

CARING FOR AIDS ORPHANS IN GHANA

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One of the dreadful legacies that AIDS leaves in the family context and in society is the problem of orphans created as a result of deaths from the disease. While much literature exists on the impact of HIV/AIDS on children, especially those orphaned by the disease, unfortunately this aspect of the discourses on HIV/AIDS in Ghana has not received the attention it deserves. The practical side of care for AIDS orphans in Ghana also seems to be overlooked.

To start with, the care of AIDS orphans is not being properly monitored and regulated and the hardships of those who are faced with caring for the unfortunate children are not made public. A number of factors account for these inadequacies. First, some people, including policymakers, portray the AIDS situation in Ghana as not at a dangerous level, given that Ghana's current infection rate of about 2.3 per cent is small compared to the 10 per cent and above found in other African countries in the eastern and southern part of the continent. Secondly, the view is held in some sectors that Ghanaian society has a way of taking care of orphans in general through the extended family system. For instance, traditional institutions of foster care by distant relatives exist for children whose parents are dead and whose close relatives cannot be traced, or for those unwanted in their family due to traditional practices. In such a system, aunts and uncles easily 'adopt' and take care of needy nephews and nieces. The argument of this school of thought, then, is that similar practices could equally be applied to taking care of AIDS orphans. Thirdly, hope is placed in the orphanages in Ghana to cater for the situation of AIDS orphans, although most of these orphanages are privately run by non-governmental organisations (NGOs) without much assistance or close monitoring.

While all the above-mentioned are important mechanisms for the care of AIDS orphans, there are obvious and huge lapses in them. In the first place, statistics available on AIDS deaths and orphans are grossly inadequate and unreliable. For instance, it was reported that 33,000 AIDS deaths occurred in 1999 alone. Up to 2003, it was estimated that there were around 160,000 AIDS orphans. Such records on AIDS deaths and orphans are still unreliable since many AIDS patients die at home or do not have their records constantly monitored at the hospitals. More often than not, AIDS brings shame to individual patients and their families. As such, some people with the symptoms of the disease avoid the hospital. Others are secretly taken to their villages for herbal treatment or are confined to their homes until they die. All these can affect the records on AIDS orphans.

All the same, the scanty records on AIDS orphans and new HIV infections call for a number of important considerations. To begin with, the traditional system of care for orphans needs to be examined in terms of improvement in the quality of care. As many studies have shown, care of AIDS patients in Africa usually falls on old women who need care themselves. I recall an instance during my fieldwork in 2003 among the Akan of Ghana, where an 80-year-old grandmother had to care for her grand-daughter dying of AIDS. How much strength would such an old woman have to be able to help the patient move about or even turn around in bed and feed?

Worse still is that the children left behind by dead AIDS patients usually become the burden of their aged grandmothers who may be subsistent farmers and are barely able to feed themselves, let alone the additional mouths. Due to poverty and the hopeless economic situation in the country, these grandparents and others who find themselves as caretakers of the poor orphans have problems providing for material and financial needs. The children may be sent to other relatives who are willing to take them but those who do have this opportunity may end up as farm hands in the village. Very few of them have the chance of going to school. The majority who do not get the chance of formal education are likely to add to the already large problem of adult illiteracy and unemployment. In this circumstance, will one not be justified in assuming that this situation partially contributes to the increasing scale of armed robberies and other vices in Ghana today?

There is therefore the need for policymakers to take measures to strengthen institutions and or facilities to provide care for AIDS orphans. If institutional care is deemed too expensive, the health ministry could seek help from the international donor agencies to ensure facilities were made available in the traditional framework for the care of AIDS orphans. Under this system, foster parents of AIDS orphans could be assisted with funds for schooling as well as the food aid and clothing donated by the international community. Such a scheme is already being used as a mechanism to cope with the care of AIDS orphans in Malawi and other southern African countries. To avoid the diversion of the school fees given to the caretakers, such monies could be paid directly to the schools which the orphans attend. The success of such a scheme would require the strengthening of the regional and district health centres with the necessary financial and material support as well as the equipment to keep proper records on these children and monitor their progress. How they can be helped to acquire skills should also be a priority. Above all, there is the need to have a good documentation on the children of AIDS patients.

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