Assessing Health and Other Conditions among Orphans Living with Extended Families

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ABSTRACT The study explored the health challenges faced by orphans living with extended families. Qualitative research design was used to collect rich descriptive data of orphans on their experiences of living with extended families using exploratory approach. Data were collected using in-depth and focus interviews. The data were analysed thematically by identifying and expanding significant themes that emerged from informants' perceptions. The study revealed that the treatment given to the orphans by some extended families was harsh and sometimes jeopardised their health conditions while others were kind and played parental roles. It was concluded that policy makers and caregivers should highlight the importance of focusing on interventions that will have positive impact on the health and well-being of the orphans and increase support grants for orphans and teenage headed families.

INTRODUCTION

It is important to note that the problems of orphans are not peculiar to Africa alone. Currently there are 153 million 'orphans' in the world, those who have lost one or both parents, and are, by definition considered orphans (Elliot 2012; The Purpose Collective 2014). This number also includes those children who have lost just one parent and remain with the parent still surviving (referred to as a 'single orphan'). Asia, like other developing continents also experiences the problem of ever increasing number of orphans. There are currently 68.9 million orphans in Asia, giving this region the largest absolute number of orphans in the world. Roughly six percent of all children in Asia are orphans, with 7.7 million orphaned in 2010 alone. There are 20.3 million maternal orphans in Asia. 'Save Our Soul' (SOS) children's village cares for 27,000 of the 149 SOS children orphanages in the region. India alone has 31 SOS children orphanages throughout the country making it the country with the highest number of orphanages in the world (United Nations Children Emergency Fund [UNICEF] 2013). In Latin America fifty percent of all children are orphans (10.5 million in total) with 1.2 million orphaned in 2010 alone. Even before the tragic earthquake in Haiti, over fifteen percent of children were estimated to be orphans, which is more than twice the regional average. There are 2.5 million maternal orphans in Latin America (UNICEF 2013). Sub-Saharan Africa has both the highest number and highest share of orphaned children in the world, followed by South Asia. Crucial to note is that whilst the 'developed' world represents around one-sixth of the total population, only ten percent of the world's orphans reside there (The Purpose Collective 2014).

The plight of orphans in many societies is a cause for concern. In most cases, orphans are vulnerable since they do not have biological parents to take care of them. In Africa as in other developing areas of the world, the number of orphans is on the increase, mainly because of HIV/AIDS related deaths. It is in sub-Saharan Africa that the number of such orphans is ever-increasing. There are currently estimated 53 million orphans in sub-Saharan Africa. Of those children, thirty percent lost their parents to the HIV/AIDS pandemic. About 35 million people are currently infected with HIV, the virus that causes AIDS by destroying immune system cells and leaving infected individuals susceptible to other infections (Rhee et al. 2015). An estimated twelve percent of all children in sub-Saharan

Africa are orphans, 5.7 million were orphaned in 2010 alone. There are 28.5 million maternal orphans in sub-Saharan Africa. Over 14,000 of them are being raised in foster care homes at SOS Children's village in the region. At least 600,000 people are supported through the SOS facilities including schools and family strengthening programmes (UNICEF 2013).

South Africa is not spared of this problem as well, and as such, this study seeks to investigate the experiences of orphans living with extended families. The Actuarial Society of South Africa [ASSA] (2011), estimates that during the first half of 2010, South Africa had 1.2 million children below 18 years who were maternal orphans. In many African cultures, after the death of parents, children are put under the 'safety net' of close relatives who take care of them until they are adults. This culture strengthens the extended family bonds and in theory, the relative who takes care of the children of his or her deceased relative is expected to treat them like his or her own children. However, more often than not, relatives tend to neglect the orphans due to many factors, among which economic hardships play an important role. Economically unstable families cannot afford the best education for their biological children, let alone those left by a deceased relative.

Orphanhood is linked neither with mere parental loss nor with inability of patriarchal families to provide care for the children per se (Abebe 2009). It refers to children who no longer live under the protection of their families and who have fallen outside the traditional social safety net. Although often they are not taken into account in the policies of international organisations, differences between maternal, paternal and double orphans, the capabilities of extended families and adult co-residents, and the children's own agency which leads to important variations in children's living circumstances (Abebe 2009). A family process that seems especially important for orphan's emotional development is the quality of guidance-orphan relationships.

In modernity and post-modernity discourse, orphans have been necessary to the social construction of the world of the nation state, which is based on the image of (nuclear) family units (Liu and Zhu 2009). Since, by living outside 'the family', orphans challenge the necessities of patriarchy, their vulnerability and dependence are emphasized as the rationale for their insti-

tutionalization and other forms of control (Liu and Zhu 2009). If they live outside families or adult care, they threaten the consensus that the family is necessary. They claim that children who are not raised by both of their biological parents will suffer lower levels of well-being than children from intact families. Likewise the strategies for the care of orphans bear witness to distinctive shifts in discourses of development. Thus, orphans end up being vulnerable to all dimensions of insecurities, including health, physical, psychological, food, shelter and economic security.

Objective of the Study

This study explores the challenges, including health and other conditions, faced by orphans living with extended families. This study specifically addresses various issues concerning care and well-being of orphans, how their health and nutritional requirements are being met including emotional conditions which affect orphans living with extended families and the challenges faced by care givers who cannot afford to meet the personal needs of the orphans due to financial constraints.

Orphans Living with Grandparents

Barnett and Blaike (1992: 118-119) in their findings show inevitably that many orphans are cared for by their grandparents. While this results in particular problems of discipline and financial resources, this arrangement has proved to be one of the most workable ways of looking after orphans in many communities. AIDS will inevitably result in a grandmother's burden where the grandparents take on responsibility for the care of their orphaned grandchildren. However, at present aged grandparents have increasingly assumed responsibilities for rearing orphans; sometimes they are the only relatives left in cases of death as a result of HIV/AIDS. In contemporary Africa, it has become the duty of the grandparents to look after the orphans left by their deceased children, placing a torrid burden on the old people who can no longer enjoy their old age as they assume parenting care (Kalichman et al. 2009). Most often than not, the grandparents are illiterate and too old to understand the modern health care required by orphaned children.

Van Dyke (2008: 343) contends that there are three types of orphans. A maternal orphan is a child whose mother has died. Anderson and Phillips (2006) said from 1995-1998 there was a trend in the percentage of children who were South African maternal orphans, remaining at about 2.5 percent. The percentage of maternal orphans increased between 2001 and 2005, rising to slightly more than five percent. The trend for maternal orphans for Africans was similar to that of South African, but some-what higher rising to slightly less than six percent (Anderson and Phillips 2006: 5).

A paternal orphan is a child whose father has died. The percentage of children who are paternal orphans is higher than that of children, who are maternal orphans at every data, but there is less evidence of an upward trend in paternal orphans. About 12.5 percent were paternal orphans in 1995, and about 15.5 percent were paternal orphans in 2005 (Anderson and Phillips 2006). Double orphan refers to a child with both parents dead. Anderson and Phillips (2006) state that the percentage of double orphans increased from about 2.7 percent in 2005. The percentage of children with at least one parent dead increased from about fourteen percent in 1995 to about sixteen percent in 2005 (Anderson and Phillips 2006). There is a sharp increase of orphans across Limpopo Province, making this study a worthy one.

Government Efforts on Orphans

According to Anderson and Phillips (2006: 7), one of the main programmes designed to improve the welfare of orphans and other vulnerable children is the foster care grant disbursed from 2001/2 to 2005/6 fiscal years. The amount spent on foster care grant increased from R364 thousands to R2.044 million; an increase of 5.6 times. The number of recipients of the foster care grant increased from 85,910 in April 2001 to 256,325 in April 2005. The Department of Social Welfare planned to increase the number of foster care grant recipients to 472,138 by the 2009/10 fiscal year. This constitutes a glaring social problem which stares the government, the NGOs and individuals in the face. It is important to carry out monitoring and evaluation of the impact of the huge amount disbursed by the government for the social welfare purposes.

The South African government enacted certain laws on matters pertaining to the care for orphans. The Children's Act 38 of 2005 assigned guardianship by order of court to (South African Constitution 1996, 1999, 2005):
- Any person having an interest in the care, well-being and development of a child may apply to the high court for an order granting guardianship of the child to the applicant.
- When considering an application contemplated in subsection (1) the court must take into account the best interest of the child and the relationship between the applicant and the child; and any other factors that should, in the opinion of the court, be taken into account

Also the Children's Rights Section 28(1) of 1999 assigned every child has a right to:
- Family care or parental care, or to appreciate alternative care when removed from the family environment.
- Basic nutrition, shelter, basic health care services and social services.

The above laws put into place by the government will help inform the research on some of the expectations of the government when people or extended families agree to take care of orphans.

There is the problem of overgeneralisation of the treatment of orphans living with relatives. In theory, when relatives agree to stay with the children of their deceased relatives, they promise to look after those children as their own, but in practice, they tend to mistreat the orphans, making them vulnerable to hunger, ill-health, child labour, physical and sexual abuse (Barnett and Blaike 1992). Some of these orphans especially girls even resort to prostitution in order to get food and clothing; others end up in child trafficking while boys end up stealing, abusing alcohol and other drugs. Most of these problems adversely affect the performance of orphans in school. There is a gap in literature that discusses the vulnerability or otherwise of the challenges faced by orphans and this study investigated the health and other conditions affecting the orphans living with their extended families for future referencing in the study area.

METHODOLOGY

This study was conducted in Muledane village at Litshani Vhana Vhade Foundation, Lim-

popo Province, South Africa. Young orphaned children, guardians and people who work with orphans were respondents in the study in which a qualitative research method was used to obtain the required in-depth information. This study was descriptive about the life experiences of orphans and their circumstances at Muledane village. The field of study allows empathising and understanding of the subjective meanings of the people being studied (Monette et al. 2008). The researchers studied the life circumstances of orphans and observed some of the respondents during the interviews.

The study interviewed 15 participants (nine females and six males) for the survey. Five (5) respondents were selected for the focus group discussion (2 males and 3 females). They were between the ages of 14 and 18 years. Guardians interviewed were one male and two females between the ages of 41 and 70. Two managers of the orphanages (one male and one female) were also interviewed and they were 45 years and above and had been working with orphans for at least five years. Non-probability sampling was used to determine or influence the chances of each orphan to be selected in the study, as a sample. Purposive non-probability sampling method was employed in this study.

The analysis was done using thematic-narrative data analysis in which respondents were asked questions about their life experiences to gather relevant information. The information was then broken down into themes and sub-themes using both narrative and thematic analysis to describe the participant's exact responses to the question asked.

Ethical Considerations

Orphans and other stakeholders were informed about the study, and the levels of their involvement. The identity of respondents remained anonymous throughout the research. All the orphans interviewed were minors but consent was received from their gatekeepers (foster parents, guardians and care-givers). The orphans and other stakeholders were informed about the study and what the study was intended for and the levels of their involvement. The participants were assured that they will not be physically, emotionally and psychologically affected as a result of the study. They were informed about the right to discontinue with the

research at any point when they felt uncomfortable. Honest disclosure of results was applicable in this study because the researchers, at all times, strived to maintain objectivity and integrity in the conduct of the research by reporting the authentic findings of the study to the participants.

RESULTS

The researchers outline and describe the experiences of orphans in their day-to-day lives. This entails economic difficulties, health conditions and social life ordeal they go through in almost their everyday lives. The study reveals that orphans have different feelings and perceptions about their social status. Some of the interviewed orphans indicate that they feel dejected to be orphans; as indicated by one of the orphans:

"I feel down and dejected especially when my peers talk about their parents."

They cite the imaginations of a life without their parents as the major worry. Some indicate that they felt like they burden the extended family members who take care of them, and for that reason, they do not feel comfortable living among the extend families. One of the orphans clearly indicates that:

"I feel like I am a burden to the people who look after me. Sometimes I even reject free gifts from the people I stay with."

However, some of the orphans interviewed said that they do not feel any difference with their status. These have accepted their lives as orphans and they are comfortable within the extended families they live with. One of the orphans said that:

"I don't feel any difference; my life is just the same as others."

Nonetheless, a general trend shown by the study is that some orphans who experience problems on school fees, pocket money and clothing seem not affected by their status as orphans. The responses from interviews also indicate orphans' feelings in relation to their treatment by the members of the extended family. The findings indicate that what determines the feelings more than any other thing is the treatment the orphan gets from the members of the extended family. Most of the orphans interviewed indicate that they felt that they were not liked by extended family members because of abuse, especially being overburdened with work and not

being assisted when they fall sick. One of the orphans stated that:

"I feel my extended family does not like me because they make me do all the work without resting even when I am sick, especially when my grandmother is not around."

However, other orphans indicate that they are liked by extended family members. They said that they were supported in whatever they were doing:

"My extended family likes me; they support me in everything I do."

This made it plausible to argue that the more an orphan is supported, the more he or she feels comfortable in the extended family, and they see themselves as part of the family, not as orphans.

The findings show that the community views and treats orphans differently. Orphans also view the community in different ways. Amongst the orphans interviewed, some said that they felt discriminated against by the community. They indicate that the community did not treat them equally with the children who have both parents. When they attend the clinic sometimes, they are asked to come with their parents even when they know that they have no one. One of the orphans indicates that:

"I feel like people in the community discriminate and look down upon me in whatever I do."

The research also reveals that a certain number of orphans strongly felt that the community does not like them at all. One orphan indicates that*:*

"I also feel that people in my community do not like me. They make jest of me openly."

However, although the orphans gave no clear reasons for the feelings, it can be inferred that some communities despise orphans mainly because of the causes of the deaths of their parents which may be attributed to HIV/AIDS or other forms. The interaction of a parent during his or her lifetime seems to have a bearing on the way the children will be treated by the society when the parents are dead.

The interviews also show that a substantial number of orphans felt segregated and unwanted by the community, but others confirmed that their communities were supportive to them. One orphan indicated that:

"I feel like people treat me equally at home, school and even in the community."

The support from the communities is sometime out of pity for the orphans. This was evidenced by the response of one of the orphans:

"I always feel that people in the community feel pity for me whereas they are always kind and nice to me."

The results indicate a direct relationship between the way extended families living with orphans treat the orphan, and the way the community in turn treats the orphan. When the extended family abuses an orphan, the research reveals that there are more chances of that orphan being liked by the community. Where the extended family proved to have failed to provide the safety net to the orphan, in most cases, the community takes over the responsibility. This has been shown by the issue of the community giving free gifts to orphans.

The orphans are faced with challenges when it comes to their educational pursuits. These are financial, health conditions and lack of a father figure. A respondent confirmed that:

"I am not going to school at the moment because I don't have school uniform."

This study reveals that when orphans are given the chance to attend school, this cultivates hope in their lives. Furthermore, school enables the orphan to interact with many peers, making it possible to forget his or her problems as an orphan. Of the orphans interviewed, some indicated that they are not going to school.

The study reveals challenges facing people living with orphans which are diverse and many. Some of the people living and working with orphans indicated that the major challenge is inadequate finance to meet the needs of orphans living in extended families:

"I have challenges in raising enough money to take care of my two orphaned nieces, and since they are young, they sometimes fail to understand it and I feel bad because I do not want them to think of their dead parents."

They explain that they have their own families to take care of with limited resources and the financial burden worsens when they have to extend those meagre financial resources to the orphans. This problem creates more challenges within the extended family set-up because the person's biological children may end up not interacting well with the orphan. In most cases, when one sends his or her biological child to a good school, the orphan may see this as discrimination:

"I have my own big family and the truth is that the children left by my dead relatives make me appear like I don't like them when I fail to provide enough for them. Sometimes they blame me for mismanaging their social grants, but the

truth is that the money is too little to sustain the life of a child in a decent manner."

Most of the respondents indicate that treating orphans in a way which make them see that they are not being segregated is difficult. Similar to the statement made above, most of the respondents said that orphans are emotional and they need to be handled with care. They indicate that it is easy to inadvertently harm an orphan psychologically. They argue that this is caused by the inherent feeling within most orphans that they are not treated equally when they compare themselves with the biological children of the person(s) taking care of them. A manager of an orphanage expressed this concern during the interview:

"The challenge I always face is that orphans are emotional people who need to be managed when talking and interacting with them."

A certain proportion of the informants said that sometimes orphans even blame them for mismanaging their social grants allocations and they ends up having problems in managing the emotions of orphans within the extended family. This end up severely affecting the relationship between them and the extended family they are living with.

The study reveals that most of the orphans and the people who look after them solely depend on social grants to cope with the financial needs and other related needs like food and clothes. Some guardians, especially those who are unemployed said that they do informal trades to supplement the money they obtain from the social grants.

"I do informal trade, selling Chinese goods and Mopani worms which I buy in bulk from fellow informal traders from Zimbabwe."

DISCUSSION

There exists a 'confusion' in what could be regarded as a double counting of the global figure of 153 million orphans as a result of the addition of children who have lost one parent due to HIV/AIDS and remaining with parent still surviving (The Purpose Collective 2014). It may be difficult for the surviving parent to provide all the care needed for the child hence an intervention may fill the necessary gap before s/he's demise. This study reveals that orphans in Muledane village faced various problems which may be social, psychological, physical including health and economical. They are being discriminated against and ill-treated at the household, institutional and community levels. These orphans are suffering from isolation and segregation even from their guardians. On an economic basis, the orphaned children have limited sources of income to such an extent that they could not have basic and essential items like proper housing, clothing, sufficient food, and medical health facilities since some of the guardians would have spent the orphans' grants on their own luxurious needs. This study reveals that the extended families are treating the orphans in different ways. However, some extended families are treating orphans like their own children and the orphans are very satisfied with on the treatment they are receiving from the extended family but on the other hand some extended families are ill-treating the orphans. The orphans express grief and pain with regard to the way they are being treated by the extended families. Most of the orphans indicate that they suffer from physical abuse, being forced to do all the work by the extended families they stay with. These type of treatments affect their morale and most of them tend to be emotionally and psychologically affected. The findings in this study are similar to those by Cluver et al. (2007) on AIDS-orphans who are said to be more psychologically distressed than other children. The researchers' therefore agree with Meintjes and Giese (2006) that any attempt to improve the psychological and social support for orphaned children should be embedded in a holistic, rights based approach applicable to all children rather than "affirmative action" only geared towards AIDS-orphaned children. The latter may be conducive to stigmatisation and discrimination of AIDS-orphaned children and entails a risk of reduced focus and efforts for other groups of vulnerable children. This study confirms Olley (2008) findings that AIDS orphans more frequently exhibited behavioural problems such as frequent fighting, restlessness, disobedience, worried about many things, often appeared unhappy, unable to settle down to tasks, often told lies, more likely to bully other children and are more likely to have probable childhood mental disorder than non-orphans.

The other portion of the orphans indicates that they attend school, but sometimes face serious challenges of school fees. This is preva-

lent among those orphans living in extended families which are headed by old people who depend solely on social grants for survival. This therefore shows that social grants for orphans are not enough, especially when the extended family does not have other sources of income besides social grants.

As reported in many other countries, daily school attendance rates in our study sample were lower among orphans than among non-orphaned children (Mishra et al. 2004). This observation coincides with high levels of economic activities, especially among AIDS-orphaned children. These findings portray the harsh living conditions of children affected by AIDS and other vulnerable children in the study area. The high frequency of going to bed hungry reflects the aggravated poverty in HIV/AIDS-affected households in this setting, as is the case in other countries in sub-Saharan Africa (Bachmann and Booysen 2004; Booysen 2004; Collins and Leibbrandt 2007).

The study reveals that some challenges faced by the orphans are health-related. This could be as a result high levels of poverty and lack of parental care. The sicknesses range from physical ailment to psychological and emotional disorders which are similar to the findings of Elliot (2012) who identified numerous complicated issues resulting from a child losing one or both parents. Orphans are more likely than non-orphans to complain of headaches, bed wet, and more likely to arrive from school with tears (Olley 2008). This study alluded to psychological and emotional conditions of orphans as a contributory factor to their vulnerability. It is evidenced in the study the multiplicity of actors in the field working with HIV/AIDS-affected households, orphans and other vulnerable children. Synergy between researchers, NGOs, CBOs, donor organisations and policy makers will be essential as a first priority to conduct a national household survey to verify the extent to which our findings can be generalised to the whole of Limpopo Province or South Africa. Studies confirm the success of community-based care (Abebe 2009; Skovdal et al. 2009); however, they do not tend to benefit many orphans, who must be highly mobile in order to join extended family households which themselves are spatially dispersed. This study confirms that care givers are dependent on support from donor organisations and governments for impactful service to the orphans.

Our results suggest that the psychological health of children who are thought to be AIDS-orphaned is more threatened than that of other orphans. Additionally, AIDS orphans were significantly more likely to go to bed hungry than non-AIDS orphans despite being much more involved in economic activities. Low psychosocial well-being scores and unfavourable socio-economic living conditions were also observed for at least some non-orphans and non-AIDS orphans (Kalichman et al. 2009). Comprehensive, non-discriminatory strategies involving all stakeholders in the fields of health and social development are therefore urgently needed.

The researchers realise that several coping strategies and solutions may be employed to mitigate the problems being faced by orphans in their day to day life. These may include parents in the community being encouraged to open trust fund accounts for their children when they are still alive so that their children may not experience financial problems after their death. In addition, the community should be educated on how to deal with orphans since orphans are different from other children who have both parents because they tend to be very sensitive and emotional. This is because orphans always feel discriminated against.

CONCLUSION

This study investigates the experience of orphans staying with extended families and reveals that orphans living conditions which may be social, psychological, economic, health-wise and financial are extremely difficult. Furthermore, the study reveals that most orphaned children are being segregated by the community they live in. Hence, the study proffers that creating awareness and more support systems among the stakeholders will go a long way in mitigating some of the problems faced by the orphans under foster family set ups. These supports could be in the form of increasing grants to foster parents and orphanages by the government, identifying the needy orphans and institutions and information dissemination on how to support orphans by the non-governmental organisations. In addition, social workers should monitor how guardians spend the orphans' social grants.

RECOMMENDATIONS

It is recommended that the society should help the guardians of the orphaned children in

any way they could on social, economic and financial issues. The society can help by keeping the children out of trouble and not isolating or stigmatizing them. The community should be supportive of any family that has the responsibility to support orphans. The community should also be educated on how to treat orphans. The community should also be enlightened on the challenges being faced by orphans in there day to day lives for them to understand the orphans better. Guardian should be very sensitive and considerate when dealing with orphans because orphans are very emotional since they always think that they are being segregated by their guardians and the extended families.

It is further recommended that policy makers should ensure that policies are not only drafted, but also implemented. They should also ensure that the rights of every individual are respected. Policy makers should also ensure that children receive support they deserve and their rights are protected. It is recommended that government tries to improve their lives more by first looking at the problems that are being faced by orphans, not just by giving away limited grant. Guardians in rural areas always suffer from poverty hence the government should help these guardians to get employment or to start income generating projects. They often lack proper housing for the orphaned grandchildren. It is recommended that skip gap families be provided with proper housing.

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