FORUM ON STREET CHILDREN – ETHIOPIA (FSCE)

COPING Strategies OF AIDS ORPHANS IN WOREDA 25 ADDIS ABABA

YARED DEGEFU & EMEBET KEBEDE

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# Acronym

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immuno-Deficiency Syndrome</td>
</tr>
<tr>
<td>FSCE</td>
<td>Forum on Street Children- Ethiopia</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immuno Virus</td>
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<tr>
<td>Mary Joy-ATD</td>
<td>Mary Joy Aid Through Development</td>
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<tr>
<td>MOLSA-</td>
<td>Ministry of Labor and Social Affairs</td>
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<tr>
<td>MOH</td>
<td>Ministry of Health</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<tr>
<td>SANASO</td>
<td>Southern African Network for AIDS Service Organization</td>
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<tr>
<td>SC-Alliance</td>
<td>Save the Children Alliance</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children Fund</td>
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<td>WFP-</td>
<td>World Food Program</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Acknowledgement

First of all, the main credit in making this study possible, goes to Forum on Street Children-Ethiopia (FSCE) that initiated and supported the study technically and financially. On the other hand, the study would not have been successful without the dedication of the research team members that include Tewdros Alemu, Sr. Tsion Desalgne, Dawit Adnew and Haile W/Selassie. We are also grateful for all the support provided by Home Care Volunteers of Mary JOY-ATD. Moreover, our thanks go to Elizabeth Degif and Hanna Aberra who helped in typing this document.

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Yared Degefu &
Emebet Kebede
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Introduction

The problem of AIDS orphans is becoming one of the biggest challenges facing the whole world. It is estimated that by year 2010, there will be nearly 42 million orphaned children in the 23 countries for which estimates were made' 40 million in the 19 sub-Saharan African study countries alone. By 2000, there will be an estimated 32 million orphans in these 19 countries largely due to the AIDS epidemic, in eight Sub-Saharan African countries, 20 to 35% of all children under 15 will be missing mother, father or both parents by 2000. (Hunter & Williamson Children on the Brink 1997)

Having seen the general situation described above especially the severe impact of HIV/AIDS on Sub-Saharan countries, it is not difficult to imagine the seriousness of the problem as far as Ethiopia is concerned. According to the report released by Ministry of Health (March 2000), it was estimated by year 2000, there were about 750,000 children who lost one or both parents. This figure is expected to grow to 2.1 million after 14 years. It is good to note that the problem of AIDS orphans affect many more people than the number of children estimated to be affected. It has severe effect on families. communities and the country at large. However, the burden could felt more by families who support and care for children: grand parents, child household heads, close relatives caring, for AIDS orphans, etc.

It is very saddening to imagine about the negative socio-economic impacts of AIDS, particularly on children, for a country like Ethiopia, which has already been overburdened by so many other socio-economic problems. Just to see some of the impacts it is enough to see the following situation. Aids will increase the death rates of all ages. However, the impact will be most severe among all adults and children under the age of five. Without AIDS, and assuming a gradual decline in the death rates from other causes, the annual number of deaths among young adults (Ages 15-49) would increase slowly (because of growing population) from about 185,000 today to 230,000 by 2014. However, AIDS will dramatically increase the number to 525,000 per year by 2014, more than double the projection with no AIDS. This rapid increase in young adults deaths would have serious consequences for economic and social development.

AIDS also affects child survival. About30-40 percent of babies born to infected mothers will also be infected with HIV. Most of these babies will develop AIDS and die within two years. Few will survive past age of five. (MOH, AIDS in Ethiopia, 1 998, second edition)

The cumulative negative effects of all these problems on "Coping strategies of AIDS" of orphans' is very evident and needs immediate attention from all stakeholders. Accordingly, this report, which is prepared based on the participatory study made in one of the woredas (Woreda 25) in Addis Ababa, tries to show how the children affected by AIDS are coping with problems and challenges they are facing and to identify, the support they need so as to face the challenges positively and creatively.
1.1 Objectives of the study

1.1.1 Understand the magnitude and scope of the problem in the study sites and forward possible suggestions for intervention.
1.1.2 To understand the living situation of orphan/child headed households and their coping mechanisms.
1.1.3 To understand the extent of child abuse in homes and on the streets inflicted to AIDS orphans.
1.1.4 To use the information to propose or devise possible national and Community-based interventions.
1.1.5 To utilize the survey results as an input to strengthen the child advocacy activities being carried out by FSCE and other network organizations.
1.1.6 To understand the nature of support services offered at grassroots, Institutional and national levels to combat HIV/AIDS in general, identify gaps, etc.
1.1.7 To utilize the results and forward recommendations for organization's policy formulation.

1.2 Methodology

The methods employed in this study are more of participatory which helped to produce very useful qualitative data. With regard to the level of participation, it is good to note that respondents were involved from the very beginning that gave them a chance to identify key issues relevant to study "the Coping Strategies of AIDS orphans."

The methods used include focus group discussions, semi-structured interview, case study, problem ranking etc. On the other hand, questionnaire was prepared to collect both qualitative and quantitative data. The respondents were selected from orphans that are included in Mary Joy-ATD Orphans Support program. Accordingly, a secondary data was utilized to identify different categories of respondents that were thought to be very helpful in providing information about "Coping Strategies of AIDS orphans". Considering the sensitivity of the issue, particularly giving due attention to the prevalence of the stigma on HIV/AIDS, the necessary caution was paid in identifying the respondents and communicating with them especially with the affected children. However, the fact that the respondents were selected from Mary-Joy-ATD's orphans support programme and that they have already established relationship with the research team, has made the whole process less difficult.

Concerning the procession of the techniques and time spent in each process, a diagram is attached as annex 1, which gives a good picture of the whole process. As can be seen in aforementioned diagram, there were 3 different stages of data collection & analysis. The first stage was made to test the relevance of key issues identified through literature review. In accomplishing this task, a group of key informants (15) including orphans, single parents, guardians of double orphans, a representative form Mekedem National AIDS Orphans Association, a representative from Home Care Volunteers and staff from Mary Joy were involved. This stage has helped to refine the key issues list and thereby creating good opportunity for key informants to determine even what questions to be
asked. This clearly shows the level, to which the participation of respondents went to, which is believed to create an empowering effect on them.

The second stage of data collection and analysis was made to collect information that helped to understand the situation and problems of AIDS orphans better and come up with possible solutions. At the end of this stage, a systematically arranged data, which includes ranked problems, daily routine table, Venn diagram of stakeholders, case studies etc were produced. All this systematically organized data was presented again to a group of key informants, which include some of the stakeholders identified, marking the last or the third stage of data collection and analysis. With regard to the number of respondents, a total of 70 individuals were involved in the study including children respondents. As mentioned before, the first group, which includes children respondents, were mostly selected from those children included in Mary Joy's AIDS orphans support programme, a total of 35 children living with different groups of guardians were included: children living with single parents (10), children living with extended family (10), children living with child household head (4), children living with non-relatives (4), and children under Institutional care (5). Respondents selected from Mary Joy's orphans support program were 15 males and 15 females while the children included for being under institutional care were all males (5). The other group of respondents (key informants) were 35 in number and include the following sub-groups: guardians of double orphans (6), single parents (8), member of AIDS orphan association (1) member of Anti-Aids club (1), Home care volunteers (9), a recently retired administrator of an orphanage (1), representatives of Idirs (2), member of child to child (1), government Administration representative (1), government bureaus representatives (3) and NGO representatives (2).

As mentioned before the study would not have been easy, if the research team had no previous contact with the respondents, created before the research. The contribution of home care volunteers who have regular contact with these children and families was very helpful in data collection and analysis. One of the difficulties faced in the process of the study is the stigma on HIV/AIDS. This problem was observed mostly when children and single parents were asked about causes of parental death. It is good to note, therefore, giving due attention to possible stigmatization problem that may be created in the future, names used in case studies were made to be different from the actual ones. The other problem was the unavailability or inability of some stakeholders to participate in focus group discussions.

The research team is composed of 6 parsons with different educational qualification and work experience: Sociology (2), Management (1), Health (1), Accounting (1) and a 12 grade (1) with long work experience in Social works. Four of these people are directly involved in AIDS orphans care and support programme of Mary Joy while the remaining two are supporters from outside. As part of the research process, the research team conducted a brainstorming session based on the Terms of Reference (TOR) of the study and also developed common understanding about the methods of the study including what is expected form each team member. At the end of this session all team members were made aware that "The interactive researcher" has a lot of influence than the methods to be used.
Accordingly, the team members were made alert that they are expected to "use their best judgments" all the time with adequate level of flexibility. With regard to the relationship with the respondents, it was made clear that they are all "subjects" who have active involvement and share in determining the outcome of this study. Accordingly, the research team was alerted to give attention to the following important tools: Listening, Encouraging, Asking, Reviewing and taking Notes. At the end of the study, the research team learned a lot about the situation of AIDS orphans, which will enable them to provide better service to these vulnerable children, which should be considered as one of the important benefits of the study.

1.3 Significance of the Study

Considering the fact that very little is known about the situation of AIDS orphans in Ethiopia, particularly in the study site, it is believed that the study will have a considerable level of contribution. Among other things, the study could make some contribution in informing policy makers and organizations, both government and non-government, in developing appropriate interventions to strengthen the existing coping strategies of AIDS orphans and thereby alleviating the problems. It may have also significant contribution in the effort to identify and involve all stakeholders including the community. Moreover, the information could be used for advocacy in the effort to protect children from different abuses.

1.4. Organization of the Study

The first section of this report includes the preceding parts of this paper i.e. summarized information about the magnitude of the AIDS orphans problems, objectives of the study, methodology and the significance of the research. The second and the third sections deal with the general situation of orphaned children at different levels including the situation in the target area (Woreda 25).

The fourth section, which is the main part of the report, tries to show the magnitude of AIDS orphans' problems as they try to cope with the great challenges they are facing using different strategies. Case studies, which are found to be very helpful in providing additional information about the coping strategies of AIDS orphans, are also part of this section.

The fifth section, on the other hand, deals with the roles of different stakeholders as identified by the participants of the study. In addition, in this section, some important remarks were made about the relationship of stakeholders in facing the challenges of AIDS orphans.

In the sixth section, summary and conclusions are given based on the finding of the study described in the preceding 3 sections (section 3, 4 and 5). The last part of the report, the
seventh section contains the recommendations made that include interventions, which may be appropriate in alleviating the problems of AIDS orphans.

2. Situation of Orphaned Children

2.1. Global overview

The World Health Organization (WHO) estimated that by the mid 1991, about 2 million children have lost one or both parents to AIDS. By the year 2000, 10 million children will have lost at least one parent to AIDS. This trend is most prevalent in Africa, but it is becoming a global phenomenon.

Hardships begin for a child long before a parent's death. Children typically experience several years of increasing adversity as one parent, and often both, gradually get sicker and die. Watching a parents die by degrees is traumatic for children. The parent, becoming weaker, is less able to nurture the child, and their distress is often compounded by stigma and discrimination. Material deprivation usually begins with parent's illness, loss of income and use of the family's remaining resources for medical or traditional treatments. Families needing additional income often remove children from school, with girls usually to drop out first.

2.2. The situation in Africa

According to the study made by Hunter & Williamson in 1977; by year 2000 the number of orphans in 19 highly effected sub-Saharan Africa countries was estimated to be 32 million. The same research revealed that in eight sub-Saharan Africa countries, 20 to 35% of all children under 15 were estimated to be missing mother, fathers or both parents by year 2000. One can imagine, therefore, the level of the negative impacts of HIV/AIDS on children in African where there are already so many socio-economic problems that made the lives of children very difficult.

2.3. AIDS Orphans in Ethiopia

"The issue of AIDS Orphans is the worst crises as compared to all crises caused by deaths of Adults because of AIDS. In year 2000 the number of children who 750,000. After two years this figure is estimated to reach 980,000 and the long term estimate like after 14 years (2014) shows that the number of AIDS orphans will grow to 2.1 million." (AIDS in Ethiopia, MOH & USID Project, 2000)

This report in its previous editions (1998, 2nd edition) explained that, these children might lack the proper care and supervision they need at their critical period of their lives. There will be a tremendous strain on social systems to cope with such a large number of orphans. Some of the major adverse effects are the following:
At family level there will be an increased burden and stress for the extended family, which will try to care for these orphans, many grand parents will be left to care for young children. Some families will be headed by children as young as 10-12 years old.

At the community and national level there will be an increased burden on society to provide services for these children including orphanages, health care and school fees. Many children will go without adequate health care and schooling increasing the burden on society in future years. There may also be an increase in the number of urban street children.

3. AIDS Orphans in Woreda 25 of Addis Ababa (Statistics)

Geographically, Woreda 25, including areas around Asco, Wingate and Kolfe, is divided into 9 kebeles which represent the lowest level of the government administration. The woreda has a population of 101,000 out of which 31% are between the ages of 15 to 49.

From the findings of the baseline survey conducted by Mary Joy in year 2000, among other things, the following relevant socio-economic conditions of the woreda 25 were identified. The problem of street children is known to be prevalent in about 6% of the households. For about 92 percent of the cases, the driving force of children to join street life is economic factor. This is, therefore, an indicator that there is high probability for most households to be suppliers of the children to the streets given the prevailing unemployment status of the households and low economic position. Ownership of the houses is reported to be 59.2 percent with an average of 2.3 persons in single living room.

3.1. Being an Orphan - Definition and Causes - Who is an “Orphan”?

Many literatures including Southern African Network for AIDS service organization (SANASO, 1994), define an orphan as "A child less than 18 years who had lost both parents". In the case of HIV/AIDS, these definition need to be further clarified in order to show the real picture of the situation of children who have lost parental care and support totally even though one of their parents are still alive. In some cases, the situations of children who are living with single parents could be worse than those children who have lost both parents. This is particularly true when the role of children in the household is changed, which forces them, for example, to engaged in income generating activities and providing nursing care for a dying parent." The problems children face as a result of HIV/AIDS begins long before their parents die" (Children on the brink, P.14). It may be with this understanding that Ministry of Health, always gives figures of children who have lost one or two parents because of AIDS together without separating one from the other.
Consequently, it could be misleading to use the phrase "AIDS Orphans" when we talk about children affected by AIDS particularly in relation to losing parents. In focus group discussions conducted, suggestions were made to use a phrase like "Half orphan" which is put in Amharic as follows "Bekefil Welage Alba". However, it is also argued that the phrase "Half orphan" may denote the existence of less problem while problems could even be more worse. It should be noted that some literatures use phrases like paternal orphan (Father is dead) and Maternal orphan (Mother is dead), when discussing about these groups of children. The more appropriate suggestion made was to use the phrase "children who lost parents because of AIDS". Accordingly, it is necessary to note that we will be discussing the situation of children who have lost one parent as a result of AIDS even though we may often use the term "AIDS orphans".

In order to show the worst situation of these vulnerable children, the following definitions or pictures were given during focus group discussions:

- "An orphan is an empty child (person) with no future..." Tsige, 18, orphan
- "An orphan is a child or otherwise who lost parents and parental love" Elizabeth, 13, paternal orphan
- "An orphan is a child without parental care and guidance" W/ro Birke, 45, Foster mother

**Causes of Parental Death**

Given the situation that most people do not go to hospitals or clinics for HIV test, it is difficult to get written evidence or a laboratory confirmation as to the causes of parental death. Accordingly, it is important to find other ways of learning about the causes. Taking this information gap into consideration, Southern African Network of AIDS Service Organization (SANASO) classified causes of parental death into three categories as follows (SANASO, 1994):

- "AIDS" if the cause of death given was AIDS, TB, diarrhea, Pneumonia, Swelling, Kaposi, Sarcoma, Herpes zoster, long illness or chest problems.
- "Not AIDS" if the cause of death given was natural, old age, hunger, war, accident, suicide, poisoning, malaria, liver disease, kidney disease or associated with pregnancy.
- "Other" if the cause of death was non-specific disease, stomach problems, headaches, coughing, vomiting, breathing problems, mental problems or pains.

Using the above classification, assessment was made to see causes of parental deaths for children included in Mary Joy Orphans program which gave us the picture shown on the pie chart below.
As you can see above only 6% of causes of parental deaths were known to be "Not Aids". From the information obtained by key informants (1-lome Care Volunteers) most of the causes included in "Others" are related to AIDS even though respondents were not willing to disclose them mainly for reasons related to the stigma attached to I HIV/AIDS. In addition, during focus group discussions held with the orphans' they have unanimously put AIDS to be the main cause for losing parents in the study site.

Deaths of Parents by Years and Gender
The table shows No. of Parents Death for Orphans included in Mary Joy Program.

As you can see above, mothers (female parents) death began late and showed very dramatic increase in recent years (1999 to 2001). On the other hand, father's death showed gradual increase in most of the years and some decrease in some of the years until 1999. After 1999, father's death showed dramatic increase as it can be seen above.

5.1 Problems of AIDS Orphans

The problems of AIOS orphans in woreda 25 are multi-dimensional and very complex as any one can expect looking at the overall situation of the country. These problems include economic deprivations like lack of food, clothing, shelter, educational materials and supports, etc. "HIV/AIDS has a chronic negative impact on the economy: the people die in their most productive age; savings are used for medicaments, treatments, and ceremonies, education system to invest once more in new people to replace them; affected people are no longer able to be fully productive and the like." (Humuliza / Terre des Hommes Switzerland, 1999: 13)

On the other hand, the psychosocial problems include grief, hopelessness, anxiety, stigmatization, physical and mental violence, labor abuse, lack of community support etc. Actually, during the process of this participatory study a total of 20 major problems were
identified which were again presented to a group of orphans who ranked them as shown below.

**Problem Ranking by AIDS Orphans:**

<table>
<thead>
<tr>
<th>S.N</th>
<th>Problems/Challenges</th>
<th>Weight</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Food Shortage</td>
<td>207</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Lack of day time clothes</td>
<td>206</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Lack of bedtime clothing (e.g. bed sheet, blanket etc.)</td>
<td>174</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Grief caused by death of parents</td>
<td>173</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Lack of adequate medical care</td>
<td>172</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Lack of Educational guidance &amp; counseling Support</td>
<td>171</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Lack of Educational Materials and Uniforms</td>
<td>167</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Inability to pay house rent or maintain house</td>
<td>148</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Anger, Hopelessness, Anxiety and other Psychological Problem</td>
<td>147</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>Sanitation problems</td>
<td>130</td>
<td>10</td>
</tr>
<tr>
<td>11</td>
<td>Lack of somebody to look and provide meals</td>
<td>129</td>
<td>11</td>
</tr>
<tr>
<td>12</td>
<td>Labor Abuse or undertaking activities that are beyond their capacities</td>
<td>122</td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>Inability to pursue education appropriately for economic and other reasons</td>
<td>106</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>Lack of adequate community support</td>
<td>105</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Absence of adequate policy and legal protection</td>
<td>101</td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td>Stigmatization, Isolation</td>
<td>100</td>
<td>16</td>
</tr>
<tr>
<td>17</td>
<td>Lack of adequate parental love &amp; family care</td>
<td>96</td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td>Problems related to inheritance and property right</td>
<td>89</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>Physical &amp; mental violence</td>
<td>88</td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td>Vulnerable to street life and other related problems</td>
<td>86</td>
<td>20</td>
</tr>
</tbody>
</table>
These ranked problems tell us that orphaned children, especially those affected by AIDS, are prone to multidimensional challenges. Though the individual child is the prior victim, the larger community is more likely to be disturbed through time.

Looking back to the problems list, challenges related to basic needs are among the immediate constraints faced by orphans. However, economic, social and psychological problems/challenges of children affected by HIV/AIDS is more intense. Problems of children affected by HIV/AIDS begin with serious shortage of food, lack of clothing & adequate medical care, challenges related to schooling and problems related with shelter and material needs.

Inseparable to affects on income and other basic needs is the psychological effect of HIV/AIDS. This problem begins long before losing both parents can be expressed in other forms like decreasing education performance. The orphans who participated in the study explained that they usually experience grief, anger, hopelessness, anxiety and other psychological problems as a consequence of losing parent(s).

It is more logical that children with psychological and financial problems are more susceptible to other forms of problems. As listed above, problems of sanitation, lack of somebody to cook and provide meals and community support are examples in point.

The existing situation shows that, in the long run AIDS orphans in particular are to be vulnerable to severe social problems. Psychological factors, among others, increase children's Vulnerability. Orphaned children are more likely to be victims of psychological trauma & stress for experiencing repeated stigmatization, isolation, bereavement, insecurity, material deprivation, abuse and absence of parental role will have serious personal and intergenerational consequences. Vulnerability to street life will soon be considered to be a serious problem even though it has been ranked as the least problem during the problem ranking process. Here, it is important to note that out of 15 orphaned children, who were involved in the focus group discussion, one third of them are engaged in street side income generating activities. It is expected that the death of foster parent(s), particularly who are particularly at the old ages, may force some of these children to streets unless the necessary actions are taken well in time.

4. Coping Strategies of AIDS Orphans

From the secondary data obtained from Mary Joy nearly 80% of the double orphans are surviving through the extended family support while children living with the support of non-relatives are 7%. The remaining children are living without any adult support. Apart from these, paternal and maternal orphans are known to represent 57% of the total number of orphans under Mary Joy's orphans support program. As it can be seen, from the line graph described on page I 1, parent's death is showing dramatic increase, which is expected to increase in turn the number of double orphans in the near future.

4.1 Paternal orphans
Children who lost their fathers and are living with mothers are vulnerable to various socio-economic problems, which include the following:

Falling down of a family income. In most cases fathers are the breadwinners of families. Hence, the death of a father was said to bring problems of insufficient food supply, clothing and inability to meet educational expenses (school fee, school materials, uniform) and inability to maintain shelter or pay a house rent. Most of these children do not get their meals at regular time; sometimes they may have to go to school without any food. An orphan (15) who is working in the street put this problem this way "It is common that we may spend a day or night without any food." Another child who is 11 years old, said" Sometimes we have to go to relatives in search of food and my mother usually goes to bed without any food".

Mothers (single parents) have to work almost any kind of work to feed their children: Carrying wood, Selling Charcoal, “Injera” baking, Washing Clothes, Carrying stones as a daily laborer etc. The hard labor work, which is often not compensated by an appropriate diet, will make them physically weak and, therefore, they cannot live longer since the death of their husbands. Some are observed to be already on critical stage showing all symptoms of AIDS: various health problems manifested on the skin, highly deteriorated physical appearance—without adequate strength to move and work, others are already bed ridden, and still others are affected with TB, etc.

In addition, these Children face various psychosocial problems, which include lack of the love and support of a father, isolation, loosing hope, immense fear and anxiety of losing their mothers too, unrelied grief of loosing their father, etc. In connection with this, the anxiety being experienced by an eleven years old child was expressed as follows. She said "whenever my mom gets sick, I always go into deep anxiety that I might lose her too." Another child, who is 12 years old, said "The grief I experienced since the death of my father coupled with the great anxiety I have of loosing my mother, has made me stop mixing and playing with other children."

With very poor economic situation of mothers and lack of adequate support from concerned bodies, deaths of single mothers may remain to be high. Please see the line grasp1 on page 11 for additional information.

4.2 Maternal Orphans

Children who lost mothers (maternal orphans), like other vulnerable children are prone to various socio-economic problems described below:

Economic Problem: Given the existing situation mothers are the one who usually undertake the household activities and look after the children. Therefore children who lost their mothers often face the following problems: Inadequate supply of food aggravated by lack of somebody to cook and provide them to the children.
Moreover, young children especially girls are forced to undertake the duties of a mother including washing, cooking, cleaning etc. The workload at home sometimes even force them to be often absent from school. In addition, when a father can no more go to work and become bed ridden then children are most likely expected to work and feed the family including their sick father. Some of these children are supported by neighbors and relatives. In situation where fathers are sick and staying at home, children face problems of educational materials including school materials, uniform, etc.

On the other hand, the findings of the study revealed that these children are exposed to various psychosocial problems. Fathers who are frustrated with caring for children as a single parent resort to drinking. Others fall into deep emotional disturbance for fear of death as they began to develop AIDS. These often led to abuse and conflict with children: they beat them, insult them and even tell them that they are sorry for having them. A fourteen years old child put this fact in the following ways. He said, "Children who live with a father who drinks often face various abuse and offense including beating. He added, "This leaves incurable mental hurting on children."

A case study, which is considered to be revealing most of the difficult situation described above, is given below.

**Case I: Eyob**

Eyob is a 14 years old maternal orphan who lost his mother due to IIIVIAIDS. He and his two brothers were born and brought up in Adwa, Tigray, began to live there with their mother. His father, who was a plumber working in Addis Ababa Glass works Factory, used to send some money on monthly basis. Later on, his parents reached an agreement to live together in Addis. In 1987 E.C they came to Addis and started to live better life. However, exactly after 5 years, i.e., 1991 E. C. both parents fell ill. While his mother died in the same year soon after her serious sickness, his father lost his job and salary due to excessive absenteeism and inability to work.

Consequently he and his family failed to pay house-rent and therefore, they were forced to live in their father's friend house as a custody. Even though they live for free, the house is very small with cracked walls and half opened door which exposed them to wind and cold.

In explaining the overall situation they experienced at the death of his mother and during, the sickness of his father, he said

"After the death of my mother, my father was not paid any more by the factory. Therefore we were forced to sell some of our belongings and furniture. After a while, with the help of my father's friends and neighbors, we were able to be transferred to the new house where we are living in at present.

In those days as we were kids we had difficulties to prepare our own food, therefore, our neighbors were very helpful in preparing food and washing out clothes. By the time our
father recovered from his lung-disease (may be TB) and started working, we were able to hire a 'maid' (but she is more than that, she is like our sister). A few months later, our father fell ill again. As she (referring to the maid) knew that we were not able to survive covering her salary and other expenses, she told my father that she is willing to live with us without payment for the sake of God. But we promised her to pay her schools fee.

To keep our promise and help our bed-ridden father my elder brother and I decided to work. We usually collect eucalyptus leaves and work in market place where sheep are sold. We earn money by carrying sheep for the buyer and sometimes we work as shepherd. During school days we work before and after school and weekends, but in “summer we work through out the week."

He added, "though this work has crucial financial, benefits for me and my family, it has serious negative health and schooling repercussions. When we were in Adwa I had an eye problem, but it was not as such serious. Now a day, however, it is getting worse and worse due to my regular weeping and the dust of the sheep-run and dirties of the sheep that I carry. Besides, due to shortage of time, my education performance is dropping down from time to time. On the other hand, more than the problems we faced in food, clothing and shelter, the psychological trauma and anxieties experienced in fearing the worst life that we are going to face, after our bed-ridden father's death, is hurting me gravely."

Regarding his long-run plan to lead his life on his own efforts, he explained:

"Presently, in order to cover my father's medication and household expenses, I am saving some money (by this time I have 76birr). If I am able to save more money, I have a plan to open a shop around my village. However, I sometimes fear that all these plans are in vain, since our father is going to die. If he dies, leave alone to have a shop, we have no idea where to shelter."

4.3 Extended Family Support for Orphan Children

4.3.1 Children Living with heir Grand Parents

These are orphans who have already lost both parents and become dependents of Grand Parents who would have taken rest if it were not for the death of their adult children. They are most of the time too weak to provide adequate care and support to the orphaned children. One thing they can provide without any constraint is their love, which could not be affected by their economic deprivations or physical weakness. The situation of children who live with their grand parents is further discussed below.

With regard to their economic situation, children who live with their grand parents face various problems that were given higher priority during the ranking process. These problems include lack of adequate food, school materials & uniform clothing. Unless grand parents have other children to provide them with financial assistance, they are forced to work so as to feed their grand children and themselves. They do works like
carrying woods, baking 'Injera' selling charcoal, which may not be fit to their age and physical condition. What would happen to their orphaned grand children if they die early? The issue that needs attention here is what if they die early as a result of these difficult physical (economic) tasks? It is really a difficult question that HIV/AIDS poses to all concerned members of the society. What should be our response to help these children under this difficult circumstance? What we should note here is that children under this circumstance have already started involving themselves in income generating activities either to subsidize the family income or in some cases the meager income earned by these children is used as a main source to support the family. This becomes mandatory especially when grand parents are too weak to engage in income generating activities. From our observation most children who live with their grand parents have sanitation problems & lack of educational guidance. This is said to have occurred mainly for lack of awareness.

Orphaned children living with their grand parents suffer from grief of loosing both parents and lack of parental love, care and support in spite of the efforts of their grand parents to fill these gaps. This, however, does not mean that there are not children who could accept the situation and started a positive life. This is especially true for children who have close relationship with their grand parents before the death of their parents. When we asked 15 orphans to write their daily routines for one week, only one of them mentioned visiting relatives as a weekend routine. The rest said that they are engaged in the daily routines of the household activities including sanitation activities. Please see annex 2 for additional information. This could be a good indicator of the situation that family ties or relationships among relatives are getting loose through time. This is a great threat to one of the mostly widely used coping strategies of Aids orphans i.e. Extended Family Support. It is high time adequate attention was give'1 to maintain the good culture of visiting relatives on regular basis. This helps children to have sense of belongingness and security outside their family.

4. 3. 2 Children living with their Aunts

A foster mother (Please see the case study below), who is taking care of 3 children of her sister, said that women (mothers) can not ignore orphan children for they know very well how much care & support children need. The problem in this situation includes the fact that most of these foster parents do not have enough capacity to economically support the children including their own. This

in turn may create stress among the family members leading to various psychosocial problems. Children who live with their aunts are known to have the following problems: fear, shyness, grief of their dead parents, lack of parental love, anger, etc. Theses children in most cases get educational guidance from adults as they usually join families who have children requiring the same support.

**Case 2:** W/ro Alemitu
W/ro Alemitu is a 53 years old single foster mother. She is looking after an orphan who lost both parents to HIV/AIDS. The orphan is the son of her deceased sister. His name is Eyobel. His father died in 1988 E.C and his mother followed exactly after two years, i.e., in 1989 E.C. Five years ago, W/ro Alemitu went to Dire Dawa for her sister's funeral ceremony. During her few days stay in Dire Dawa following the funeral ceremony; she decided to take Eyobel, the youngest double orphan, so that he can live with her.

In explaining the situation at the death of her sister and life after that, she said.

"I knew that my sister was seriously ill and died after losing much of her body weight only within 2 years interval to her husband's death. Other than these, there cannot be any other evidence to prove that their death was due to HIV/AIDS. Regardless of my poor economic capacity, I decided to bring home the youngest (who was only five at the time of his mom's death) among the three kids of my sister. His health status, however, was very poor and his body was covered with smellly 'wounds'. Though I knew that his case was HIV/AIDS, I didn't reserve myself from treating and cleaning him up. As his illness gets worse and worse with time, I took him to hospital. Despite the inconveniences at the hospital and chronic financial constraints, I was able to get him examined by the doctors. The result came out being TB case. After getting treatment, he got well for some time until he fell seriously again. At this juncture through the help of Mary Joy, he made HIV test which revealed a positive result. This helped me to get support from 'Tesfa Goh'. With these help and occasional support I get from my brother, I have been trying to attend to his needs including proper treatment which helped him to recover soon from his illness which relapses now and then."

Regarding the direct and negative impact of this health problem on his education and mental-well-being, she further explained.

"We attempted to get school for Eyobel several times before. But he couldn't continue his classes due to his persistent illness and absenteeism. That is why he is still a grade I student at his 10" birthday. Besides, he used to be neglected by the school community. To tell you the truth (recalling the grief Eyobel experienced), he was officially prohibited by the principal not to sit in class and come to school at all. The director reasoned out that Eyobel's 'wounds' might contaminate other healthy students. For this reason alone he wept for several days regarding himself as someone who is worthless and good for nothing. After a lot of up and downs to convince the school that the disease is not easily transmittable if the necessary precautions are taken, he was permitted to attend his classes again."

W/ro Alemitu Added that

"Eyobel is fast and genius student and usually scores full points , 'narks in most of his exams. Besides his education, he loves to play all kind of games; but loves football more than any other games.; However, he sometimes is depressed remembering his parents, especially his mother. Regarding food, as we are live in family and earn a meager income by selling 'tella', we usually consume 'Ingera'
and 'Shiro Wot'. In fact, I used to feed him better food while my brother was alive; he was my sole supporter”.

As a conclusion, she said,

'Among other things, the most serious problem I have is the well-being of Eyobel. His illness is getting worse and the 'wounds' are getting more and more smelly. This forces me to take some protective measures, which is against his and my own will. Despite these problems, I rather want not to discuss about his problem with anyone else in the neighborhood so as to get some help. I did this deliberately. If some one happens to know about the disease, I am sure that he/she will not allow his or her kids to play with and accompany Eyobel. Obviously, if this happens at any cost, it will hurt him and the family, both psychologically and socially.'

4.3.3 Child Headed Households

Orphaned children may "take" responsibility for their brothers and Sisters in the absence of an adult supporter from close relatives or in a situation where there is no other better solution. These children sometimes may shoulder big responsibilities that are beyond their capacities. An orphan, 15, who supports his 2 brothers selling second hand clothes, said, " At this early age of mine, I have taken the responsibility to economically support my family and I am afraid that I may soon discontinue my education for I don't have enough time". His Aunt helps them with cocking for she does not have her own income. Another orphan, 18, said" It is very painful to find your door closed and with no one waiting for you at home when you come back from school."

Children who are living with their brothers and sisters are pursuing their education in a well manner, in spite of the absence of guidance and support of an adult. One usually expects the opposite in this kind of family situation. However, we are surprised to find quite a considerable number of these children are very responsible and concerned toward their education. An orphan, grade 7, said "so far I passed all grades getting the first rank in my class."

In order to give additional information about the situation of these children particularly about the problem they are facing, the following Case study was selected by the study team.

Case 2

Tigu is 18 years old 12th grade student, who lost both parents due to HIV/AIDS an orphan. By the time his father died in 1989 E.C., they had no other means and source of income. His elder sister used to support the family earning some money by washing
clothes. However, this effort did not last long due to the illness of his sister. Since then he decided to sell second-hand clothes to help his mother and sisters. Again this effort did not last long for his capital was gradually depleted by the medical cost of his dying mother. Despite his struggle to save his mom's life, she died of "HIV/AIDS" in 1992 E.C. Explaining about his and his sisters' living situation, he said:

"After the death of my mother, we had severe financial constraints coupled with problems of food, clothing, shelter and schooling. Especially, when we come back home after school, we find no one and nothing to eat. This forces us to remember the past good days we had with our parents and weep in grief."

Discussing about the negative effects of losing parents particularly with regard to their social life he said the following:

"As we lost our parents due to HIV/AIDS and having no regular source of income, we couldn't even continue to be members in Idirs that were attended by our parents. (Idirs are community-based associations mostly formed to help during funeral services and to console the family of the deceased.) This situation has made US believe that we are worthless to any one or any thing."

Tigu looks well fed, dressed and stress-free. However, he has many problems that often threatened and stressed him. More than the serious issues discussed above, he has faced another serious problem that makes him restless. The following explanation was given disclosing his present difficulties and fear for the future.

"As I told you before, I am a grade 12 student and have lost both parents. As you know this grade is a decisive point that determines my future tremendously. However, I faced a challenge that will collapse all my future plans. I can swore to you in the name of God (trying to believe him) my parents once had personal conflicts with our neighbor who caused me the most serious problem I have at the moment. In revenge to those conflicts, our neighbor (a woman) accused me of sexual abuse and I was in prison for almost two months. Though I was released offering a guarantor after long processes of finding one, I am afraid I may go back to prison for I could not afford to hire a good lawyer or somebody else who can give me the necessary support to bring this court case to a positive end. In general my life at the moment is as difficult as the life I had in prison. What I want to say is that being an orphan and poor has made me vulnerable to various problems. My loneliness and insecurity threatens me more than any thing else. As a consequence of all these, I become aimless and forced to lead my life in awkward manner.

4.4 Group Homes

Group homes have not been identified to exist in Woreda 25 of Addis being used as coping strategy for AIDS orphans. However, it is learnt that other organization like Medical Missionaries of Mary (MMM) has been using this strategy for the last 7 years.
According to a recently made research (Admassu, A, Coping with Challenges of AIDS, 2000) Group Homes have the following advantages

- Helped to learn social life and gave chance to study together
- Helped to develop tolerance and ways of resolving problems among themselves
- Provides protection especially to girls as a guardian is employed to the Orphans, which gives them enough time for their education.

Discussing about the disadvantages, the same person (Admassu A.) mentioned that orphaned children in group homes have feelings of insecurity and tear for the future especially about their life when the support they get from the NGO (MMM) is discontinued for any possible unforeseen reason.

4.5 Adopted Children

During the study, it is found that adopted children are usually prone to abuse of labor and other violence. In order to give you an in-depth understanding of the situation we have selected the case of Selam which is described below.

Case 4: Selam

Selam is 10 years old, an orphan who is living with the wife of her grand father's brother. The brother of her grand father who earns very small income working as a guard mostly stays outside home including the nighttime. As a result, she is forced to lead a miserable life with this lady with whom she had no blood relationship having been rounded with a lot of economic problems, which include lack of adequate food, clothing, school materials, etc.

Selam has lost both parents as a result of HIV/AIDS. She has suffered a lot during the sickness of her mother whom she love very much. Her present life did not bring any better situation at all. It rather made her life worse and full of sorrow. Actually, she is treated as a housemaid in this house having hardly any time to mix and play with her age mates. She works most of the day before and after school.

When she explained her very sad and abusive situation she said the following” I am always sad and cry constantly. I have no one beside me to give me care and support. I have not got any kind of support from neighbors or relatives since the death of my mother. I have to carry wood and do many other works in the absence of adequate food. In general, I don't see any good at all in the life I have.”

Selam cries all the time especially when she remembers her parents or when somebody mentions their names. She especially could not bear the sorrow that comes to her wearing her mother’s clothes all the time, which bring back very sad memories to her. She said “I
wish I could no more wear these clothes of my mother for they are making me very sad every day.

She has no awareness about AIDS. While her mother was sick she had fear of contracting AIDS through infected air (breath). Later on, her fear was raised for she was told that her mother got sick of typhoid and she cannot contract it through breath.

Selam could not think and talk about her future except telling about her difficult situation, which requires the support and attention of all concerned members of the society. She expects particularly Food and Clothing support.

### 4.6 Street children

From the total of 35 children interviewed, 15 of them were said to have been exposed to street life in search of work or income generating activities. These children, in addition to the serious economic problem they are facing, have been exposed to harassment, discrimination, and other street born social problems. "Working as a "Taxi Assistant", "Weyala", I have faced various problems including harassment and imprisonment with false accusations or for reasons which are not well founded. Most people consider us as thieves and untrustworthy just because we are working on streets." said a 15 years old paternal orphan. It is to be noted that the Amharic word "Weyala" has a negative connotation meaning "unreliable persuader." Explaining about the problems of working children, a foster mother said that one of her daughters got pregnant working on the street and now she is raising her baby without the support a male partner.

### 4.7 Institutional Care

During focus group discussions held with stakeholder, a consensus was reached that this should be a last resort to be taken when there is no better alternative to care for children, for instance, support by extended family, foster parents care or adaptive families care. In Woreda 25 kebele 16, there is one orphanage run by the government. This institution is trying to care for more than 600 orphans who came from different parts of the country. For the purpose of this study, we held a focus group discussion with 5 orphans. Three of these children know that their parents were dead before 5 years after they were treated for TB, when all of them were below age 10. The remaining two came to the institution very recently from prison. All these children are now between the ages of 10 to 14.

As these children mentioned, to begin with, at present, more than 600 children are living in the institution without adequate care and support. Even though they could not disclose the exact amount of budget allocated for a child, they said they are facing various problems which include: lack of adequate food, clothing, lack of adequate medical care, & access to recreational facilities. Giving some elaboration on the above-mentioned problems, they added that meat, which was provided once a week, previously is no more available. With regard to clothing it is provided once a year and even that can be confiscated by "older children in the institution. Any complain against" these older
children "who steal or take the properties of the younger ones mostly brings a hard consequence like beating. Therefore, they opt not to report it. These younger children also complained that special attention is not given to young children with respect to access to recreational facilities. For instance, the older children can drive them out of the football field, anytime, if they want so.

With regards to their Education, they said that they have problem of uniform even though they are given special "passing card" to enter the school compounds. This is said to contribute for their isolation, which has already reached extreme because of anti-social behavior of "Some children" of the orphanage. The anti-social activities include stealing, fighting in groups, using force on young girl students (Sexual Abuse), disturbing in class etc. Because of these, the children added being a member of that orphanage or as they put in Amharic "Yegibe Lej" has a very negative connotations and creates fear among other students.

5. Roles of Different Stakeholders in Helping AIDS Orphans to Cope With their Difficult Circumstances

The problem of AIDS orphans having taken into consideration the multidimensional problems and effects of the pandemic of HIV/AIDS, cannot be left to a certain group of the society. One way or another, everyone has to contribute something. But this does not mean that there are no particular groups & individuals with high responsibilities, that we call stakeholders.

With regards AIDS orphans, individuals, groups and organizations that were identified to be stakeholders include the following. The government administration and line ministries and bureaus, legal bodies & institutions, police, National AIDS Council, Mekdem National AIDS Orphans Association, non-governmental organizations, international organizations, private organizations, Idirs, close relatives, neighbors, public figures, etc.

5.1 Roles and Responsibilities of stakeholders

A. Orphans

- They need to organize themselves to tackle their problems in a co-coordinated manner
- Find ways for self-reliance
- They should be willing to participate in different support programs such as Counseling, tutorial programs etc.

B. Mekdam AIDS orphans Association

- Advocacy
  - Advocate for favorable policy designing and implementation
  - Advocate for timely response to ever growing problems of AIDS orphans.
- Find ways to organize AIDS orphans at regional, Zonal, Woreda and kebele level.
• Must support initiatives that bring self-reliance of orphans.
• Expected to contribute its own share in all areas that protects that rights of Orphans

C. Child Focused NGOs (SC-Alliance, FSCE, MJ-ATD, Plan International etc.)
• Advocacy
  - Advocating for the protection of the rights of the child
  - Ensuring that orphans basic needs are properly met and children are going to school.
  - Ensuring that adequate information about orphan is communicated to the public at the right time.

D. National AIDS Council and Its Secretariat Offices
- Raise and provide Emergency Fund for assistance of AIDS orphans
- Facilities for the designing special policy for AIDS orphans
- Monitor the implementation of AIDS orphans project and make sure that necessary correcting actions are taken

E. Close Relatives
- Providing family care and support to AIDS orphans to the level of their capacity.
- Providing support for families who care for AIDS orphans. Making some AIDS Orphans are feeling Safe and Loved.
- Contracting individuals and organizations who can support AIDS orphans if they are nor capable of providing an adequate care and support.

F. Idirs
✦ Raise the awareness of their members to provide appropriate care and support to AIDS orphans.
✦ Adopting children and giving family or community based care
✦ Provide free service at home of AIDS orphans (e.g. cooking, cleaning
✦ Provide financial support
✦ Show them that they are loved and cared for.
✦ Raise the Awareness of their members about HIV/AIDS that more and more children will be orphaned in behavioral change could not be brought
✦ Find ways to organize themselves to respond to the ever-growing problems of Children affected and infected by AIDS.
✦ Assist in any other possible way.
G. Neighbors

 Assist children in the neighborhood who are affected and infected by AIDS in any Way possible:

- Help them with cooking and cleaning
- Provide food whenever possible
- Make sure that they are not stigmatized
- Encourage them to pursue their education attentively

 Participate actively, within their Idirs or otherwise, to provide an organized and adequate support to AIDS orphans.

H. Public Figures

- Can help in persuading the public to respond to the needs and problems of AIDS Orphans.
- Can provide technical and financial Assistance
- Assist in any other possible ways.

I. Government Bodies

• MOLSA AND BOLSA

- Provide guidelines and policy directions for the appropriate care and support of Children affected and inflicted by AIDS.
- Monitor the situation of these highly vulnerable children and give the necessary information including issues and actions that need more and immediate attention.
- Provide technical and financial support.

• MOH (RHB, WHB)

- Provide or strengthen the existing preventive Education on HIV/AIDS
- Prepare different materials and guidelines to be used by people who care for PLWHA.
- Ensuing that AIDS orphans & PLWHA are getting proper access to free or reduced Cost medical care.
- Assist in any other way possible.

• Health Institutions

- Provide free or reduced cost medical service
- Provide health education including education about HIV/AIDS
- Assist in any other way possible.
• MOE (Education bureaus)
  - Find ways (e.g. form a committee) to monitor the situation of orphans in schools.
  - Making sure that Anti-Aids clubs are provided with the necessary support especially in their effort to advocate for AIDS orphans.
  - Find ways to exempt AIDS orphans from some Fee payment requirements. This should be done, however, by taking the necessary care so as not to make the children Vulnerable to other problems such as isolation/stigmatization.
  - Assist in any other possible way.

Schools
  - Exempt AIDS orphans from some fee payment requirements
  - Give protection to orphans by working with Anti-Aids and CRC-clubs.
  - Contact NGOs and other organizations to provide support to AIDS orphans and other vulnerable children.

Orphanages
  - Provide adequate care and support to all children by giving special attention to Younger ones.
  - Should establish a strong family unification program or program to identify foster Parents.
  - Should network with other organizations to find ways of assisting the children in a better way.

• Regional and Zonal Governmental Administration
  - Encourage Government bureau to provide support to AIDS orphans.
  - Encourage Idirs, religious organizations, and other groups to actively participate in the effort of supporting AIDS orphans
  - Make sure that Data is available on the situation of AIDS orphans.
  - Assist in any other possible way.

• Woreda Administration
  - Making sure that line bureaus are providing the necessary support
  - Find ways to collect Data on situation of AIDS orphans and communicate it to concerned bodies.
  - Encourage Idirs religious organizations, NGOs and other groups to actively participate in the effort to support AIDS orphans. Above all this, encourage Net Working among these groups.

• Kebele Administration
  - Mobilize the community to respond to the problems of AIDS orphans Work closely with Idirs to Assist AIDS orphans
  - Work closely with Anti-Aids clubs' NGOs and other groups to help AIDS orphans.
  - Make special consideration to families of AIDS orphans in providing & maintaining rented houses or with regard to house rent payment
  - Provide any other possible support.
• Police
  - Should provide protection to AIDS orphans including their property. To this end the awareness of the police needs to be raised by using different communication media.
  - Having been aware that more and more children are running to streets to work and or for other reasons, as a result of losing their parents because of AIDS, police need to review & strengthen its mechanisms of handling young delinquents.
  - Should closely work with other legal bodies and institutions to make sure that AIDS Orphans are treated justly and with the necessary care.

• Legal and Judiciary Bodies
  - Make sure that the necessary legal protection is given to AIDS orphans especially to those children who are living alone without the supervision and support of an adult.
  - Work very closely with the police and other NGOs for the protection of the rights of the child as stipulated in the UN convention of 1989.
  - Make sure young delinquents are treated separately from suspected adults or other Criminals.
  - Find ways to protect the rights of AIDS orphans with regards to property rights and Inheritance.

J. United Nations Children's Fund (UNICEF)
  - Make sure that AIDS orphans are properly treated according to the IJN convention on the rights of child.
  - Raise and provide fund for the Assistance of AIDS orphans
  - Monitor the overall situation of AIDS orphans in the country and provide up to date information.

K. World Food Program (WFP)
  - Provide Food Assistance for AIDS orphans
  - Monitor Food Security in the country with special focus on AIDS orphans
  - Assist in any other possible way.

L. Private Business Organizations
  - Assist Financially technically whichever way is appropriate to them
  - Provide employment opportunity for AIDS orphans especially for child household Heads, when they reach the age to engage in such activities.
  - Assist in any other possible way one may find appropriate.

5.2 Relationships and Co-ordination among Stakeholders

Even though some stakeholders like social and labor office could not attend focus Group discussions, which were arranged to identify roles of different stakeholders including co-
ordination among them, it was stated that these bureaus have very important and leading roles in coordinating, facilitating networking, and providing the necessary technical and material and financial support. Using the information obtained from the participants of the study attempt was made by the study team to show the roles and responsibilities of stakeholders mentioned above with respect to their leading role and relationship with the help of a Venn diagram shown on the next page.
The diagram illustrates the stakeholders involved in the care and support of orphans affected by AIDS in Ethiopia. The main stakeholder, "Orphan," is connected to various entities including UNICEF, WFP, and different government bureaus. Neighbors and community groups, close relatives, and public figures are also highlighted as part of the support network. The diagram was prepared by Orphans and other key informants in August 2001 in Addis Ababa, Ethiopia.
5.3 Supporting the Traditional Kinship

The coordinated effort of all stakeholders should finally lead to supporting the traditional kinship to support orphans including those affected by HIV/Aids. This need was stressed during focus group discussion that interventions should take into consideration the cultural and traditional coping mechanisms or problem solving mechanisms before taking a decision to initiate a new one. This is very important especially considering the fact that 90% of orphaned children in the study site are surviving through the support of the extended family and other community groups. This shows that the traditional family and community support is still strong in spite of the great stress caused by the pandemic of HIV/AIDS.

5.4 In search of new and effective coping strategies

During our investigation, we have come across suggestions like encouraging capable Idir members to adopt children who lost their parents to AIDS. This is dependent however on the willingness of the child (11’ mature enough to express it) and the existence of strong monitoring mechanisms about the situation of children adapted by non-family community members. This coping strategy is recommended especially observing the existence of concerned individuals who can be taken as a good example. Encouraging such support, in addition to providing appropriate family care and support, can be less costly and very effective. It is said that the capacity of the proposed foster parent need to be assessed for example by Idir leaders before allowing adapting a child.

6. Summary and Conclusions

HIV/AIDS, becoming a cause for multidimensional socio-economic problems, has posed a very serious challenge to all human beings. Among all problems caused by death of Adults due to AIDS, the problems of children who lost one or both parents is said to be the worst by many researches made recently.

Accordingly, this study was made to understand the magnitude and scope of the problem in the study site’ which is Woreda 25 of Addis Ababa, and forward possible suggestions for interventions. The central focus of the study was, however to learn about "the Coping Strategies of AIDS Orphans" and also come-up with recommendations to strengthen the effective ones.

The findings of the study are explained in detail in sections 3, 4 and 5 of this report. In the first part of third section of this report tried it was stressed that the term "AIDS orphans" needs to incorporate maternal and paternal orphans, children who lost one parent to AIDS, considering the fact that the problems of these children can be more worse than those children who lost both parents. The second part of this section, on the other hand, tried to show the magnitude of the socio-economic problems faced by AIDS
orphans in the study site i.e. Addis Ababa. Woreda 25. AIDS orphans have some of the following serious problems put according to their magnitude: food shortage, lack of day time clothes, lack of bed time clothes, grief caused by death of parents, lack of adequate medical care, etc. Looking at the whole lists of the ranked problems, one can learn that economic problems are the most pressing ones while psychological problems, problems related to Abuse, lack of adequate educational support and guidance etc. are given higher weight respectively.

In the fourth section of this report effort was made to identify coping strategies of the AIDS orphans in the study site and the magnitude of socio-economic problems prevalent within each coping strategy. Accordingly, in this section, it is revealed that, in some cases the situation of paternal and maternal orphan was found to be worse than those children who lost both parents. Among others, this children face problems like falling down of a family income, absence of an adult support e.g. for cooking, grief caused by the death of parent(s), anxiety about the future, etc.; The case study which described the situation of Eyob (Maternal orphan) was made part of this section for it gives deep insight to the situation of children leaving with single parents.

On the other hand, most children (80%) who lost both parents are known to have been trying to cope with the great challenges of their lives with the help of the extended family support. Elderly grand parents, Aunts, Uncles, etc. have taken the responsibility or are forced to carry the burden or the responsibility of carrying and supporting AIDS orphans. What is most saddening about this situation is the fact that most of these extended family members are not well off economically so as to give appropriate care and support for children who lost their parents. Accordingly, it is not difficult to imagine that joining these families, AIDS orphans would find themselves in highly aggregated socio-economic problems which range from lack of basic necessities to various psycho-social problems.

In order to provide more information about the socio-economic condition of families supporting AIDS orphans, the case study of W/to Alemitu, 43, foster mother was included in this part.

Children who are living alone, where the older child assumes the responsibility of heading the households, are one of the most vulnerable groups. Attempt was made to show the fact that the serious economic problem they have that usually leads to labor abuse and other violence or other serious problems usually leads to labor abuse and other violence or other serious problems they face like lack of the guidance of Adults, problems related to property rights or inheritance, lack of legal protection etc. The case of Tigu, which was described in detail in the fourth section of the study report, was found to be very informative in showing than actual situation of orphaned children living in households headed by a child. Group homes have not been identified to exist in the study site.

According to the findings of the study the situation of adopted children by non-relatives is very worse in most cases. A good case in point is the situation of Selam which was
described in this report in detail. Selam living with the a woman with whom she had no blood relationship, is exposed to physical and mental abuse. in addition to her serious economic problems. The case of Selam can be taken also as a good example how economic problems lead to serious psychological negative impacts.  

The last part of the fourth section deals with the situation of children under government run orphanage, which can be considered as a good example to understand the situation of orphaned children under institutional care. As can be seen in this part, information obtained from focus group discussions held with 5 orphans and other stakeholders revealed that children under institutional care are susceptible to lack of adequate care and support. As a result, they usually develop anti-social behaviors that in turn lead to problems like isolation and mistreatment by other community members. Accordingly, during focus group discussions held with stakeholders it was suggested that institutional care should always be the last resort where there is no other possibility to care for children within a given family or community.  

The fifth section of this paper described in details the roles and responsibilities of stakeholders of AIDS orphans problems. This section also tried to show the relationship among these stakeholders using a Venn diagram.  

Looking back to the summarized information above it is possible to conclude that much more coordinated care and support of all stakeholders is mandatory if AIDS orphans are to be expected to cope with their serious challenges in a sustainable manner.  

With regards to the recommendations (which are described in detail in the next section) of the research team to curb the problems of AIDS orphans, the following 4 main recommendations were made:  

1. Concerted effort to be made by all concerned bodies.  
2. Interventions of concerned bodies need to be appropriate.  
3. Adequate attention needs to be given to orphanages.  
4. An Enabling environment should be created for children affected by AIDS.  

7. Recommendations  

Based on the findings of the study, the following recommendations were made by the study of team for possible future interventions, some of these recommendations focus on strengthening the already existing coping mechanisms of AIDS orphans while the others have been forwarded to fill the identified gaps.  

7.1 Concerted effort’ to be made by all concerned bodies  

While giving due considerations for the specific recommendations’ the situation of AIDS orphans i.e. the magnitude of the problem’ calls for a concerted effort to be made by all concerned stakeholders. In this regard the government bodies,
particularly, MOLSA (Ministry of Labor and Social Affairs) the MOH (Ministry of Health) and NAC (National AIDS Council) can play a leading role in coordinating, networking facilitating & providing the necessary technical & financial support in order to make the effort successful.

7.2. Interventions need to be appropriate

Interventions to support AIDS orphans should focus on strengthening the effective, dependable & sustainable coping strategies of AIDS orphans. The intervention should by no means undermine the coping mechanisms of the community with regards to the problems of AIDS orphans. Having this in mind, the following intervention are recommended to be appropriate for AIDS orphans particularly for those living in Woreda 25 of Addis Ababa.

7.2.1 Building the Capacity Community

During this participatory study, the study team has found that most of double AIDS orphans are surviving through extended family system even though the families adopted these children are facing various Socio-economic problems. There are also some children who are adopted by non-related community members. Taking into consideration the fact that coping strategies initiated by the community members themselves are the most dependable and sustainable to assist children affected by AIDS other stakeholders (NGOs, Government etc.) should concentrate on building the capacity of the community to respond to the existing and future needs appropriately. Efforts to build the capacity of the community may include one of the following interventions:

a) Technical Support for Participatory Need Assessment

The target community including children affected by AIDS need to be involved in all decisions making process that affects their lives. Technical support should also be given to them so that they can identify problems, analyze (have a discussion) and recommend appropriate solutions that are fully accepted and supported by the community. This will highly create a sense of responsibility while at the same time building the problem solving capacity of the Community.

b) Strengthen Community Based Social Welfare Groups (Associations) such as Idirs.

Community based social groups like 'Idirs can be a great help in developing the capacity of the community to respond appropriately to the needs of children affected by AIDS. In woreda 25 (Addis Ababa) the study team has found that more than 30 Idirs are working with Mary Joy in all development initiatives including the HIV/AIDS prevention, care and support programme. Similarly, more than 14 Idirs have organized themselves and
formed Tesfa Social and Development Association (TSDA) to work primarily in the area of HIV/AIDS. If these groups could be given the necessary support, they can actively engage in:

- Raising the awareness of their members on HIV/AIDS pandemic and its severe consequences.
- Encouraging community members to care for AIDS orphans or give any possible support to families who care for AIDS orphans.
- Encouraging community members to involve in-home based care for PLWHA.

This will be a great help especially for surviving single parents to sustain their lives to longer period thereby alleviating the suffering of children affected by AIDS who in most cases are expected to care for their bed-ridden parent(s)

- Encourage their members to assist AIDS orphans with their household tasks such as cooking or baking "Injera" and even provide them with food when they are in short.
- Identifying children affected by AIDS and keep appropriate records.
- Assist in any other way that they may find appropriate

C. Provide access to credit for families affected by AIDS to promote their Economic self-reliance.

D. Train Community Volunteers and Leaders

Community volunteers, particularly those who are involved in home based care, need to be given the necessary training to attend to the various needs of PEWHA and AIDS orphans including their psychosocial needs. There is also a need to provide leadership training for those individuals who are assuming leadership positions within the community.

7.2.2 Provide Temporary Financial and Material Support

The community may need temporary financial and material support especially for those families who are facing serious economic problem. This needs to be given, however, by taking the necessary caution and for a limited period so as not to undermine the problem solving capacity of the community. According to the ranked problem list, it can be seen that these needs are among the most serious and cannot be left without addressing

7.2.3 Attend to the Psychosocial Needs of Orphans

Following the problems related to basic needs of children, the area that needs focus, according to the problem ranks made by the orphans and their guardians, is attending to their psychosocial needs. In most cases, these children are exposed to
psychological problems such as grief caused by lose of parent(s), hopelessness, anxiety etc. This support need to be given even before the death of the surviving single parent as the suffering of children begins early. Accordingly, in addition to the effort to build the capacity of the community to attend to the needs of AIDS orphans, the intervening organization need to provide psycho-social support:

7.2.4 Arranging a Guardian to assume Child Caring Responsibilities

In a situation where a surviving parent is terminally sick, and/or when there is no adult in the family to take the responsibility for children, there is a need to arrange a guardian if possible from close relatives. Identification of a guardian can be done through the help of home care community volunteers who have enough knowledge about relatives or friends who would assume such responsibilities. However, it would be advisable to make this arrangement after exploring all possibilities within the extended family or in close consultation with the close relatives/family members.

7.2.5 Educational Support

When families who support AIDS orphans are over-burdened with tremendous amount of psycho-social problem in the short run, then the long term development of children, which is highly dependent on their ability to attend school appropriately, can be ignored by foster parents and even by the children themselves. This is especially true in situations where children are required to be involved in income generating activities for long hours of a day, which has negative impact on their education. Accordingly, effort need to be exerted to make sure that children are relieved from engaging in such works that affects their education. On the other hand, children may face problems such as lack of a school materials, inability to pay school fees or uniform or other school related expenses. In such instance, the intervening organization can provide such support or find other way to make it available. During focus group discussion, it was learnt that some business organizations that won bids to prepare school uniforms were said to help in preparing uniforms for those children under difficult circumstance free of charge.

Educational support should also include educational guidance that fully takes into consideration the situation of orphaned children. It is known that most high schools in Addis Ababa provide Educational Guidance Service, and now, the service is going down to elementary schools. Children under difficult circumstance may usually need more than what is provided at these schools. The gap is usually observed at home as there is no appropriate adult care. Children living with their grand parents are known, particularly, to have been facing such problems. Accordingly, young adults (relatives, members of Kebele youth forum, neighbors, Idirs, etc) can provide their support in this line, which can possibly be given together with a tutorial support.
7.2.6 Medical Care

The Ethiopian Government's Ministry of Health has made an arrangement for free medical service for those people who are economically poor. However, the problem associated with this arrangement is the fact that the process takes long time, which includes getting free medical paper from the kebele Administration. In order to provide effective & reliable medical care for AIDS orphans, therefore, NGOs and Private Health Institutions can supplement such effort of the government by providing access to free medical service to some orphans.

7.2.7 Helping to Protect Children from HIV

During this study, the study team has come across quite a number of children, who have very little or no awareness about HIV AIDS. In this regard, those children, specially girls, who are involved in the street life trying to generate income for their families should be given support and education. Girls who are involved in the collection of firewood are particularly in great risk of rape which may cause infection, of HIV.

7.28 Establish non-family care

In situations where support/care within the extended family is impossible, there is still a possibility to provide or establish group homes by hiring a "foster mother" or "A foster care taker". This is usually better than sending orphaned children to institutions or orphanages where they may be exposed to various problems. Therefore, it would be advisable to consider this option as some organizations like Medical Missionaries of Mary (MMM) have good experience in this area.

7.2.9 Encourage Networking among all Stakeholders

Identifying stakeholders, as part of the process to start the support programme, is very important and helpful. This will, in addition to classifying roles and avoiding duplication, help in creating a strong network among all stockholders to provide full support to orphans. The network especially helps to solve problems in the area of child abuse, legal problems (e.g. inheritance) or other areas that require pulling different resources, expertise or even power to influence the design and implementation of appropriate policies that protect the rights of the child.

7.3 Adequate Attention needs to be given to Orphan Children under Institutional Care.

Additional effort need to be exerted by all concerned bodies to find ways for caring to these children within their respective communities. Those who could not be assisted in...
this way must be provided better support under instructional care. This support is needed especially for government run orphanages. Support is expected from all concerned stakeholders including NGOs.

### 7.4. Create all enabling environment for AIDS orphans

- Create a forum where these orphans can share their worries, fears and anxieties. Above all these, the forum should give them a chance to voice out their problems.

- Provide educational guidance to create responsibility, commitment and courage to enable them face their difficulties and Challenges, discover their personal gifts, interests and personal goals in their lives so as to enable them identify ways of serving their community or humanity at large. This gives them a chance to acquire marketable resource so as to generate income to support themselves in a sustainable manner. It is high time that we stopped prescribing; "pain killers" without proper diagnosis i.e. there is a need for proper assessment before prescribing solutions such as skill Training. Today, a number of people who have skill training are not able to sale it either because the market is saturated or for they were trained without giving due attention to their interests and personal gifts or for any uninvestigated reason.
## Daily Routines of 15 Orphans on School Days (Monday to Friday)

<table>
<thead>
<tr>
<th>S.N</th>
<th>Daily Routines</th>
<th>Wake up time till 8:00 (Morning)</th>
<th>8:00 Am - 1:00 PM</th>
<th>1:00 PM - 2:00 PM</th>
<th>2:00PM - 5:00 PM</th>
<th>5:00 PM till bed time</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Washing Face and Other private Sanitation</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Helping in cleaning home &amp; making bed</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Preparing breakfast</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Going to school</td>
<td>8</td>
<td>-</td>
<td>6</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Attending school</td>
<td>0</td>
<td>8</td>
<td>10</td>
<td>12</td>
<td>1</td>
<td>2 children attend school only the morning, 1 in the evening 6 attend school full day (until 13PM)</td>
</tr>
<tr>
<td>6</td>
<td>Sleeping</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Sport and relaxation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Studying and doing home work</td>
<td>1</td>
<td>4</td>
<td>-</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Working (Income Generation activities)</td>
<td>-</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Playing</td>
<td>-</td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Helping at home</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Other Community Service (Mary Joy)</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Individual Sanitation (e.g Washing Feet)</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Caring for sick family member</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Caring for a bed ridden father while a mother is already dead</td>
</tr>
</tbody>
</table>

Early wake-up time = 5:20 AM  
Average wake up time = 6:45 AM  
Late wake-up time = 8:30 AM  
Average sleeping hours = 9:04 - 6:45 = 9 hours and 41 minutes  
Early bed time = 7:00PM  
Average bed time = 9:04 PM  
Late bed time = 11:00PM
### Daily Routines of AIDS Orphans (15) on week-ends

<table>
<thead>
<tr>
<th>S.N</th>
<th>Daily routines</th>
<th>Wake-up time till 8:00 AM</th>
<th>8:00AM-11:00PM</th>
<th>11:00PM-2:00PM</th>
<th>2:00PM-5:00PM</th>
<th>5:00PM - Bed time</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Individual Sanitation (Morning)</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>Other morning sanitations</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>3</td>
<td>Preparing breakfast</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>4</td>
<td>Sleeping</td>
<td>2</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>5</td>
<td>Sport &amp; Relaxation</td>
<td>2</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>6</td>
<td>Studying &amp; doing homework</td>
<td>-</td>
<td>-</td>
<td>7</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td>Washing clothes</td>
<td>-</td>
<td>-</td>
<td>5</td>
<td>3</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>Individual sanitation (Hair &amp; body)</td>
<td>-</td>
<td>-</td>
<td>6</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>9</td>
<td>Helping at home</td>
<td>-</td>
<td>-</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>10</td>
<td>Watching T.V.</td>
<td>-</td>
<td>-</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>11</td>
<td>Playing</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>12</td>
<td>Listening to Radio</td>
<td>-</td>
<td>-</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>13</td>
<td>Visiting relatives &amp; friends</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>14</td>
<td>Attending school</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Early wake-up time = 5:20 AM  
Early bed time = 7:00 PM  
Average Wake-up time = 6:45 AM  
Average bed time = 9:04 PM  
Late wake-up time = 8:30 AM  
Late bed time = 11:00 PM