

INTERNATIONAL PERSPECTIVES ON FOSTER CARE

Care of Orphans: Fostering Interventions for Children Whose Parents Die of AIDS in Ghana

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ABSTRACT

One of the devastating social problems associated with HIV/AIDS is the increasing number of children who are orphaned within relatively short periods of time. The increasing number of orphans resulting from AIDS calls for a review of the support and care systems available for them. This article addresses fostering as a traditional care and support system for orphans in Ghana, especially those whose parents have died of AIDS. Strengthening of, and support for, foster care through governmental and community efforts is advocated. The enormous nature of the burden of care and support for such orphans calls for individual, community, societal, and even global efforts.

In Ghana, orphans, especially those who have lost their parents through death to AIDS, have drawn much attention in recent times. Such attention probably stems from the breakdown of traditional/informal systems of care and support in the country due to increasing modernization and urbanization. Statistics indicate that in Ghana, at least 132,000 children have already been orphaned due to the death of their parents to AIDS. The fact that adults of the childbearing age, group constitute the demographic stratum most often infected with HIV/AIDS, coupled with the lack of access to retroviral drugs, makes it most probable that the number of orphans will continue to rise in Ghana. This situation has grim implications considering the already unsatisfactory care of AIDS orphans in Ghana.

The protracted and debilitating nature of HIV/AIDS infection and the concomitant, depletion of the savings and resources of affected families often result in parents not leaving enough resources behind to care for orphans.

Care of orphans in institutions is becoming more and more common in Ghana. However, the lack of financial and other resources, the unfortunate stigma attached to death through AIDS, among others, serve as strong disincentive factors to families placing orphans in institutional care of children who have lost at least one parent to AIDS.

This article identifies and discusses the inadequacy of the prevalent care systems for orphans¹ and focuses on the nature, dimensions, and operation of fostering as traditional support system for care of orphans in contemporary Ghana. Mindful of the increasing numbers and vulnerability of orphans, the article also looks at the policy implications, as well and suggests possible modalities for government and

¹ As indicated in the AIDS report (UNAIDS, 2004), and for the purpose of avoiding stigma, the term *AIDS orphan* is not used in this article. Instead, the word *orphan* is used to refer to a child who had lost at least one parent to AIDS.

community interventions geared toward offering directions and support for the operations of foster care systems for orphans. Implications for service delivery are also highlighted and discussed.

Country Statistics

HIV/AIDS was first reported in Ghana in 1986 at Agomenya in the Eastern Region among women who had traveled to Ivory Coast as sex workers. During that first year, 42 cases were identified. Recent trends of the demography of the disease, however, show an increasing number of people infected who have never had any history of travel. The main avenues of HIV infection in that country are as follows: heterosexual sex (80%), mother to child transmission (MTC, 15%) and contaminated blood (5%) (National AIDS/STI Control Programme/Ghana Health Service & Ghana AIDS Commission, September, 2005).

With a total population of 21 million, Ghana had a median HIV prevalence rate of 3.6% in 2003 (National AIDS/STI Control Programme/Ghana Health Service & Ghana AIDS Commission, September, 2005). This translates to 395,000 adults between ages 15-49 years infected with the disease at the end of 2003 (National AIDS/STI Control Programme/Ghana Health Service & Ghana AIDS Commission, September, 2005). HIV/AIDS prevalence in Ghana currently stands at 2.3% (UNAIDS, 2006). That indicates a drop in the prevalence rate, which is attributable to increased public awareness about the disease. The drop in Ghana's HIV/AIDS prevalence rates notwithstanding, the rate is of much concern because according to UNAIDS and the World Health Organization, any country with infection rates above 1% or higher is still considered as having a generalized epidemic (UNAIDS as cited in National AIDS/STI Control Programme/Ghana Health Service & Ghana AIDS Commission, September 2004). Already, an estimated number of 29,000 people already lost their lives to AIDS (UNAIDS, 2006). Even though statistics on rates of the disease appear alarming, they are estimates, it is believed that actual figures may be higher (Grassly, Lewis, Mahy, Walker & Timaeus, 2004). There are many reasons why the actual figures may be higher. For example, some people never seek hospital care, so they are never diagnosed, while others may die of other diseases before they are ever diagnosed with HIV/AIDS. In addition, most hospitals in the country lack testing facilities and private laboratories may not report their HIV/AIDS figures since they not obliged to do so (Ntozi & Mukiza-Gapere, 1995).

The Orphan Situation

An orphan is defined as a child under age 18 who has had at least one parent die of AIDS. The AIDS report (UNAIDS, 2004), defines three categories of orphans due

to AIDS: (1) maternal (2) paternal and (3) double orphans. A maternal orphan is one who has lost the mother to the disease, a paternal orphan has lost the father, and a double orphan has lost both parents to the disease. Among the *Akans* of Ghana, the word *agyanka* refers to a child who has lost one parent to death while *agyanka prenu* refers to a double orphan.

Children orphaned by HIV/AIDS are found in almost every country (UNAIDS, 2004); the numbers, magnitude of problems associated with the orphan phenomenon, and the point and mode of intervention differ from country to country. Sub-Saharan Africa remains the area worst hit by the orphan crisis with an estimated 12 million children already orphaned by the disease (UNAIDS, 2004). It is projected that by year 2010, this number will climb to more than 18 million (UNAIDS, 2004). Within Africa, there are differences in how the HIV/AIDS epidemic has impacted various regions.

Orphans in Ghana

In Ghana, it is estimated number of 132,000 children have already been orphaned by the disease and it is projected that by 2015 the number will increase to 291,000 (Ghana AIDS Commission, Ministry of Women and Children Affairs & the Ministry of Manpower, Youth and Employment, January, 2005).

Table 1 shows the population distribution and orphans per region in Ghana. It is estimated that the Eastern Region with a population of more than 2 million, has 26.5% of the orphans in Ghana. The Ashanti Region with a population of more than 3.5 million has 21.3% of Ghana's orphans while the Upper East Region with a population of slightly less than one million has 3.3% and the Upper West with a population of a little over half of a million has 3.2% of orphans in Ghana.

The number of orphans due to death caused by AIDS may continue to soar for several reasons:

- Efforts to control the spread of the disease through

TABLE 1. Regional Population Distribution and Orphans in Ghana

REGION	POPULATION ESTIMATES*	PERCENTAGE OF ORPHANS
Eastern	2,106,696	26.5
Ashanti	3,612,950	21.3
Volta	1,635,421	9.0
Western	1,924,577	8.8
Brong Ahafo	1,815,408	8.5
Greater Accra	2,905,726	8.2
Central	1,593,823	7.7
Northern	1,820,806	3.5
Upper East	920,089	3.3
Upper West	576,583	3.2

Source: MOH/NACP, Ghana (cited in USAID/Ghana, 2003).

* Population estimates were derived from the Ghana Statistical Service 2000 Population and Housing Census: Summary Report.

education programs have created a great deal of awareness but has yet to be translated into behavior changes. Thus, more people continue to be infected.

- Spread of the infection through MTC (15%) and contaminated blood (5%) is still high in Ghana, unlike in developing countries where such modes of transmission are almost eradicated.
- The high cost of antiretroviral drugs limits the number of people who have access to this medication, thereby resulting in more people dying from the infection.
- Distribution by age shows that three quarters of AIDS cases are found among adults within the reproductive ages between the ages of 15 to 49 years.
- The time lag between contraction of the infection to the time one develops full blown AIDS (2-15 years) is a possible indication that the number of orphans will continue to increase.

These and other precipitating factors such as widespread endemic poverty and high illiteracy rates may enable HIV/AIDS to continue to take a devastating toll in Ghana. The toll in the human lives creates challenges to the traditional coping mechanisms that have hitherto been the main support system for care of orphans in that country.

Problems Faced by Orphans and Families

Care for orphans is one of the major concerns emanating from HIV/AIDS epidemic (UNAIDS, 2004). This is more so in countries where there are no formal governmental welfare policies for care of orphans and vulnerable children. This situation is aggravated when customary caregivers (usually grandmothers) also die. The problems that children and families face as a result of HIV/AIDS are many. Williamson (2000) gave a summary of some of the psychosocial problems orphans may face. Children who have lost their parents to the disease not only face lack of love, support, and the care parents offer, but worse still, they face the problem of having lost their parents to a shameful and stigmatized disease. The cumulative effect of these problems on an orphan in childhood and adulthood cannot be underestimated. As parents become increasingly ill, there is the possibility that children, especially girls, may become caregivers to both their parents and their siblings. As caregivers, children bear the brunt of hardships for providing for themselves, their sick parents and their siblings as well. Children may drop out school to take care of their sick parents, or look for jobs to earn income to support the family. The protracted nature of HIV/AIDS is likely to create economic problems due to loss of jobs and the depletion of savings or other resources leaving little or nothing to care for orphans. Thus at death, victims may not leave enough money for the care of their children (orphans) or dependents. The high cost of living in Ghana

as well as other economic constraints may make it difficult for people to foster or adopt orphans. When people struggle to meet the basic needs of their own children, it is very difficult for them to take upon themselves the additional burden of taking care of other people's children.

In addition, the stigma of shame attached to death caused by the HIV/AIDS may serve as a disincentive toward the adoption or fostering of AIDS orphans. Failure to address these problems may result in children growing up with experiences that might have traumatic effects in adulthood.

Care of Orphans

Children who have both parents dead are more likely to be fostered than those with a surviving parent. This is because a surviving parent is expected to provide the first line of care for orphans. Care by relatives, community members or institutions are considered only when care by a surviving parent is not provided or is inadequate.

Remarriage (usually after one year of the death of the spouse) makes it possible for stepparents to help surviving parents take care of orphans. The practice of polygyny also allows orphans to be raised by stepmothers. Customary marriage rules permit men to have more than one wife but do not permit women to have multiple husbands. In situations where the surviving parent is a man who had another wife, orphans are raised by the stepmother after the death of the biological mother. In some instances the orphans, may have been raised by the stepmother even before the death of the mother of the orphans. In fact in Uganda for example, children who have a surviving father are not considered orphans (Ntozi & Mukiza-Gapere, 1995). This is probably because widowers there usually marry other women who take care of orphans (Ntozi & Mukiza-Gapere, 1995); or they may already have other wives who assume care of orphans. Whether orphans are treated fairly by women who were once considered rivals to the mothers of the orphans need to be studied. Even though care by surviving parents may have its own challenges, the presence of one living parent gives some assurance that orphans will be taken care of by at least by one parent. In Ghana, as mentioned earlier, a child who has one surviving parent is still considered an orphan and is referred to as a single orphan (*agyanka*), while an orphan with both parents dead is considered a double orphan (*agyanka prenu*).

It is also possible that some surviving male spouses will not have other wives, and they may decide not to remarry but, instead devote themselves to the caring for of the orphans. Factors such as the ages of children and financial status of the surviving spouse may also be major determinants in the desire of spouses to remarry.

Through traditional systems of inheritance in Ghana,

clan members select successors to inherit the obligation of a dead man or woman. The intent is to ensure continuity of care of orphans. This ensures that orphans get “replacement” for the lost parent. The successor inherits the wealth (if any) of the dead person to take care of the orphans. Even on occasion when the dead person did not leave any wealth, it is the responsibility of the successor to ensure that the needs of orphans are met.

Fostering: A System of Care of Orphans

Fostering as a system of care has been used extensively in caring for orphans in most African countries. As a system of care, it has been used in situations such as illness and death of biological parents. Fostering as a system of care has also been resorted to when assistance from biological parents is either nonexistent or inadequate, or when biological parents are simply incapable. Under such circumstances, fostering is resorted to as a means of rearing the children. Fostering systems are culturally very diverse (Pilon, 2003) differ by condition, content, rules and regulations. Conditions that promote fosterage, as well as issues over rights for biological or fostered parents and fostered children also differ by cultures. In most western countries, fostering systems are guided by rules and regulations. This is different from most African countries where fostering is closely tied up to customs kinship obligation and family ties rather than to public intervention systems (Pilon, 2003). The complexity and interrelatedness of fostering systems make it difficult to identify any one form that describes all of the practices in different cultures or nationalities.

Holman (2002) identifies two types of fostering: private and public fostering. Private fostering involves parents or guardians placing their children in the homes of nonrelatives while public fostering involves placing of children with foster parents by public agencies which select and supervise such foster parents. Private fostering involves some form of voluntary decision making on the part of biological parents to put up their children to be fostered by others. Several factors may motivate parents to give up their children into fosterage. These include crisis situations such as financial difficulties, travel or migration. Also, unwanted pregnancies such as pregnancy resulting from rape cause some mothers to give up such children into fosterage.

Public fostering does not necessarily mean that parents voluntarily give up their children into fosterage. If for some reason parental care is lacking or inadequate (e.g. abuse, abandonment and endangerment to children), public agencies reserve the right to protect children by removing them from their biological parents and placing them with foster parents.

Fostering systems also differ by context. For example, in a study of 1,528 foster caregivers, Sinclair, Gibbs & Wilson (2004), identified five main contexts in which fostering may occur:

1. Long-term fostering: here foster parents take care of children over a long period of time usually leading to adoption.
2. Short-term fostering: This usually spans over short periods of time (e.g., during a crisis situation until the situations returns to normal).
3. Task-centered fostering: This is used to achieve specific purposes or as an intervention with special group of people (e.g., children with emotional problems may be fostered in institutional setting for a period of time.
4. Relative fostering: This is fostering undertaken by a close blood relation
5. Respite fostering: This is used for children needing special care e.g. physically or emotionally challenged children.

Fostering in Ghana

Fostering of children, including orphans, has been practiced in Ghana for a very long time. Fostering may occur among kinsmen (Fiawoo, 1978) or people who may or may not know one another, and it may involve private and voluntary arrangements between biological parents or their relations and the foster parents. It may also be used as an intervention for child care or as a strategy for child upbringing. In most cases, parental rights are maintained during the periods of fosterage and fostered children are often expected to return to the home of their biological parents or their relations at some point of time.

Among the Gonjas in Ghana, Goody (1982) identified three types of fostering.² These are: (1) kinship fostering, (2) voluntary fostering and (3) crisis fostering. Other forms of fostering systems identified in Ghana include short-term and long-term fostering, fostering by sympathizers and queen mothers. Relative fostering (Sinclair et al 2003), or kinship fostering (Goody, 1982) involves fostering by close relatives. Kinship- fostered children are raised in households of maternal or paternal relatives.

Commitment to care for orphans extends beyond kinship ties. Obligation of communities, sympathy, altruism or religious beliefs may also make it possible for children to have continuity of care if there is nobody in the immediate or extended family to care for them after the death of their parents. The assumption is that children belong to the community and the community is responsible for providing for their care and nurturing. In fact, the only time a child is said to belong to one person (i.e., the mother) is the period of pregnancy. Once a child is born, he or she is assumed to belong to the whole community, members of the community are equally responsible for providing nurturing for the child. Members of the community who are not in any way be related to the orphans may take it upon

² These are applicable to most parts of Ghana.

themselves to foster them. Such forms of fostering are common in places like Agomenya in the Manya Krobo District of the Eastern Region of Ghana. AIDS has had a great impact in this town, and several adults have died of the disease. Care by surviving parents has often been absent or inadequate and families are overwhelmed by the number of orphans they have to take care of. It is reported that some of the orphans are being cared for by *sympathizers* or individuals within communities who may not in any way be related to orphans but choose to foster orphans out of sympathy or altruism and/or for religious reasons (UNDP & Ghana AIDS Commission, 2003). They may not necessarily be people who can afford to care for other children. In fact, in most instances the sympathizers who foster orphans may be poor but the difference is that they are willing to use whatever they have to help other children whose plight might be worse than that of their own children. There is a general belief that people who foster orphans receive blessings (UNDP & Ghana AIDS Commission, 2003). It is also possible that some sympathizers may not foster children but may offer financial and material support for orphans while these orphans live with other families.

Another form of community care is where community leaders are expected to assume key roles in offering support and care for needy and vulnerable children especially those in situations where biological parents are unable to care for them. Traditional leaders, such as kings, queen mothers and opinion leaders within communities may spearhead such initiatives.

An example of such initiative can be found in the Manya Krobo District³ of Ghana, here queen mothers are fostering children whose parents have died of AIDS (UNDP & Ghana AIDS Commission, 2003).

Queen mothers are female traditional rulers who assist kings in administering law and order in their local jurisdictions. Queen mothers play roles similar to that of chiefs (Stoeltje, 2003). Their legislative roles include settling of disputes and conflict resolution (Stoeltje, 2003). According to Abayie Boaten, (2005) the role of chiefs and queen mothers are crucial in the provision of leadership, management of local affairs, and carrying out policies and aspirations of the central government. Queen mothers are generally regarded as mothers to all members of the community. As mothers they are responsible for ensuring the welfare of members of the community especially women and children. They may voluntarily foster children including orphans but are not obliged to do so. The crisis situation caused by the increasing number of orphans over a short period of time and the difficulties faced by the traditional fostering systems (such as kinship care) to cope have caused the queen mothers to take it upon themselves to foster children. For example, through the Queen Mothers

Orphans Care Initiative, the queen mothers in the Manya Krobo District help to take care for orphans and vulnerable children in their various communities. It is reported that at each queen mother fosters at least six orphans in their homes (UNDP & Ghana AIDS Commission, 2003). This is not the same as institutional care. Instead, the orphans are taken care of in a traditional home setting.

This is the first time in the history of the country that queen mothers have taken it upon themselves to foster orphans on such a large scale. Fostering by the queen mothers is unique in the care services systems for orphans and is a commendable thing because queen mothers are traditional political figures who have taken the initiatives to take care for orphans in their own homes thereby setting an example for members of the community and other queen mothers. As the orphans are taken care of in a home setting, they are integrated into the families of the queen mothers.

According to Goody (1982), *voluntary* fostering occurs when parents decide to put their own children into fosterage. This is similar to Holman's (2002) definition of *private* fostering that suggests that parents willingly place their children in the homes of fostered parents. Generally, fostering practices in Ghana a mix of private and voluntary based on mutual trust and understanding with little or no legal implications. Usually, it involves parents who are willing to give their children into fosterage and individuals or families willing to foster to foster them.

In Ghana it is a common practice for some parents to put their children into fosterage. This is particularly so, for example, during stressful situations such as such as periods of financial difficulties, or when parents need care for their children during times of long or short travel away from home. In this way, fostering becomes a strategy for sharing the burden of child care. This is different from other countries where parents who find it difficult to care for their children financially may decide to give up their children into adoption.

In some cases, children are given out into fosterage in instances when they have to move from their natural parents to live with other families for schooling or vocational purposes. This usually happens when there is no such school in the area where the parents live. It must be noted that the voluntary aspect of fostering does not only relate to biological parents as suggested by Goody (1982) but to foster parents as well. In most cases, whether by obligation to kinship ties, or otherwise, foster parents volunteer to take care of other people's children just as they would their biological children.

Voluntary fostering usually ends after a short time, for example when conditions in the home of their natural parents have improved or when situations normalize (e.g. when parents return home after traveling, when a parent's financial situation improves or when parents have adequate accommodation to house the children) or when the purpose for which

³ Agomenya is located in this district.

the child was fostered had been accomplished (e.g. a child had completed school or completed learned a vocation).

Crisis fostering (Sinclair et al 2004; Goody, 1982) occurs when children are put into fosterage with other families as a result of death or other disaster. During such situations, care by nuclear or extended family members is gravely inadequate or totally absent. Also in such situations, individuals within communities are expected to offer assistance in caring for orphans. Such assistance may come in two forms: orphans will be taken care of in the homes of those who offer to volunteer to care for them, or individuals and families within the community may offer financial and/or material assistance to orphans even as the orphans live in the homes of others. Care by sympathizers and queen mothers are examples of crisis fostering.

According to Sinclair et al. (2004), long-term fostering may lead to adoption. In Ghana, however, fostering rarely results in adoption. Fostered children may be integrated into foster families but no matter how long a child is fostered, that child is always welcome in the home of his or her biological parents; in the case of orphans, to the homes of the relatives of their biological parents. Rights to visitations by parents are usually maintained during the period of fosterage. Fostered children also have the right to visit or return to their natural parents or relations at any point in time during the period of fostering.

Holman's (2002) definition of private fostering suggests that parents willingly place their children in the homes of fostered parents. Generally, fostering practices in Ghana are private and are based on mutual trust and understanding with little or no formal legal contractions. Usually, it involves agreements between parents who are willing to put out children into fosterage and individuals or families willing to foster such children.

Public fostering (Sinclair et al 2004, Holman, 2002) is where children are taken into fosterage by state agencies, such as social services or other family protection providers. This usually happens where care by parents is lacking or the security and safety of children are at stake. Because of the strong network of kinship systems in Ghana, public fostering is uncommon. Very few children are taken away from their biological parents to be placed with nonrelatives. In situations where the safety of children is at stake, children will be removed from biological parents to be cared for by members of the extended family, especially, grandmothers or aunts, instead of being placed with nonrelatives or in institutions. However with the advent of the AIDS crisis, and the existence of several programs by nongovernmental organizations and several orphanages now in Ghana, it is possible for such children to be sent to institutions.

The time frame for fostering varies depending on conditions for which prompted the children being put up for fosterage. Short-term fostering is commonly used to achieve specific goals over a relatively short period of time. Children may be given into fosterage in crisis situations

such as sickness, migration, divorce or for educational or vocational purposes and then return to the home (usually before they reach adulthood) of the biological parents or relations, usually before fostered children reach adulthood, or as soon as the goal for fosterage is achieved.

Long-term fostering may be used in situations where care from biological parents is absent due to death, protracted illness, or the disability of parents impedes their functioning. Orphans especially those who have lost both parents are more likely to undergo long-term fostering. In most western countries, it is possible for long term fostering to lead to adoption but in Ghana it is not; no matter how long a child is fostered, that child may not be adopted. The beauty of long-term fostering in Ghana is that it allows fostered children to have long lasting ties with the foster family.

Usually, there is a limit to the legal age under which children in America and other western countries can remain in fosterage. This is different in Ghana, where there is no set age for fostered children to leave the homes of the fostered families. In adulthood, some who may have left the foster home for marriage, travel, for employment or otherwise, fostered children are always welcome back to the home as are the biological children.

The bond formed between fostered children and the family of fosterage is long lasting and this is manifested in the way fostered children return to their foster homes to offer help and services during occasions such as marriage, birth or death of family members. On such occasions, it is common to see fostered children going back (sometimes to stay for days) to their homes of fosterage to offer help and services just as do the biological children.

Fostered children especially orphans, are integrated into the families of their foster parents. This ensures continuity of care, reduces isolation that characterizes institutional fostering, and reduces the stigma attached to death of parents, especially those whose death was due to AIDS. The family-integration approach in fostering also promotes a sense of belongingness as orphans see themselves as part of a family and live in a place they may call home. This not only allows fostered children to have the advantage of getting support from both their biological families and foster families but also ensures that the needs of orphans and other vulnerable children are met.

Fostering is sometimes considered as a child-upbringing strategy. For example, children with behavioral problems may be fostered out as a child-rearing strategy. The assumptions here are twofold: either the parents may not be good disciplinarians or the children may respond better to the disciplinary actions of adults other than from their biological parents. It is sometimes assumed that when it comes to discipline, biological parents may pamper such children and may not adequately prepare them to face the challenges of adult life. Parents foster their children out in the hope they would be raised to be responsible adults.

Again, fostering is not considered as a form of slavery but a proper strategy for social learning. It is a way of preparing children to take over particular responsibilities within the community and parents may decide to foster their children out for such purposes. There are instances where children from royal families are fostered out to live with other royal families. For example, the present Asantehene⁴ was sent out at an early age to be fostered by the king of Sefwi.⁵ This formed part of the process of preparing the Asantehene to occupy one of the positions as ruler of the *Asantes*, one of the dominant traditional ruling systems in Ghana.

Differences in cultural views about fostering can sometimes create problems especially when the parties involved in the placement are of different racial or ethnic backgrounds. Holman (2002) cited cases in the United Kingdom in the 1960s when students studying there, most of whom were Ghanaians and Nigerians, for some reasons (e. g., lack of access to child care, housing or financial difficulties) put out their children into private fostering (Holman, 2002). At the end of their studies, when it was time for the students to return home, they demanded that their children be returned to them (Holman, 2002). The laws of Britain, however, did not allow the biological parents to have their children back since the parents lost their rights to the children at the time of fosterage (Holman, 2002). This resulted in a series of court hearings; the courts refused to rule in favor of the students (Holman, 2002). In the final analysis, the interests of the children were considered and, given the conditions in which these students lived compared to that of the foster parents, the rulings favored the fostered parents (Holman, 2002).

In Ghana, fostering may occur across ethnic groups without such problems as those above. This is because of flexibility in the system of fostering that allows fostered children to return to the home of their biological parents anytime. Institutional fostering appears to be the choice of last resort when individual, family and community efforts fail to adequately care for orphans. Orphans are then taken care of in institutional settings known as foster homes, orphanages, or “villages.”⁶ Until recently, the institutionalization of orphans was not common in Ghana. Only five registered orphanages existed in the country by the 1970s. These were: the children’s homes at Osu, Accra, Tamale, Kumasi; The Mampong Babies’ Home and St. Joseph’s Orphanage in Jirapa, in the Upper West Region. These also exclude the SOS Village at Tema which has its roots in Germany. An orphanage at Akim Swedru in the Eastern Region was closed down in the late 1970’s due to poor patronage. Minimal patronage of orphanages probably

resulted from the existence of strong informal family and kinship support systems through which demands for the care of children who lost their parents were met. According to Sefa-Dedeh (1992), in Ghana, family and community support have been identified as major strengths in most communities and it is an accepted norm for orphaned children who need care to be adopted and helped through informal extended family or community arrangements.

Support from both nuclear and extended kinship systems have been used extensively to meet the welfare needs of not only orphans but also the poor and the vulnerable in most African countries and Ghana is no exception. Since the outbreak of HIV/AIDS more than two decades ago, several new orphanages have been established across the country especially in the southern sector. Some of the newly established orphanages are Serwaa Ampem AIDS Foundation for Children (SAAFC) in Kumasi. and the Peace and Love Orphanage and Frafraha Orphanage both of which are in the national capital of Accra. The increasing number of institutions to care for orphans is an indication that informal care systems are no longer able to cope with the need for care of orphans.

Advantages and Disadvantages of Fostering in Ghana

Several advantages of fostering of orphans can be outlined. These include continuity of care, the integration of orphans into families, prevention of children becoming caregivers of even younger children, the reinforcement social bonds, and spreading of economic burden and the reduction of emotional and psychological stress children endure at the death of their parents. In spite of these advantages, several problems are associated with fostering as a system of care for children. Some writers, such as Goody (1982) have observed that fostering is a reciprocal relationship with mutual benefits to the fostered children and their families as well as the fostered parents. For children it is a way of meeting their needs and ensuring continuity of care especially for those who lose their parent(s). The foster parents also benefit in the sense that fostered children assist with household chores, the care of young children as well as other ventures the foster parents may engage in. Others like Sanjek’s study (as cited in Brydon, 1992), suggest otherwise. To Sanjek, fostering is sometimes exploitative, as fostered children may be asked to work longer hours or do more chores than the biological children of fostered parents. Exploitation of fostered children is one of the major criticisms of the practice of fostering. However, avoidance of exploitation is difficult due to the absence of formal regulatory and monitoring systems guiding practice. It is also an indication of serious gaps in systems of fostering that need to be addressed. Studies have not been done in Ghana, though, to show if conditions of fostering differ with orphans especially AIDS orphans.

⁴ King of the Ashanti ethnic group in Ghana.

⁵ Sefwi is another traditional jurisdiction area.

⁶ These refer to the SOS Villages.

Fostering arrangements are mainly private and lack detailed legal regulations to guide the practice. Another problem has to do with the lack of proper documentation and ways to identify gaps in their care or monitoring whether the needs of orphans are met. Besides, the complexity and informality of the practice makes it difficult to estimate the number of children in fosterage.

Unlike adoption, where there are rules and regulations regarding conditions, principles, administration, organization and implementation of fostering, there are no such regulations on fostering in Ghana. Fostering is seen as a common pattern of child care with little or no governmental intervention. For example, adoption laws give adopted children the same rights to inheritance to the property of adoptive parents as to the biological children. Also, just as in the United States and elsewhere, in Ghana, rules on adoption do not allow parents to disinherit their adopted children; even though they can disinherit their biological children. The issue of inheritance does not arise with fostering. No matter how long a child may be fostered, that child does not have rights to inheritance of the foster parent's property. Issues related to inheritance are based on the goodwill of foster parents. Foster parents may give gifts to fostered children but are not obliged to allow fostered children to inherit from them. This makes it difficult to guarantee security especially, when such fostered children may be double orphans. The effect may be greater on double orphans than single orphans because double orphans have already lost both parents and the fact that they are already in fosterage is an indication of lack of support of the external family.

Policy Implications

HIV/AIDS and its impact on children including orphans has policy implications for Ghana, especially considering that children constitute over 51% of the population of 21 million. The disease has created more than 132, 000 orphans, yet the full impact of the orphan crisis has not been experienced due to the relatively long period of time between when parents become infected with the virus and when they finally die. The burden of caring for orphans and problems associated with care of orphans will continue to pose challenges to Ghana for many years.

The history of fostering in many countries like the United States and the United Kingdom shows that it evolves from a voluntary to a publicly funded social institution. Problems with private fostering often lead to governmental interventions or legislation that in turn lead to the development of public fostering. The increasing number of orphans, the gradual breakdown of traditional support systems for orphans, the increasing number of institutions for care of orphans and some reported cases of abuse of orphans are all indications that Ghana is gradually moving toward a situation where there is need for

governmental intervention to regularize private fostering systems and institutional care. Government intervention may take several forms: enactment of policies, creation of a database, provision of subsidies and promotion and support of research into fostering systems.

The government of Ghana has taken steps to mitigate against the impact of HIV/AIDS including making provisions for the care of orphans. The Ghana AIDS Commission (GAC) was established with the charge to coordinate all issues related to HIV/AIDS. The commission, acting in conjunction with the Ministry of Women and Children Affairs and the Ministry of Manpower, Youth and Employment, drew up the National Policy Guidelines on Orphans and Other Children made Vulnerable by HIV/AIDS (2005) as the main framework for protection of orphans and vulnerable children. The policy document does not restrict itself to care of orphans alone but is also extended to other children made vulnerable to HIV/AIDS. Thus the term *orphans and vulnerable children* (OVC) is defined as:

- children whose parents are sick or have died of AIDS
- children living with HIV/AIDS
- children whose siblings, relatives or friends have HIV or have died of AIDS
- children in households that are stressed due to the presence of other children from another family who have been orphaned by AIDS (e.g. households of queen mothers where orphans are fostered)
- children, such as those on the streets, who are at high risk of HIV infection.

Among other things, priority areas for care of orphans and vulnerable children identified by the national policy guidelines include advocacy and community mobilization, building the capacity of caregivers, offering psychosocial support, ensuring food and nutrition, increasing access to education, ensuring child protection and socioeconomic security and monitoring, evaluation and research. The GAC and its partners are committed to strengthening partnerships and networks among households, communities and the government. The goal of government intervention is to build on existing cultural practices on care of orphans.

The provision of the national policy guidelines on orphans and other children made vulnerable by HIV/AIDS is a major step towards care and security of orphans. However, it is important to initiate practical step toward the implementation of strategies outlined in the policy document such as the creation of database for orphans integration of private and government efforts at the community level and the involvement of social workers in planning, implementation, monitoring and implementation of programs for orphans and vulnerable children.

As a second step to the creation of the policy document, the government of Ghana should create a national

database of orphans as well as households where orphans are being taken care of. Such a database would assist in the distribution of resources, monitoring of the progress (or otherwise) on health, education and general well being of orphans. In Botswana there is a good example where of a government that established a national program in 1999 to register orphans for assistance (Meier, 2003).

Several orphanages have been established in Ghana since the late 1990s but most of whose operations are less than desirable. Given the severe lack of material and financial resources, the high cost of maintenance, and stigma attached to HIV/AIDS among others, institutionalization might not be a good option for the care of orphans in Ghana. The extended family and community support still remain the main systems of support for orphans in Ghana. Setting out criteria for monitoring and evaluation for institutional settings is easier as these institutions are public entities. Even where they are privately operated they are essentially registered and certified by the government thereby making it easy for the government to intervene in their programs. However, it is more difficult for the government to intervene in the private fostering system especially when orphans are being taken care of by kin and the kin do not receive any subsidy from the government.

Integration of government and private efforts is recommended. At the district level, each District Assembly⁷ should establish an orphans and vulnerable children monitoring unit (OVCMU) to be charged with the responsibility of creating, implementing and monitoring strategies and programs for the care of orphans and vulnerable children at the community level. The committee should report to the district social welfare department. Membership of the committee should include representatives of caregivers, orphans, and nonprofit organizations whose work relate to HIV/AIDS as well as lineage heads, social workers, community leaders, teachers, health workers, and religious leaders. The committee would serve as a platform for caregivers, orphans and service providers to discuss their strengths and challenges. Such grassroots participation in decision making would have several advantages. People would see themselves as part of the problem and part of the solution. The OVCMU would also offer mechanisms for monitoring, evaluating and sustaining programs in the care of orphans.

Social workers can play important roles by serving as links between orphans, their families and service providers. By virtue of their training they are able to interact with people and gather information on how to best tackle challenges and promote quick responses to issues of concern. Social workers can spearhead such grassroots participation among stakeholders. Through provision of case management services, social workers can have direct interactions with orphans and their caregivers. This involves direct provision

of services such as education and counseling, monitoring the welfare (or otherwise) of orphans through home visits and linking clients with other support systems and resources. Social workers as educators can offer insight on how HIV/infection is spread and create more awareness of the magnitude of problems related to infection, prevention, care, stigma and so forth.

Exploitation of fostered children is one of the major issues relating to care of orphans especially those in foster care. As case managers, social workers are able to identify such problems as well as strengths and challenges that pertain to traditional fostering system care of orphans in homes and institutions. Such information can be used to enhance service delivery. Through home visits, social workers are able to offer emotional support to orphans and their caregivers. It is important for social workers to be linked to homes of queen mothers at Agomenya. It must be noted that in order to have a positive impact, social workers should not present themselves as 'witch hunters' who look for faults and excuses to take children away from foster parents. Also, where fosterage is due to the lack of parental care or abuse, it is suggested that long-term fostering may be a better option. It is important to consider the interest, safety, and welfare of fostered children when defining regulations regarding fostering.

As much as there is need for governmental regulations and documentation to guide the practice and reduce incidences of abuse and or neglect, it is also important to note that strict regulations may deter some people from fostering children. It is being suggested here that overly complex bureaucratic processes and documentation may deter some people individuals and families who may want to foster children. It must be remembered that the illiteracy rate is high and most people do not want to go through processes of filling out several legal forms before fostering a child.

Care of orphans by the queen mothers in the Manya Krobo District is a commendable example and other queen mothers should be encouraged to follow suit.

The Ghana government's offer of financial assistance to queen mothers through the Assembly Common Fund who take care of orphans is also commendable. This is an example of how central or local government intervention can help support and sustain the traditional system of caring for orphans. It is suggested that such assistance also be extended to kinsmen and others taking care of orphans when their households are stressed by the presence of orphans. Such assistance should be merit based and must be tied to carefully designed sets of outcome measures to avoid unintended consequences.

In summary, Ghana remains an agrarian society with over 70% of the population living in the rural areas engaged in farming. Thus a greater number of people who die of AIDS are likely to leave their children to families whose income is confined to unreliable sources of income such as farming which is dependent on the vagaries of the

⁷ District assemblies are the lowest political units within the government.

weather. Caregivers may not only endure the loss of loved ones but also incur debt accrued from the treatment and burial of those who have died of AIDS.

Setting up microenterprises, especially in rural areas, and supporting such enterprises through microfinancing by way of matching funds can also help caregivers raise money to meet the needs of orphans. Ghana's economy still makes room for small-scale enterprises and with relatively small financial assistance in the form of capital; individuals are able to generate income through establishment of small businesses to increase their economic power.

The need for research into fostering systems in Ghana cannot be overemphasized. There is a need for research in not only the nature and dimensions of fostering practices but also research the relationships among fostering interventions and their impact, if any, on children and families. There have not been studies to show if conditions of fostering differ with children orphaned for other reasons and those orphaned through AIDS. Both qualitative and quantitative methods of research can be employed to gather information and identify causes and effects of issues relating to practice. Also, social workers can team with other researchers in different disciplines to conduct research on a variety of issues relating to the needs of orphans. For example, social workers may team up with researchers in the health field or with nutritionists to undertake research. Such approaches to research would be more appropriate for providing holistic information to the interconnected health, nutritional and other dilemmas of orphans.

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Manuscript received: September 1, 2005

Revised: August 2, 2006

Accepted: August 4, 2006