The Panacea and Perfidy Associated with Orphaned and Vulnerable Children (OVCs) Living in Institutionalized Care in Some Countries of the Developing World

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ABSTRACT This paper aims, through a literature review methodology, to discuss, raise debates and discourses on the panacea or benefits associated with institutionalized care; as well as the deficiencies or the perfidy embedded in them. Findings indicate that institutionalized care: ensures provision of OVC education; saves OVC from debilitating livelihoods; offers a second best alternative home to then. OVC institutions are also found to have the following deficiencies: Lack of individualized attention for normal child growth; are usually beset by an array of different abuses; are usually beset by power, politics and poverty in the working environment; workforce usually suffers from burnout, and inadequate coping strategies and control. The researchers have suggested the following as the way forward: advocating for 'family first' initiative; provision of requisite resources in community based domiciles; and supporting caregivers' well-being in tandem with the OVC.

INTRODUCTION

As many countries globalize, issues of the human rights of children are gaining momentum and becoming issues of discussions at many international, regional and national contexts (Kang'ethe 2010a). In the same vein, caring for orphans and vulnerable children has also taken global, regional and national dimensions. According to the Government of Botswana (GOB) (GOB 2008), an orphan is a child who has lost one (single) or both parents (married couples); while the international definition holds that an orphan is a child below the age of 18 who has lost one or both parents. GOB still define a vulnerable child as one who lives in an abusive environment; lives in a poverty stricken household without access to basic needs; lives in a child headed household; lives in a household with a critically ill parent or guardian for at least three months; is HIV/AIDS infected; and lives outside family care. Literature holds that there are six basic needs that children should access for optimal livelihood: food and nutrition; health care; education; shelter; protection and psychosocial support (GOB 2008). This revelation is critical for it help the researchers to benchmark the services offered by most settings of institutionalized care in a few countries of the developing world.

Historically, institutionalized care has been the most common form of care for orphaned and abandoned children throughout the world and has remained so today (United Nations International Children's Fund 2004). However, children that are institutionalized suffer an array of challenges such as being removed from the institutions without future exit plan and resources, lack of adequate love and affection, inadequate access to tertiary education and medication, and suffering a score of abuses from other children and their caregivers (United Nations International Children's Fund 2004). These challenges, however, greatly affect their physical, cognitive and emotional well being (Smyke et al. 2007). In the same vein, adapting into the new environment remains a huge challenge. Despite all these challenges, the number of OVCS and the institutions caring for them continue to proliferate worldwide (Nhambura 2006).

Ironically, and notwithstanding the above aforementioned challenges, institutional care forms an invaluable platform to mitigate and address the plight of poverty of the OVCS and their families. To say the least, OVC institutions reduce the pressure of the government to provide adequate social and welfare support to vulnerable children living with their families. It is therefore important that all the challenges associated with institutionalized care are brought to the fore with the objective of suggesting inter-

ventions that can enhance their capacities and environment to offer the much desired aspects of psychosocial support.

Problem Statement

As globalization takes toll, many countries of the developing world are increasingly becoming aware of the rights of children. The researchers contend that it is important to empirically appreciate the role that institutionalized care plays in upholding the rights of OVC and meeting their basic needs. They have also considered it important to critically debate and raise discourses about the quality of the life offered in institutionalized care. This is with the hope of coming up with plausible and possibly sustainable solutions to the plight of OVC in a few countries of the developing world.

Operational Definition

Panacea, Perfidy, Institutionalized Care

While the word panacea means the solution to all the maladies or problems, it is hereby operationalized in the article to mean good and desirable benefits. On the other hand, while the word perfidy means disloyalty and treachery, it is hereby in the article, operationalized to mean bad or undesirable things.

Institutionalized care means the care that takes place in a residential care setting as opposed to a home domicile.

Article Rationale and Methodology

The paper uses a review of literature methodology to elicit and discuss good aspects (panacea) and bad aspects (perfidy) associated with institutionalized care in some selected countries. It has benefitted from an array of child literature books, journals and government and United Nations Publications

Literature Review

Poverty driving Children into OVC Institutions

In many developing countries, poverty has made children vulnerable to an extent that families often fail to meet basic needs of their children in their homes. This is due to an array of problems such as parental unemployment, underemployment, single parenthood, orphanage,

child abandonment and neglect (South African Government Services 2012; GOB 2008; Kang'ethe 2010a). Such factors push children to OVC institutions where their basic needs such as food, clothing and other psychosocial support are believed to be provided (Csaky 2009). These OVC institutions, therefore, contribute to fulfilling the children's needs which is a score to the Millennium Development Goal (MDG) number one that aims at eradicating hunger and poverty (United Nations International Children's Fund 2004). This also to an extent helps in fulfilling MDG number 4 that aims to reduce child mortality (UNDP 2004). Some of these institutions also offer day care centers meaning that the children are likely to access some basic education. This is important in the realization of MDG number two that aims to see children acquire universal education by the year 2015 (UNDP 2004; Department of Social Services (DSS) 2005, GOB 2008). The children are also likely to have recreation through having peers to play with and therefore achieve emotional and physical well being.

Children's Problems from a Policy Perspective

According to the United Nations Conventions on the Right of the Child (UNCRC), the interest of the child forms a pivotal component of the convention (Convention on the Rights of Children (CRC) 1989) cited in Blanchfield 2009). The same ideology is also held prominent by part 1, subsection 150 (1) (a) of the South African's Children's Act number 38 of 2005 that holds that a child is in need of care and protection if he/she has been abandoned or orphaned, and is without visible means of support (South African Government 2006). In her vision 2016 Vision, the country of Botswana underscores its commitment to orphans and vulnerable children (GOB 2008; DSD 2005). Such children are expected to be placed in institutional care. Surprisingly and ironically, about 80% or more of the children in institutions of care have at least one surviving parent (Better Care Network [BCN] 2009). Studies have shown that poverty, not the absence of family, is the most common reason for placing children in institutional care (Csaky 2009). Child poverty is one of the major problems in South Africa and Africa as a whole, driving children into starvation, malnutrition and at worst, mortality (South African Government Services 2012). For example, in Zimbabwe, research

conducted by UNICEF found out that the single most important factor contributing to the admission of children to orphanages is poverty (BCN 2009). Besides, this lays the financial challenge bare for the government and other child friendly bodies to consider getting involved in. This also gives hope and knowledge that strengthening of families and communities is key in re uniting children with their families. This challenges the government and child friendly bodies of particular countries to consider pertinent working on strategies and interventions to economically empower families and communities in general.

OBSERVATIONS AND DISCUSSION

The Panacea of OVC Services Offered in Institutionalized Care

Provision of Children's' Education

It is these researchers' contention that the war of poverty, prevalence of diseases and many other life debilitating circumstances in the developing part of the world can be mitigated by access to education (Government of Botswana 2008). This is because education is an invaluable gate pass to employment. It enhances the productivity of people in that a skilled population is able to tap resources with ease, create employment and be able to increase production. Education can facilitate procession of raw materials, mechanization and industrialization, all of which are parameters of enhanced development (UNDP 2004). Education acquisition, therefore, is every child's basic right. However, most parents in third world countries are often faced by a challenge of providing this basic right to their children. Achieving universal primary education which is goal number two of the global Millennium Development Goals is becoming a burden to most parents in the developing world, hence sending children into institutional care has been a better alternative. Empirical evidence suggests that education is one of the factors pushing children to care institutions (BCN 2009). This can be illustrated by the situation in the North East Province part of Srilanka where 20% of the children are taken care of the institutionalized care, with the desire to access education usually constituting a major driving factor (BCN 2009). This can also be narrowed to poverty where families will not be having adequate money and resources to access this basic right for their children. Since the rights of children to ed-

ucation and provision of basic needs of life are richly grounded and emphasized by the United Conventions on the Rights of Children (1989); and in South Africa, in the Children's Act number 38 of 2005, then the role of institutionalized care in accessing the OVC education becomes a panacea (South African Government 2006). It is only the education of children that promises socioeconomic changes in their future life and possible mitigation of states of poverty in their countries (GOB 2008).

OVC Institutions Secure OVC from Debilitating Livelihoods

Operationally, OVC institutionalized care forms a better alternative for failed family support in many poor countries of the developing world. Perhaps because of the difficulties associated with caring and supporting children with disabilities, they are more prone to be placed in institutional care. For example, in Jamaica, about 65% of the children with developmental or physical of the disabilities live in homes run exclusively for children with disabilities (BCN 2009). In resource constrained countries of the developing world, these institutions are a panacea to the lives of the OVC because of the possibility that these institutions are more likely to have resources to meet the basic needs of children such as food and clothing. Most of them are also likely to have day care centres that will give the OVC the opportunity to access the much desired basic education. This is an important factor that makes the fulfilment of MDG number two a reality in these countries. These institutions may also be complying with national guidelines, they are also likely to have proper facilities for recreation and other psychosocial needs (GOB 2008). These institutions taking care of OVCs are especially very important to the disabled children who in many resource constrained countries face neglect and abandonment. Generally, the institutions are a home to these children where they will have caregivers who will attend to them and thereby providing a home with some factors they could not get in their natural homes (DSD 2005; GOB 2008).

Institutionalized Care Could Offer a Second Best Alternative Best Home to OVC

Since most of the OVC before joining the institutionalized care are usually in perilous environments where they could be facing acute lack

of basics such as food and clothing, love and trust, as well as facing an uncertain future, institutional care could provide an alternative best environment which when compared to OVC's former circumstances could be a panacea or a desirable environment, either physically, socially, psychosocially, and developmentally. This more often than not enables orphans and vulnerable children to develop some attachment which may have been poorly availed or absent altogether in their natural habitation (Bowlby 1951) cited in Mcleod (2007). John Bowlby (1951), aforementioned asserts that a child has an innate need to attach to one's main attachment figure (monotropy). In doing so, a primary bond is created with the care giver. This attachment, according to Bowlby enables children to develop bond, develop relationships of trust with their caregivers and the significant others. Children who receive better quality care giving may use their interactions with their caregivers to gain more complex knowledge of the environment and their place within it. Children who experience positive attachments develop love, affections, trust and develop positive personalities to socially and emotionally equip them for a successful future (Maguire 2002). They are able to relate well with peers, seniors and have no inexplicit fears in their lives. This is important because, informed by Freudian and Eriksson's theories of early child development, failure to attend to children's developmental needs such as providing them with attachment figures, an environment of love, trust and a social environment of venting emotions, children may develop developmental challenges that will affect their future growth. The presence of caregivers in the institutions is therefore very important in providing attachment figures. This is because children have the significant personality necessary in taking the place of their biological mother, a grandmother, or a guardian (Maguire 2002; Eriksson, 1968 cited in Cherry 2013; Freud 1973 cited in Cherry 2013).

Perfidy of OVC Services Offered in Institutionalized Care

Lack of Individualized Attention for Normal Child Growth

Despite the positive role that OVC institutions may have especially in resource con-

strained countries, there are also an array of challenges that make the lives of the OVC not complete. Sometimes congestion of these institutions renders their operations both ineffective and an inappropriate environment to normal child growth and development. For example, the number of children could be very big making opportunities to give children individualized attention an arduous and an uphill task. This staff deficit deprives children from the continuous attuned relationships with care givers that are necessary to developing attachments, a fundamental human requirement. In contrast, families even those that are poor, provide these essential developmental connections. Nothing can make up for the personal attention and love that a parent, aunt or grandmother can provide (BCN 2009). Perhaps this is why child caring individuals and organizations of many countries of the world are increasingly urging communities to provide a place of safety for the OVC instead of them joining OVC institutions.

In support of community based places of domicile for the OVC as opposed to institutional care, diverse literature confirm that long term consequences of institutional care are likely to manifest in the lives of such children later in life through having them fail to display love, trust, and even forming good relationships with others (Eriksson 1968 cited in Cherry 2013). This is because the child's developmental stages in which attachment figures were necessary to foster his/her development of love, confidence, relationship building pass unprocessed to the detriment of the immediate future of the child (Maguire 2002). This renders credence to psychoanalytic theories of Freud and Eric Eriksson that underscore the likely development flaws in an adult whose developmental stages were not adequately addressed while he/she was young. Many of these children will be emotionally vulnerable and they will be craving for adult attention and readiness to go off with a stranger will make them obvious targets for sex offenders (Johnson et al. 2005).

Opportunities for an Array of Abuse in Care Giving Institutions

Popular perception holds that orphanages or institutions protect children from abuse and neglect. However, research has shown that children in orphanages face a higher risk of vio-

lence and abuse than in family settings especially if they are disabled (BCN 2009). Children in institutional care are not immune from maltreatment by their peers, for example bullying of the smaller ones from the relatively bigger ones (GOB 2008). This happens especially when children due to inadequate staff fail to give children the much needed individualized attention. Of much interest is the increased documented reports of abuse and neglect of the children by the staff. Indeed, physical and sexual abuses have been reported to exist in a number of institutions worldwide. These risks stem from a variety of sources including staff and other children (Meintjes et al. 2007). The researchers would like to use this forum to ask the international, regional and national bodies to continue in their advocacy and lobbying for the human rights of the children, both in the institutions and also at their homes. People in all the communities should understand all the rights of children and their violation thereof (Kang'ethe 2010a; Johnson et al. 2005).

Power, Politics and Poverty in the Working Environment

Power, politics and poverty affect any working environment. Lack of basic necessities such as food, electricity to keep the children warm during winter, lack of playing apparatus are factors that are likely to de motivate the workforce. Therefore, within residential care, such lack of basic necessities could negatively affect the staff morale and therefore dampen their capacity to take good care of the OVC. There is a need to empower the workforce in care institutions by making the both the physical and social working environment conducive. This will create a wave of motivation and possible increased productivity. Motivating the workforce will have an intrinsic effect of enhancing its capacity to build a stronger rapport between them and the children (Lawler 1994; Kang'ethe 2011). A constant supply of resources, for example, is needed to enable a smooth functioning in the residential home. According to Heron and Chakrabarti (2003), politics of maintaining a disempowered workforce is fundamentally opposed to a good child caring environment. A disempowered staff group creates a vacuum that will be filled with disruptive, damaging and often violent behavior of children. Control is frequently wielded in institutions to suffocate, destroy, or suppress key issues with the intention of redefining the boundaries of what is to count as a political issue.

Burnout, Coping Strategies and Control

Due to an array of challenges and problems in OVC institutions, workers are likely to suffer work overload fatigue, stress and burnout. Burnout is a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment that can occur among individuals in any working environment (Heron and Chakrabarti 2003; Uys and Cameron 2003; Nurses Association of Botswana (NAB) 2004; Kang'ethe 2010b). Such a state of burnout and stresses has a detrimental effect in relationship building between the OVC and their caregivers and other staff responsible over them. This compromises a helping relationship (Segal et al. 2007). The withdrawal of the staff's involvement from the children may be in some instances symptomatic of burnout. Burnout according to Kent (1997) cited in Chakrabarti (2003) is a common phenomenon in residential care. The combination of excessive stress, violence, inadequate support and being unable to meet the children's needs may create a situation in which staff withdraw their involvement, especially from certain very needy children such as the disabled ones. This will therefore affect the social, physical, intellectual and developmental aspects of the children which these institutions were hoped to provide. It is therefore critical that governments, donors as well as individuals sympathetic to care of the OVCs sit together to deliberate on these challenges with the hope of coming with plausible and sustainable interventions to expedite OVC working spirit and motivation

CONCLUSION

The researchers appreciate the impacts and effects of globalization which continue to highlight the plight of the OVC as far as bolstering and enhancing their rights to provision of basic needs is concerned. While the role of the institutionalized care cannot be overemphasized, the researchers are adding their voice to support concerted efforts by government, NGO's and private organizations that are OVC friendly, in bolstering and enhancing the rights of OVC in

institutionalized care setting. While institutionalized is critical in mitigating the effects of OVC by giving them a second alternative home, the quality offered in these institutions needs to be cross examined with the hope of coming up with interventions that are sustainable.

RECOMMENDATIONS/WAY FORWARD

Advocating For 'Family First' Initiative

Although the role of institutionalized care cannot be overemphasized especially in resource constrained countries of the developing world, these researchers are of the contention that, the plight of OVC in care institutions could take a second place priority over having the children be accommodated and helped from their parents' or relatives' places of domicile. Advocating for care within the family should be the first option when a child is found to be in need of care and protection. This implies that care within the family takes priority over the institutional care. Alternatives such as family support services, kinship care, foster care, supporting child headed households and domestic adoption are the recommended care options. These options are not only better for the child's physical and mental well being, but are also cheaper and offer a more sustainable solution. Despite its importance in circumstances of family and community support of the OVC, these researchers contend that institutional care should be an intervention of last resort. This is because of the child developmental flaws it is associated with. The researchers call upon all the players involved in aiding OVCs, whether government policy makers, families and communities to explore all alternative community based help systems before placing a child in institutionalized care such as in an orphanage.

Provision of Requisite Resources in Community Based Domiciles

Perhaps one of the biggest challenges that drive children to institutionalized care is lack of basic needs and resources in the children's place of domicile, and of course the management of these children. Although the management of the OVC could still pose a big challenge even when resources are availed, these researchers contend that allocating resources to more effectively support community based alternative care options such as the families where the child hails from could be more developmental and more fulfilling to both the child and the parents/grandparents/ guardians. The researchers contend and view prioritizing the prevention of family separation so that children remain in their home with the parents as a panacea. Families can be strengthened by equipping parents/ guardians with resources such as the provision of grants used by the South African government, and also equip the caregivers with skills and ways of coping with young children. This can be done by training the caregivers with parenting and nurturance skills.

The researchers also contend that in the event that a child is going to be institutionalized, it is important for the government as well as those close to the child under risk to ensure that all forms of alternative care adhere to the respective country's set standards and guidelines. Such guidelines include ensuring that the OVC institutions' physical building meet health standards, follow all certification standards, and adhere to inspection and monitoring procedures. The researchers also ask the government to expedite taking legal action against unregistered or unlawful care institutions to ensure that the safety as well as welfare of the children is adequately provided. Building an effective cadre of social workers capable of supporting and monitoring the care of children is also critical. There is a need to train and qualify residential child care workers with the diploma in social work. These researchers contend that this should be the minimum standard of qualification because of the exceptionally complex and demanding nature of residential child care

Supporting Caregivers' Well Being and the OVC

The contend and recommend that strategies of helping both the caregiver and the OVC, whether in a caring institution, or in a community based domicile, be critically considered by the government or care authorities of the respective country. The government, or the care ministry as well as any private or donor provider should ensure financial support to the duo, the caregiver and the OVC. Besides the financial support, other forms of support especially to foster other forms of developmental support

such as recreation should also be considered. The government of the respective country should come up with a wellness programme for the caregivers to mitigate the environment of stress in their care giving and nurturance occupation. This is done to avoid burnout. Supporting care givers' own well being and bolstering their capacities and an ability to form bonds with young children is essential to ensuring that the environment within their caring environment is favourable for OVC.

Theoretical Frame

Attachment Theory

The attachment theory propounded by John Bowlby suggests that children come into the world biologically programmed to form attachments with others because this will help them to survive. He believes that attachment behaviours are instinctive and are made up of instinctual responses that have the function of binding the infant to the mother. Attachment between a child and its mother is activated by sucking, clinging, crying and smiling. Bowlby notes that during infancy and early childhood, the child is dependent on its mother for everything. It is further suggested that a child has an intuitive and innate need to attach to an attachment figure (monotropy). Bowlby believed that there is a primary bond which is much more important than any other ; and that a failure to initiate or a breakdown of the maternal attachment would lead to serious negative consequences possibly including affectionless psychopathy.

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