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The Impact of HIV/AIDS on Informal foster care systems: A case of AIDS Orphans in Rakai Uganda

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Introduction

Uganda is a land locked country located in the great Lake Region of Africa with a population of about 22 million people, 85.6% of which is rural based. Majority of the population is dependent on subsistence agriculture as a source of livelihood. With a per caputa income of US$ 320, Uganda is still one of the poorest countries in the world (World development report 1998). It is estimated that about 48% of the rural population leave below the poverty line, unable to meet their basic needs (changes in poverty and inequalities in Uganda in 1992- 1997)

The advent of HIV/ AIDS in the early eighties in Rakai district, one of the rural districts of Uganda with a population of almost 456,400 inhabitants and an orphan population of more than 35,000, has had a devastating impact not only on the systems of child care but also on the entire social functioning of the local communities. As early as 1982, the national prevalence rate was as high as 30% in high-risk areas. Though in Rakai there has been a reduction in prevalence rates from 24% in the late eighties to abut 10% at present, the adverse effects of the disease and its impact on the community seems to be still biting hard. HIV/AIDS has led to the death of the most productive age group and in doing so it has reduced production, and left many people sick and bed ridden. The Lutheran World Federation (LWF) – in Rakai alone supports over 3000 PWAS (People Living With Aids) in half of the district and as result exacerbated poverty has weakened the extended family care systems. To date in Uganda, 800,000 people have died of AIDS while 1.4m are living with HIV in the country.

Foster Care in Uganda

In Uganda, foster care is largely informal, traditional having been entrusted to strong, and a well coordinated, extended family system. Traditionally, caring for a child was a responsibility of the entire extended family and not only the biological parents .In some

cases child care extends beyond the extended family system to include the wider community and the Traditional support systems (e.g. self help groups) within the community. Culturally, when biological parents died or were unable to raise children due to various reasons, foster parents would be identified to take care of such children. This therefore meant that the observance and protection of children's rights would be the responsibility of the extended family. As already highlighted above, one of the biggest challenges resulting from HIV/AIDS is the increasing number of orphans. According to the new vision newspaper (June 11, 2001), there are 1.7 million orphans countrywide who have lost one or both parents. For many people in the rural communities, the stress of meeting the basic needs of a large number of orphans is overwhelming. Just in two counties where Lutheran World Federation operates, there over 300 families of children with over 2000 orphans who are living alone after losing both parents and the would be foster parents. Lutheran World Federation after a study on these children is already supporting over 285 families mainly with basic necessities of life.

In the late 1980's a number of institutions (orphanages) were set up as a response to the above problem by government, and other intermediaries like NGOs to care for these orphans. Nevertheless, limitation of resources and dependence of these institutions on donor funds rendered most of them unable to adequately meet the enormous needs of these children leading to deprivation and abuse. Subsequently, the government, in order to avert this appalling situation, instituted a policy promoting community-based childcare rather than institutional care. This therefore meant shifting responsibility from institutions to community based support systems. The underlying assumption of such a policy was that attention would be accorded to strengthening communities, enhancing capacity of the traditional support systems and improvement of social services to benefit such vulnerable children. However, with scarcity of resources at government disposal to facilitate the adequate implementation of this policy coupled with increasing poverty, morbidity, mortality due to HIV/AIDS among other causes, community's capacity to respond and cope with this problem has been greatly weakened. In many areas, the extended care system has been weakened due to death of relatives from AIDS, leading to an increase in the number of children heading families (Child headed households).

Transition from Informal care systems to "No care"

In some villages in Rakai, it is not unusual to find a family of children who have lost all their relatives to HIV/AIDS. One can argue that as a result, the systems of care in such AIDS hit communities has evolved from informal foster care to "no care" which is a strange phenomenon in the African Culture. ***" Having a child as the head of a household is abnormal in our Culture"*** quote from a study carried out on Children living alone in Rakai.

The spread of HIV/ AIDS in Rakai has had far reaching implications tearing at the fabric of social life in most communities. The direct impact of AIDS on the informal care systems at a macro level include loss of productivity, weakened family ties, death, family conflicts and increased vulnerability of children under care of such systems. As already mentioned above, the social support systems have been overstretched, the extended family over burdened and in some cases eroded by the ever-increasing number of orphans. The extended family system that would have taken on the fostering role of these children is also economically handicapped, as they cannot fully maintain their own families. The barriers of poverty and difficult village conditions inhibit the would-be guardians or fosterers of orphans.

Although care of orphaned children in most African cultures falls to the extended family, irrespective of whether the extended family can cope or not, the current economic pressures have rendered most families unable to absorb this additional burden as they find themselves battling to survive with the current economic hardships that every one else in the village faces. Orphans not accommodated into the extended family end up looking after them selves and their siblings hence the transition from informal/ extended family care to "no care".

The Situation of children living alone

According to a study carried out by LWF in Rakai (2000), orphans in child headed households are faced with a number of difficulties; they face deprivation, abuse and lack the basic necessities of life like housing, food, beddings and shelter. Exploitative men in the community force many girls into early marriage for survival while others are at a risk of defilement; the school dropout rate especially among girls is alarmingly high. Many have to make crucial life decisions without guidance or support from parents or elders (they lack parental guidance and love). Inadequate parenting and socialising as a result of the above and fragmented schooling affect these children. Furthermore, even those absorbed in the already fragile informal foster care systems are frequently abused especially girls who are forced into unwanted marriages, exposing them to HIV infection while others have been turned into child slaves leading to low esteem and self – efficacy. The story below gives an account of how HIV/AIDS has had a devastating impact on the informal family care.

A case of 10 year old Sanyu taking care of her 89 year old grand mother

Having lost their parents and immediate relatives due to the AIDS epidemic, children are sitting on yet another time bomb, which is likely to have devastating consequences on their lives. At the age of 10, Sanyu an AIDS orphan became the head of the family under a miserable and lonely environment remaining with her only 89 year old grand mother, Venerandah Nakafeero. Both are residents of Lwentondo village in Kalliro sub –county. Venerandah looks at her grand daughter as the only hope for the family *"Sanyu is the father, mother and security guard for this family and without her I would be dead"* comments the old woman in a miserable tone. She is now sick and looks spent due the poor living conditions; therefore Sanyu remains the only alternative. Venerandah's children were not spared by the horror of AIDS, which ravaged the southwestern district of Rakai. "*I am sick at heart I don't want to talk about AIDS, how could I remain without a single child*," exclaimed Venerandah.

Sanyu is one of the over 300 children in Rakai heading families of fellow orphans. Maria Nakate, Sanyu's mother passed away in 1998 after a long dreadful illness. She died of AIDS, a disease that has left thousands of orphans in Rakai, the pandemic has left most families adrift, without an anchor, heading for total destruction. By the time Sanyu's mother died, all the property she had owned had been sold off to access treatment which efforts yielded no results. She finally died leaving behind a poverty-plagued family under the care of an ailing old woman. Although Sanyu has tried to inherit the past and proved responsible for the present, the future remains her biggest challenge. She was forced to leave school in primary three because there was nobody at home to look after the old grandmother and her animals. Two of Sanyu's brothers abandoned the home for greener pastures in the city. Since then their whereabouts is unknown.

Sanyu does a number of tasks to make ends meet. She has to look for food, water and salt and other family necessities in addition, grazing her grand mother's goats in the dry thicket is part of her daily work, and a task she admits is quite cumbersome. *"At times I sustain deep cuts when the animals run wild at times they enter peoples fields creating conflicts with neighbors"* Sanyu narrates her ordeal.

The biggest problem is living with a deaf grandmother because she has to shout at the top of her voice in order to be heard. In addition, the grandmother does not want to stay at home alone. She wants Sanyu to be present all the time. *" Life is so difficult for me, grandmother wants me to be present all the time but I have to look for food, water and firewood"* said sanyu. When I visited this family, Sanyu was away and the grandmother

was heard talking to herself in her bed. When Sanyu, returned, the old woman barked at her for the delay. Sanyu however kept quiet but later announced that she had failed to get salt from the neighbours. Sanyu said that the salt was to be used for sprinkling on the posho (maize flour) because they had no sauce. *"We last ate fish and meat in 1998 during my mother's funeral"*, said Sanyu.

Sanyu said the presence of Lutheran World Federation has helped sustain their lives. *"Lutheran World Federation has been supplying maize flour to us otherwise we have no food"*. Young as she is, Sanyu looks determined. All her plans depict a mature person, despite her physical appearance. She is however worried of staying alone given her grandmother's poor health because she might die soon.

Sanyu's grandmother died of respiratory failure 3 months ago. Unknown people picked Sanyu from her village soon after the funeral of her grandmother. LWF together with the local probation officer are trying to trace the whereabouts of Sanyu. Sadly, all attempts have so far yielded no results.(September 2001)

Way Forward

Although the internal, informal, care systems have been substantively weakened by the HIV/AIDS scourge, the culture still emphasizes the desire to look after children within their own community. Government policy provides some support for the care of such vulnerable children within the community from where the children originate. Children have roots in the communities where they come from; they can therefore be best brought up, socialised and cared for in such an environment if they are not to lose touch with their culture and ancestry. Deliberate attempts should therefore be made by government, the private sector and NGOS to strengthen the already existing informal care systems to enable them cope with this problem. Communities need to be given special skills in caring for vulnerable children like orphans. These communities need to be taught and encouraged to understand and observe rights of children and have to be empowered economically to enable them respond to the ever increasing needs of these vulnerable children.

Interventions of LWF

Lutheran World Federation (LWF) is implementing a community based AIDS project in Rakai district one of the districts that was worst hit by AIDS. Rakai Community Based AIDS Project aims at enabling households reduce the incidence of HIV transmission, tackle the adverse effects of AIDS and achieve sustainable improvements through community initiatives. This organization, among other groups targets AIDS orphans, especially the very vulnerable i.e. those living alone (Child Headed

Households). The project tries to respond to the immediate needs of these children though at a limited scale. During the six years since the project was established, volunteer AIDs counsellors who are community based have been trained and facilitated to respond to the psychosocial needs of these children, which among others include, lack of parental guidance, loneliness, lack of proper socialization and stigmatization. Counsellors have proved to be instrumental in addressing some of the above problems. They are seen as foster parents of these orphans. Other than providing counselling and guidance, counsellors mobilise communities to help these children materially and otherwise. In addition, the project is also involved in capacity building for self-help community initiatives through provision of training in Income Generating Activities and other developmental aspects. In this regard, the organisation targets local self-help groups that are looking after orphans. Besides the above, vocational training in skills like tailoring, carpentry and agriculture are also being offered. Despite the above however, the problem of children without care in Rakai and other parts of the country is on the increase and the magnitude of their needs appears to be stretching beyond what the current interventions can offer.

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