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Aging Out of Care in Ethiopia: Challenges and Implications Facing Orphans and Vulnerable Youth

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Abstract

This interpretive study examines the experiences of 54 Ethiopian emerging adults who had aged out of institutional care facilities. Findings are derived from interviews and focus groups in which questions and activities focused on the challenges faced by participants and the supports they relied on throughout the transition process. These young adults reported facing many challenges upon leaving care, including difficulty finding gainful and interesting employment, a lack of many basic life skills, difficulty finding a support network, and significant stigma in the community due to their background in care. These challenges led to problems in creating any security during this life stage, including obtaining both housing and employment. In the midst of these many challenges, participants consistently reported that they turned to other care alumni for both material and emotional support. This article seeks to develop a beginning understanding of the complex dynamics of navigating emerging adulthood following transition from institutional care in Ethiopia.

Keywords

emerging adulthood, orphaned and vulnerable youth, international

Ethiopia, the second most populous country in Africa with a population of 94.1 million (''Ethiopia''), has made great strides toward economic growth and reduction of poverty in the last decade. However, the country is home to over 5 million orphans, including children who have lost one or both parents and those whose families cannot support them due to extreme poverty and/or HIV/AIDS (Improving Care Options, 2010; Standard Service Delivery Guidelines, 2010). Some of these children are taken in by their extended families, but many are placed in childcare institutions, where they may stay until reaching adulthood—defined by this study as a time at which they no longer receive residential support. These young people often find themselves beginning the transition to independence without the necessary physical, psychological, or economic tools and networks critical for healthy development.

Young people transitioning out of care engage in the developmental period termed ''emerging adulthood'' (Arnett, 2000). Emerging adulthood is an age of identity explorations, instability, self-focus, feeling in between, and considering possibilities. The theory of emerging adulthood is based largely on research conducted with youth in the United States, often coming from moderately advantageous contexts (e.g., Arnett & Eisenberg, 2007). For young people in less industrialized countries, this period may be much more stressed due to the less advantageous cultural context in which they transition to adulthood. However, the theory of emerging adulthood provides a conceptual framework for exploring this developmental period across cultures (Kabiru, Mojola, Beguy, & Okigbo, 2013) through focus on the universal task of transitioning to the achievement of adult competencies in the developmental domains of career, family, and personal development (Seiffge-Krenke, Luyckx, & Salmela-Aro, 2014).

As we consider the process of aging out of institutionalized care among emerging adults in Ethiopia, it is first helpful to consult international research, begun in the 1980s, which has documented the negative physical, cognitive, and emotional developmental effects of institutionalization for orphaned and vulnerable children (OVCs; Kaler & Freeman, 1994; Wolff & Fesseha, 1998). Although there is international consensus on the short-term detrimental effects of institutionalization, there has been little research on the long-term effects of orphan-based care for youth who leave or age out, particularly in developing countries (Harwin, 1996; Perry, Sigal, Boucher,

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& Paré, 2006; Sigal, Perry, Rossignol, & Ouimet, 2003) such as Ethiopia.

One of many challenges in conducting such research is that the system of child welfare varies considerably across contexts. For example, the Ethiopian government does not utilize a formal foster care system to care for OVCs but rather uses orphanages run by nongovernmental organizations (NGOs), religious organizations, and the Ethiopian government. A report published in 2010 indicates that approximately 80% of the long-term care institutions (i.e., those institutions without a focus on adoption) in Ethiopia are run by NGOs, while 16% are run by religious organizations and 3% are run by the government (Improving Care Options, 2010). Furthermore, in Ethiopia, there is no policy that designates a universal age of ''emancipation'' from care. Instead, it varies based on myriad factors including institution capacity, resources, and norms, as well as the young person's individual circumstance.

Among these long-term care institutions, several concerning trends have been identified. Fewer than half of the participating institutions offer psychological services to the youth in their care, and only 33% offer individual case plans for youth. Further, only 66% of the institutions have any policy regarding child protection, and the child-to-caregiver ratio can be as high as 125-to-1 (Improving Care Options, 2010). Chernet (2001) outlines several other common challenges faced by Ethiopian care institutions for serving OVCs, including inadequate funding, shortages of trained personnel, and lack of long-term strategic planning as institutions and care providers. In the midst of these challenges and lack of structure, the process of ''aging out'' for young people differs widely across institutions, based on varying levels of resources, procedures, and capacity.

To date, the majority of research on youth aging out of care is based primarily on foster youth in the United States. The U.S. child welfare system differs in many respects from those in many developing nations, including more robust government involvement and a strong emphasis on foster care, rather than on institutionalization. However, many of the emotional and developmental needs of young people are arguably similar across cultures (Arnett & Eisenberg, 2007), as young people are rendered similarly vulnerable by the absence of a permanent family situation as they navigate the risky developmental stage of young adulthood.

Across the research literature focused on those aging out of the child welfare system in the United States, some of the more prominent areas of attention include employment and educational achievement, independent living skills, risk of homelessness, and a desire for self-determination and long-term supportive relationships (Greeson, 2013). Findings indicate that former foster youth are employed at rates lower than their nonfostered peers, often do not earn enough to live above the poverty level, and are frequently not employed at a level commensurate with their skills (Naccarato, Brophy, & Courtney, 2010; Pecora et al., 2006; Reilly, 2003). While foster youth alumni complete high school at a rate similar to their nonfostered peers, they disproportionately do so via completing the General Educational Development exam, indicating that they leave traditional schooling more frequently (Pecora et al., 2006). Additionally, former foster youth completion of postsecondary education is lower than the general population (Pecora et al., 2006). Beyond underemployment or unemployment, research also indicates that with increasing number of foster care placements, the risks of dating violence, incarceration, and homelessness also increase (e.g., Reilly, 2003).

In the midst of these risk factors, qualitative studies of foster youth aging out of care in the United States also speak to more nuanced challenges of this process, including the desire of these young people to actively participate in the decisions made regarding their lives and futures. According to Geenen and Powers (2007), ''Foster youth and alumni described a frustrating paradox where they have little or no opportunity to practice skills of self-determination while in care, but are expected to suddenly be able to control and direct their own lives once they are emancipated'' (p. 1090). Youth describe wanting opportunities to exercise self-determination while still in care, but feeling excluded from major decisions regarding their lives. Additionally, youth describe a significant and often unmet need for relationship continuity throughout the transition from care (Geenen & Powers, 2007; Scannapieco, Connell-Carrick, & Painter, 2007), and conceptual work has highlighted the importance of nonparental adults and natural mentors (Greeson, 2013) to the path of healthy transition to adulthood.

In this study, we reference with caution our U.S.-based understanding of this transition and seek to develop a beginning understanding of the complex dynamics of transitioning out of care from institutional care facilities in Ethiopia. The main purpose of this research was to explore the experiences of transitioning from institutional care of Ethiopia emerging adults. Specifically, we wanted to learn more about the kinds of challenges that these emerging adults identify as part of this transition, what they see as their vulnerabilities and resiliencies, as well as what might be ways by which the system may better meet their needs.

Method

Sample

This research included data collected from focus groups, small group interviews, and individual interviews with those raised in care institutions based in the capital city of Addis Ababa in Ethiopia. A total of 54 emerging adults participated in this study (24 female, 30 male; aged 17–30 years, with a mean age of 24.7 years), who had transitioned out of care. Of these, 34 participated in four focus groups, 11 participated in three small group interviews, and 9 participated in individual interviews. In most cases, emerging adult participants in this study had resided at these institutions since childhood, although institutional data on length of stay were not accessible for this study. Each participant in the study was informed of the study's purpose, assured of confidentiality, and given opportunity for formal consent prior to participation. In addition, three conversations took place with adult program directors of OVC

welfare service organizations located in Addis Ababa, who were used as key informants to guide the development and implementation of the research protocol. The officers provided valuable information as to practical expectations of sample sizes and diversity and broader definitions of common challenges, vulnerabilities, and resiliencies. Each program officer had over 5 years of experience in OVC welfare working with young people in the transition process. The researcher had informal conversations with each officer at the beginning of the project, and in one instance had a follow-up conversation after all data had been collected to clarify responses that were less clear.

Research and Interview Protocol

A locally based translator was recruited by the U.S.-based agency that partnered with us on this research. This translator, an Ethiopian citizen, had collaborated with our partner agency before on prior research and program development efforts. The translator was proficient in both English and Amharic (the local language), had experience in conducting needs assessments and interviews, and had professional background in the field of Ethiopian OVC welfare.

The researcher (a coauthor of this article and identified as a U.S.-born Caucasian female) and translator developed activities meant to gather specific experiences of the aging-out process and spur discussion regarding the vulnerabilities and resiliencies of this group as they traverse this developmental stage. The interviewers (i.e., one coauthor and the translator) were familiar with this population generally and with the general literature on important aspects of this developmental stage (e.g., employment, engagement and integration with society, higher education, income level, and emotional health). Thus, interview questions were generally organized around these developmental domains and loosely structured around resilience and vulnerability encountered across them. For example, one central section of the interview was organized across developmental domains (e.g., employment and education). As part of this phase of the protocol, participants were asked about challenges that they faced in each domain, as well as what resources they drew on to address these challenges. Other sections of the interview focused on risk and vulnerability across domains and included questions such as ''Would you accept an offer to work abroad, even if you thought it was unsafe? If so, what is your thinking on this?''

Although this structure framed the interview, interviewers also remained open to the interests of the focus group in organizing the flow of the conversation. This allowed participants to organically share input on their needs and the ways by which the current system meets or fails to meet those needs (e.g., ''Did you know you would need to find a job after leaving care? Who helped you with that process? What needs did you have that were not met?'').

The format of the data collection varied slightly based on method and needs of the participants. For example, focus groups utilized activities (e.g., small group discussions and interactive activities) as needed alongside the semistructured interview protocol (sample questions included above) to stimulate discussion and help identify common themes among the group, and small group and individual interviews relied primarily on the interview protocol itself. Although the kind of data collected across different settings was similar, individual interviews tended to elicit more personal stories with emotional content, while focus groups tended to explore the nature and extent of consensus around themes arising in the data (Shaw & Gould, 2002). The combination of data collection techniques made the project feasible as well as allowed for triangulation of methods to enhance depth of understanding (Padgett, 2008).

Data Collection

Data were collected by one of the coauthors of this article in collaboration with the translator. The sample for the focus groups and for individual interviews was located through eight institutions of foster care, that is, three of them were located outside of Addis Ababa city limits and five within the city. After an initial meeting with the researcher to learn about the study and assess possible fit between the institution and this project, those institution staff who elected to participate identified and contacted former residents who had transitioned out of care and still maintained some institutional contact through employment, personal relationships with administrators, or through institutional follow-up policies. In one case, these former residents also reached out to others who had aged out of the same institution and invited them to participate. In addition, one institution further supported recruitment of participants through a staff member's personal connections. Given this use of ''snowball'' and ''convenience'' sampling (Padgett, 2008), those with whom we spoke do not represent the entirety of experiences of this group. Instead, they represent a range of experiences and offer us a preliminary and important understanding of those who have aged out in the Ethiopian urban/suburban context.

Despite this caveat, the range of experiences and backgrounds represented by this group is strikingly diverse. Those sampled reported significant variance in terms of length of time in care and the nature of the aging-out process as well as the length of time since being in care. For example, all of the focus groups consisted almost exclusively of participants who entered care as young children and remained in care of that institution until they aged out of services. In contrast, eight of the nine participants in the individual interviews entered care during late childhood or early adolescence and remained in care until they aged out of care or left of their own volition. In terms of small group sessions, one consisted of participants who entered the care of an adoption-focused institution but were not adopted and aged out of services. Another consisted of participants who entered long-term care in early childhood and remained in care until they aged out of services. This diversity reflects some of the breadth of arrangements that OVCs encounter, as they negotiate life separate from their families.

Each session took place at care institutions or NGOs, in a room separated from staff offices that allowed for privacy in conversation. The researcher, translator, and participants were the only individuals present during the data collection sessions, and the sessions lasted between 60 and 90 min. Each session was organized to include only participants who had shared residence at the same care institution, which increased the sense of safety and confidentiality for the general discussion and allowed for relatively open dialogue between participants and the translator. Participants were reimbursed for travel expenses and were provided refreshments at the session, which conformed to Ethiopian cultural expectations of hospitality. Many participants reported a motivation to participate based on a desire to share their experiences and contribute to the improvement of the care system in Ethiopia.

The translator (who also served as the primary facilitator) was trained by the researcher on the protocol and was accompanied by the researcher throughout the process. The researcher was kept informed of the discussion's content by the translator throughout each session, and as warranted, requested that the translator probe and elaborate with participants. During each session, the translator and researcher took notes and captured direct quotes as possible.

Immediately following each focus group or interview, the researcher and translator debriefed together to discuss the general content of the session. Through this discussion, questions specific to the local culture would arise (e.g., participants talked about need to have someone "stand" for them in order to do many things, such as secure rental agreement) and were clarified. Within 48 hr following each meeting, the translator transcribed the discussions into Amharic, translated these transcriptions into English, and sent them to the researcher. The researcher then reviewed the translations with the translator and, as possible, identified age and gender of each participant with associated contributions to the data. Of note, not all data were identifiable by participant gender and age (information as available is included in Findings section), as we did not have permission to audiotape the data collection. Any lack of clarity was discussed by the translator and researcher to ensure coherence and comprehension. The researcher also incorporated her own observations into the transcript at this time in order to supplement and/or contextualize the data.

Data Analysis

Analysis took place over two phases and involved several members of the research team to increase trustworthiness and rigor (Padgett, 2008). Thematic analysis (Braun & Clarke, 2006) was used to identify, analyze, and report patterns within the data. This approach assisted us in our initial organization of themes, while preserving the interpretive richness available in this data set. This approach is well suited given the flexibility of thematic analysis, as well as the focus of this project on participants whose views on the topic are not yet well known (Braun & Clarke, 2006).

Immediately following review of the translations with the translator/facilitator, the researcher developed a synopsis of each data collection session. The researcher identified participant-reported challenges, vulnerabilities, and resiliencies from the transcripts and organized these under specific life domains (e.g., employment, housing, higher education, social engagement, and emotional health). Trends and themes in each of these areas were identified both within and across sessions.

Following this phase, the second phase involved two additional coauthors on this article, and included reviews by both authors of each transcript, as well as of the overview of themes. Through this process, these two researchers reviewed the data separately from the domains identified by the first phase, exploring with new eyes whether or not those domains were most central to the content of the data itself. In many cases, these domains (as will be illustrated below) were maintained as key themes and organizing constructs for the data. However, in other cases (such as the emergence of the powerful role of stigma as a key theme), additional themes were highlighted through this second phase of analysis. Following this review, one of the two coauthors involved in this process developed a coding system based on this revised set of themes. Codes were then reviewed by the team and were challenged as needed until a final coding structure and frame was established. To conclude, this structure was reviewed by the researcher involved in data collection and in the first phase of analysis, and any concerns, questions, or disagreements were resolved to satisfaction of all three coauthors. Once the coding structure was firmly in place, two coauthors reviewed all data again and each of them coded it using this structure. Discrepancies between coding were resolved to the satisfaction of the two coauthors. This process of investigator triangulation (Padgett, 2008) enhanced corroboration (Miles, Huberman, & Saldana, 2014) and took place over regular research meetings during a 3-month period.

Findings

The purpose of the study was to explore the experience of transitioning from institutional care of Ethiopia emerging adults. Generally, participants identified specific barriers to successful transition and integration into Ethiopian society, which included challenges to employment, performing basic life skills, community integration, and psychological and emotional development. These challenges were exacerbated by a lack of informal social support systems, limited access to educational opportunities, financial and social skill deficits, experience of discrimination, and increased risk of violent victimization. Despite our deliberate effort to evoke identification of solutions and resiliencies from this group, participants were particularly eager to voice the struggles they had endured. Thus, these struggles dominate the findings. However, it is also important to note that embedded within these challenges is the endurance required to persist and continue to seek solutions, and the pervasive expressed need for more assistance in the transition toward integration into society.

Challenges to Employment

Employment-related obstacles emerged as the primary challenges faced by the participants when they aged out of care. Finding employment, satisfactory or fulfilling jobs, and jobs that paid a sufficient wage was either difficult or impossible for the majority of these individuals. For a subset of the participants, their affiliated care organization assisted them in finding employment, and others were left to find a job on their own. Of those participants that were employed at the time of the study, very few found their jobs to be satisfactory, and many said that they were overqualified and underpaid for their current jobs. This dissatisfaction was indicated by word and also through exercises conducted during the focus groups. For example, through the ''soccer ball exercise,'' during which participants were asked to write down their life goals on soccer ball cutouts and place them either in a picture of a soccer goal or outside it (depending on whether or not they had achieved those goals), a total of 36 (of 61 total identified) unachieved goals were identified as related to the participant's employment status, including ''being employed,'' ''becoming a doctor/author/footballer/teacher/driver,'' and ''being happy in my job.''

The reasons given for underemployment or unemployment were varied but were primarily based on social and/or educational obstacles. In the Ethiopian job market, skills and education are less valuable assets than social connections and references in finding decent employment. Often, applicants hear about job openings through friends or relatives who are able to introduce them and support, and nearly guarantee, their application to the employer. The employer then evaluates applicants through conversation with the applicants' references. Because OVCs do not have family or friends outside of their residential communities, they have limited references to connect or recommend them to potential employers. This lack of social support and connections outside the institution has direct impact on securing employment. As one participant summarized, ''Most employers require a reference, and no one is there to guarantee us.'' In addition, the stigma attached to OVCs once they leave care not only makes it challenging to secure work but also makes it difficult to feel a sense of belonging once they do find a job. One participant explained, ''Once colleagues know about us, they think that we are bad people. We feel that our colleagues say bad things about us when we are away'' (female, age unknown).

Because they lack a family support system or other financial safety net, OVCs in transition are often forced to take the first job offered to them, so that they can pay for housing and food, and they cannot wait for a better job offer like their counterparts with familial support. As one stated, ''No one gives us a job unless it is to carry their bags of cereals and pay us only a few birr. Most of us lived up to a year without a job'' (male, age unknown). A female, 20-year-old participant stated, ''I needed an instant income to sustain my life, not a promised income after a few months.'' This distinction between a more sustainable, long-term employment plan and a crisis-oriented response characterizes the process participants faced in navigating this developmental transition.

Because of the need for immediate employment, combined with the lack of social connections, these young people are vulnerable to mistreatment and exploitation. Throughout the data collection, participants reported that when they were unable to secure employment, they were forced to live on the streets, beg, and/or engage in sex work (reported in this sample only by female participants) to support themselves. As one female participant, age 25, shared, she sought to find employment, ''but had no skills or experience in the job market.'' She continued tearfully by explaining, ''That left me to become a beggar. I ran from house to house to look for food .... I did everything I had to survive. I remember I spent a week without a single bite of food, all I had was water.'' Another female participant, age 26, said, ''One man promised me a job at Coca Cola's Addis distributor, but his intentions were far from supporting me. This was when I got pregnant. I had my first boy on the street and had to give him away to an adoption agency because I could not raise him. I also gave birth to my daughter on the street.'' These young women expressed two of many painful stories, particularly by female participants, relating the difficult choices they felt forced to make due to their lack of employment options. Although only female participants reported experiences of sexual exploitation, the sample size was not large enough to confirm any significant gender-based trends. Also of note, discussion of these personal experiences took place in individual and small group interviews more so than in focus groups. However, when asked about exploitation (e.g., ''Have you ever been propositioned to have sex in exchange for drugs, a place to stay, food, money, or jewelry?'' and ''Have you ever been forced into sexual relations against your will?''), focus group participants did generally endorse these themes and experiences.

In addition to social obstacles and limitations, educational challenges contributed to difficulty in securing employment. When discussing unachieved employment goals (e.g., many identified wanting to be entrepreneurs and/or starting their own business), many of the participants said that they were not able to acquire the skills or education necessary for employment mobility. This is particularly notable, given that most (i.e., six of eight) of the care institutions seek to provide support to youth transitioning to independent life through university education or vocational training program.

According to the emerging adults, support varied from program to program and even between individual staff within the same institution. In some cases, the need for additional education and skill training was often not clear to them until after they had left the institution, at which point they had to pay for it themselves. Although not every participant reported the highest level of education they had attained, it appears that those with access to educational support from the institutions tended to achieve higher educational attainment.

In the case of financial support, participants largely echoed a similar unevenness in what was offered and received from care institutions. For example, for some, a lump sum of cash was

given when they aged out of care, which was supposed to support them as they looked for work. However, these individuals were often not able to find satisfactory employment before the money ran out. As one stated, "I quarreled with the organization because the support was not enough to sustain me until I secured employment." This lack of sufficient time was quite typical, and on average, participants reported being given only 3–6 months advanced warning before the support ceased.

In contrast, those individuals who reported higher satisfaction with their employment status also reported receiving a relatively high level of sustained support by their care institution during transition. As an example, two of the institutions from which we sampled funded the education of their residents and provided financial support until the participants had secured employment and had received between 3 and 6 months of wages. These care institutions also provided additional vocational training if their resident was unable to find a job within 6 months. In another case, one institution frequently employed OVCs aging out of their care, in order to support their transition. Such internal support provided remarkable relief and opportunity for those aging out, as reflected by this quote, "We did not have to look for employment, which is very hard to get in Addis Ababa if you do not have a good social network." This institution provides one concrete example of how institutions can provide a bridge to satisfying employment for those aging out in a way that addresses many of the stressors (e.g., lack of professional experience and network) faced by this group.

Independent Living Skills

All of the focus groups and the small groups, and the majority of individual interviewees, expressed a lack of preparation to perform the basic duties of independent life upon aging out. Much of these discussions not only focused on budgeting and money management but also included shopping and food preparation. Some of the participants, especially those from the better funded care institutions, said that they received some life-skills training before they transitioned out of care, but that this education was not sufficient to prepare them for independent life. As a dramatic example, one female participant said that when she left the institution, it was as though "everything went black. I had never been outside, I knew no one outside of the orphanage; it was a nightmare." For this participant and for many of her peers, despite some preparation inside the institution, "outside" remained a foreign and frightening place.

As referenced earlier, many participants reported that they did not have the time or money management skills to sustain themselves when they first left care. Most of those who had received a lump sum of money from their care institution spent it quickly and without planning and ran out of finances very quickly. "The financial support was given without any training and introduction to what awaited us outside," one said. More generally, participants expressed a lack of knowledge regarding how much should be budgeted for housing, food, everyday items, and recreation. Even those who were able to quickly find employment said that they struggled to pay all of their bills—largely because they had no idea how much and in what areas they should budget their earnings.

In addition to struggles with financial planning, participants discussed their lack of preparedness in performing everyday tasks and attributed this largely to the absence of exposure to these activities. Whereas most children living with families witness their parents working, budgeting their earnings, shopping, cleaning, cooking, and so on, OVCs who grow up in institutional care do not. "This is not something you learn in class; it is learned by seeing how parents manage their finances throughout your childhood," a male, 27-year-old respondent, shared. Students found simple tasks, like buying furniture, confusing. "I didn't know what to buy first, the bed frame or the mattress," shared one female respondent. Even the participants who had spent time in village model institutions (i.e., where they lived with five or six "siblings" in a house under the care of a housemother) reported that they never saw their caretakers engaged in budgeting, shopping, or other basic chores. Many of the participants struggled to feed themselves even when they had sufficient funds because they had no experience buying and preparing food. This lack of skills, not surprisingly, translated to eating at restaurants and from street vendors, which led to an even faster depletion of their financial resources.

In addressing these challenges, participants described a process of trial and error in learning how to secure core amenities, particularly with regard to housing. This process often came with serious consequences, as they reported not knowing how to find housing and how to distinguish between good and bad options. As one male participant said, "We do not have the social skills to differentiate good people from bad people."

In contrast to the vivid struggles portrayed by the majority of participants, there was an alternate experience reported by a subgroup of those from two more financially supported institutions, who did not report difficulty securing food or housing. Instead, these young people discussed the institutions' gradual, and lengthy, transition process in which they learned and performed basic household tasks in semi-independent living environments. These two institutions were joined by a third that assisted their alumni in securing housing, offering another invaluable support. Despite these supports, however, even those individuals who had received life-skills training expressed difficulty bridging that with life outside the institution.

Community Integration

As the participants discussed their transition out of institutional living, the most extensive theme that emerged across domains was the difficulty integrating into Ethiopian society. All of the participants had grown up in care institutions that were isolated from the surrounding community, and most had limited interaction with non-OVCs during their childhood. To provide additional context, three of the eight institutions are located on large compounds outside of Addis Ababa with their own schools. Thus, residents often do not engage with the outside

community at all before they attend university or transition out of care. While the participants from the other five institutions attend school outside of the institution's compound, they often did not engage with their non-OVC peers or form friendships outside of their OVC community.

According to the data, the isolation from general Ethiopian society translates to a cultural disconnect between OVC and non-OVC individuals. Every participant, in the course of data collection, in some way referenced experiencing discrimination because of their OVC background. "We never talked to our neighbors. We do not talk about our background because we feel that the neighbors will disrespect us" (female, age unknown). Participants reported experiencing prejudice from community members and an inability to socially connect with the larger society. In referencing this disconnect, one participant stated, "They [those in the larger society] think that we are wild, that we are bad people because we did not have parental guidance." They discussed the stigma associated with being seen as delinquents prone to criminal behavior, and a group deserving of distrust by the surrounding community.

Such perception impacts multiple areas of their lives, including the development of intimate relationships. "[The community members] tell girls that we will rape them ... when our girlfriends find out that we grew up in care, they break up with us because they do not want to marry someone who does not have roots" (male, age unknown). Additionally, participants reported feeling a lack of safety in society due to this stigma. For example, they sensed they were likely to be unfairly blamed for crimes in the community: "Whenever someone commits a crime, it's us that goes to prison" (male, age unknown). Such discrimination extends to finding housing and work, as well. As one participant said, "If we tell the landlords that we are from an orphanage, they think that we will disturb their peace if we live in their compound."

As many of these participants struggle with a lack of basic life skills, they are also entering a culture that is largely unfamiliar to and unfriendly toward them. Thus, not surprisingly, participants also reported their own suspicion of life outside the institution. "To live among the community is very hard, taking into consideration the cultural differences between us and them," one participant said. Some participants identified a derogatory nickname for the outside community—"*mendere*" or "the bad neighborhood," and used this term throughout the interview. As one 25-year-old female shared, "they used to call us names when we came out of the compound. That is why we feel that society hates us, and we developed hatred of the society as well."

According to our data, these challenges also extended to efforts at relationship building upon aging out. First, young people who grew up in care institutions did not share the same experiences or relationships as those raised in a family. This lack of common experience made it difficult, and sometimes painful, to connect with those who did not grow up in care. "The problem with making new friends," one participant said, "is that they talk a lot about how they enjoyed life with their parents ... it makes you feel bad when you cannot talk about yours." Not only is the culture outside of the care institutions unfamiliar but these young people are surrounded by peers who have had very different emotional experiences—ones which may be painful to hear about. As a result of this disconnect, participants often spoke of looking to one another for a greater sense of understanding and community. "They [fellow care alumni] are the only people who understand our situation and thinking," shared one female respondent (female, 26-year-old). Participants reported greater ease relating to each other than to peers who did not grow up in care and identified those with similar backgrounds and experiences as a rare refuge in their emotional landscape. This ease suggests a source of potential resilience and protection for these young people. It also reminds us of their ongoing interest in relationship, despite the trauma and disconnect that often characterizes their early experiences.

Psychological and Emotional Vulnerability

Given the challenges to engagement in society at multiple levels, including work, relationship, and community integration, it is not surprising that participants report a prevailing sense of isolation during their initial phase of independence. Unlike life in the orphanage, where a community was established, the larger world requires that they create their own social support network. Study participants largely felt as though they had left the only supports they knew when they left the care institution. As one female stated, "In the orphanage, we have so many friends, we are like a family ... after I left care, I did not want to come to the orphanage because I cry when I see my friends" (female, age unknown).

This painful reality also signals a source of resilience, as these young people maintain the capacity for connection with peers, and the experience of "like a family," despite the disruption that often characterizes their childhoods and early lives. This sense of the "brothers and sisters" associated with their experience in care as primary support, both emotionally and logistically, was a pervasive sign of resilience that emerged throughout the data. For example, several male participants from the largest focus group reported living with their "brothers" from the institution. One female participant, aged 26 years, derived great strength from her friends who had aged out before her as she navigated this new stage. She shared, "I did not know what to do once I left the orphanage. It was the women who aged out earlier who supported me as I pulled myself together." With the exception of one interview group, all participants reported meeting with friends from their respective care institutions to discuss their problems and provide emotional support, which they identified as key to their own emotional health. Among this sample, these meetings and support networks were largely described as informal, organic efforts to remain connected with those who shared similar experiences. They were not structured or supported by affiliated institutions or systems. These meetings demonstrate initiative and

resourcefulness among this group. They also represent one of the most robust sources of support described by this population and suggest that the connections formed within institutions are worth preserving and supporting following transition to the larger society.

As they sought to expand their social networks during this transition, many of the participants also tried to reunite with their families (both natural and extended) when they left care, representing again a drive for connection that can, when supported wisely, be a source of resilience for this group. Yet, perhaps not surprisingly, few were able to form stable and healthy relationships with those family members. Some of these young people experienced frustration at not having the positive emotions they expected upon reunion with their families and instead reported a sense of anger and sadness in the effort. One participant shared, "I found it impossible to love my mother after departing from her after all these years. I know she had challenges when she gave me away ... but I just cannot love her like I am supposed to." Others reported feeling that they did not fit in with their biological families. "It's even more difficult trying to communicate with my brothers and sisters ... we don't have a common agenda ... whenever a holiday arrives, I hate it because I do not feel like I am part of the family" (female, age unknown). Many participants referenced relying on their faith to help them maintain resilience in the midst of these challenges: "God is the only one we consider family," one said. This helps to illustrate the displacement experienced by these young people as they are separated from their institutional "family" by aging out and yet most often do not have ongoing relationships with biological family to rely on during this transition.

In considering supports that might assist in this process, many participants identified the need for psychological and emotional counseling after transitioning out of care but found mental health services inadequate. According to this sample, emotional and psychological services were not offered during the transition period at any of the eight institutions. Participants from two of the better funded institutions did report regular and valuable meetings with social workers and counselors prior to their transition experience. However, once the participants transitioned to living outside the institution, regular counseling appointments ceased.

Some of the desire for counseling stemmed from participant reports of vulnerability to substance abuse. Many said that they quickly became addicted to alcohol and chewing *khat* (a leaf chewed recreationally that has amphetamine-like effects) and attributed this tendency toward addiction to a lack of preparation for encounters with substance abuse and a lack of capacity to cope with the stressors presented in the transition process. "When we left care, we gave up," one participant said. "The only thing that welcomed us was addiction. It not only accepted us, but grabbed and overwhelmed us" (male participant, age unknown). As a result of the lack of preparedness, hopelessness, and isolation experienced by participants upon leaving care, many expressed emotional and psychological vulnerability to addiction.

Discussion

The data collected from these almost 60 young people engaged in the process of transition to independent living helps to more clearly elucidate some of the multilayered challenges faced by those aging out in urban and suburban Ethiopia. They also help illuminate some of the broader challenges faced by many OVCs aging out internationally. In this discussion, we briefly outline some of the main findings and implications for international child welfare programming and policy as well as for future research.

To begin, it is important to note that this was a study of risk and resilience among this group. In the U.S.-based literature, such resilience is increasingly well documented (Yates & Grey, 2012); and among practitioners, it is evident on a daily basis as young people who have aged out seek to navigate adulthood and maintain hope, despite at times near impossible odds and multiple levels of adversity. Such resilience is arguably even more present in this Ethiopian sample, given what is required of these young people in the context of the relative lack of programming and policy established to support their aims. However, despite our deliberate effort to evoke the strengths and solutions identified by this group, they were much more inclined to use the research to share the struggles they had endured. In turn, we were daunted by the lack of preparation reported as well as by the multiple levels of adversity faced as these young people sought to navigate the adult world.

According to Arnett (2014), emerging adulthood is a time to explore possibilities and one's identity. However, this elongated developmental period during which independence, responsibility, career, and intimate relationships are explored (Arnett, 2014) was limited at every turn for these young people. Not only were the participants challenged in securing employment, addressing life skills, and managing finances, but they also faced stigma across all of these areas that challenged even daily functioning and relationship building and were without supportive networks. From the perspective of notions of emerging adulthood, it is clear that these emerging adults try to find their place in society and struggle with normative issues such as financial and psychological independence. Yet, they also appear to face some challenges distinct to their context, such as finding friends and identifying a sense of belonging to the larger community. Hence, it is unclear if this developmental period is an in-between phase—or whether this marginalization will continue.

The stigma represents one particularly notable and insidious challenge, as this group seeks to integrate into the larger community. Not only did this impact the way these young adults were perceived, but it also translated to increased suspicion of others, as well as difficulty knowing who to trust, and with whom to share background and history. Research into the stigma experienced by OVCs aging out is limited, but previous international studies have found that youth in care experience psychological distress due to stigma maintained by other members of society (Buys, Tilbury, Creed, & Crawford, 2011; Farmer, Selwyn, & Meakings, 2013). According to Buys, Tilbury, Creed, and Crawford (2011), "youth in-care felt that

employers and teachers saw them as trouble-makers, and this led to them missing out on jobs or being treated differently at school'' (p. 1129). Although that study was conducted in Australia, the findings from the present study in Ethiopia clearly echo the theme of being treated poorly across settings due to a background in care.

The experience of stigma also inhibits the use of traditional Afrocentric forms of coping and resilience. Boykin and Toms (1985) discuss the importance of communalism, spirituality, expressive individualism, and oral tradition as forms of strength within these cultures. Communalism includes the importance of family and extended family relationships, along with connections to community, all of which was missing or severely limited for these young people. Communalism extends to networks in finding employment and to the prospect of future intimate relationships, and the lack of it experienced by these young Ethiopians exaggerates the sense of disconnect from family of origin and from the broader society. For Africans, self-expression and narratives are important in communication and in relationships, as seen in the expressive individualism and oral traditions. And yet, it is exactly these elements that are such a struggle for these young people, as they explore developing a sense of identity and expression within such a restrictive and discriminatory, at times hostile, context.

What is particularly troubling about the findings revealed here, however, is how vulnerability in one area, among these young people with such a thin and fragile safety net, quickly compounded to create hypervulnerability in the transition to independence (Shpiegel, 2012). For example, inadequate financial assets quickly challenged ability to find sufficient wage work. Similarly, limited social networks, including a lack of consistent, supportive adults (Greeson, 2013), obstructed the ability to find a job and/or pursue higher education and vocational training. Laid on top of the societal stigma, the compound nature of these multiple risks (Greeson, 2013; Pells, 2011) is part of what makes this phase so precarious and critical.

Risk seems additionally characterized by individual characteristics, such as gender and age of transition. We suspect that there are important differences in vulnerabilities and resiliencies between male and female OVCs aging out of care. Although the nature of our data did not allow us to examine this in depth, preliminary insights suggest that young women are at increased risk of sexual exploitation (Erulkar & Ferede, 2009), particularly during this transition out of care, and that young men are at increased risk of engaging in commercial sex and substance abuse (Alemu, Mariam, Belay, & Davey, 2007). Additionally, although we do not have formal data on this, we know that some participants were forced to transition out of care in mid-adolescence, the youngest being 16 years old at the time of transition. Preliminary insights suggest that earlier transition is associated with greater risk.

Implications and Future Directions

Implications from this preliminary but rich data set extend to program, policy, and research realms. Programmatically, it is clear that any extension of services (including material, social, and emotional) provided by care institutions could help tremendously in interrupting this chain of risk to build the initial ''track record'' so necessary to securing housing, employment, and a healthy social network. The support provided by the institutions in the study was uneven, but participants from those that provided work for young people, or who pursued a more gradual transition plan, seemed to fare better. As stated above, work within the institution can lead to a positive reference, which can translate to work outside the institution. Work can result in resources that can pay for rent, provide safety in life off the street, and possibly help with higher education. Some agencies offered connections to or support for higher education, and of course, educational attainment can contribute to likelihood of gainful employment. However, such links need to be brokered through relationship, and not only through anonymous information, given the stigma young people face and the relative inexperience they likely have pursuing resources independently. Building this link between life ''in'' and ''out'' of care could not only serve as a bridge but could serve more broadly to scaffold these young people to a more successful independent adulthood long after aging out.

In considering extension of services, it is critical to note that these care institutions, for all of the potential challenges and limitations they face, are often the most stable and resourced environment available to these young people. Without these institutions, many young people have nowhere to turn; for many, their world ''turns black,'' and the vast majority referenced connecting with their institutionally based friendships as a primary source of support. Given this, institutions and policies would do well to allocate additional resources toward investing in and tracking young people who do age out. The current lack of follow-up may result in the deceptive sense that these former residents are actually faring better than they really are. Such resources could also build on the resilience and desire that these young people already have to connect with those with similar life experiences. This is particularly notable, given how many of the OVCs in this study report extensive efforts to maintain their social ties with their brothers and sisters after aging out. It is important that future research explores how OVCs construct families as they age out of care.

As programming aims to reduce the stigma associated with care, and to balance the need for care with the concern of isolation and inhibited adjustment, care institutions could also promote Public Service Announcements or other communication strategies aimed to reducing the distance between institutionalized children and those living in the public sphere. As an example, those participants who were able to participate in educational settings outside of the agency or compound tended to report more connection with others and greater employment opportunities. The need for more transition services (i.e., employment experience and housing assistance) is also clear, as those young people who had employment experience and funding for housing reported more success in their transition. Experiential training in life skills, financial literacy, and counseling or support with coping, and building a bridge with this

training between life in and out of the institution would aid these resilient yet vulnerable OVCs in their transition and might help them practice and acquire, rather than solely understand, critical life skills.

Due to the limitations of the nature of the data collection process and the sample size, caution needs to be given around policy recommendations. Given the participants responses, it does seem that collaboration with the Ethiopian government is critical in order to incorporate best practices used to reduce stigma for orphans and those transitioning from institutional care. Additional support from the government toward pursuit of higher education would also allow these young people to capitalize on their energies and aspirations with assistance that could make such next steps more fiscally feasible. Future policies (which, at present, are informal and severely limited in Ethiopia on the topic of aging out from institutions of care) must serve to help guide and shape the aging-out process in developmentally and contextually informed ways that can both leverage the strengths of this stage as well as responsibly attend to the significance and risk faced as these young people build their adult lives.

Study Limitations

There are several limitations to the study important to mention here. First, arrangements were made with agencies to recruit participants for the study, and only participants with continued relationships and connections to the agencies (or to one another) participated in the study. This limits the generalizability of the study and suggests that these findings reflect a more connected group of young people than is typical of this population. Second, as is common in international research conducted in field settings, the data collection process was shaped and limited (in part) by feasibility and context. In this case, we engaged in varied forms of data collection (i.e., interviews and focus groups), which focused on similar content through slightly different approaches. This variation was more feasible for our community partners and for the research process but limited continuity of data collection. We were also limited across multiple domains by our inability to audio-record data collection. To address this, we worked very closely as a research team, both in data collection and in analysis, to preserve accuracy in terms of recording and interpretation. That said, even such close collaboration and iteration may lead to limitations in recall, and working closely in this capacity offers its own challenge to similar future research. Finally, despite the fact that these young people were in most cases still navigating the complexity of emerging adulthood at the time of data collection, questions were largely retrospective, which provides only one angle in understanding the complexity of this process.

Conclusion

While our sample may not be fully representative of the orphan population in Ethiopia, there are many lessons learned from the information shared by this robust sample of Ethiopians who have aged out of care. Most of the participants shared challenges in completing developmental tasks associated with the emerging adulthood stage, particularly around independent living, securing employment, and establishing connections with others. Participants lacked coping mechanisms and resources needed to successfully transition from institutional care, and the stigma associated with care placed them in positions of vulnerability and risk in many significant domains of their lives.

And yet, in the midst of the high level of risk that these young people were negotiating, they offered great wisdom to agencies and institutions in terms of ways to foster a more successful transition from care and to support the successful resolution of this developmental stage. In short, it seems that these young people are looking for stronger scaffolds as they walk the bridge to independent adulthood. In part, this needs to be at a societal level, as the community aims to reduce the stigma associated with care, and to balance the need for care with the concern of isolation and inhibited adjustment endemic of development within an institution.

In tandem with these program and service improvements, findings from this study implore researchers and policy makers to prioritize the time and resources required to develop further understanding of the complexities and challenges of aging out in international contexts. This developmental stage is characterized by possibility, and yet these young people, and the institutions that work so tirelessly to serve them, are limited without supportive structures geared toward the unique vulnerability and resiliencies inherent in this group.

Author Contribution

Julia M. Pryce contributed to conception and design and to analysis and interpretation, drafted and critically revised manuscript, gave final approval, and agrees to be accountable for all aspects of work ensuring integrity and accuracy. Sarah Lyn Jones contributed to conception and to analysis and interpretation, drafted and critically revised manuscript, gave final approval, and agrees to be accountable for all aspects of work ensuring integrity and accuracy. Anne Wildman contributed to analysis and interpretation, drafted and critically revised manuscript, gave final approval, and agrees to be accountable for all aspects of work ensuring integrity and accuracy. Anita Thomas contributed to conception and design and to interpretation, drafted and critically revised manuscript, gave final approval, and agrees to be accountable for all aspects of work ensuring integrity and accuracy. Kristen Okrzesik contributed to analysis and interpretation, drafted manuscript, gave final approval, and agrees to be accountable for all aspects of work ensuring integrity and accuracy. Katherine Kaufka-Walts contributed to conception, drafted manuscript, gave final approval, and agrees to be accountable for all aspects of work ensuring integrity and accuracy.

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