The key informants' ethnic composition was as follows: Oromo (34%), Amhara (29%), Sidama (13%), Gurage (9%), Tigraway (7%) and other ethnic groups. Their educational level was: grade 1-6 (9%), grade 7-8 (11%), grade 9-12 (41%) and 12 and above (19%). The key informants were selected from different occupations and this helped for a better understanding. The majority of the respondents were married (79%) and the rest were divorced (8%), single (7%) and widowed (6%).

Table 3.1.2.1 presents key informants' estimation of the number of orphaned children in their respective *kebele*s or *woreda*s. Nineteen percent of key informants estimated the number of orphaned children to be 101- 200, 21% estimated the number to be 201-300, 14% estimated 301-500 and 21% estimated there to be more than 500 orphaned children in their respective *ke-*

*bele*s or *woreda*s. Only 17% of key informants estimated less than 100 orphaned children. The key informants were also asked to estimate the number of orphaned children who were getting assistance in their respective *kebele*s. Thirteen informants reported that orphaned children did not get any assistance in their areas. According to their information 18 orphans lived with relatives and 15 orphans lived with the assistance they get from relatives and others. Fourteen orphaned children worked as servants and maids and 10 lived on the street. HIV/AIDS is one of many causes for the deaths of the parents of orphaned children. Other causes included TB and other infectious diseases just as in the quantitative data.

Information was also collected from key informants on the status of HIV/ AIDS orphans. Five key informants reported that they did not know HIV/ AIDS orphans in their areas. The rest of the key informants gave different information on HIV/AIDS orphans. Accordingly, 51 of these informants reported HIV/AIDS orphans living with their relatives, 7 informants orphans living with non-relatives, 6 informants orphans supported by institutions and 8

**Table 3.1.2.1 Information on orphaned children in selected localities of Ethiopia, December 2004.**

| Variable | Level | Frequency |
|---|---|---|
| Estimated number of orphans in respective *woreda* or *kebele* | 0-50 | 11 |
| | 51-100 | 7 |
| | 101-200 | 19 |
| | 201-300 | 21 |
| | 301-500 | 14 |
| | 501-700 | 7 |
| | 701-900 | 2 |
| | 901-1200 | 9 |
| | >1200 | 3 |
| | Don't know | 7 |
| Estimated number of orphans in respective *woreda* or *kebele* who currently get assistance | 1-25 | 27 |
| | 26-50 | 21 |
| | 51-75 | 6 |
| | 76-150 | 7 |
| | 151-250 | 6 |
| | >250 | 10 |
| | Some assisted | 3 |
| | None assisted | 13 |
| | Others | 7 |
| How those without assistance manage to live | Relatives | 18 |
| | Relatives & community | 15 |
| | On the street | 10 |
| | Self support | 3 |
| | By begging | 4 |
| | GO/ NGO support | 9 |
| | Non-relatives | 3 |
| | Servants and maids | 14 |
| | Parents property | 3 |
| | Other | 21 |
| Parental cause of death | Infectious Diseases | 18 |
| | TB | 9 |
| | HIV/AIDS | 44 |
| | Unknown diseases | 14 |
| | Poverty | 7 |
| | Others | 8 |

informants knew HIV/AIDS orphans who had migrated to neighboring towns. In addition, 4 informants reported that some HIV/AIDS orphans lived as servants and maids with employers who were not relatives.

Table 3.1.2.2 addresses two important points. These are suggestions by the opinion makers on the means of assisting orphaned children and what the community is currently doing in this direction. Seventeen opinion makers reported that the public was assisting orphaned children by providing them only food and clothing. Some other opinion makers reported that some orphaned children also obtained free health and school services. The majority of the key informants (69%) believed that indigenous social systems would be best for HIV/AIDS orphans. Some of the suggested indigenous social systems that might be used to help orphaned children were: extended family, religious institutions, *gudifecha*, and *yechristina* or *yetut lij*.

The respondents suggested taking HIV/AIDS orphans as family members, particularly by those families who had no children, as a preferred social system

that might be applied in communities. In line with this, 23 respondents suggested *gudifecha*, 15 respondents preferred *yechristina* or *yetut lij* and 15 respondents suggested *madego* or *madego* with education.

The key informants were further asked on the uses of the different indigenous social systems to assist HIV/AIDS orphans. About 10 study subjects did not approve of *gudifecha* but 36 respondents believed in its usefulness and 44 respondents believed that *gudifecha* can be partially or temporarily helpful. Four respondents reported saying that *gudifecha* works perfectly if the community tries to implement it through 'Oromo Sera'.

Other respondents suggested *yechristina* or *yetut lij* as other means that might be used to assist orphaned children. Furthermore, 18% of respondents suggested the establishment of institutions by the government, 13% recommended communities to collect money and establish institutions, 10% suggested using *Idir*s, 15% said that religious leaders should approach residents and try to find individuals who could afford to assist at least one orphan, 12%

**Table 3.1.2.2 Comments to Assist Orphaned Children by Opinion Makers in Selected Localities of Ethiopia, December 2004**

| Variable | Level | Frequency |
|---|---|---|
| Indigenous knowledge existing | No IK (Don't Know) | 6 |
| | Extended family | 17 |
| | *Gudifecha/Yechristina/YetutLij/Madego* | 29 |
| | *Idir/ Ikub* | 6 |
| | Community contributions | 6 |
| | Employed as servants/maids/daily laborer | 4 |
| | Tribal relative/ Oromo Sera | 10 |
| | Others | 22 |
| Current methods of assistance by the community | No assistance | 8 |
| | Assistance in money | 8 |
| | Assistance in food and clothes | 17 |
| | Assistance in school and health | 11 |
| | Assistance by religious institutions | 8 |
| | Assistance by *Idir/Mahber* | 11 |
| | Don't know | 7 |
| | Others | 28 |
| Better or good IK methods to assist or raise orphans | Don't know | 5 |
| | *Gudifecha/ Yetut Lij/ Yechristina* | 27 |
| | *Idir/ Ikub/Mahber* | 16 |
| | Religious institutions assistance | 18 |
| | Relatives/Tribal relative | 15 |
| | Contact with parents who failed to have child | 11 |
| | Others | 8 |
| Future means of assisting orphan children | Don't Know | 4 |
| | Let the government and NGO take responsibility to establish institutions | 14 |
| | Let the community take responsibility to establish institutions | 22 |
| | Let the relatives assist | 16 |
| | Let contact with individuals who can support | 7 |
| | Both the government and the community should take responsibility | 3 |
| | Use indigenous social systems | 26 |
| | Others | 8 |

suggested creating job opportunities for mature minors or child headed families as an alternative means to assist orphaned children and 13% suggested sensitizing people in communities as another means to help orphaned children.

According to the opinions of the key informants, the majority of the people, 59%, believed in 100% transmission of HIV/AIDS from mother-to-child and feared HIV/AIDS orphans. Another 29% believed that transmission of HIV/AIDS from mother-to-child occurred 30% of the time. Only 5% believed that HIV/AIDS might not be transmitted from mother-to-child. This clearly indicates that an awareness-raising programme has to be started to explain the chances of HIV/AIDS transmission from mother-to-child and make people aware that the majority of children (65%) born from HIV positive mothers can be free from the virus.

More than half of the respondents (54%) witnessed the absence of care and assistance available to orphaned children. Other respondents (46%) reported the existence of some institutions or individuals in their communities that are engaged in giving assistance to orphaned children. Among organizations mentioned were: Tesfa Goh, Merry Joy, Tila, CCF Ethiopia, HIV/AIDS Secretariat Office, Full Gospel Children Support Organization, Jerusalem Children Nursery Organization, World Vision, US Save the Children, Hiwot Organization, Abebeche Gobena, OSSA and others. These organizations and individuals approach orphaned children in different ways. According to the respondents some organizations and individuals used relatives and the communities (12%), some used *Kebele* registration books (10%), others used house-to-house registration (3%), and still others used schools (5%) and notices (3%) to reach orphaned children.

Opinion was elicited from respondents on the arrangement of the union between orphaned children and their supporters. 39% of the respondents suggested the government, 30% NGOs, 16% individuals, and the rest (9 %), the government together with NGOs take the responsibility in arranging the union between orphaned children and their supporters.

Respondents were also asked who was assisting orphaned children. Relatives, communities, institutions, different NGOs and *kebele*s (or the government) were reported to be currently supporting most orphaned children. There are also other orphaned children who get their support from individuals and community organizations. Some orphans support themselves by working as daily laborers.

Respondents' suggestions on how to help orphaned children in the future were also collected. The following ways of helping orphaned children were suggested: helping orphaned children at family level through relatives and individuals (27%); helping them at community level using CBOs such as *Idir*, *Ikub* and *Mahber* (7%); helping them at *woreda* level using institutions (18%), NGOs (6%), government or *Kebele* (15%), both NGOs and government (18%), or the Church (2%); by establishing associations for orphans (2%); and by using the above in combination (5%).

The majority of the respondents (78%) believed that CBOs could play a greater role in assisting orphaned children. Of these respondents, 33% considered *Idirs* the most important, 17% thought churches or mosques the most useful and 9% felt *Ikub*s were the most relevant. The rest considered combinations of the above to be the most useful.

The respondents were also asked their opinions on ways to support orphaned children and alleviate their problems in the country. Opinions suggested included establishing links between the government and foreign organizations (4%); designing methods to support orphans while they are living with relatives (3%); orphans organizing associations by themselves (5%); creating jobs in different fields (5%); coordinating government, NGOs and community assistance (6%); establishing orphanages (3%); opening institutions (23%); maintaining sustainable community support (4%); establishing income-generating institutions (4%); strengthening CBOs (5%), and following the poverty reduction policy (3%).

Respondents also gave their opinions on important issues related to the problems of orphaned children. In line with this, respondents stressed the importance of follow up and evaluation of the assistance offered to orphaned children. Re-

spondents also underlined the importance of immediate support by the government, NGOs, CBOs, the society and individuals in an organized manner so as to alleviate the problems of orphaned children in Ethiopia.

## Qualitative Study

### A. Focus Group Discussions.

A total of 5 FGDs were conducted; 2 in Addis Ababa, 1 in Wolenchiti (East Shoa, Oromia region), 1 in Basona Worena (North Shoa, Amahara region) and 1 in Awassa and its vicinities, in a farmers association (Southern Nations). The total number of FGD participants was twenty: 11 male and 9 females. The FGDs were arranged to collect information from Amahara, Oromo, Sidama and other ethnic groups. The majority of the focus group discussants had completed 12th grade and were employed in different fields of work.

FGD participants identified the following as either harmful or positive traditions in their respective places. Some of the harmful traditions identified by the FGD participants were: *oretsaba* (Oromo tradition for marriage), *warsa* (female circumcision), *nikesate* (tattooing), *tatate* (cauterisation), *mogne bagegne* (male circumcision, especially when practiced in the *Oromo sera* tradition), *gige masbuatete* (milk teeth extraction), *guroro masbuatete* (tonsillectomy), *entil maskorete* (uvulectomy), belief in wizards and *bale wukabe* (witchcraft), smoking hashish, chewing *chat*, using other hallucinogenic drugs and plants, rape, *telefa* (abduction), spending to much on *tiloshe* (dowry), feeding butter to a new born baby , *yaleacha gabcha* (when a young girl marries an old man), early marriage, alcoholism (especially using home-made alcohol or 'areke'), and *wushimnet* (keeping a concubine).

The positive traditions identified by the FGD participants were: *idir, ikub, debo, jige or wonfel, gudifecha, yechirstina lij, yetut lij, baltina,* caring for elders, supporting one another, cleaning the premises, breastfeeding, starting marriage under oath, *mastarek* (resolving conflict using elders), *senbete* and *mahber* (social get-togethers).

FGD participants were also asked to identify the different ways of bringing up orphaned children in their respective birthplaces. Thus, they identified the

following traditional ways that are used in assisting orphaned children in their respective areas. These traditional ways include: extended family (relatives), *gudifecha*, volunteers, y*etut lij*, y*echristina lij*, *madego*, and neighbours and families who have no children. The current efforts used in helping orphans are providing food and clothes, looking after them, free school, providing plots of land and ploughing the plots of land using *debo*, free membership to *idirs* and providing support using the extended family.

The advantages and disadvantages of indigenous practices that are used in bringing up orphaned children in the birthplaces of FGD participants are as follows. The advantages of using individuals, the community and institutions to support orphaned children include: (1) using an individual - has an advantage especially if he or she is a relative of the orphan. He or she can provide better care and love. (2) Using the community - has the advantage of approaching potential helpers to contribute through *idir* and *ikub*. (3) Using an institution - has the advantage of providing better care, counseling, teaching and finally for searching and finding jobs.

Using an institution has also the advantage of supplying basic needs (food, shelter, clothes), better medical care, better accountability and better protection of children's rights.

However, FGD participants also suggested the following disadvantages: (1) Using an individual supporter – exposes orphaned children to labor and property exploitation, less care, less or no access to education, harsh punishment, early marriage (for female orphans), and psychological problem due to inequality among other children in the households. (2) Using institutional support – lacks family love, dependency can develop, ethics, good norms and traditions may not be encouraged, and at times sustainability may fail and displacement may result.

The following are the suggested means presented by FGD participants to improve or promote existing positive traditions that have been used to help orphaned children at individual, community and organization levels.:

- Giving proper care and attention in selecting carers especially for those orphans living with relatives like uncle, aunt, grandfa-

ther, grandmother. It is better if carers have fewer children,

- Selecting humble and responsible individuals as carers,
- Explaining the problem of orphaned children to carers so that they may discharge their responsibilities properly,
- Organizing a body responsible for contacting orphans living with individuals or in institutions,
- Conducting follow up on the proper utilization of inherited properties of orphaned children,
- Strengthening and coordinating community support through *idirs, ikubs,* and *mahbers,*
- Raising the awareness of the community about the problems of orphaned children,
- Assigning child development agents in urban and rural areas,
- Sensitizing and teaching *idir, ikub,* and *mahber* members about the problems of orphaned children;
- Establishing organizations like CCF that can put orphans in touch with foreign and local supporters and

- Incorporating those good traditions that can be used to help orphaned children into government policy .

FGD participants identified relatives, *gudifecha, madego,* neighbors, *yetut lij,* the community and *yechirstina lij* as preferred ways to assist orphaned children.

FGD participants were also asked to estimate the number of orphaned children in their respective areas or *kebele*s. According to their estimate, the number of orphaned children in each *kebele* ranged from 800 - 900. They also estimated the number of orphaned children who were getting assistance in their respective areas to be between 50 and 75. According to participants those orphaned children who did not get assistance may either live alone, or with neighbors, families who have no children, relatives, on the streets or they may live employed as shepherds, maids and servants.

Box 3.2.1.1 shows suggestions of FGD participants to reduce the vulnerability of orphaned children and their communities, in terms of social values, norms,

legislation, policy, ethics and human rights. During the discussions, FGD participants made important suggestions about these issues. Participants suggested that communities, CBOs, government and relatives take the responsibility of orphaned children in their respective areas or *kebele*s. They stressed the importance of religious institutions in taking responsibility and in arranging for orphaned children to have godfathers and godmothers.

FGD participants suggested different ways of passing on good social values and norms to the next generation. These included: using written documents, teaching in churches and mosques, using training, teaching and sensitizing people in communities, and incorporating such teaching into school curricula.

**Box 3.2.1.1 Opinions on reducing the vulnerability of community due to orphan hood in terms of social values, in selected localities of Ethiopia, December 2004**

A. **In terms of social value and norms**

1. The good traditions should be strengthened and promoted for better use

2. Improve or modify the good social values and norms for better use

3. Promote and encourage the use of *Yechiristina, Gudifecha* and *Madego* traditional
   adoption methods

4. Educate the community that orphans are part and parcel of the society and need the support of
   Society

5. Educate the society to bring up orphans according to social values

6. Educate the society to support orphans as future useful citizens

**B. In terms of legislation**

1. A law should be formulated in relation to orphan children's rights, bringing them up, and
   protecting their **inherited** property

2. Orphan children should be protected by law.

3. Discuss the issue of orphan children in relation to the law with concerned legal associations

4. Translate the law in relation to orphans into practice

**Box 3.2.1.1– cont.**

## C. In terms of policy

1. The government should recognize the problem of orphan hood and incorporate this into its policy

2. The problem of orphan hood is one of the problems of HIV/AIDS and poverty. Hence, the government needs to incorporate this problem into its poverty reduction policy and strategy.

3. The government needs to have institutions at different levels that can translate any orphan policy into practice

4. Any orphan policy should sense the problem of orphans at grass root level

5. In rural areas the recognition and knowledge of the society is poor. Hence, there need to be child development agents working on awareness creation and mobilization

6. The government has relief services for drought-stricken areas. Similarly, it should sup port orphan children who cannot feed themselves in towns.

## D. In terms of ethics

1. Create a generation molded with good ethics that are brought up according to the traditions of the society

2. Educate orphans about ethics while they are growing up

3. Like other children, orphans need to be brought up with advice, counseling and follow up in order to shape them with ethics

4. Bring up orphans within families in order to promote ethics

5. If the society has ethics the children can have ethics. Hence, societal awareness of ethics must be raised

6. Render love to orphans at family circle in order that ethics can be nurtured.

7. When child adoption (*madego*) is carried out, it should be within an ethical framework

8. The cause for orphans maybe the ethical problems of the parents. Hence, parents need to be taught about ethics too

9. We need to have social values and norms in relation to ethics

10. Religious institutions, the Bureau of Social Affairs and other concerned bodies should work collectively from the ethical point of view.

**Box 3.2.1.1– cont.**

**E. In terms of human rights**

| |
|---|
| 1. From the human rights angle, orphans need to have the basic necessities like food, shelter and clothing |
| 2. Implement social security funds for citizens like orphans. |
| 3. In extreme cases parents beg in order to feed their children. Hence, the government should solicit funds to feed orphan children |
| 4. Whatever rights are given to other people, like equality and freedom, should also be given to orphans |
| 5. National or international institutions concerned about human rights should monitor to ensure that rights are practically transferred to orphan children. They need also to educate society from such a direction |
| 6. Although the orphans have the right to work, exploitation through hard work, long working hours and unfair work loads must be avoided |
| 7. The rights of orphan children to use their parent's property should be respected |
| 8. Respect all their citizenship rights |

## B. Discussion with selected organizations and institutions

Government and non-government organizations provide different types of support to orphaned children. These organizations cover medical expenses; organize festivities and feeding programmes during holidays; supply food grains such as '*tef*' or barley monthly; provide shelter for homeless orphans or pay monthly house rents; pay school fees and buy stationary materials and school uniforms; and try to find sponsors. However, there are major obstacles to accessing support.

> Generally in Ethiopia it is not easy to medical treatment. Drugs and medical services are not easily accessible. These and other health related problems are magnified for orphaned children.
> Orphaned children encounter problems related to food and feeding. They do not get the type and amount of food required for their health and well-being. At times they may not get any food and they may go out to beg.
> Orphaned children also face housing problems. This problem forces them to migrate to towns and cities and start street life.

> The challenges and problems that orphan children face in education are also enormous. They do not get the opportunity of proper education nor the necessary school materials.
> Because of financial problems, they cannot meet their basic necessities.
> They lack parental love and affection so they suffer from psychological problems.

Leaders of governmental and non-governmental organizations identified the advantages and disadvantages of indigenous traditional positive practices that are used to support orphaned children. One advantage of indigenous traditional practices that was mentioned by the organizations was that they can help in breeding the sprit of love and affection in orphaned children. Indigenous practices also help develop the feeling of love for ones' country and a sense of concern for other orphaned children. *Gudifecha* has other good qualities too. For instance, an adopted child can take the name of the adopting family under *gudifecha* and has also the right to inherit the adopter's property. *Yechirstina* and y*etute lij* are bound by religion to their adopters.

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According to government and non-government organizations, indigenous traditional organizations also have their disadvantages. For example, orphaned children reared under the '*madego*' system are exposed to labor exploitation. Their adopters may also misuse the orphan's inherited property.

Government and non-government organizations have suggested ways to improve the existing positive traditions that are used to support orphaned children: (1) Individuals should consider orphaned children living under their care and support as their own children; orphaned children should be encouraged to live with relatives; and individuals should teach orphans to respect societal norms and values. (2) Communities should increase the awareness of community members in supporting orphaned children, and should sensitize members of *idir, ikub* and *mahbers* so that they may too increase their support for orphan children. (3) Institutions should facilitate conditions that help to bring up orphaned children; the role of the government in supporting orphaned children at institutional level should be increased; institutions should be encouraged to raise funds from different sponsors; and the Ministry of Culture and other institutions should promote and encourage positive traditions that can be used to support orphaned children.

Box 3.2.2.1 shows the opinions of orphan-supporting organizations and local institutions on the role of individuals, CBOs, government, NGOs, private sectors, FBOs in supporting orphaned children.

**Organizations and local institutions suggested the following mechanisms as efficient ways of establishing and enhancing institutionally-backed family and community-based orphaned children support:**

*Make idirs work* in collaboration with communities and churches to assist orphaned children within family circles; Soliciting government support for capacity building and training to support orphans within family circles; Bringing orphaned children together and making arrangements with families who support them;
*Registering all* orphans that live in every *Kebele* to make efficient support possible within each family circle;
Facilitating orphaned children to live in institutions until they get families to support them;
*Giving advice* and training to the staff of institutions on effective and efficient

mechanisms to support orphans within the family circle;

***Designing a mechanism*** that brings CBOs such as i*dir, ikub and mahbers* to work together and establishing an institution with a common goal of supporting orphaned children within the family circle;

***Formulating a clear policy*** on the ways and means of supporting orphaned children and establishing institutions and CBOs; and

***Establishing an organization*** that can follow up the correct utilization of funds for orphaned children within the family circle.

**The international agencies and local institutions that support orphaned children also gave their opinions on their preferred indigenous social systems to bring up orphaned children. *Gudifecha* and family circles were the preferred social systems.**

According to these organizations, orphaned children come into contact with organizations or individuals in different ways, including: by calling them from where they live, through *kebele* administration offices, using house-to-house surveys or registration processes, using *woreda* HIV/AIDS Information Centers, and through government institutions and officials.

Finally, opinions on the problems that arise between orphaned children and their supporters were also collected. The main problems were found to be disagreements between orphaned children and their relatives, misusing property inherited by orphaned children, and other economic issues.

**Box 3.2.2.1 Opinions on the role of individuals, CBOs, GOs, NGOs, the private sector and FBOs in supporting orphan children in selected localities of Ethiopia, December 2004**

**a. Individuals**

| |
|---|
| 1. Individual support is based on self-judgment and self-esteem and has a role for orphan support |
| 2. When coordinated, individual contributions can be of great support to orphans |
| 3. Individuals have a responsibility to bring up orphans as their own child |
| 4. Individuals have a responsibility to mould or shape the orphans ethically at close follow up |

**b. Community Based Organizations (CBOs)**

| |
|---|
| 1. Has the role to support orphans through *Idirs*, *Ikubs* and *Mahbers* |
| 2. Can bring up orphans in a sustainable manner |
| 3. Can be a continuous source of funding |
| 4. Have the experience and capacity to coordinate the collection of clothes and educational materials from the community for orphans |

**c. Government**

| |
|---|
| 1. Can have the role to create policy to promote the support of orphans |
| 2. Can have the capacity to sensitize, educate, mobilize and organize society and civil community for orphan support. |
| 3. Can give land for development work to people bringing up orphans |
| 4. Has the capacity to open institutions that can support orphans |
| 5. Has responsibility for sustainable support |
| 6. Has a role in soliciting and raising local and foreign funds for orphan sponsorship |
| 7. Can have the potential to organize the establishment of self-support associations for orphans |

**Box 3.2.2.1– cont.**

**d. NGOs**

1. Are playing a great role and showing good results in supporting orphans

2. Have a role in obtaining foreign funds to sponsor orphans locally (eg. CCF)

3. Can play a role in coordinating donations of clothes and other materials for orphans

4. Have a role in giving shelter to orphans

5. Can sensitize and create awareness for sustained orphan support

**e. Private sector**

1. Has a role in cash support

2. Can collaborate with the government, NGOs, CBOs and others for orphan support

**f. Faith based organizations (RBOs)**

1. Can have a role in collecting money, clothes and other materials from their followers

2. Have a role in changing the outlook and awareness of the community through education based on their religious decree

3. Have a role in providing support through prayer

4. Have a role in finding *Yechristina Abat* or *Enat* for orphans

5. Have a role in shaping spiritual growth of orphans

6. Mobilize resources for orphans from their followers using their social acceptance and leadership

**Table 3.2.2.2 Opinions on whom orphans should be brought up with and strategies for the future in selected localities of Ethiopia, December 2004**

| Variable | Level |
|---|---|
| Who should bring up orphans? | a. *Gudifecha*<br>b. With God father<br>c. As *Yetut Lij*<br>d. By an institution |
| | e. Other (with close relatives, at government level) |
| How should orphans be raised? | a. As per the tradition of the community<br>b. It is better to establish an institution that will be responsible to raise these children. |
| | c. Both a & b |
| If your answer to the above question is (a), why? | a. Because they are part and parcel of the community, they have to learn the traditions while they grow up<br><br>b. They have to know about the love of the community rendered to them<br>c. Can develop a love of the country<br>d. Institutions can not be a solution for increased number of orphans in the future<br>e. Can learn the true life of the community |
| | f. Can grow up as citizens that are on the side of societal traditions |
| If your answer to the question under 2 is (b), why? | a. The government is better than others<br>b. The government can take better care of orphans<br><br>c. The government has better capacity to establish institutions<br><br>d. It has responsibility and accountability<br><br>e. Institutions supported by the government have sustainability |
| Who should be responsible to arrange the union? | a. Government |
| | b. Individuals |
| | c. NGOs |
| | d. Religious institutions |
| | e. Others (the community) |

## C. Case Studies

The case studies were conducted on 30 participants in Addis Ababa, Basona Worena *Woreda* (North Shoa), Wolenchite (East Shoa), and Awassa and its vicinities in SNNPR. There were 14 male and 16 females participants, all above the age of 15, and from more than six ethnic groups. They were from different religions and had different educational levels.

Carers were supporting a total of 40 orphans (65% male and 35% females) that were under 18 years old. The parents of orphaned children were thought to have died from HIV/AIDS (57.5%), TB (8%), malaria (3%) and other unknown diseases. 93% of the carers of orphaned children were found to be relatives including uncles, aunts, sisters, brothers, grandmothers and grandfathers.

The participants reported that medical, food, housing, schooling and financial problems were the major challenges of orphaned children. Box 3.2.3.1 depicts the opinion of participants on this issue. Similarly opinions were obtained from organizations (government & NGOs) and local institutions to find out who was involved in giving care and support for orphaned children.

Box 3.2.3.2 shows opinions of participants on the assistance that was being given at the time of the study period. Their suggestions on how to assist orphans in the future are also shown in the same Box. They believed CBOs *(idirs, ikubs, mahbers*, churches and mosques) to be most preferrable institutions to assist orphaned children. They also indicated that the attitude of communities towards HIV/AIDS orphans is that of exclusion and alienation. This is due to the assumption that children born to HIV positive mothers are automatically carriers of the virus. Participants believed that giving support through churches, *gudifecha*, relatives, *idirs, ikub and mahber*, and *madego or yechristina or yetut lij* were all good ways to assist or raise orphaned children.

The participants also identified problems related to the process of care giving and receiving. Some of the identified problems were financial; carers not being considered to be true parents by the adopted children; disagreements arising between adopted children and the carers' other family members; lack of respect to adopters once orphans had

grown up and departed the adoptive home; and financial problems for medical, shelter and education were also mentioned.

Some solutions were suggested to solve the above-mentioned problems, including: the Government should provide assistance to carers, or the government itself should take over the responsibility of raising orphaned children; free health care and free education should be provided to orphaned children; institutions should support adopters financially so that they may provide better care and support for their adopted children; educating and mobilizing the community to support orphaned children; providing free or low-rent houses for orphaned children; letting orphaned children get married and leave their adoptive homes.

Other issues related to the problems of orphaned children that require attention were also mentioned. In line with this, it was suggested that the government ought to give serious attention to the problems of orphaned children, since if such attention is given to them, they will have a bright future and will be good citizens of the country. Thus solving the problems of orphaned children

is the shared responsibility of individuals, organizations and the community at large. This statement could be summed up by one of the Amaharic proverb:

*"Hamsa lomi le ande sew shekmu new le hamsa sew getu new"*
("Fifty lemons are heavy burdens for one person, but are decorations for fifty people")

This is to say that individuals, the government and non-governmental organizations alone cannot solve the problems of orphaned children. Therefore, the problems should be tackled by society at large.

**Box 3.2.3.1 Opinions on the major challenges faced by orphans in selected localities of Ethiopia, December 2004**

**a. Medical care**

1. High cost of medicine

3. Low access to health services

**b. Food**

1. Shortage of food

2. No absolute right to eat in the family in which they live and thus demanding for food is prohibited

3. Forced to eat leftovers

**c. Housing**

1. Poor shelter

2. Room or space problem to sleep

3.Congested living, hence, not cared for properly

4. Street life.

**d. Schooling**

1. Limited opportunity to start education

2. Problem of continuing education

3. Forced to join poor quality school

4. Lack of educational materials

5. Lack of time for schooling

6. Problem of concentration during education

**e. Financial**

1. Cash problem for school, clothes, shelter

2. Financial problem for basic necessities

3. Dependent on others because of economic problems

**f. Others**

1. Having no relatives or community support

2. Lack of parental love

3. Lack of strength to work

**Box 3.2.3.2 Opinions of participants on orphan assistance in selected areas of Ethiopia, December 2004.**

| Variable | Level |
|---|---|
| Information on how orphans assisted currently in the *kebele or* area | a. CBOs<br><br>b. Extended family (relatives)<br><br>c. Adoption<br><br>d. *Gudifecha*<br><br>e. Others (CCF, NGOs, *Kebele*) |
| Suggestion to assist orphans in the future | **a. At family level**<br><br>1. Better if they grow up with relatives<br><br>2. Teach in school to gain sufficient knowledge<br><br>3. Educate ethics<br><br>4. Better caring and follow up<br><br>5. Encourage and strengthen them<br><br>6. Relatives must not be partial to them or their own children |
|  | **b. At community level**<br><br>1. The community ought to support orphans in an organized approach<br>2. Open various organizations for training orphans<br><br>3. Support through collection of money from contributors<br><br>4. Honor the orphans morale & psychology<br><br>5. Agitate the community for attention to orphans<br><br>6. The community must encourage & share what they possess to orphans<br>7. Avoid stigma and discrimination of orphans among the community |

**Box 3.2.3.2 cont.**

| | |
|---|---|
| Suggestions to assist orphans in future | **c. At _Woreda_ level** |
| | 1. Respect their citizenship right |
| | 2. Establish institutions at _woreda_ level for orphan support |
| | 3. Support in constructing shelters for orphan provision |
| | 4. Mobilize the community for orphan support |
| | 5. Mobilize government, CBOs and donors to support orphans at this level |
| | 6. Pull or bring together orphans at this level for education |
| CBOs that have role in assisting orphans | a. _Idir_ |
| | b. _Ikub_ |
| | c. _Mahber_ |
| | d. Church or mosque |
| | e. Others |
| Significant roles that CBOs can play | 1. CBOs have the role to assess the society strength and weakness to support orphans |
| | 2. Have the role to communicate and organize the community for orphan support |
| | 3. Can provide sustainable support |
| | 4. Church and mosque have recognition in the society for collection of money from contributors |
| | 5. Some CBOs have financial power to support orphans |

**D. Participatory Action Research**

The study site selected for the PAR was the Abebech Gobena Orphanage.

The objectives of this part of the research were:

- To explore the feelings of orphaned children towards their attendants and the institutions, and
- To identify other alternatives to indigenous knowledge that can be used to ensure the wellbeing of orphans.

The methodology had the following two approaches:

1. Discussion points were forwarded to the attendants so that they might express their feelings, observations, experiences and their assumptions.
2. Discussion floors were opened for children to express their feelings using different means. Thus the children identified drama, essays, drawings, poems and songs as good ways of expressing their feelings.

Under methodology 1 the following questions were asked:

- What are the unique behaviours observed among orphaned children compared to other children in the family?
- What is the attitude of the attendants towards orphaned children who are not their biological children?
- What other alternatives for bringing up orphaned children do the attendants know in their culture or society or through any other means?
- To what extent are orphan children open to their attendants and what is the depth of the relationship of attendants with the orphans?
- What opinion do the attendants have towards institutional methods of child upbringing?

In-depth discussions were held with two attendants (one male and one female). As per the above-mentioned basic points of discussion, the following points were identified:

1. At an early age the behavior of orphans is not different from other children. As their age increases they start resisting orders and instructions given by their attendants. They start feeling indifferent even to matters that relate to them including their education. They don't

study regularly rather they prefer playing and roaming in the compound. This behavior is mostly reflected in female orphans.

2. The attendants said that they were very happy to look after orphans who were not their biological children. They considered the orphans as their sons and daughters and they tried to play the role of father or mother.

3. Some attendants did not know other ways of upbringing orphans like g*udifecha.* They mentioned that in their localities, for instance in Wolaita (SNNPR) and Adwa (Tigray region), it was common to adopt orphans but they did not have a special name for it. Usually people adopt when they find babies left by their mothers in the streets, in hospital compounds and when parents die leaving behind their children.

4. Mostly orphaned children are not open to their attendants on private matters. They rather prefer to discuss private matters with their slightly-older peers. This varies from one attendant to another and depends on the attachment that develops between attendants and orphaned children.

5. Though institutional upbringing is preferred, it has its own limitations such as:

- Orphans living in institutions are most often tempted to think of and recall their lost parents. This condition directly or indirectly leads them to develop resistant attitudes to accept their attendants as their fathers and mothers.

- As the number of orphans increases, it is beyond the capacity of the institution to fulfill the interests and needs of each individual orphan.

Under methodology 2, twenty-two children (11 males and 11 females), whose age was between 10 and 15 years and whose educational level was between grades 4 and 8, were asked to identify methods by which they might express their feelings. They identified the following methods:

1. **Drama**: In the drama they performed, children tried to show the challenges to orphaned children of making life better. The main story revolved around the life of an orphan girl. The girl was given by her

late mother to a family in the neighborhood together with some money. The drama showed how the dishonest family mistreated the orphan girl and how they misused her money. The girl was mistreated in many ways: through heavy workload, abuse and negligence, and not treating the orphan girl equally to other members of the family. Despite all these hardships, the orphan girl at last came out successful.

2. **Essay (letter writing):** An orphan girl wrote a letter to her dead mother. The theme of the letter was on maternal love.

3. **Drawings**: Four drawings were presented and all of them depicted the mistreatment of orphans by their attendants and others.

4. **Poems**: Five poems were written and the themes of the poems were the affection or love between mothers and their children.

W/ro Abebech Gobena, the founder and the General Manager of the Abebech Gobena Orphanage, was also approached to tell us her view on the merits and demerits of bringing up orphans under the custody of institutions or families. According to her, bringing up orphans in an institution is very difficult in a country like Ethiopia, where the number of orphans increases continually due to man-made and natural disasters. According to W/ro Abebech, orphans should be kept in an institution only if there is no other option of bringing them up. The practice of keeping orphans in the family circles, like *gudifecha*, should be encouraged and maintained. It is common to see people giving alms, in the form of coins or food, for beggars or poor people. This undoubtedly breeds dependency and spoils the life of the recipient, especially children. Instead, a mechanism must be designed, either by establishing an entity (body) to collect all kinds of alms or by another means to mobilize the resources properly and keep orphaned children in family circles. This can be achieved by providing minimal material and financial support to those who volunteer to accept orphans.

To implement this, the concerted efforts of the government, social institutions at all levels, religious leaders, and NGOs are vital.

Such an approach can bring the following changes in the lives of orphans.

- Orphans will not be strangers to the way of life of the community they belong to including socio-economic, cultural and the like.
- It helps to protect orphans from mental problems and bad feelings caused by the lack of family affection.

**Summary of the Findings on Indigenous Social Systems**

From the information collected using all instruments (household survey, opinion makers, FGDs and PAR), the following indigenous social systems are identified to keep orphaned children in family circles: extended family, extended clan, g*udifecha, madego, yetut lij, yechristina lij, yeayin enat* or *abat,* and *yafincha enat* or *abat.*

The above indigenous systems can be classified into three major groups:
1. Extended family,
2. Adoption, and
3. Godfather or mother.

**1. Extended Family**

The extended family system is applied in all ethnic groups of the country. The five major groups of respondents (households, opinion makers, carers, FGD and PAR participants) that were approached under this study identified the extended family system as the main solution to solve the problems of orphaned children in the community. The following three are the major advantages of this system: (1) Orphaned children will not feel so bad about the loss of their parents if they are living with their relatives, because there is somehow an attachment and they assume their relatives to be their fathers and mothers. (2) Relatives have affection for orphaned children and they take them as their own sons or daughters (3) Relatives consider that the problems of orphaned children are their own obligation. In Ethiopian, caring for and supporting close relatives is a norm and it is considered as discharging ones duty.

**2. Adoption**

The names of the indigenous systems of adoption vary from one ethnic group to the other. In the Oromo ethnic group it is called g*udifecha* and in the Amhara and other ethnic groups it is called *madego*. In both cases families that are unable to have a child request adoption of orphans and take care of them.

### 3. Godfather or godmother

*Yetut lij* or y*echristina lij* is mainly done to establish a close relation between families and is common among Christians. Godfather or mother is an additional phenomenon to the biological father or mother. This is carried out when the parents of the children are alive. A man can be a godfather for a male baby of 40 days old, and a woman can be a godmother for a female baby of 80 days. Usually godfathers and godmothers buy clothes for their sons and daughters. Godfathers and godmothers may even bring up their respective godchildren if the parents of these children die.

# Discussion

The quantitative study participants, the key informants, and the FGD participants observed that the number of orphaned children was increasing and stated that the problem was becoming very serious. 13.7% of households reared orphaned children who were mostly relatives of the household heads. The causes of death for parents of orphaned children were reported to be TB, HIV/AIDS and other infectious diseases. This indicates that the problem of orphaned children will be aggravated in the future with the spread of the AIDS epidemic in the country. A national survey on the prevalence and characteristics of AIDS in Ethiopia suggests that by the year 2010, the proportion of orphans who are orphaned due to AIDS will be 43% (it was 15% in 2002) (10). To estimate the exact number of orphaned children in the community and the contribution of HIV/AIDS to the problem, a further in-depth study may be needed. However, the findings of this study indicate that the problem is worsening.

According to our findings the majority (51.8%) of orphaned children are assisted by relatives within extended families, followed by 24.1% by community based organizations, 15.6% through g*udifecha*, and 5.9% by adoption. The Ministry of Labor and Social Affairs has reported that of all orphaned children receiving assistance and support, 74% are AIDS orphans and 72% of non-AIDS orphans live with their families, while 20% and 19%, respectively, live with their relatives (10, 13). Based on the collected information, relatives of the parents of the orphaned children have taken the main responsibility for rearing orphaned children. Other indigenous systems like adoption and godfather are not at the moment widely used to assist orphaned children.

The majority of the respondents (83.5%) feel that in the future it may be wise to establish additional institutions for orphaned children. But when the real situation is considered, establishing institutions and accommodating all orphaned children is unachievable because the number of orphaned children is growing very fast. Thus, helping orphaned children within family and community circles using the suggested in-

digenous traditional practices appears to be thee best practical solution. More than 60% of key informants suggested that the indigenous social system was the best option for solving the problem. On top of this, the PAR conducted at Abebech Gobena Orphanage revealed that orphaned children should be reared in family circles so that they may get family love and affection and avoid psychological problems. The Ministry of Labour and Social Affairs has also indicated that only a very small number of orphans have access to institutional care (18).

FGD participants explained the fear of HIV/AIDS orphans that the general community has. The majority of the survey participants (66%) believed that mother-to-child transmission was between 70-100%. Most studies on mother-to-child transmission have shown the risk of HIV transmission to be about 30-40% (16, 17). This misconception must be corrected at community level by providing people with correct information. Otherwise, as the AIDS epidemic increases the number of orphaned children will increase, and as a result it will be difficult for orphaned

children to get assistance and support from the existing indigenous systems.

Participants at the household level and opinion makers were asked for their responses as to who should be responsible for contacting support organizations or individuals with orphaned children. Various options were suggested including *kebeles* and *idirs,* since they have direct contact with the people in their respective communities. However the co-ordination might be done by an NGO as a separate task or as one of its activities.

From the study, important suggestions were gathered which may help promote the existing positive traditions. Furthermore, suggestions of effective and efficient mechanisms to enhance institution - and community-backed family support for orphaned children were collected. Thus in the foreseeable future, these suggestions need to be implemented to ensure the support needed by orphaned children.

Issues related to HIV/AIDS laws, policies, ethics and human rights have been addressed by international institutions. It is clear that the WHO and other

United Nations bodies have considered AIDS and AIDS-related issues including those dealt with in this study. In line with this, it is important to bring to attention the resolution 1995/44, adopted on 3 March 1995 by the Commission on Human Rights (19).

This study, conducted in the Ethiopian context, yields important information on the potential social vulnerability caused to the community by orphans in terms of social values, norms, legislations, policies, ethics and human rights (Box 3.2.1.1). The information obtained may help in improving the law, the policy and the practices of the country in the context of orphan and HIV/AIDS problems.

80% of the respondents recognized that CBOs can play a significant role in assisting orphaned children by keeping and rearing them within family and community circles. The majority identified *idirs* (60.8%) followed by religious institutions (14.0%) and *mahbers* (13.5%) as the CBOs of choice. Because of the increasing number of orphaned children it is difficult to accommodate all orphaned children within institutions. Hence, community based interventions using *idirs, ikub,* and *mahbers* must be designed to cope with the problem of orphaned children. To sustain such support, community- and faith-based organizations are essential in mobilizing and coordinating the community. Studies conducted in Ethiopia show that community and individual attitudes towards HIV/AIDS are influenced by community- and faith-based organizations (20, 21). Accordingly, these organizations should exert efforts to facilitate conditions for orphaned children and to mitigate the problems of discrimination and stigmatization that HIV/AIDS orphans face.

# Limitations of the Study

Ethiopia comprises many different ethnic groups. Currently the CSA (4) identifies 80 ethnic groups. Estimates of the number of languages used in Ethiopia range between seventy and eighty (2, 22), to between100-200 (3). Thus, carrying out a study on positive traditions that support orphaned children in such a multi-ethnic society is an arduous task. The task becomes even more complex if traditional practices are considered to be culture-specific. The present study does not cover all ethnic groups and an exhaustive inventory of positive traditions related to rearing orphaned children was not possible.

The information gathered here is based on impressions and opinions of the concerned stakeholders. Thus, there is still a need for more and better research to identify positive practices and beliefs related to caring for orphaned children in the different ethnic groups in Ethiopia.

Studies by the Ministry of Labor and Social Affairs (14) and the Forum on Street Children - Ethiopia (15) indicate that there are at least 100,000 street children in Ethiopia. The situation of orphaned children who live on the streets has not been included in this study.

Results obtained through PAR on the behaviors, problems and challenges observed by institutionalized orphaned children were not compared with orphaned children found in family circles.
The sensitive nature of some of the questions addressed to the respondents might have also affected the quality of the study to some extent.

# Conclusions and Recommendations

## Conclusions

This study has attempted to identify the indigenous traditional practices useful for caring for children affected by HIV/AIDS or otherwise placed in difficult circumstances in the major ethnic groups of Ethiopia. The study has revealed that the extended family social system is more common in Amhara and SNNPR among Coptic Orthodox followers. *Gudifecha*, which is common in Oromo people, and particularly among Muslims, is also relevant for caring for orphans. Other social systems including adoption and care by a godfather or godmother are also relevant in assisting orphans at the community level.

It is understood that for coping with the growing problem of orphan hood in Ethiopia, community coping mechanisms identified in this study should be implemented. Parallel to this, recommendations made based on this study need to be implemented for coping with the problems of HIV/AIDS orphans. The study performed in relation to the vulnerability of the community due to orphan hood in terms of social values, norms, legislation, policy, ethics and human rights may help improve the law, policy and practices of Ethiopia in the context of orphan problems due to HIV/AIDS.

In conclusion, this study has laid a foundation for using indigenous traditional practices to care for orphans. Through further investigation and promotion of these practices one can gain fuller understanding of these methods and thus improve our capacity to assist orphaned children.

## Recommendations.

### 1. Preference of Indigenous Traditions

Only a very small number of AIDS orphans have access to institutional care. Thus indigenous social systems that are used for rearing orphaned children at the community level are preferable to institutions. In descending order of preference these are - the extended family, adoption, and care by a godfather or godmother.

### 2. IEC

The case studies conducted among carers show that children brought into fam-

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ily circles may experience distress, stigma and discrimination due to issues related to HIV/AIDS. Intervention measures must be taken to avoid such psychological problems. In this case, IEC interventions may play an effective role at the level of the household or community. Such intervention must be done by GOs, NGOs, CBOs, FBOs or other private sector organizations that have programs with extensive knowledge of child development and children's need.

## 3. Think of Alternatives

The rearing of orphaned children using family circles and established institutions alone cannot solve the problem. Other alternatives such as *idirs* that have been suggested by the key informants should be considered.

## 4. Use an Organized and Integrated Approach

This study has revealed that care and support offered by family circles to orphaned children is not trouble-free. Many families can not meet the basic needs of orphaned children for food, shelter, clothing or access to health care and education (10). For this group, a minimal amount of material and finan-cial assistance must be made available, together with a mechanism to collect alms or other help, and to mobilize these resources properly to help orphaned children in family circles. In addition, health and school facilities for orphaned children must be offered free of charge. To provide sustainable support, the concerted efforts of government, social institutions, religious leaders and NGOs is vital.

## 5. Assistance for the Extended Family Approach

It has been mentioned that the extended family approach is the best indigenous practice for bringing up orphaned children. It is only in the family or community that tomorrow's children share and learn positive traditions, values, norms and ethics and become good citizens or an HIV/AIDS free generation. It is from the family circles or the community that orphaned children learn about their family history, where they come from, and to which clan or ethnic group they belong.

## 6. Job Opportunities for Mature Minors

Key informants reported that older brothers or sisters assist some orphaned

children. To sustain this, especially in the Guraghe and Oromo communities, neighbors, relatives and clans assist in cash, in kind and by other means. This must be encouraged in the other ethnic groups. If older orphaned children who are responsible for rearing their younger brothers and sisters have reached 18 years and are employable, the government, NGOs, CBOs, Private Agencies, Faith Based Organizations and other employers should give priority to employing orphans and vulnerable groups of the society..

## 7. Mobilize Supporters

This study has revealed that the challenges facing orphaned children are enormous. Therefore; local, national and international organizations should be approached and mobilized to provide assistance in terms of medical care, food and shelter for orphaned children.

## 8. Reduce the Vulnerability of the Community

In Ethiopia, many children are expected to become orphans due to AIDS in the future. Thus, to reduce the vulnerability of the community, a mechanism has to be devised to preserve positive social values, norms, legislations, policies and human rights. Child rights conventions and other related systems must be implemented throughout the country. Local, national and international support mechanisms including the use of advisory councils and national and regional networks must be strengthened to provide leadership, advocacy and guidance.

## 9. Implement Identified Community Coping Mechanisms

The problem of orphaned children is growing as the result of the spread of HIV/AIDS in Ethiopia. Effective and efficient mechanisms to back up families supporting orphaned children are essential.

## 10. Future studies

Traditional practices are often ethnic group or linguistic-group specific. The present study does not cover all ethnic groups, so a more comprehensive inventory of positive traditions related to childcare should be made in the future. Research that compares the behaviors, problems and challenges of orphaned children living in institutions with other orphaned children living in family circles is also recommended.

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# Appendices

# Appendix 1

## Questionnaire 1. Questionnaire Administered to the Population Sample (translated from Amharic)

1 Address

1.1 Region          1.2 Zone

1.3 Woreda         1.4 Kebele

1.5 House No

2. Personal Data of the Interviewee

2.1 Code        2.2 Sex      a )Male  b) Female

2.3 Age

2.4 Religion

a )Orthodox       b) Muslim     c) Protestant     d )Other

2.5 Ethnic Group

a )Oromo        b) Amhara     c) Tigraway     d) Gurage

e )Sidama        f )Gamo       g )Other

2.6 Educational Status

a )Illiterate        b )Able to read & write    c )Grade completed

2.7 Occupation

a )Farmer        b )Housewife    c )Merchant     d )Student

e )Other

2.8 Marital Status

a) Not married      b) Currently married     c )Divorced

d) Widowed       e )Other

3. Are there orphans living in your house? a )Yes     b )No

3.1 If your answer is Yes, please fill the details for each orphan in this table:

| Number | Sex | Age | Relation to Father | Relation to Mother |
|---|---|---|---|---|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Questionnaire 1—cont.

4. Are there orphans in your relative's households, in your neighborhood or in your *kebele*? If there are, please fill in this table:

| No. | Sex | Age | Father's cause of death | Mother's cause of death | Name of Guardian | House No |
|-----|-----|-----|-------------------------|-------------------------|------------------|----------|
|     |     |     |                         |                         |                  |          |
|     |     |     |                         |                         |                  |          |
|     |     |     |                         |                         |                  |          |

5. Which of the following are appropriate ways of bringing up orphans?
a *Gudifecha*      b Godfather      c Adoption      d Extended family
e Institution      f Other

6.1 Many children are becoming orphans because of AIDS. What do you think is the appropriate way to raise them?
a *Gudifecha*      b Godfather      c As *Yetut Lij*      d With relatives
e Other      f Don't know

6.2 Why did you choose these?

6.3 Do you think it is better to establish an institution that will be responsible for raising these children?      a Yes    b No

6.4 Who should be responsible for arranging the union between the orphan children and the family that supports them?
a Government      b Individuals      c NGOs      d Religious Institutions
e Other

7.1 Please indicate the modes of HIV/AIDS virus transmission.
a Sexual intercourse      b Sharing of needles, blades, pins
c Close contact, kissing, breathing and by insects
d Other      e Don't know

7.2 Please indicate the prevention of HIV/AIDS virus transmission.
a Abstinence      b One-to-one (faithfulness)
c Condom use      d Not sharing needles or sharps
e Other      f Don't know

7.3 Please indicate the kinds of stigma and discrimination in the community related to HIV/AIDS patients.
a Not willing to work together with PLWHA
b Did not want to mix with PLWHA
c Not willing to drink or sleep together with PLWHA

# Questionnaire 1—cont.

7.4 Please indicate the kinds of care and support provided to people living with HIV/AIDS and their families

a Give counseling      b Financial and material support
c Home base care and support  d Encouragement
e Other          f Don't know

8. How are orphans currently assisted in your kebele?
a Through community based organizations  b Extended family
c Adoption     d *Gudifecha*  e Other

9. At what level do you suggest orphans are assisted in the future?
a Family level
b Community level
c Woreda level

10. Do you think that community based organizations can play a significant role in assisting orphan children?
a Yes     b No

11 If Yes, which CBOs are most relevant?
a *Idir*    b *Ikub*    c *Mahber*    d Church or mosque
e Other    f Don't know

12 If Yes for Q10, what significant role can they play?

13. What is the chance of a baby born of an HIV-infected mother being born infected with the virus?
A 100%   b 70%    c 30%  d No risk at all  e Don't know

14. What is the attitude of the community towards an orphan who has lost his or her parents due to AIDS?
a The child is alienated on the assumption that he or she is also infected
b The community tries to bring up the child on the assumption that they are free of the virus
c Other        d Don't know

15. If you had the financial means, would you be willing to raise an orphan whose parents died of HIV/AIDS?
a I would be willing
b I would not be willing because the child might be infected
c Other

# Appendix 2
## Questionnaire 2. Questionnaire administered to Opinion Leaders (translated from Amharic)

1 Address

| | |
|---|---|
| 1.1 Region | 1.2 Zone |
| 1.3 Woreda | 1.4 Kebele |
| 1.5 House No | |

2. Personal Data of the Interviewee

2.1 Code      2.2 Sex      a Male    b Female

2.3 Age

2.4 Religion

a Orthodox      b Muslim      c Protestant      d Other

2.5 Ethnic Group

a Oromo      b Amhara      c Tigrieway      d Gurage

e Sidama      f Gamo      g Other

2.6 Educational Status

a Illiterate      b Able to read & write    c Grade completed

2.7 Occupation

a Farmer      b Housewife    c Merchant      d Student

e Other

2.8 Marital Status

a Not married      b Currently married      c Divorced

d Widowed      e Other

3. Approximately how many orphan children are there in your area or kebele?

4. Out of these, how many are being assisted or raised?

5. How do those without assistance manage to live?

6 What do you think was the cause of death of the parents of the orphan children?

7. In your kebele, with whom do orphans live who lost their parents to AIDS?

# Questionnaire 2—cont.

8. Please list the methods by which orphans are raised or assisted by the tradition or custom of the area that you were born or grew up in.

9. Please list the methods by which orphans are assisted by the community of the area or kebele that you currently live in.

10. What do you think about the indigenous traditions or customs that you believe are good methods to assist or raise orphans?

11. Many children are expected to become orphans because of AIDS in the future. What are the traditional methods of accommodating these children in society? Please list them.

12. What are the methods of adopting a child by those who are unable to have their own children?

13. Is it possible to solve the problem of orphan hood using the traditional method of *Gudifecha* in bringing up those children who lost their parents because of AIDS?

14. What about *Yetut Lij*? Might it be helpful?

15. If there are other methods, please explain them.

16. What is the attitude of society towards orphans who have lost their parents due to AIDS?
a They are alienated on the belief that they are also 100% infected
b They are taken care of on the belief that 60-70% of them are free of the virus
c They are taken care of on the belief that they are 100% free of the virus
d Other

17. What is your opinion on those listed under Q16?

18. Are there organizations or individuals in the area that you are living in who support orphans?    a Yes    b No

18.1 If Yes, please list their names and addresses


18.2 How did the organizations or individuals come into contact with these children?

# Questionnaire 2—cont.

19. Who should be responsible for arranging the union?
A Government     b Individuals     c NGOs       d Other


20. How are orphans assisted currently in your kebele or area?


21. At what level do you suggest orphans are assisted in the future?
a Family level
b Community level
c Woreda level


22 Do you think that community based organizations can play a significant role in assisting orphan children?
a Yes          b No


23 If Yes, which CBOs are most relevant?


24 If Yes for Q22, what significant role can they play?


25. Please indicate methods of alleviating the problem of orphan hood in the country.


26. If you have anything else to say about orphan children, please indicate below.

# Appendix 3
# Questionnaire 3.  Administered to Case Study Participants
### (translated from Amharic)

1 Address

1.1 Region                1.2 Zone

1.3 Woreda                1.4 Kebele

1.5 House No

2. Personal Data of the Carer

2.1 Code                2.2 Sex            a Male   b Female

2.3 Age

2.4 Religion

a Orthodox            b Muslim        c Protestant        d Other

2.5 Ethnic Group

a Oromo            b Amhara        c Tigraay        d Gurage

e Sidama            f Gamo        g Other

2.6 Educational Status

a Illiterate            b Able to read & write    c Grade completed

2.7 Occupation

a Farmer            b Housewife    c Merchant        d Student

e Other

2.8 Marital Status

a Not married        b Currently married        c Divorced

d Widowed            e Other

3. Orphans supported by the carer.

| Number | Sex | Age | Cause of death of parents | Relation to carer? |
|--------|-----|-----|---------------------------|--------------------|
|        |     |     |                           |                    |
|        |     |     |                           |                    |
|        |     |     |                           |                    |

# Questionnaire 3—cont.

4. What do you suggest are the major challenges of orphans in terms of -
a Medical care

b Food

c Housing

d Schooling

e Finances

f Other

5. How are orphans assisted currently in your kebele or area?
a Community based organizations          b Extended family     c Adoption
d *Gudifecha*          e Other

6. At what level should orphans be assisted in the future?
a Family level
b Community level
c Woreda level

7. Do you think that community based organizations can play a significant role in assisting orphan children?
a Yes                b No

8 If Yes, which CBOs are most relevant?
a *Idir*          b *Ikub*          c *Mahber*          d Church or mosque
e Other          f Don't know

9 If Yes for Q7, what significant role can they play?

10. What is the attitude of society towards orphans who have lost their parents due to AIDS?
a They are alienated on the assumption that they are also infected
b The community tires to bring up the child in the assumption that the child may be free of the virus
c Other

# Questionnaire 3—cont.

11. How does the community help orphan children in the area or kebele that you currently live in?

12. What do you think about the indigenous traditions of customs that you believe are good methods to assist or raise orphans?

13. Please indicate any problems so far you have faced in taking care of orphan children.

14. How might these problems be solved?

15. Please indicate ways of alleviating the problem of orphan hood in this country.

16. If you have anything else to say about orphan children, please indicate below.

# Annex 4
# Interview with organizations and local leaders

1. Name of Organization or Institution

2. Address
2.1 Region               2.2 Zone
2.3 Woreda           2.4 Kebele
2.5 House Number

3. Does your organization or institution support orphan children?
a Yes                   b No

3.1 If Yes, please indicate in what terms you are supporting orphans
a Medical support
b Food support
c Housing support
d Schooling support
e Financial support
f Other

4. What do you thin the major challenges of orphans are in terms of
a Medical care
b Food
c Housing
d Schooling
e Finances
f Other

5. What are the advantages and disadvantages of indigenous knowledge in supporting orphans?
a Advantages

b Disadvantages

6. At what level might  the existing positive traditions to support orphans be promoted?
a Individual level
b Community level
c Institution level

# Interview with organizations and local leaders - cont

7 What should be the role of individuals, CBOs, GOs, NGOs, the private sector and religious based organizations in supporting orphan children?

a Individuals

b CBOs

c GOs

d NGOs

e Private sector

f Religious based organization

8. What effective and efficient mechanisms should be established to enhance institutionally backed family support and community based systems to support orphans?

9. How do you think orphans should be brought up?
a Through *Gudifecha*        b With a Godfather            c As *Yetut Lij*
d By an institution            e Other

10. Many children are becoming orphans because of AIDS. What should be done to raise them?
a They should be raised as per the traditions of the community
b An institution should be established to raise these children

10.1 If your answer is 10a, Why?

10.2 If your answer is 10a, How?
a Through *Gudifecha*        b With a Godfather            c As *Yetut Lij*
d With relatives                e Other

10.3 Who should be responsible for arranging the union?
a Government                 b Individuals                   c NGOs
d Religious Institutions      e Other

10.4 If your answer was 10b, Why?

# Interview with organizations and local leaders—cont

11. Are there organizations or individuals in the kebele or area who support orphans?
a Yes                    b No

11.1 If Yes, please list their names and addresses

11.2 How did the organizations or individuals come into contact with these children?

12. If you are involved in supporting or taking care of orphans what problems so far have you faced?

13. How might these problems be solved?

14. Please indicate ways of alleviating the problem of orphan hood in this country?

15. If you have anything else to say about orphan children, please indicate below.

# Appendix 5
# Guide for Focus Group Discussions

Before you start the discussion it is important that you introduce yourself and the purpose of the discussion. Explain about the project and its objectives. You should also allow participants to introduce themselves.

1.  Characteristics of Discussants.

| Age | Sex | Ethnic Group | Education Level | Religion | Occupation |
|-----|-----|--------------|-----------------|----------|------------|
|     |     |              |                 |          |            |
|     |     |              |                 |          |            |
|     |     |              |                 |          |            |
|     |     |              |                 |          |            |
|     |     |              |                 |          |            |
|     |     |              |                 |          |            |

2. Please list harmful traditions in this area or kebele.


3. Please list positive (useful) traditions in this area or kebele.


4. Please list indigenous knowledge related to the well-being of children
a Bringing up
b Decision making
c Expressing ideas
d Entertainment
e Others

5 How can the things mentioned in Q4 be practiced?


6. Please list the methods that are used to help or bring up orphan children as per the custom or tradition of the area that you were born or brought up in.


7. What are the advantages and disadvantages of this indigenous knowledge (individual, community and institutional mechanisms)  in supporting orphans?

# Guide for Focus Group Discussions - cont

8. How does the community help orphan children in the area or kebele that you currently live in?

9. What do you suggest the existing positive individual, community and organizational traditions to support orphan children could be improved or promoted?

10 What do you think about the indigenous traditions or customs that you believe are good methods to assist or raise orphans?

11. How many orphans are there (approximately) in your area or kebele?

12. How many of them are being assisted?

13. With whom do the others (those without assistance) live?

14. What do you think the cause of death of their parents was?

15. With whom do orphans live who have lost their parents due to AIDS?

16. Many children are expected to become orphans because of AIDS in the future. What are the traditional methods of accommodating these children in society?

17. What are the methods of adopting a child by those who are unable to have their own children?

18. Is it possible to solve the problem of orphan hood using the traditional method of *Gudifecha* in bringing up those children who lost their parents because of AIDS?

19. What about *Yetut Lij*? Might it be helpful?

# Guide for Focus Group Discussions - cont

20. If there are other methods, please explain them.

21. Please indicate the methods of alleviating the problem of orphan hood in this country.

22. What should be done to reduce the vulnerability of the community due to orphan hood in terms of social values, norms, legislation , policy, ethics and human rights?
a Social values and norms

b Legislation

c Policy

d Ethics

e Human rights

23. Who should take responsibility for orphans living in your area or kebele?

23.1 Why?

24. How can we transmit good social values and norms to the next generation?

25. Who should encourage people to become godfathers and godmothers for orphans?

# Appendix 6
# Participatory Action Research

The methodology applied consisted of the following two approaches:

1. Discussion points were forwarded to the orphanage attendants so that they could express their feelings, observations, experiences and assumptions.
2. A floor was opened for children to express their feelings in different ways (through drama, essays, drawings, poems and songs).