

## **Alternative Care for Children in Botswana: a Reality or Idealism?**

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### **1 Introduction**

The impact of HIV and AIDS on families has raised an alarming concern for child welfare in Botswana. In the past, the family had a sense of duty and responsibility towards its members even when resources were limited (Tshitswana, 2003). The author argues that as the epidemic takes its toll on family systems, children are left vulnerable and in need of care. According to the 2001 national census, Botswana has a population of about 1.7 million inhabitants with children under the age of 18 representing 44.9 percent of the total population. About 48 percent of these children live in urban areas and the remaining 52 percent in rural areas. However, despite improved health services and strong socioeconomic performance over the years since the discovery and exploitation of diamonds, a child born today in Botswana is expected to have a shorter life span than one born a decade ago (Government of Botswana, 2001). This is largely one of the grim realities of HIV and AIDS in the country.

Poverty and unemployment continue to remain a challenge to development in Botswana especially in relation to the Millennium Development Goals (MDGs). While the proportion of people living under poverty has evidently declined from 47 percent in 1993/94 to about 30 percent in 2002/03 the number of children living in poverty is not yet known. Since 55 percent are estimated to live in female headed households, a majority of whom are unemployed and poor, it may be deduced that most children under such circumstances live in poverty (Government of Botswana/UNICEF, 2006). In addition, they are likely to lose their parents.

UNICEF (2006) reported that the number of children orphaned by AIDS in sub-Saharan Africa (SSA) is estimated to be around 12 million. In addition, Formson & Forsythe (2010) state that majority of children live with chronically ill or dying parents and/or live in poverty stricken and food insecure households. As a result, CRS Report (2004) reports that it is common to find caretakers who only take in orphans with the intention of using them to access benefits provided by the government. Such environments exacerbate the childrens' situation as indicated by UNAIDS (2000) stating that in Botswana, children are struggling with several challenges related to health, development and education. Orphaned children especially, are vulnerable to malnutrition, illness, abuse and sexual exploitation and face problems of severe financial constraint, hunger, dropping out of school, lack of clothing, and general neglect. In addition, they struggle against stigma and discrimination (UNAIDS, 2000). Maundeni (2009) argues that the majority of children who need care experience problems that are caused by the society denying them their human rights. She also argues that basic rights of orphaned and vulnerable children in Botswana, such as the right to life, the right to adequate health care and education, and the right to freedom from discrimination are sometimes disregarded even though the Convention on the Rights of the Child (CRC) (1989) to which Botswana is a signatory outlines the fundamental rights of children. These rights

include the right to be protected from economic exploitation, harmful work, all forms of sexual exploitation and abuse, and physical or mental violence. The CRC places emphasis on society's responsibility to ensure that children are granted protection and all appropriate opportunities for development, security and care (Jacques, 2003).

Despite the existence of several national and international instruments, the media and several studies indicate that children are exposed to different kinds of abuse, neglect and abandonment which call for new child protection measures. Evidently, the act and many charters alone cannot offer child protection. Jacques (2003) argues that the national disaster of HIV and AIDS has prompted emergency action on alternative care for children in Botswana. She reports that social workers across the country have always struggled to assist abandoned, neglected and abused children due to non-availability of facilities for alternative care. In response to this crisis argues Formson & Forsythe (2010), governments, civil society and international institutions have developed a range of programs to provide protection, care and support to orphans and vulnerable children (OVC) and their families. However, these efforts have proved to be limited looking at the magnitude of OVCs, hence there is need to revisit them and propose new ones that will have some positive impact. The objective of this paper is to discuss the alternative care methods used to aid OVCs in Botswana and examine their strengths and limitations. Lastly, the paper will recommend what can be done to curtail the OVCs problem.

## **2 Background on orphans and vulnerable children in Botswana**

The number of orphans in Botswana has escalated drastically due to the high prevalence of HIV and the extended family and communities can no longer cope (Government of Botswana, 2008b). Tsheko et al., (2007) report that, in 1999, the number of registered orphans was 21,209. According to the Botswana 2001 Population and Housing Census (Central Statistics Office, 2003), there were approximately 111,812 orphans in Botswana, representing approximately 15.2% of the children below the age of 18 years and in 2007, the National Situation Analysis on OVC in Botswana estimated the number of orphans at 137,805, representing 17.2 percent of the number of children below the age of 18 (Government of Botswana, 2008a). On the other hand, by the end of June 2010, a total of 36,183 vulnerable children were registered with DSS (Feranil, Herstad, Jallow & Mbuya-Brown, 2010). These statistics, indicate the severity of the OVC situation in Botswana. Over 68% of orphans are taken in by female headed households, 34% live with grandparents, and 11% are cared for by other relatives (UNICEF, 2005).

Losing a parent is not the only source of vulnerability for Botswana's children. Other causes include living in an abusive environment, heading a household or living in a child-headed household, living with a sick parent or guardian, living with HIV, living with a disability, and living outside family care. All of these situations can make children vulnerable to abuse and exploitation, illness, withdrawal from school, and emotional distress and trauma (Feranil, et al, 2010).

In Botswana, an orphan is defined as a child below 18 years who has lost one parent (single orphan) or both parents (double orphan) (Government of Botswana, 2008a). Botswana's 2008 National Guidelines on the Care of Orphans and Vulnerable Children define a vulnerable child as any child under the age of 18 years who lives in an abusive environment, a poverty-stricken family unable to access basic services, or a child-headed household; a child who lives with sick parents or outside family care; or who is HIV positive (Government of Botswana, 2008b).

The demographic survey conducted by the Central Statistics Office (CSO) (2006) reported that the prevalence of vulnerable children who "lived in a household where there is no one gainfully employed" was 30.6% and; 4.4% of children "lived in a household where there was a person who had been critically ill for at least 3 months" (Government of Botswana, 2008a). In addition, CSO (2003) reports that about 30% of the population are poor which incapacitates to provide for their own children, much less the needs of orphaned relatives. This is because a majority are unemployed, widowed, and have low education and income levels. However, the Government of Botswana (2008a) reports that about 49% of all households with VC receive assistance from the state through the National Orphan Care Programme which was initiated in 1999 to coordinate all efforts addressing orphaned children. This programme ensures that these children are provided with food baskets and have access to education, security, provision of psychosocial support and alternative care (Tsheko, 2007).

Besides the efforts of the government, non governmental organizations (NGOs) and community based organizations (CBOs) have also positively responded with child care and protection services for orphans despite the limitations they have (Tsheko, 2007). The main challenge for these organizations is financial constraints which limits their capacity to provide care to OVCs beyond urban and semi-urban areas. Tsheko (2007) reports that the Masiela Trust Fund was established in 2001 with the mandate to raise funds for the care of orphans supporting CBOs and faith based organizations (FBOs) involved in care of vulnerable children.

### **3 Alternative Care**

Alternative care is the "legal temporary transfer of a person below the age of 18 years, who is in need of care, to a place of safety, being an individual, family or residential facility, where provision is made for social, spiritual, psychological, economic, and mental well being in the best interest of the child." (Government of Botswana, 2005). In Botswana, kinship care was and still is used as a measure to provide for care and protect children whose biological parents are unable to do so.

Kinship care is "the full time nurturing and protection of children who must be separated from their parents by relatives, members of their tribes, clans, godparents, stepparents or other adults who have a kinship bond with a child," (Testa & Rolock 1999: 557). Despite the difficulties, the extended family safety net is still the most effective response to economic and social crisis throughout sub-Saharan Africa where an estimated 90% of orphaned children in households live with extended family members including aunts, uncles, grandparents, and other relatives (Miller, 2006). Madhavan (2004) also explains that extended family members have fostered children for a variety of reasons including the deaths of mothers in childbirth, for youth to gain access to education, and so that children can be used for domestic labor (Madhavan, 2004). The tradition of fostering by extended families continues today and is a vital coping mechanism in nations with high HIV prevalence and growing orphan populations (Miller, et al, 2006), including Botswana. Some authors also underline that kinship care should be defined from a family preservation perspective because it is then that it will recognize the positive influence of family bonds or ties on the child's growth and development (Child Welfare League of America, 2000).

Foster (2004) reports that members of the extended families assist each other socially, economically, psychologically, and emotionally. They also provide shelter and emotional, educational, spiritual and moral support (Maundeni, 2009). Traditionally, kinship systems

emphasized sibling bonds, provided a sense of belonging, and gave support and security to members by sharing the little they had. Tshitswana (2003) posits that the extended family was the traditional social security system. Members were responsible for the protection of the vulnerable, care for those who were sick and poor and transmission of social values and education to children in particular.

When children are placed with people they know, Testa & Rolock (1999) argue that it ideally lessens the possibility of depression and isolation that are consequences of separation, and offers growth and development within the context of a child's culture and community. This strengthens the children's sense of identity and self esteem which emanate from knowing their familial and communal culture (Testa & Rolock 1999). The Child Welfare League of America (2000), reports that kinship care reflects principles of child centered, family focused casework practice that is viewed as the unifying theme for child welfare services. It builds on family resources hence displaying the recognition of the family as a resource and influencing communities to view themselves as responsible for promoting the wellbeing of children and their families.

The advantage of extended family fostering is that it is culturally acceptable and assumed to be sustainable throughout a child's development, partially because communities will band together to support these households (Deininger, Garcia & Subbarao, 2003). In most cases, children can find stability, love, and emotional support in relatives' homes. Even though Tshitswana (2003) argues that the extended family is the best first line of response to the orphan crisis and should be supported and encouraged to continue, she does acknowledge that the extended family has been stretched beyond its capacity and in many instances is no longer coping.

#### **4 Challenges of Kinship Care**

Coping mechanisms regarding OVCs are complex and vary according to social settings. The societal and environmental changes, besides HIV and AIDS that have impacted on families' coping with OVCs include socioeconomic status of family members and rural urban migration (Tshitswana, 2003). This has created a concomitant alteration of the family structure. The author adds that on other social change that affects families are the increasing effects of nuclear as opposed to extended family patterns. This has fostered a spirit of individualism and the emergence of the nuclear family form that values helping immediate family members only (Maundeni, 2009). This family structure has made it difficult to take in, provide for and support increasing numbers of OVCs. In addition, it has been found that people in the age group 20-45 years are reluctant to care for orphans mainly because of socio-economic constraints (Botswana Human Development Report, 2000). Even before the HIV and AIDS pandemic, extended families were challenged to care for OVCs due to labour migration, urbanization and cash economy; increased life expectancy and family size. These changes weakened extended families in several ways. For example, there is reduction in the frequency of contact with relatives; possessions are perceived as personal property and no longer belong to the extended family; diminishing availability of land makes it difficult for large families to be economically independent through subsistence agriculture; and impossible for an extended family of three or four generations to reside together (Foster, 2004).

Besides changing extended family structures, research has indicated that children who are taken in by the extended families are mistreated, abused and exploited (Foster, 2004). The Rapid Assessment on the Situation of Orphans in Botswana (1998) identified girls between the ages of 15-18, who had been sexually abused and some had fallen pregnant and dropped

out of school. In most cases, such abuse is inflicted by care givers who are supposed to protect and care for these children. Circumstances such as these facing the girl child no doubt expose her to a greater risk of HIV infection. In addition, caregivers also burden orphaned children with domestic chores which may preclude their attendance at school (Jacques, 2003). This infringes on their right to education.

In some instances, the families are living under circumstances of extreme poverty because they have been dependent both financially and physically on the support of the deceased (Schonteich, 2002). In the case of Botswana, 56% of orphans live in households whose heads are not economically active, and for those whose heads are economically active, the majority are employed in low paying jobs (UNICEF, 2005). This indicates that extended family members are faced with the challenge of absorbing children in need of care mainly because of limited resources. However, Foster (2004) argues that some orphans, especially girls, are taken in by relatives because of their economic value in performing domestic chores or for obtaining the bride price. In Botswana Daniel (2003) also found that in many poor households where there are no alternative sources of income, orphans have become breadwinners because of their monthly food basket from the government.

In addition, the extended family has become stretched as a result of an increase in the number of orphans and a reduction of prime age caregivers (Foster, 2004) as HIV and AIDS has ruthlessly affected the composition of families and communities. Jacques (2003) argues that adults fall ill and die at an alarming rate, leaving the young and elderly to cope alone. Lives of children are deeply affected by the AIDS phenomenon which decimates the productive sector of society and causes the death of parents and other relatives who would traditionally assume the care of the children (Jacques, 2003).

The above discussion indicates that extended family members may mistreat VCs in several ways, including: lack of social support, subjugation to child labour, violence, sexual abuse, violation of children's rights, discrimination and stigma, and removal from school. In addition, there is property grabbing that lowers orphan's standard of living. According Salaam (2004), property grabbing is a practice where relatives of the deceased come and claim the land and other property. Maundeni (2003) argues that property grabbing has become common and it forces orphans to live in poverty. Consequently, children may indulge in prostitution to earn a living. The United Nations (UN) (1989) declared that all over the world, there are children living in exceptionally difficult circumstances and proclaimed that such children need special consideration. Moreover, UN stressed that children are entitled to special care and assistance and that the State should protect the child from all forms of maltreatment by parents or guardians by establishing appropriate social programmes for the prevention of maltreatment (Article 19). This was supported by Article 20 of the CRC that countries have the responsibility to provide special protection for children deprived of their family environment and to ensure that alternative family care or institutional placement is available. The government of Botswana therefore realized that there is need to secure sustainable measures for child welfare and upbringing (Tshitswana, 2003), hence formulated some guidelines governing alternative arrangements for children in need of care.

## **5 Adoption- Permanent Alternative Care**

The process of social change due to industrialization, urbanization and assimilation of western values has given way to social, cultural and economic changes that challenge the capacity of many families and communities to provide the necessary care and support to children (Jacques, 2003). As a result, traditional methods of maintaining social cohesion and caring for

the needy are breaking down and the responsibility of looking after children is increasingly becoming the pressure of the individual parent (Central Statistics Office, 1987). Children are those most adversely affected by social change since they need care and a sense of security.

Adoption in many African countries is homogeneous. Bean (1984) argues that in Africa, adoption takes place mainly among relatives. As a result of this, Pakati (1994) maintains that in Africa, adoption will not escape the customs, traditions and beliefs even if societies are developing. Since many families in Africa are faced with poor economic circumstances people find it difficult to extend help to others outside their familial relationships (Pakati, 1994). However this notion is changing. People are now adopting non-related children and may even engage in inter-country adoption. The Organization of African Unity (1990) stressed that States that recognize the system of adoption have to ensure that the best interest of the child is the paramount consideration. Article 24 of the African Charter on the Rights and Welfare of the Child pointed out that States that recognize the system of adoption “*should establish competent authorities to determine matters of adoption and ensure that the adoption is carried out in conformity with applicable laws and procedures and on the basis of all relevant and reliable information....*” (OAU,1990).

Even though the adoption process is homogeneous among African countries, there are some differences in the process that result from customary laws of a particular group of people and the statutory laws of the country. Schapera (1970) points out that adoption was widely practiced in traditional Tswana society. He argues that it was between relatives and that it was informal. There were no specific and stipulated rules, laws and procedures that regulated the practice. It was in accordance with norms, customs and practices of a particular culture. Nowadays, adoption involves the cancellation of the natural parents’ rights and the granting of those rights to the adoptive parents. This entails responsibilities that could only be entrusted to the courts with the assistance of the child’s guardian and the social worker to provide details about the families involved.

Reasons for adoption are changing in Botswana. Child abuse and neglect, child poverty, increases in juvenile offending and the phenomenon of street children have been on the rise. A report by the Department of Social Services (2003), pointed out that child abuse and neglect is reportedly on the increase in Botswana and that the situation is exacerbated by the impact of HIV and AIDS on children resulting in orphanhood, emergence of child-headed households and child sexual exploitation. It also indicates that conflict between traditional and modern value systems has contributed to moral disintegration and deteriorating standards of care and social responsibility leaving children in extremely difficult circumstances.

## **6 Challenges of Adoption**

Committing oneself to parenthood is a serious and positive decision (Schwartz, 2006). Social workers should provide information on the child’s birth and family but in some instances, the adoptive family may lack indepth knowledge of the child’s background, health, abilities and other information that might be crucial in the upbringing of the child. In addition, due to a high incidence of infection among teenagers and young mothers, a number of children are born HIV positive. Currently in Botswana, PMTCT indicates that only 3% of children are born HIV positive (BIAS II, 2005). As AIDS claims the lives of the children’s’ parents and breadwinners, the problem of orphanhood increases (Republic of Botswana, 1998). In most cases adoptive parents are reluctant to adopt an HIV positive child. As such orphans suffer rejection and displacement as the extended family is unwilling to provide for them and adoptive parents are not willing to accept them into their homes.

Moreover, for those couples and individuals interested in adopting, they usually opt for one child. In most cases, therefore there is separation of siblings which makes it difficult for them to offer support to each other. Testa & Rolock (1999) maintain that children's connection to their siblings is vital and it is promoted when they are brought up in the same family unit.

## **7 Residential Care**

Residential care is one of the approaches that are used to cater for children in need of care. This is a relatively new approach in Botswana. Maundeni (2009) argues that changes in the socio-cultural and economic situations in Botswana have necessitated a new acceptance of residential care. There are several types of residential care including that for abused, neglected and abandoned VC and facilities for children living with disabilities (Maundeni, 2009). In Botswana, there are small scale residential facilities that provide a home like setting for VC. There are approved child welfare institutions that were approved by the government of Botswana. Residential care facilities in Botswana include 3 SOS Children's Villages, Childline Botswana, Mpule Kwelagobe Children's Home and Paolo Zanichille. All these facilities cover the whole country which has a population of about 760 000 children, many of whom are in need of care. The following section gives a brief description of the residential care facilities found in Botswana and what they offer OVCs.

### **a) SOS Children's Villages**

SOS Children's Villages is a private child welfare organization whose aim is to provide a home and family for destitute, abandoned and orphaned children. It offers residential care and has adopted a family model where children are grouped in smaller family units headed by SOS 'mothers' (Alao & Molojwane, 2008). The facility strives to develop children into responsible and independent adults who will have the inner strength to cope with the challenges of the future through preparing children for an independent life outside the Village. After 18 years, the residents are either reintegrated into society or are taken back to their families if the family situation has improved during reconstruction services (Alao & Molojwane, 2008)

### **b) Childline Botswana**

Childline Botswana is a non governmental organization (NGO) that was founded in 1990 as a response to the escalating number of child abuse cases in the country. Its vision is "*to have a nation that is child friendly; a nation that respects children's rights and does not abuse children by the year 2015 in line with the millennium development goals (MDG)*" (Childline Botswana, 2009:4). Its mission is to help abused children and address other related child welfare issues through nurturing and intervention strategies like education, counseling and alternative care programme.

Among the services that this facility provides is the Place of Safety which offers temporary emergency accommodation and care to up to 20 children below the age of 5 years. Childline Botswana emphasis is that institutionalization of children should be the best option only for children who cannot be placed in family type situations. Childline's mandate is to accommodate children who require protection on a short term basis while permanent solutions are being formulated. However, this has not always been possible since establishment of permanent solutions takes time to effect. Such solutions include adoption and family reconstruction. Since these entail a lengthy process, Childline Botswana, in collaboration with

Department of Social Service (DSS) promoted the foster care programme in an effort to protect children in need of care through provision of foster family care.

c) Mpule Kwelagobe Centre

This center started operating in 2000. The centre provides accommodation and home to abused and orphaned children (UNICEF, 2007). Mpule Kwelagobe Children's Village in Botswana, offers shelter, counseling, and medical attention to 400 children affected and infected with HIV.

d) The Paolo Zanichelli Children's home

This Kalahari children's home site reports that they strive to raise children in a safe and calm environment where they will be cared for nurtured, and loved . They also provide children with education and health care. The goal is to create a safe haven, a big family, where the children will be educated and learn values ranging from fraternity, solidarity, and eventually independence (<http://www.kalaharichildrenshome.com/Objective.html>).

## 8 Challenges

Although residential facilities provide care and protection to OVCs there are still some challenges that need to be addressed including retaining caregivers. This result in the facilities having to train new mothers, which has financial implications. It also creates instability in the lives of the children (Maundeni, 2009) who struggle with attachment issues. According to Bowlby's attachment theory, a child is born with a predisposition to become attached to caregivers. The child will organize own behavior and thinking in order to maintain those attachment relationships, which are key to psychological and physical survival. Charles & Matheson (1990) argue that separation affects attachment. This is so because the child who has been moved to a residential facility is likely to have difficulties to attach. As a result, such a child is likely to have all kinds of problems, because they have not learned how to regulate their emotions, they have not learned self-control, they have not learned self-reliance in a positive way (Charles & Matheson, 1990).

Residential facilities may be faced with financial constraints since most are run by non governmental organizations that are dependent on donors. Maundeni (2009) argues that international donors have ceased to support Botswana as it is rated an upper meaning that facilities are dependent on fund raising activities which are not always successful. However, government does provide some grants to NGOs that address child welfare issues (Maundeni, 2009) but this assistance is seldom sufficient to address all their needs. Childline especially is struggling to fulfill its obligations and is attempting to obtain a regular grant from government (Childline Draft Annual Report, 2010). Foster (2004) also alluded to financial costs facing residential facilities and argues that residential facilities are more expensive to maintain than assisting families to care for children.

Moreover, government is of the opinion that children should grow up in families instead of institutions. However, due to large workloads of professionals like social workers dealing with children, they tend to use institutions as solutions for children in need of care. Family reconstruction after placement of a child in a residential care is not always possible and as a result, children tend to stay in institutions longer than was intended (Maundeni, 2009). This may break the ties they have with members of their extended families.



Another challenge is the difficulty of reintegrating children into the community. Foster (2004) states that some countries with long term experience of residential facilities for children have been faced with the challenge of reintegrating these children back into the society. It is argued that if residential care facilities are considered necessary, they should be short term and used only after other means have been explored and found to be in appropriate for the children concerned. One example of the acceptability of residential care is that siblings are placed together which is an ideal situation.

## 9 Foster Care

Issues discussed above indicate that many children in Botswana are in need of care and that there is need for alternative care to cater for their needs since the extended family is no longer coping with the situation. The discussion has alluded to the fact that adoption and residential care do help to a certain extent but face many challenges.

Statutory foster care provides a set-up where a child can be cared for and protected. The children's act (1981) did make provisions for foster care arrangements. However, Jacques (2003) argues that the system was not clearly outlined. As a result, a task force was put in place in 1998 in the Ministry of Local Government, Lands and Housing to standardize legal and agency procedures for foster care. According to the Children in Need of Care Regulations (2005) foster care refers to "*the placement of a child in the custody of a person who is not his or her parent and who is willing to undertake the care and maintenance of the child until the child reaches the age of fifteen, is adopted or returned to his/her natural parents or is placed at an approved child welfare institution*" (part 1 Section 2). The overall objective of the policy on foster care is to systematize the process of statutory placement of children in need of care within the home environment of individuals or families other than their family of origin birth parents or relatives (Jacques, 2009).

The government saw it fit to have a pool of foster parents who can provide non-institutional, emergency safe places for children in need of care (Childline Botswana, 2007). The Department of Social Services (DSS), under the Ministry of local Government approved guidelines for statutory foster care. Childline, Botswana in collaboration with DSS piloted the first foster care program in 2007. DSS together with Childline Botswana were involved in the training of trainers programme to prepare local authority social workers for the role in the placement of children in foster care at a statutory level (Maundeni, 2009). However, there has been some delays in the adoption and implementation of this policy which Jacques (2008) argues is testimony to the cultural practices and a general reluctance to abandon the norms of a passing era.

Statutory foster care can be a lengthy and cumbersome process. This is so because it involves steps and stages which include recruitment, screening, and training of foster parents; ongoing monitoring of placements; reconstruction services to families of origin; supportive group work with foster children, foster parents, and birth parents/families; and the enabling of positive contact between children and their relatives (Jacques, 2009). In addition, before a child in need of care can be placed in foster care, there are court proceedings. The social worker writes a report on behalf of the agency to magistrate to make a basis for the ruling. The magistrate will also base his ruling by determining the child's best interests, as is indicated in the amended Children's Act (2009) which states that the Children's Court shall have regard to: the wishes and feelings of the child in the light of their age and level of understanding; the physical, emotional, and educational needs of the child; the likely effect on the child of any change in their environment; the gender, background, and other

characteristics of the child relevant to decisions concerning their welfare; and any harm already suffered or likely to be suffered if the child is (or is not) removed from their home environment (Children's Act, 2009, Part II, Section 6 (i)).

Foster care offers the child a chance to grow up in a family that can provide for him or her. Additionally, foster parents are screened by social workers to ensure that children are placed in a safe home. At times, the elderly caregiver also needs to be taken care of and be protected because of old age. At times elderly caregivers have unresolved issues with the parent of the VC which can therefore inhibit their ability to offer unconditional love to the VCs. Fostering is good for children in need of care. Foster (2004) argued that, family members who provide fostering are most likely to act in the best interest of the child. Moreover, the author reports that children who are fostered are easily integrated into the society than children in residential facilities. As opposed to children in residential facilities, fostered children are exposed to an environment that enables them to be developed both psychologically and intellectually (Foster, 2004).

Foster care, however, can expose children to discrimination, abuse and mistreatment (Foster, 2004). In addition, children can have issues with separation and attachment. Interfering with their emotions can be damaging to them. It is worth noting that "No matter how badly neglected or endangered children may be while living with their natural parents, removing them from their homes carries its own set of risks and may burden them with additional emotional baggage" (University of Pittsburgh Office of Child Development, 1998:1). Some literature also argues that children in foster care experience identity problems, conflicts of loyalty and anxiety about the future. However, benefits of foster care outweigh the challenges of foster care.

## **10 Implications for the future**

The above discussion has described that VCs in Botswana are at a crossroad and need an immediate response to address their issues. Social welfare for VCs as provided for by government and NGOs has always emphasized keeping children within the extended family system. However, the above discussion has indicated that, though the extended family has traditionally been the ideal solution for children in need of care, the situation has since been plagued by changes like labour and migration, decreased life expectancy and reduction in family size where the nuclear family is emphasized leaving children in difficult circumstances. The family as social security system is less applicable in Sub-Saharan Africa in the 21<sup>st</sup> century. There is therefore need to look beyond the extended family in order to help address the problems faced by VCs.

The discussion acknowledges that government and NGOs are attempting to address the issue despite insufficient implementation capacity and resource constraints. So far, some forms of alternative care that is utilized to help VCs include adoption and residential care though they have their challenges. It is important for other mechanisms to play a more significant role in supporting VC. The community should also see itself as a team player in this predicament. As such there is need to call upon the community to participate in the foster parent programme as a way to help VCs. Government therefore should implement the programme as an effective response to the increasing number of VC in Botswana.

Government should continue taking responsibility to ensure that children's needs are met at all times. It is therefore recommended that it should:

- Employ or designate more social workers as child welfare officers who will be responsible for seeing that statutory foster care is implemented.
- Child welfare officers from the districts working together with the institutional social workers should take responsibility of children placed in institutions to ensure that family reconstruction and reunification is carried out.
- There is need for specialized training of social workers and other helping professionals to ensure smooth implementation of the programme.

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