

Reflections on the Changing Patterns of Care for Orphans

Abstract

Patterns of childcare are changing in Africa in these times of Aids. Millions of children have been affected directly by becoming orphans or indirectly by, for example, having to share meagre household resources with orphaned relatives. In such circumstances the traditional extended family mechanisms are strained to the utmost, and it is not uncommon for adults to refuse to take care of orphaned relatives. While the extended family system seems to be disintegrating, numerous non-governmental organisations have enhanced their capacity to care for children affected by Aids, especially orphans. Susan Hunter (1990) argued that orphans could be studied as a window onto the Aids epidemic. Likewise the patterns of care for orphans can be understood as a window onto the situation of families and other social networks. Research on patterns of childcare for orphans has produced knowledge on the immediate impacts on orphans' health (including their psycho-social situation), education, nutrition and vulnerability to HIV. However research on the long-term consequences of the care given to orphans and other vulnerable children, such as how childcare by people not belonging to the extended family influences children's long-term well-being, competences and sociality, is comparatively absent. Besides the obvious time constraints the literature on changing patterns of childcare is often neither contextualised in the local setting nor in social science. However such in-depth knowledge is crucial. The phenomenon of a large number of children growing up as orphans poses new problems for development at local, regional and national levels. For families, communities, national authorities and aid organisations a central aspect is the network of links between childcare and sociality, particularly the long-term influence of changing patterns of childcare for the organisation of civil society. This paper addresses two central issues that have been neglected in the new field of Aids orphans: changing concepts of care and the long-term influence of Aids orphans on emerging institutional settings for childcare.

'... few acts embody as much "everyday-ness" as child-rearing and family life. Child-rearing reflects implicit as well as explicit social and cultural assumptions, and it is a significant barometer when measuring impacts of social and economic change.' (Swadener et al. 2000:3).

Reflections on "Care"

Even though "care" is the keyword for a whole domain of HIV/Aids research, the concept is rarely defined. Instead of defining the concept researchers often narrow it down by attaching another word and thereby creating a range of types of care such as medical care (Mwabu 2002), health care (Ndulu 1999), home care (Radstake 2000), Aids care (Nnko 2000), self-care (Smide 2000) and orphan care (Chirwa 2002, Ntozi 1997). The avoidance of any criteria to determine when something is care or is not care, and the failure to contextualise with local notions about care, for example, when someone is being careful, caring or being careless, makes care a rather blurred concept.

In order to define care I think we can begin by pinning down two basic features: First, as a noun care expresses culturally objectified notions and is related to local morality about the proper allocation of resources, including emotions, knowledge and material support. To receive a certain kind of care may be an entitlement. Second, as a verb care

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is an interpersonal phenomenon, a fundamental component in the relationship between (at least) two human beings, where one is paying attention to the other in particular ways, responding to the needs and promoting or protecting the well-being of that person. And since care in this sense is part of a social relationship, it must be understood as part of the reciprocity within the actual relationship. These two features of care are so intertwined that to divide them is only an exercise for analytical purposes. I do not propose an actual split, but I do propose that in order to understand concerns about the changing patterns of care for orphans, research must approach these two aspects of care as theoretically separate. Therefore I will first outline notions about childcare as a dimension of cultural ideas and then consider "to care" as part of social practice.

Care as Culturally Objectified Notions

Care is a social phenomenon that involves many aspects of everyday social life. According to Weisner (1997) the care of children has certain universal features such as affection, physical comfort, as-

sistance, shared solving of problems, provision of food and other resources, protection against harm and a coherent moral and cultural understanding of appropriate ways to provide this support. While it is possible to recognise in this definition certain common features of childcare throughout the world, showing emotions, allocating material resources, passing on values and taking action find very different cultural expressions. Perceptions of care also differ between and within localities, as they are related to ideas about gender and inter-generational relations, practices of marriage, priorities of schooling or tilling the land, and to the social, economic, and demographic circumstances. Thus notions of childcare are deeply embedded within the local context and relate both to children's general position in society and to caretakers' ideas about the children's future as adolescents and adults (Swadener 2000; Weisner 1997; Kilbride and Kilbride 1990; Goody 1982).

I propose that notions of care entail immediate as well as developmental aspects, especially when the focus is on caring for children. In the immediate sense the care of orphans is about providing for needs such as food, schooling and access to health facilities. In the broader developmental perspective it is also about approaching orphans as youngsters who are persons in the making and who must

recover from the loss of one or both parents and develop competences (Jenkins 1998; Meinert 2001; Weisner 1997) in order to manage as adolescents and later on as adults within the local reality. Providing care entails increasing or limiting competences and therefore influences the child's future options and place in society. In addition the social virtues of caring for others' well-being may be intertwined with cultural notions of personhood. I make this suggestion on the basis of my previous findings among the Samia people of Uganda that a "good person" is one who is sharing and trustworthy, whereas a "bad person" is someone who does not care about others (Christiansen 2001). Katahoire's (1998) findings (also among the Samia people) show inextricable connections between being a good person and one's social identity and maintenance of social relations. Notions of care are thus associated with moral assessments of one's feelings, intentions and competences as a social person.

The point of departure for research on how to care for orphans must be to explore local cultural perceptions and practices of childcare and contextualise these with related aspects such as children's social position, patterns of care for children living with or without their biological parents and notions of childhood and of care in general. At all times it is vital to tie findings to the wider social, economic and political currents that impinge on local people. However it is particularly important to do so in relation to a social phenomenon as challenging to established practices as Aids orphans.

Care as an Interpersonal Phenomenon

In Uganda as in many other African societies the traditional patterns of care depend primarily on kinship. Until recently kin-based support mechanisms have had the capacity to absorb most vulnerable children and orphans (Ntozi 1997, 1995; Heggenhougen et al. 2003). When a parent dies, the first option still seems to be leaving the children in the care of relatives of either parent, which implies that the changing patterns of care include an increasing use of matrilineal kinship ties. Other options are to leave the orphaned children in the care of their surviving grandparents, of friends and strangers, of church organisations or simply leaving the children on their own. This latter option seems to be more

common in central (Ntozi 1997) than in eastern Uganda (Gilborn et al. 2001).

Thus caring for children is intertwined with notions of kinship. The kinship between the care-giver and the care-recipient influences the care that is given (Kirumira 1996; Mogensen 1998). Grandparents' care for children's children is about 'mutual help, enjoyable company, and emotional commitment' (Whyte and Whyte 2002), whereas parental care is often more about discipline and developing the child's skills (Ntozi 1999, 1997). As with other social practices childcare is part of the ongoing negotiations between relatives of different genders and generations on commonly shared ideas such as notions of care, family virtues and children's growing responsibilities as they mature (Meinert 2001). Childcare is also part of family status, as cases from western Kenya suggest. For example patrilineal kin might hinder matrilineal kin in taking care of orphaned relatives because this exposes 'their inability to provide support to members of their own patrilineage' (Nyambedha et al. 2002).

Nevertheless caring for children is not confined to notions of kinship. It also engages cultural norms about being related to one another through neighbourhood, church or other social networks. This non-kin involvement is mostly described in cases of community "shared management" of child rearing, but seldom when (foreign) organisations are the non-kinsmen providing childcare. Considering that a substantial part of the assistance given directly to orphans or indirectly to households caring for orphans is given through non-governmental organisations, often Christian-based, this raises a range of issues: Can non-kinsmen provide culturally accepted childcare or perhaps even "desired" childcare? How will such assistance influence the children's lives and social networks, especially their relationships with kinsmen?

I have been surprised to find that there are no terms to describe the care relationship. There are terms for those providing care, but there is no term to describe (or to speak from the position of) those who receive care. These young people are mostly described as "orphans who are being cared for", thus in passive terms. I find this problematic, as this terminology may well indicate that orphans (and others receiving care) are not recognised as social actors and that

they are not involved actively in the studies conducted. I strongly request that orphans be recognised as social actors (some are even care-givers to younger siblings), and I suggest using the term "care-recipients". Thus the relationship is formed by care-giver(s) and care-recipient(s). Since children often become closely attached to their care-givers and care entails some kind of reciprocity (Weisner 1997), it is important to study the changing relatedness between the involved persons. Research must also move beyond the indication of relationships in general terms such as matrilineal and patrilineal and explore in depth the relationship between care-givers and care-recipients (Bledsoe 1995; Goody 1982; Whyte and Whyte 2002). In brief, the concept of care may be defined analytically as cultural notions of care and as interpersonal relations between care-givers and care-recipients. As notions of care are embedded within the cultural and socio-economic context, local understandings must be an integrated component of research.

Patterns of Care for Orphans

Orphans form a particularly exposed group of children. The research on this group of children reveals higher levels of mortality, malnutrition, HIV prevalence, crime rates and lack of basic needs than is normal for their age groups (Yamba 2001). However our understanding of the immediate influence of care on orphans is mainly limited to the affects on nutrition, health and schooling. Research needs to become more comprehensive and address the influence of diverse care options and the general connections between care for orphans and their social well-being. This contention is based on the recognition that it is necessary to assist societies afflicted by Aids to take appropriate care of orphans. To do so requires an understanding of the social processes taking place in these societies. How does providing – or not providing – care for orphaned relatives affect local notions of kinship and the extended family system as the basic social unit? How does care influence the lives of orphans in the long term? Considering the high proportion of orphans in some societies, it is vital for the stability and development of civil society to find ways of ensuring orphans' social integration and well-being. Research must therefore be positioned within the context not just of the individual child, close relatives or even the single extended family, but of civil society on a

national level. In other words the socio-cultural locality must be related to the national context, the time perspective must be long-term as well as immediate and the analytical frame must be grounded within social science.

The point of departure must be the settings of care for orphans. Approximately five percent of orphans in sub-Saharan Africa live in institutional settings and thus receive care from non-relatives. But many orphans who live with kinsmen are supported indirectly by non-kinsmen such as non-governmental organisations. Care-givers may thus consist of both kin and non-kin. By briefly focussing in turn on the household and institutional locations of childcare, I will outline some reflections on the patterns of care for orphans.

Household Living

The majority of orphaned children, especially in the rural areas, live in households. For that reason it is strange that there are so few studies of the effects of Aids on households and that most focus only on economic impacts (Barnett and Whiteside 2002). Households vary considerably in terms of composition, dynamics, access to resources and resource distribution. Moreover households change in HIV/Aids high-prevalence areas. There are fewer working-age adults, more single parent households, more youth-headed households, more three-generation households, more households with a missing middle generation and more fostering of other people's children whether or not they are related (Haddad & Gillespie 2001). Furthermore households may be severely affected by the loss in agricultural productivity and by new labour arrangements (from adults to children, perhaps from family members to hired labour) as well as by the expenses of Aids care such as drugs, burial, transport expenses and so on. Such demographic changes raise questions about households' capacity to care for orphans (Chirwa 2002).

Among the Samia people in Uganda polygyny is widespread. Since each woman is responsible for the well-being and education of her own children, rivalry for resources and lack of co-operation among co-wives in the household is common (Christiansen 2001). Since mothers are vital in direct childcare (Weisner 1997), being fostered in polygynous households raises questions

of how maternal orphans are integrated and cared for. Care given to "extra" children seems to be closely linked to the adult relationship between the mother of the children and the caregivers, even when the mother has died (Bledsoe 1995, 1991).

How do relatives react when they must care for one or several orphaned relatives? We know that in many areas, at least in Uganda, other kinsmen – and clan members – are not able to provide much support. People who care for orphans often struggle to the extent of reducing the general well-being of the household (Ntozi 1997). At the same time it has been shown that many orphans live miserably with their relatives; they are treated as second-rank children, given more work to do and denied access to schooling and health care. How does this affect the relationship between the young orphan and the related adults, or the relations with the other children in the household? In eastern Uganda the children of your mother's co-wives are called stepsisters and stepbrothers, and there is often much rivalry among them. Are orphaned relatives equally a rival for resources? Which adults are responsible for their care? Do these changing circumstances influence the conception of familial relatives? The widespread perception within close family relations that your mother's sister is like your mother – and likewise that your nephew or niece is like your own child. But what happens to these perceptions when an orphaned child experiences a huge difference between the care given by the deceased mother and the care now being given by an auntie – or on the perceptions of the adults who find themselves having to care for orphaned nieces and nephews?

I argue that reflections on the changing patterns of childcare must focus on notions about kinship and other social relations. A promising approach seems to be the anthropological interest in "social relatedness", as this addresses such questions as how people relate to others, what makes a person a relative, what is the meaning of being related and so on (Carsten 2000; Schweitzer 2000). According to anthropologists kinship is one among several fundamental ways of being related to other people. By approaching social relatedness as part of everyday practice as well as in times of need, social scientists can develop important knowledge of vital relations within the social positioning and networks of

orphans, their care-givers and the broader social organisation of African societies (Kirumira 1996). This approach is applicable to various locations of childcare, household and institutional settings alike.

Institutional Life

Researchers and aid organisations generally consider institutions to be the last resort for taking care of orphans and other vulnerable children (Hunter and Williamson 2002; Heggenhougen et al. 2003). This is because of the high cost of running an institution compared to assisting orphans in households, the psycho-social disadvantages of removing children from the family setting and the increased risk that institutionalised orphans, especially boys, will not be able to inherit land from their fathers. I propose that there is a great need to make further studies into the institutional option of childcare in African settings, especially for orphans. The approach must move away from the normative assumption that childcare should take place in family settings and to an objective position that focuses on the childcare practiced in institutional settings.

First of all the lack of literature on this topic bears witness to the fact that the variety of institutional settings has not been studied in-depth, either quantitatively or qualitatively. This is strange, as there seems to be a public culture of institutionalised child care in many African countries (Swadener et al. 2000). Moreover the evidence that "extra" children in the household can negatively affect the lives of other children (Gilbom et al. 2001; Ntozi 1997; Thirui 1996) suggests that both orphans and their relatives may benefit if the orphans are cared for outside the household. Placing children in the care of institutions is not entirely new in most African settings. Indeed some of these institutions are highly desired because they provide the children with important competences.

Yet institutional settings may lead to radical changes in the idiom of care-taking, just as formal educational and medical institutions have done in their respective domains. Institutions for orphans might be perceived as the most recent symbol of modernisation, or they might be marginalised and disregarded. A broad range of orphanages, children's "villages" and boarding schools for orphans will probably reveal a continuum ranging between associations with modernisation

to associations with poverty, marginalisation and breaking of tradition. Can such institutions provide children with competences that may enhance their future options and help them provide for households instead of being a burden? Do institutionalised orphans usually return to the village, or is the institution the first step away from the village? How do orphans enrol in and depart from institutions? While they are at the institution, what connections, if any, do they maintain with relatives? Is it possible to combine the familial and the institutional networks? Do the organisations operate on the basis of different notions of care, personhood and sociality? If so how does this affect the children? Do orphans feel that they are caught in a web of reciprocity to their care-givers? Do care-givers expect similar reciprocity from orphans as parents commonly expect from their own children? Do orphans who have lived at, for instance, a Catholic institution feel more closely related to other orphans and the Catholic Church than they do to their kinsmen? If so do they remain within Catholic networks when they later on seek employment, marriage partners and so on? Social scientific research needs to explore this extensive (though not exhausting) list of issues in order to develop models of care appropriate for the children, their families, and the social context at large.

Recommendations

There is a tendency in the literature on HIV/Aids-related issues to refer to similar studies carried out in other geographical areas rather to classical or current debates within social science. Researchers from many disciplines seem to focus on problems such as prevention, care, treatment and alleviation of the impacts of HIV/Aids without situating the research within general conceptual frames such as modernisation, religion, social organisation or governance. Much attention is given to the methodology of how the research was carried out, but there is little attempt to contextualise the location of the research, let alone people's views and responses. It often seems that the main aim is to make policy makers aware of problems and needs rather than to contribute to more general debates. While the devastating conditions of people struggling with HIV/Aids place an ethical demand on researchers to publish their findings and propose interventions, it can compromise interventions if researchers do not contextualise findings in the local

cultural setting. Their findings are not tied to the wider social, economic, and political currents that affect local people (Heald 2002). Another problem is the use of concepts such as care in a common-sense manner without questioning the differing notions of the cultures and the actors involved. This produces much literature in which one must guess whose interests, orientations and priorities are being reflected.

In my opinion the literature reflects the fact that there are two types of researchers involved in HIV/Aids-related research. The first type works full-time on HIV/Aids issues, and their findings are mainly directed towards policy makers. The second type is actually studying another topic but, due to the astounding impacts of HIV/Aids in most African countries, have to integrate HIV/Aids into their empirical field (Whyte 1997). Such "part-time" HIV/Aids researchers situate the data within general social scientific debates and direct their findings mainly to academic audiences. The communication between these two types of researchers seems to be very limited, a matter, which should be of serious concern both for policy makers and for social scientists. The development of a rather isolated HIV/Aids literature within the social sciences is to a large extent a result of the failure to contextualise findings within the local setting and to establish analytical frameworks capable of drawing conclusions beyond prevention, treatment and care.

In order to develop an adequate understanding of the changes taking place in the care-taking of orphans – as well as to narrow the gap between "applied" and "academic" research, I recommend that all researchers focus more on fundamental issues. The concept of care, for example, needs to be studied in it rather than taken for granted. We need to further elaborate approaches to the study of care and contextualise actors' notions of care and practices of caring. A fuller understanding of links between notions of care and notions of kinship is also required. The concept of orphans also needs to be studied. Local terminologies for "orphans", "children living in distress", "children not living with their biological parents" and so on should be carefully unpacked, as should the implications of other locally defined sub-groups of the category "children", such as children of divorced parents and other vulnerable children. Orphans need to be

contextualised as social actors and given a voice to speak for them.

The local perceptions of institutions are very important. Are orphanages regarded like boarding schools, which are usually seen as prestige institutions, or are they disregarded and the orphans marginalised and perhaps even more stigmatised? Is it possible to maintain kinship relations while living in an institution? Do orphans grow more closely related to other orphans and to the aid organisations? Is receiving care from an organisation the entrance to a life related to that organisation and if so are aid organisations producing the new elite? What are the long-term consequences of such a change within the social organisation? The patterns of care of orphans are another important field of study. We need to look at both the immediate and the long-term influences of the various types of care provided for orphans, especially in relation to orphans' social well-being and social networks and the relationships between care-givers and care-recipients in both household and institutional settings.

Finally we need to study the immediate and long-term influences of growing up without adult care. Do the children's experiences, whether in an institution, in the household of a relative or on the streets, produce Africans who are no longer orientated towards their family or clan?

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