



Orphanhood, Poverty and the Care Dilemma: Review of Global Policy Trends

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Abstract

The care and protection of children experiencing orphanhood presents a major child-care policy challenge. This paper draws on a review of the literature to document divergent conceptualizations of orphanhood, how the hurdles for the care of orphans reflect wider issues of poverty and inequality, as well as the ways in which different care interventions (familial, institutional, community-based and rights-based) might be appropriated for children in need. It is argued that the map of contemporary orphanhood overlaps with the contours of global poverty, inequality, age-based deprivations and marginalization. An example of a ‘globalised’ model of orphan care, namely SOS Children’s Villages, is presented and its implications for policy are examined. The paper highlights the significance of fighting poverty and enhancing the care-giving capabilities of extended families in the care and protection of children from a rights-based perspective. It suggests that *external* interventions should primarily address the structural causes of poverty and marginality, rather than amplifying inequalities through the selective support of orphans in economically vulnerable communities.

1 Introduction

Children without parents are not only among the most vulnerable members of society – their care and protection also presents a major child-care policy challenge. To date, finding the necessary resources to protect orphans has become a priority for the international aid community (Ennew 2005). This is reflected in ‘rights-based approaches’ to child welfare underpinned by the United Nations Convention on the Rights of the Child (UNCRC).¹ Among other things, the UNCRC establishes standards for the fulfilment of the well-being of children without parental care. Different articles of the Convention also stipulate the provision, protection and participation of orphans and other vulnerable children in similar circumstances. These include Article 9 (on children’s right to continued contact with parents when in the care of the state); Article 10 (on family reunification if children and parents become separated by national borders); Article 20 (on the state’s responsibilities and alternative forms of care for children separated from their parents); Article 21 (on adoption); and Article 25 (on the need for periodic reviews of placements for children without parents in institutional or alternative care).

Although rights-based approaches tend to be powerful at present, they are not the only framework for the care and protection of orphans. Throughout history, different actors of development (the state, the family, charitable organizations, NGOs) have been promoting different strategies of care for orphans and vulnerable children. These strategies not only change with time, but also are dynamic according to what one might call the ‘language of

¹ Accessed on 12.03.09: <http://www2.ohchr.org/english/law/crc.htm>

development'. This paper explores the policy implications of problematic constructions of 'global orphans' and the challenges of their care in the contexts of deepening poverty and social inequality. It argues that policy interventions for orphans and other vulnerable children mirror globalised ideals of proper childhood that shape the discourses of care. The paper first discusses the social history of orphanhood and the ways in which orphans are viewed variably in different societies. Secondly, it explores how orphanhood is associated with victimhood, innocence, vulnerability and dependence, and examines a wide range of care interventions for orphans, including family care, institutional care, community-based care and rights-based care. Drawing on an example of a 'globalised' model of institutional care, namely SOS children's villages, the paper finally examines broad challenges of poverty and marginalization facing children in low-resource countries and suggests some policy options to ensure the well-being of children in need from a rights-based perspective.

2 The social history of orphanhood

Although orphanhood is not a new phenomenon, ensuring the care and protection of parentless children depends to a large extent on the relative development of governance structures, the availability of resources, the attitudes of different stakeholders and the social construction of orphanhood. The latter varies across space and with time, as well as with the ways in which society perceives what childhood ought to be. In her valuable contribution entitled *Prisoners of childhood: orphans and economic dependency*, Judith Ennew (2005) argues that, throughout Western history, orphans have played a pivotal role in two domains – mythology and social welfare provision. These relate to and have been transformed with the culture, politics and economics of development, as well as the ideology of nation states, for which children fulfil multiple narrative, social, economic, cultural and political roles (see Table 1). Although the definitions may vary, Ennew points out that orphans are parentless children who are socially and materially dependent on the wider society for their safe passage through childhood. In modernity and post-modernity, 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. Since, by living outside 'the family', orphans challenge the necessities of patriarchy, their vulnerability and dependence are emphasized as the rationale for their institutionalization and other forms of control (Ennew 2003, 6; see also Liu and Zhu 2009). If they live outside families or adult care, they threaten the consensus that the family is necessary. Likewise the strategies for the care of orphans bears witness to distinctive shifts in discourses of development, and, as I will show later on, in what the international aid community believes is in the children's 'best interests'. In what follows, I will discuss conceptualizations of social and biological orphanhood, and how contemporary understandings of the category 'orphan' are different from how orphanhood has been perceived in history.

Orphan(-hood) is a generic categorization used mainly to describe a parental status, as well as the socio-economic condition of children who have lost one or both parents due to various causes. Although these causes are far too numerous to list, it is generally (and simply) possible to classify orphaned children into 'AIDS orphans' and 'non-AIDS orphans'. The latter consist of children who have been orphaned due to famine, malaria, war etc. Within these general classifications, special categories of vulnerable children are the subject of attention within what Ennew (2003, 5) calls is the 'Donor-Media Complex'. These include 'AIDS orphans' in Africa and 'street children' in Latin America, as well as historically specific groups such as 'Biafra babies' of the 1960s and the 'Romanian orphans' of the early 1990s. The Donor-Media complex has also produced the construction of orphanhood as a

crisis-childhood: a ‘ticking time-bomb’, ‘silent crises’, ‘lost generation’, ‘robbed childhood’, and ‘childhood in the sun’ (Abebe and Aase 2007). Such constructions not only amplify children’s vulnerability, but are also largely orchestrated by the rhetoric of *disability* (in the social sense) which, in its own turn, undermines the complex ways in which orphans muster the resources and develop the capabilities they need to cope with their marginalization.

Although the most usual global definition of ‘orphan’ in international social work is a child with two deceased biological parents, this is by no means universal. Different societies have different conceptions about orphans, and understanding orphanhood – both biological and social – as a phenomenon and mode of life of children is culture-specific. In the context of AIDS, UNAIDS (2004) has for long defined an orphan as ‘a child under the age of 15 years who has lost its mother to HIV/AIDS’. However, such a definition based on a global model of childhood – focusing on chronological age and the biological status of the parents – is problematic on many accounts. Orphan children do not cease to have needs upon reaching the key age of 15, nor do they necessarily become socially and economically independent of their care-givers. Although many children may take on the responsibility of heading a household when their parents are deceased (Ayieko 2000), this responsibility is dynamic, depending on whether the children have acquired social maturity or not, the presence or absence of adult co-residents and other members of the extended family system, etc. (Abebe and Aase 2007). Furthermore, the plight of maternal orphanhood does not necessarily entail a more desperate situation than that of paternal orphanhood (Whiteside and Sunter 2000). Although the mother is crucial to the direct child-care process, children suffer economic difficulties on losing their fathers and, as a result, their well-being is severely compromised (Chirwa 2002; Abebe 2005).

	1780-1880 Early industrial capitalism (labour-intensive)	1860-1930 Capitalism, (technology and children in schools)	1900-2000 Global capitalism
Social role	Object of fear or compassion; performing adult work, in competition with adults in the labour market	Helpless – needing to be rescued, socialized (in schools or orphanages) and controlled	Fostered, adopted, rescued from unhappiness, ‘given back their childhood’
Value role	Labour	Labour, as early as possible	Emotional
Narrative role	Subsidiary character who effects a change in the plot that brings about denouement	Central character, rescued and rehabilitated	Central character bringing happiness, reuniting or reconstituting families
Dependency role	Object of charity until able to work	Object of concern; State orphanages or transportation to colonies	Rehabilitated in idealized families, sanctioned by the state

Table 1: Source: Ennew 2003, 8.

Central to the social construction of orphanhood are the ideas of ‘care’, and ‘dependency’. The absence of a carer, acute poverty and economic marginality are often important in local

definitions of who orphans are in Ethiopia (Messing 1985), Malawi (Chirwa 2002), Tanzania (Ahmed 1999 in Ennew 2005) South Africa (Bray 2003), Russia (Schmidt 2009), Brazil (Garcia and Fernandez 2009), and China (Liu and Zhu, 2009). As Meintjes and Giese (2006) point out, in Xhosa (South Africa), the term *inkedama* includes the verbal root *kedama*, which means ‘to be cast away, deserted, orphaned, to become downcast’:

“The term ‘orphan’ is thus only applicable to a child who has no parent and no ‘substitute’ caregiver, putting more emphasis on the social than the biological aspects of parenting. Therefore, the labelling of a child in this way is not only stigmatizing of the child, but a direct insult to those participants in the social network providing care and support to the child...the global preoccupation with the category of ‘orphans’ centres analytical attention on absence of parents, and loses sight of their presence.” (Meintjes and Giese 2006, 411-423)

Orphanhood is linked neither with mere parental loss nor with inability of patriarchal families to provide care for the children per se. As the above citation reveals, 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 lead to important variations in children’s living circumstances. In some traditional Thai societies, where maternal uncles play a crucial role in the lives of children, orphanhood and orphan care-giving practices are not only defined by the maternal lineage, but also deaths of such relatives can have greater consequences than paternal deaths (Ennew 2005). The social and policy implications of defining orphans from a patrilineal angle in societies where the dominant social structure is matrilineal are enormous. Equally intriguing is the question of how the notion of orphanhood is constructed by international organizations that advocate the UNCRC, where children are defined as subjects less than *18 years* of age, whereas orphans, a supposedly more vulnerable social group, are ironically categorized as parentless children less than *15 years* of age. These highlight the fact that orphanhood is a social and cultural phenomenon in much the same way as the notion of childhood, which is shown to be an economic and social construct that can have no universal validity. It should also be recognized as neither a given nor a consistent social category, but rather as a dynamic process marked by diversity that can take on different characteristics over space and time. As Chirwa (2002, 42) lucidly sums it up, orphanhood is a social category and/or status, and a situational and/or structural condition that can either be heightened and highlighted or suppressed, depending on the material and social conditions of the wider society of which orphans are a part.

3 Mixed outcomes in orphanhood

A fundamental feature of contemporary orphanhood is that it is encapsulated in a time warp. I have argued elsewhere that for many children orphanhood due to AIDS is experienced more as a gradual process than an event (Abebe 2005). Children become orphans and disadvantaged long before their parents actually die, as the ‘time lag’ between the infection and death of adults progressively reduces their capacity to be productive and provide care for their children. During this period, child-parent relationships may be altered drastically, often characterized by children caring for their parents during the latter’s terminal illnesses.

The African continent is home to 14 million such orphans, a figure which it is estimated will increase to 50 million by 2015 (UNAIDS 2007). However, the lives of the vast majority of children who are indirectly affected by the devastation caused by the epidemic are often

overlooked. Robson (2004) shows that households in Zimbabwe often rely on extended family networks, and that young girls are often sent to the city to care for sick relatives, even if this means at the expense of their schooling. Likewise, in their study of the social consequences of HIV/AIDS, Ansell and Van Blerk (2004) document that coping with AIDS takes place at the expense of children's migration in order to improve family livelihoods. The repercussions of the epidemic also include household labour shortages, losses of income and savings due to adult morbidity and mortality, increasing numbers of dependents, the burden of caring for the sick etc. (Barnett and Whiteside 2006).

Notwithstanding the fact that orphanhood is associated with varying degrees of vulnerability, the living circumstances and well-being of children who are marginalized by poverty in many low-resource communities are equally critical. Recent studies document how the consequences of being an orphan on child's well-being, schooling and health and leisure depend partly on economic resources and partly on how the culture treats children outside their maternal homes (Foster and Germann 2002; Verhoef 2005; Abebe and Aase 2007). Also, orphaned children receive different levels of treatment and degrees of exclusion and inclusion in their host families (Chirwa 2002; Nyambedha et al. 2002; Oleke et al. 2006). It is not possible to maintain facile generalisations about their well-being, simply because we know little about their perspectives of orphanhood. The available research from countries with high levels of orphaned children shows only mixed results. While some studies have shown that sexual abuse (Pridmore and Yates 2005) and social discrimination (Cluver et al. 2008) against orphans are common, and that orphans are at a higher risk of contracting HIV and other sexually transmitted infections (Nyamukapa and Gregson 2005); nationally representative samples provide only limited convincing evidence that there are significant disparities between orphans and non-orphans in these respects (Bray 2003, Meintjes and Giese 2006).

Much of our knowledge about contemporary orphans is based on cross-sectional studies lacking a control group of non-orphans. A lack of historical research further limits our understanding of how societies and communities in the past have coped with large-scale orphanhood (Madhavan 2004). Methodological weaknesses regarding the lack of control for other possible intervening factors, as well as studies of the status of 'biological' orphans as a proxy for all non-orphans, not only limits the scope and application of many research findings, but also make the identification of the 'orphan effect' more problematic (Campbell et al. 2008). As a result, the current evidence base provides insufficient knowledge of the underlying causal relationships to allow for generalizable conclusions about the situation of orphans, including those affected by HIV/AIDS. Abebe and Aase (2007) further dispute some of the symptomatic perceptions of orphanhood. They argue that although orphans may be distressed by their new circumstances, which may require them to cater for themselves and/or assume care-giving responsibility for their younger siblings, they have the resilience and agency to cope with the challenges of life following parental death. Inadequate resources, instability and uncertainty are fundamental problems which many children (orphans and non-orphans) living in poverty must deal with. This is documented in a growing body of literature that reveals the impacts of being an orphan as being no different or inseparable from the impacts of poverty, an issue which I will explore in greater depth below.

4 Childhood poverty and marginalization

Although Hunter (1990) suggests that contemporary orphanhood could be held up as a mirror to the AIDS epidemic, the vulnerability of orphans is not solely a reflection of the distribution of the disease. Instead, it is a manifestation of the spatial distribution of economically

vulnerable and disadvantaged social groups. The HIV/AIDS pandemic has deep roots in global social and economic inequalities. For example, sub-Saharan Africa, the world's poorest continent and the one worst-affected by the ravages of the pandemic, is home to only 10% of the world's population but accounts for more than 90% of global AIDS orphans. On the other hand, in South and South East Asia, Latin America and the Caribbean, where the epidemic began later, there are an estimated 1 million orphans, making up nearly 8% of the total AIDS orphans (UNICEF 2003). In the remainder of the developed world, which is home to 2% of global orphans, the small size of the epidemic combined with the immense resources available for its prevention and treatment have contained the disease, resulting in no perceivable impacts on children (Brown 2004).

A further look at the statistics on the plight of African children also reveals a grim picture of how endemic poverty, child destitution and orphanhood are closely intertwined. During the decade 1990–2000, which witnessed over 100 countries cut mortality rates for children under five years by 20%, the UN Children's Fund reported that the rate for Africa declined by just 3% overall, and it actually increased in nine African countries (United Nations 2002). The under-five mortality rate for sub-Saharan Africa as a whole of 175 per thousand in 2000 was more than double the world average of 81 per 1000 and nearly 30 times higher than that of children in developed countries. The statistics for another key indicator of well-being for children and their families, maternal mortality, are equally disturbing. Nearly half of the estimated 515,000 women who die annually from pregnancy or childbirth are African. With 1100 deaths per 100,000 births, African women are nearly three times more likely to die than women in South Asia, which has the second highest rates. Chronic malnutrition is widespread in Africa, and the target of a 50% reduction of malnutrition in children is beyond reach. One in three Africans are malnourished and, despite improvements in some countries, the absolute number of hungry children rose during the last decade. The continent has the highest proportion of impoverished children in the world: over 40% of its child population do not attend school, and more than half of its population does not have access to safe drinking water or primary health-care services (United Nations 2002). The prevalence of preventable illnesses is increasing, and structural unemployment has become chronic (Plessis and Conley 2007).

These striking geographical imbalances regarding childhood poverty add interpretations to the global map of orphanhood. They exemplify how the general map of orphanhood and the global map of childhood deprivation overlap. Arguably, the challenges of orphanhood on the larger scale are a replica not only of epidemiology (e.g. the AIDS epidemic alone), but also of complex contours of poverty, inequality, age-based deprivation and marginalization. Many of the hurdles orphans face are indeed poverty-related, such as lack of access to food, education, medical care and sanitation facilities, as well as urbanization-, monetarisation- and globalization-driven social inequalities, all of which impact on the lives of other children as well (Hunter 1990; Therborn 2004; Meintjes and Bray 2006; Abebe 2008).

The economic and political transformations affecting the lives of children are also varied and complex. These include debt, corruption, war, geo-political conflicts, epidemics, unfair trade, structural adjustment programs (SAP), inappropriate policies and ineffective legislation (Bass 2004; Abebe 2007). The macro-economic policy changes imposed by the IMF and the World Bank that forced poor countries to open up their economies in response to the 'Washington Consensus' are seen as having devastating impacts on the lives of children even in remote villages (Abebe and Kjørholt 2009). As Jennings argues (1997, in Boyden and Levison 2000), the consequences of SAP are consistent with processes of increasing women's unpaid work in

both the home and the community. And, in general, work that is shifted on to women tends to be shared by children or completely shifted on to children working under women's supervision. The myriad ways in which SAP has affected the lives and hidden care work of boys and girls is adequately documented (Robson 2004; Skovdal et al. 2009). These studies reveal that children's marginalization locally cannot be detached from material realities and need to be situated at the heart of the changing global political economy.

What are the policy implications of broad structural and politico-economic constraints in planning interventions for the welfare of disadvantaged children?

5 Approaches of orphan care

Current approaches to dealing with orphanhood emphasize the role of families, communities, institutions and foster homes. Hunter and Williamson (2000) outline different strategies to assist orphans and vulnerable children in the context of poverty. These are: a) to strengthen and support the capacity of families to protect and care for their children; b) to mobilise and strengthen community-based responses; c) to strengthen the capacity of children and young people to meet their own needs; d) to ensure that governments protect the most vulnerable children and provide essential services; and e) to create an enabling environment for poor children and families. Although these strategies are not neatly separate from one another, their implementation in diverse social, economic, cultural and ideological systems reflects the powerful nature of donor-driven development supported by the international aid community. In this section, I will explore four different approaches of orphan care – familial, community-based, institutional and rights-based – whose strategies and rise to prominence reflect the philosophies, premises and specific policies of different actors.

5.1 Familial care

The assumption in international social work and children's rights is that families are the best place for children's rights and well-being to be secured. The duty of a state is to support families in doing this by providing accessible social services and social protection (Articles 18, 26 and 27 particularly), as well as ensuring the integrity of the family (as, for example, in Articles 7, 8, 9 and 10). The role of social networks of families in looking after parentless children is immense. In sub-Saharan Africa, the extended family system has for generations met most of the basic needs of children and provided a protective social environment in which they could grow and develop (McKerrow and Verbeek 1995; Nyambedha et al. 2003; Verhoef 2005). Children are purposefully sent to live with relatives in normal times for reasons that are different from resolving the problems of orphanhood and child destitution (Kayongo-Male 1984). In periods of crisis, kinship systems have dictated various social, economic and religious obligations towards the family lineage, as well as the social and material rights of the parentless children within the lineage. Consequently, on the death of the biological parents, the continued care of a child within the extended family has been guaranteed (McKerrow and Verbeek 1995).

However, the number of orphans in many African countries is increasing rapidly, placing a heavy strain on traditional child care within families and kinship systems. A careful analysis of the research on the capacity and sustainability of extended families points to two polarized theories of care (see Abebe and Aase 2007 for details on this). The first theory is captured by the 'social rupture thesis', in which the traditional family structure is seen as being either overstretched or as having collapsed so that it is no longer considered capable of coping with the burden of caring for orphans (e.g. Guest 2003; Kalebba 2004; UNICEF 2004). This perspective is typified mainly by international organizations like UNICEF (2001), which

argue that contemporary orphanhood has outstripped the capacity of African societies to offer any form of alternative care, leaving growing numbers of children to fend for themselves:

“Many foster families are poor and have to stretch already inadequate resources to provide for both the orphans and their own children. In addition, some step or foster parents treat orphans harshly. Policy, criteria and programming need to be developed and enhanced in order to ensure...desirable care options for children...especially in families and communities that have been pushed to breaking point in their role [as] care providers.” (UNICEF 2004, 12)

Conversely, the second theory is grounded in ‘perspectives of social resilience’, which point out that orphans are well looked after by extended families and communities, and that even in the context of poverty the existence of support networks has an enormous impact on an orphan’s well-being (Evans 2005; Foster and Germann 2004). This rather ‘optimistic’ approach provides insights into the complex ways in which families pull resources together and continue to ensure the safety and social security of orphans, as well as providing care for those affected by the disease indirectly (Chirwa 2002; Madhavan 2004; Meintjes and Bray 2006). Each of these perspectives has its own implications for policy: whereas the latter focuses on empowering families, the former calls for, among other things, external interventions of care. However, implementing external programs without examining the capacities and potentials of extended families can waste crucial resources while simultaneously supplanting existing structures of care, at the risk of making them socially unsustainable (Abebe and Aase 2007). Likewise, romanticizing the extended family system without a critical assessment of its constraints may result in the placement of orphans in unprepared families, to the detriment of the children’s physical and social well-being. In addition, both theories of care are based on economic models in which orphans are not only perceived as sheer burdens, but also as recipients of care (Abebe and Skovdal forthcoming). A one-dimensional perspective on care sidelines many ‘young carers’, who require support in performing their caring tasks (Robson and Ansell 2000; Robson 2004; Skovdal et al. 2009).

5.2 Community-based care

The mid-1980s saw the emergence of another important approach, namely community-based care, as an alternative for taking care of orphans in the contexts of poverty and impoverishment. As noted above, the role of the state in the care of orphans in many parts of the world is minimal. Following independence from colonial rule, many African countries attempted to develop social welfare programs for disadvantaged social groups based on the Western, modern, welfare-state model. These programs were propelled by modernization theories that saw the increased institutionalization of poor children (orphans, abandoned children, street children etc.) in foster homes and large-scale orphanages. The period also witnessed the expansion of schools and modern educational institutions. However, a lack of resources and reductions in social spending associated with foreign debt and structural adjustment programmes significantly hindered these developments. With recurrent civil war and economic recession, and also increasing pressure from the state for taxes, organized charitable NGOs and institutions emerged. The functions of these NGOs have been to provide a home where infants are brought up, to serve as ‘alternative actors’ in welfare and development, and to ‘save’ the failed role of the state in child protection.

Community-based care refers to local, community-driven care arrangements carried out with different levels or degrees of community ownership and participation (Ansell and Young 2004; Sanou et al. 2009). Like care by or within extended families, it draws on the resources

and strengths of communities in mobilizing resources and takes on the responsibility of administering them (Harber no date; Kalanidhi 2004; White 2002). The approach is also driven by the principle that care should be endogenous, participatory and needs-oriented, and that it should fulfil the basic needs of families and households (Friedmann 1996; 36). Ansell and Young (2004) identify three variants of community-based care for orphans and vulnerable children: care *within* the community (i.e. not in institutions); care organized *at* the community level, where service provision (e.g. food, education, health care) is coordinated through the use of already existing traditional community institutions, and religious-based and village-based committees; and care *by* the community, where resources (time, labour, money) are mobilized from community members in order to support orphans (see Sanou et al. 2009). 'Empowerment' and 'participation' are unique features of community-based care, although as Skovdal et al. (2009) point out, they are both contested and are never straightforward approaches, since they problematically suggest the cooperation and cohesiveness of local community members and that there is an identifiable, stable community ready for participation (Ansell and Young 2004). As Campbell and Murray (2004) further note, residents of geographical communities do not always share common identities and values. This could leave, for example, some community-based cash-transfer programs open to nepotism, especially if these approaches are scaled-up to address the rising demand for material interventions (Skovdal et al. 2009).

Although numerous studies confirm the success of community-based care (Harber no date; Skovdal et al. 2009), 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. Many orphans also experience multiple migration in response to maltreatment in their host families or to seek better opportunities elsewhere (Ansell and Young 2004; Ansell and van Blerk 2004). By treating communities as stable and homogeneous, community-based care fails to reflect the fact that many orphans are newcomers in the places in which they reside (Ansell and Young 2004). In addition, since they lack funds, community-based care tends to be donor-driven, seldom taking into account the perspectives of beneficiary children and families (Bourdillion 2004), who, from programming points of view, may have quite different expectations on the ground.

Model of care	Actors	Philosophy	Strategy
Informal/ Traditional	Extended family Church Foster parents	Relatedness Belonging Charity	Fosterage/adoption Welfare provision Donations
Institutional	State NGOs	Economic development	Orphanages Foster homes Dormitories
Community-based	Local communities Community-based NGOs	Need-oriented Participation Empowerment Local governance	Child sponsorship Orphanages Foster homes
Rights-based	Children-centered organizations	Rights	Inclusive

Table 2: Approaches of interventions

More crucially, community-based care functions with the premise that the extended family structure has already collapsed, although the available evidence shows the contrary (Abebe and Aase 2007). In Ethiopia, the second most populous nation in sub-Saharan Africa, nearly 95% of its 5 million orphans – defined as children below 18 years of age who have lost one or both parents – live in extended family households (MOLSA 2003). Despite this, most policies and programs for orphans in Ethiopia (and throughout the non-western world) emphasize the role of communities and resource-intensive external approaches (institutions, orphanages and foster homes) to the neglect of the fact that the responsibility for and care of orphans in particular, as well as of those who are indirectly affected by the devastation caused by the epidemic in general, ultimately falls on extended families. This reality is too often ignored, which is disturbing on many accounts. As Ennew (2005, 143) suggests, the shift towards the development of responsible citizenship and good governance at the local level is forcing vulnerable communities to assume greater responsibilities than they have the will or capacity to fulfil.

5.3 Institutional care

The traditional welfare provision for orphans outside families and the kinship system has been containment in institutions, largely financed through charitable donations (Ennew 2005). The level and quality of care provided in institutions differs from one institution to another, depending on the type of internal organization (family-based or conventional dormitories), the size of the family or other internal unit, internal equipment, the number of qualified staff, the working hours of care-givers and the type of relationship they have with the children, management style, the overall atmosphere within the institution and financial resources (Cahajic et al. 2003). Although institutions are considered to be the last resort for the care of parentless children, they have a role to play in short-term, emergency placements for sibling groups (Sanou et al. 2009) and for children who may be too traumatized to be able to fit easily into a substitute family (Cahajic et al. 2003). In addition, although professionals argue that children would rather live in families and home-like environments, the adoption of older children may be difficult, which limits the alternatives available for providing more children with family care.

Perhaps an excellent example of institutional care for orphans where the strategy has been ‘exported’ from the West to the rest of the world is that of SOS Children’s Villages. SOS Children’s Villages is an international, non-profit organization, with independent funding from charitable donations. The first SOS children’s village was built in the Austrian town of Imst in 1944. Hermann Geminer, the founder, believed that traditional orphanages did not provide opportunities for the proper care and development of orphaned and homeless European children at the end of the Second World War. The underlying principles of SOS Children’s Villages are conceptualized as the ‘four pillars of the organization’: 1) the ‘village’ in which orphan and/or destitute boys and girls can live together as 2) ‘brothers and sisters’ in 3) a ‘family-like environment’ with the care of 4) a ‘mother’ (SOS International 2009). Each village consists of a cluster of households (usually 10 to 15) in which orphans are placed under the care of an SOS mother, who acts as a substitute for the children’s natural parents and who is supported by another non-professional woman, called the ‘auntie’. The original philosophy has led to wide replication of the project as a ‘global model’ elsewhere. At present, SOS Children’s Villages exist in 132 countries in all continents (SOS International 2009).

SOS Children's Villages accept healthy children between birth and ten years of age. Admission into the village involves rigorous procedures involving social workers and health professionals who verify the children's physical and mental well-being. This has raised numerous ethical questions about the selection strategies of the Villages, especially in the context of HIV and AIDS (Abebe 2002). Finance for each family is provided through a monthly budget for which the SOS mother is responsible. In most cases, mothers are employed after completing a basic training in parenting skills. Although placement in an SOS village is long term and in principle mothers are committed to staying in the village for life (Cahajic et al. 2003), some leave once they have established their own families (Abebe 2002). Children of both genders are accepted, and siblings are not separated. When boys reach the age of 14, they begin to live in a separate Youth Hostels until they reach the age of 18. After this they are expected to be employed and independent, but SOS Children's Villages International provides lifelong support. Older children are informed that their SOS mother is not their biological mother, and younger children are given this information when it is believed they are old enough to understand it. Any contact between SOS children and their biological kin is established through cooperation between the SOS Village and the relevant Centre for Social Work (Cahajic et al. 2003).

One advantage that SOS Children's Villages have over traditional orphanages is that they provide health, school and early childhood development services which are shared with local communities, so that the children may be better integrated into community life (Cahajic et al. 2003; Abebe 2002). However, SOS Villages are often criticized as lacking a male role model (Ennew 2003). Although the Director is usually male and there are some visiting male specialists, it may not sufficient to claim that the children have enough opportunity to interact with male members of the community. A study of institutional care of orphans in Bosnia and Herzegovina (Cahajic et al. 2003) reveals that the children's developmental and emotional needs are not met, that institutions limit the children's potential and that there is almost no provision for the time when children become 'too old' for institutional care. Children may not adjust to the change in their lives, to the extent that they deny the reality of their loss of family life, and their emotional needs fail to be met (Cahajic et al. 2003).

Although SOS Children's Villages claim to be non-institutional and to provide long-term support for orphans in family-like environments, in sociological terms they can only be defined as Ennew (2003) does:

"[The Villages] are highly bureaucratic and internationally governed. The female-headed cluster of houses around the family of a male Director is not at base even a facsimile of either family or community care, nor is the separation of young teenagers into youth houses (although this coincidentally mirrors some pre-industrial society forms of organization). Many modern orphanages also organize children in two gender, multi-age family groups, often with both mother and father figures, and retain children in these groups until the age of 18 years or older. The villages are well funded, the houses well built, mothers receive training and services excellent, usually surpassing any others in a country. [However] in many cases the Villages operate outside state supervision, which...is the case with many other orphan facilities."

There is a paucity of research on the outcome of SOS Village care. However, one comparative study that explored the well-being of working street children (living with their parents) and orphans in SOS Children's Villages in Ethiopia reveals an interesting result (Abebe 2002). It shows that, whereas children in SOS Villages seem to be secure in terms of housing, nutrition

and access to education, they fare less in terms of peer interaction and social capital compared to their counterparts. Many working street children have the social and material capacity to be active contributors to the livelihoods of their families and have relatively better sociability than children in SOS Villages. The children in the Villages are also isolated, have fewer social skills and seem unprepared to cope with life when they come of age and leave the Villages as adults. In addition, although it is claimed that the Villages are 'happy childhood islands'², the western-standard houses and compounds have paradoxically amplified social inequalities in communities that are ravaged by poverty, AIDS and destitution (Abebe 2002).

5.4 Rights-based care

The preceding discussion highlights the fact that the adverse impacts of orphanhood on children are complex and multifaceted. These complexities are linked with the wider economic, political and cultural contexts in which orphans find themselves, in much the same way as they are also compounded by the social construction of orphanhood. However, the construction of orphans as victims expounded by powerful media images and emotionally charged 'discourses of vulnerability' draws undue attention to what Meintjes and Bray (2006) describe as only a 'small tip of the iceberg'. Whereas orphans may be vulnerable victims, such constructions ignore their agency and resilience, while simultaneously neglecting the circumstances of a vast majority of children who live in poverty and economic marginality.

The 'orphan problem' in Brazil, China, Russia, and throughout Africa is the consequence deep-seated poverty and inequality, but it is also amplified by inappropriate global, donor-driven policies and programs that waste crucial resources at the expense of children's well-being. Despite increasing knowledge on multi-faceted nature of this issue, however, there is a tendency to shy away from posing real questions, let alone to rise to the challenges. Many of the poverty-related hurdles that biological orphans face, such as a lack of access to food, education, medical care and sanitation facilities, are also shared with children who might be called 'social orphans', i.e. children who have been abandoned mainly due to poverty. Directing material resources only to children who have been orphaned – as is done in SOS Children's Villages – to the exclusion of non-orphaned poor and disadvantaged children not only stigmatises the former, but also place them at increased risk of neighbourhood jealousy (Meintjes and Giese 2006). As Meintjes and Giese conclude, social support programs that direct interventions on the basis of children's orphanhood is discriminatory and ineffective and has ethical implications. It also 'mistargets crucial resources; is inequitable; is located in questionable assumptions about children's circumstances; and is not, as a whole, a cost-efficient way of adequately supporting the largest possible number of poor children who require assistance' (p. 420).

The above reality has clear implications for policy because it puts all disadvantaged children – not just orphans – at the heart of care and interventions. It makes a case that selective provision for orphans as a category of children distinct from other children in similar circumstances of poverty and deprivation is inappropriate. In arguing thus, it calls for an inclusive, rights-based approach to care. A rights-based approach takes at its basis the rights of *all* children who are excluded and who are not protected. The perspective emphasizes that, whereas differences in well-being outcomes of orphans is explained by the cultural politics of orphanhood – what it means to be a parentless child within the local cultural context – macroeconomic, structural inequalities explain why poor societies and countries are unable to

² Accessed on 23.05.09: <http://www.sos-childrensvillages.org/Explore-SOS/Second-Life/Pages/default.aspx>

fulfil the most basic right of their children, the right to survive. Important questions that guide rights-based approaches include: Which children are excluded? Why? What are children's problems and perspectives? Are children and their dignity respected? (Ennew 2008). The time is long overdue – from the most local initiatives to global-level interventions – for the rights of disadvantaged children to be taken seriously in the making and shaping of the agendas that are pertinent to their lives.

6 Conclusion

This article has examined different approaches to the care of orphans – family-, community-, institutional-, and rights-based – in the context of poverty and economic marginality. While familial care is old and still predominant, there has been a shift towards institutions based on an erroneous assumption that the extended family system has collapsed. Challenges to institutionalized care arose during the period in which discussions on children's rights, dignity and freedom were taking place. A new 'alternative' model of care emerged with the prominence of theories of empowerment, participation and local governance. Just at the point at which the NGO-driven model was itself being recognized as problematic for having limited impact and for being partial, cost ineffective and not reaching the poorest of the poor, the 'AIDS orphan crisis' made all models redundant through the sheer weight of numbers (Ennew 2005). As Ennew points out, nation states and international welfare organizations seem to be constructing a paradigm of community-based care for whole families of orphans. However, in the face of dependency ratios that are socially and economically non-viable, millions of parentless children continue to seek care within the traditional, kinship system of support, despite their poverty and marginalization.

The article highlights the fact that lasting interventions to the challenges of orphanhood should not only be sensitive to the local realities of individual communities, but also must not lose sight of the 'big picture'. They ought to be grounded in the diversity of orphanhood and the care-giving capacities of kinship systems while paying sufficient attention to orphans' own testimonies and their experiences of lived orphanhood. Social support programmes should not only be *inclusive* but they also must support livelihoods, build assets and generate gainful income to lift families out of poverty using a rights-based perspective. In other words, the focus of external interventions should be to fight structural poverty and strengthen the capabilities of families' resilience to orphanhood, rather than implementing resource-intensive approaches for a limited number of beneficiary orphans. This may appear to mean stepping back from the urgency required to address the needs of vulnerable children, but in fact it is the only effective response.

References

- Abebe, T.** 2002: Children at risk in social change: a comparative well-being study of SOS village and working street children in southern Ethiopia. MPhil Thesis in Social Change (Unpublished), Department of Geography, NTNU.
- Abebe, T.** 2005: Geographical dimensions of AIDS orphanhood in sub-Saharan Africa, in: Norwegian Journal of Geography, 1, pp.37-47.
- Abebe, T.** 2008: Ethiopian childhoods: a case study of the lives of orphans and working children. Thesis (PhD) No. 42, NTNU.
- Abebe, T. and Aase, A.** 2007: Children, AIDS and the politics of orphan care in Ethiopia: the extended family revisited, in: Social Science and Medicine, 5, pp.1058-2069.

Abebe, T. and Kjørholt, A.T. 2009: Social actors and victims of exploitation: working children in the cash economy of Ethiopia's south, in: *Childhood*, 2, pp.175-194

Abebe, T. and Skovdal, M. (Forthcoming/under review) Livelihoods, care and the familial relations of AIDS-affected children in Eastern Africa, in: *AIDS Care*.

Ansell, N. and Blerk, L. 2004: Children's migration as a household/family strategy: coping with AIDS in Lesotho and Malawi, in: *Journal of Southern African Studies*, 3, pp.673-690.

Ansell, N. and Young, L. 2004: Enabling households to support successful migration of AIDS orphans in southern Africa, in: *AIDS Care*, 1, pp.3-10.

Ayieko, M. 2000: From single parents to child-headed households: the case of children orphaned by AIDS in Kisumu and Siaya Districts. New York: UNDP.

Barnett, T. and Whiteside, A. 2006: *AIDS in the twenty-first century: disease and globalization* (2nd ed.). Basingstoke; New York: Palgrave Macmillan.

Bass, L.E. 2004: *Child labour in Sub-Saharan Africa*. Colorado: Lynne Rienner Publishers.

Bourdillion, M. 2004: Children in development, in: *Progress in Development Studies*, 2, pp.99-113.

Boyden, J. and Levison, D. 2000: Children as economic and social actors in the development process. Working Paper 2000, Stockholm: Ministry of Foreign Affairs.

Bray, R. 2003: Predicting the social consequences of orphanhood in South Africa, in: *Africa Journal of AIDS Research*, 1, pp.39-55.

Brown, L.R. 2004: Economic growth rates in Africa: The potential impact of HIV/AIDS, in: Kalipeni, E., Craddock, S., Oppong, J.R. and Ghosh, J. (eds.): *HIV and AIDS in Africa. Beyond Epidemiology*. Malden, Oxford, Carlton: Blackwell, pp. 291-303.

Cahajic, S., V. Cvijetic, I., Darmati, A., Dupanovich, M., Haziosmaovich and S. Srnic Vukovic 2003: Children and institutions in Bosnia and Herzegovina: First Report of capacity building research. Sarajevo, UNICEF Bosnia and Herzegovina.

Chirwa, W.C. 2002: Social exclusion and inclusion: challenges to orphan care in Malawi, in: *Nordic Journal of African Studies*, 2, pp.93-103.

Ennew, J. 2003: Prisoners of childhood: orphans, institutionalization and the construction of dependency. Paper presented at Research seminar/ doctoral course on 'Childhood, Agency, Culture and Society', April 3 2003, Trondheim, Norway.

Ennew, J. 2005: Prisoners of childhood: orphans and economic dependency, in: Qvortrup, J. (ed.): *Studies of modern childhood: society, agency and culture*. London: Palgrave, pp.128-146.

Ennew, J. 2008: Children's rights in the driving seat? Muddles in the interface between policy, programme and information about children since 1989. Key note lecture, Child and Youth Research in the 21st Century: a critical appraisal, European University, Cyprus 28-29 May 2008.

Evans, R. 2005: Social networks, migration and care in Tanzania: caregivers' and children's resilience to coping with HIV/AIDS, in: *Journal of Children and Poverty*, 2, pp.111-129.

Foster, G. 2000: The capacity of the extended family safety net for orphans in Africa, in: *Psychology, Health and Medicine*, 1, pp.55-62.

Foster, G. and Germann, S. 2002: The orphan crisis, in: M. Essex, S. Mboup, P. Kanki, R. Marlink and S. Tlou (eds.): *AIDS in Africa*. New York: Academic / Plenum Publishers . pp.664-675.

Friedmann, J. 1996: *Empowerment: the politics of alternative development*. Blackwell: Cambridge.

- Garcia, M. L. and Fernandez, C. B.** 2009: Orphan Care in Brazil (A. R. Williams, Trans.), in: *Social Work & Society*, 7(1).
- Guest, E.** 2003: *Children of AIDS: Africa's orphan crisis*. London: Pluto Press.
- Harber, M.** (no date): Developing a Community-based AIDS Orphan Project. A South African Case Study. Accessed 12.09.2008 <<http://www.cindi.org.za/Paper6>>
- Hunter, S.** 1990: Orphans as a window on the AIDS epidemic in sub-Saharan Africa: initial results and implications of a study in Uganda, in: *Social Science and Medicine*, 6, pp.681–690.
- Hunter, S. and Williamson, J.** 2000: *Children on the brink: strategies to support a generation isolated by HIV/AIDS*. New York: UNICEF/USAID.
- Kaleeba, N.** 2004: We miss you all: AIDS in the family, in: Kalipeni, E., Craddock, S., Opong, J.R. and Ghosh, J. (eds.): *HIV and AIDS in Africa: beyond epidemiology*. Malden, Massachusetts: Blackwell Publishing, pp.259-278.
- Kalipeni, E., Craddock, S., Opong, J.R. and Ghosh, J. (eds.) 2004: *HIV and AIDS in Africa: beyond epidemiology*. Malden, Massachusetts: Blackwell Publishing.
- Liu, M. and Zhu, K.** 2009: Orphan Care in China, in: *Social Work & Society*, 7(1).
- Madhavan, S.** 2004: Fosterage patterns in the age of AIDS: continuity and change, in: *Social Science & Medicine*, 7, pp.1443–1454.
- McKerrow, N. H. and Verbeek, A. E.** 1995: *Models of care for children in distress*. Pietermaritzburg: KwaZulu-Natal.
- Meintjes, H. and Bray, R.** 2006: Spinning the epidemic: the making of mythologies of orphanhood in the context of AIDS, in: *Childhood*, 3, pp.407–430.
- Messing, S. D.** 1985: *Highland Plateau Amhara of Ethiopia Volume 2*. New Heaven, Connecticut: Human Relations Area Files Inc.
- MOLSA** 2004: Ethiopia's National Plan of Action for Children (2003 – 2010 and beyond). Addis Ababa: Ministry of Labor and Social Affairs.
- Nyambedha, E., Wandibba, S. and Aagaard-Hansen, J.** 2003: Changing patterns of orphan care due to the HIV epidemic in western Kenya, in: *Social Science and Medicine*, 2, pp.301-311.
- Nyamukapa, C. and Gregson, S.** 2005: Extended family's and women's roles in safeguarding orphans' education in AIDS-afflicted rural Zimbabwe, in: *Social Science and Medicine*, pp.2155-2167.
- Oleke, C., Blystad, A., Moland, K.M., Rekdal, O.B. and Heggenhougen, C.** 2006: The varying vulnerability of African orphans: the case of the Langi, northern Uganda, in: *Childhood*, 2, pp.267-84.
- Plessis P. and Conley, L.** 2007: Children and poverty in South Africa: the right to social security, in: *Educational Research and Reviews*, 4, pp.49-59.
- Pridmore, P. and Yates, C.** 2005: Combating AIDS in South Africa and Mozambique: the role of open, distance, and flexible learning, in: *Comparative Education Review*, 4, pp.490–511.
- Robson, E.** 2004: Hidden child workers: young carers in Zimbabwe, in: *Antipode*, 2, pp.227-248.
- Robson, E. and Ansell, N.** 2000: Young carers in southern Africa: exploring stories from Zimbabwean secondary school students, in: Holloway, S. and Valentine, G. (eds.): *Children's geographies: playing, living, learning*. London: Routledge, pp.174-193.
- Sanou, D., Turgeon-O'Brie, H., Ouedraogo, S. and Desrosiers, T.** 2009: Caring for orphans and vulnerable children in the contexts of poverty and cultural transition: a case study of a group foster homes program in Burkina Faso, in: *Journal of Children and Poverty*, 2, pp-139–155.

Schmidt, V. 2009: Orphan Care in Russia, in: Social Work & Society, 7(1).

Skovdal, M., Ogotu, V., Aoro, C. and Campbell, C. 2009: Young carers as social actors: coping strategies of children caring for ailing or ageing guardians in western Kenya, in: Social Science and Medicine.

Skovdal, N.; Mwasiaji, W.; Morisson, J. and Tomkins, A. 2009: Community based capital cash transfer to support orphans in western Kenya: a consumer perspective, in: Vulnerable Children and Youth Studies, 1, pp.1-15.

SOS International 2009: 60 years of SOS Children's Villages: a loving home for children. Accessed 23.05.09 <<http://www.sos-childrensvillages.org/Explore-SOS/60-years/Pages/default.aspx>>

Therborn, G. (ed.) 2004: African families in a global context. Uppsala: Nordic Africa Institute.

United Nations 2002: African recovery, Vol. 16:2-3. New York: United Nations Department of Public Information.

UNAIDS 2004: 2004 Report on the global AIDS epidemic. Geneva: UNAIDS.

UNICEF 2001: We the children: meeting the promises of the World Summit for children. New York: UNICEF.

UNICEF 2003: Africa's orphaned generations. New York: UNICEF.

UNICEF 2004: The state of the world's children 2004. Accessed on 26.01.07 <http://www.unicef.org/sowc04/files/SOWC_O4_eng.pdf>

Verhoef, H. 2005: A child has many mothers: views on child fostering from West Africa, in: Childhood, 3, pp.369-391.

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