Beyond Education and Food: Psychosocial Wellbeing of Orphans in Africa

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Increasing numbers of children in Africa are witnessing or in some cases nursing their parents with terminal illness, often in conditions of extreme poverty and neglect. The numbers are staggering. By 2010, in eleven countries in Africa with a combined population of 109 million, 20-37% of children under 15 years will have lost one or both parents.\textsuperscript{1} Attention has been given to the socio-economic dimensions of AIDS on children, such as malnutrition, reduced access to education and health care, and child labor.\textsuperscript{2} Psychosocial impact has been extensively researched in the developed world but there have been few such studies from developing countries. The paper in this issue by Makame et al is a welcome addition to the sparse published literature on orphans in Africa. The need to understand the psychosocial dimensions of orphanhood has never been more pertinent.\textsuperscript{3}

Concerns about the socio-economic impact of AIDS on children in developing countries have overshadowed psychosocial impact. On the face of it, psychosocial need seems less pressing than material problems. Lack of food can be life threatening. Lack of shelter may jeopardize children’s safety. Lack of money to send children to school affects children’s development. “Physiological” and “safety” needs appear to require more urgent attention than psychosocial problems. External agencies find it easier to meet socio-economic needs than more demanding, culturally-based psychosocial interventions. But psychosocial wellbeing is the pre-condition for sustainable material and educational support; depressed children may be unable to take part in school activities or look after themselves properly. Programmes which address physical needs whilst ignoring psychosocial needs are likely to have limited effect. There is a danger that postponing efforts to address children’s psychosocial needs will lead to long-term disturbances of emotions and behavior.

Psychosocial needs are frequently overlooked because of difficulty in recognizing psychological reactions. Many people lack understanding of child development and appreciation of children’s psychosocial needs. In Uganda, almost all HIV-positive parents were concerned about their children’s future, but mainly relating to economic factors; only 10% mentioned concern about their children’s emotional wellbeing.\textsuperscript{4} Psychological reactions may only become apparent months or years after parental death. Consequently, the link between stressful events and corresponding reactions goes unrecognized. Different children exhibit different behaviors and symptoms are often intermittent. Children may one moment demonstrate adult-type grieving behavior such as weeping and the next moment engage in seemingly normal behavior like play. These apparently contradictory behaviors baffle adults. Teachers or other adults who fail to understand that changed behaviors are symptomatic of psychological distress, may respond by punishing, rejecting or simply ignoring affected children, compounding the problem.

Does this lack of perception indicate that the psychosocial impact of AIDS on children in Africa is unimportant? Policy makers and planners tend only to address problems which are widespread, persistent and severe. In the aftermath of other conflict or disaster situations, it is now recognized that trauma is a major barrier to the sustainability of recovery. The sooner the psychological intervention, the sooner can communities becomes self-sufficient and actively participate in their own development. The same principle applies to children affected by AIDS.

The paper in this journal is the first case control study examining psychological differences between orphans and non-orphans in Africa.\textsuperscript{3} There were no significant differences to suggest orphans were rewarded less, given excessive domestic chores or punished more than non-orphans. Though the study did not examine whether children were sexually abused, it provided little evidence to support the common assumption that the situation of orphans is characterized by exploitation, abuse and discrimination by guardians. This stereotype is based largely on anecdotes of orphans who have been maltreated. Yet the prevalence of such discrimination has never been quantified. If orphans in Tanzania were being selectively exploited by guardians, the study might be expected to demonstrate this. The extended family, the predominant caring unit for orphans in Africa, appears to be well preserved in Tanzania, as demonstrated by its low child-headed households prevalence.\textsuperscript{5} It is unclear to what degree the study’s negative finding on discrimination may be generalized to other countries in Africa. The assumption that large numbers of orphans in Africa are necessarily discriminated against or exploited by their guardians should be treated with caution.

The study demonstrated that orphans were more likely to go to bed hungry and complain of lack of food and money for school accessories than non-orphans; around 20% of orphans were out-of-school compared to 2% of non-orphans. But the living conditions of orphans and non-orphans were equally poor. Other studies have found a lack of
differences between orphans and non-orphans in some socio-economic indicators, including school enrollment rates, indicating that contextual factors are important.\textsuperscript{3} Relatives go to considerable lengths to maintain children’s socio-economic status, borrowing through informal networks and selling assets to keep orphans in school.\textsuperscript{6} It is important to avoid making unsubstantiated generalizations about the economic situation of orphans in Africa. Debate continues around whether children affected by AIDS constitute a specific group of children in especially difficult circumstances that should be targeted, as distinct from other impoverished, vulnerable children.

Though in some contexts, the difference between orphans and non-orphans is material in nature, it is undoubtedly psychological in \textit{all} contexts. This study, like others, found substantial evidence of reduced psychological wellbeing, with most orphans showing psychological impairment, especially internalized behavior changes such as depression, anxiety and low self-esteem, rather than acting out and sociopathic behavior.\textsuperscript{9} In Zambia, 82\% of those caring for children noted changes in behavior during parental illness. Parents noted that children became worried, sad, tried to help in the home and stopped playing to stay nearby. Children were likely to become solitary, appear miserable or distressed and be fearful of new situations, compared to control children.\textsuperscript{10} In Uganda, most children felt hopeless or angry when their parents became sick and scared their parents would die; most orphans were depressed, with lower expectations about the future: fewer orphans expected to get a job, wanted to get married or wanted children than non-orphans. Depression peaked in 10-14 year-olds; affected children were more likely to be living with a widowed father than a widowed mother, suggesting that the loss of a mother is more distressing than the loss of a father.\textsuperscript{11}

Makame \textit{et al}’s study suggests children living in child-headed households or with grandparents have the most serious psychological problems.\textsuperscript{3} This may not relate to their current living situation but rather to risk profiles and past experiences. Children who end up in extremely vulnerable situations are more likely to have experienced multiple losses.\textsuperscript{12} On the other hand, children who belong to caring and supportive families withstand severe psychological stress better. A major difference between the epidemic in Africa and elsewhere is that, because of the severity of the epidemic, many African children face recurrent losses including father, mother, guardians, siblings, familiar surroundings and schooling, leading to recurrent psychological impact. There are many similarities between the damage experienced by children of war and violence and the recurrent trauma experience of children affected by AIDS.\textsuperscript{13,14}

Normal reactions to abnormal stress (post-traumatic stress reactions) should be distinguished from post-traumatic stress disorder, a more severe and long-term disturbance of emotions and behavior. Without longitudinal studies, it is difficult to know the severity of orphans’ psychological problems, whether they are transitory or persistent and how they affect children in later life. The authors speculate that many orphans in the study had not grieved or come to terms with the death of their parents. Consequently, it is likely that psychological problems will be ongoing in a minority of orphans.

In conclusion, there is need to gain better culturally-based understanding of psychosocial issues and raise awareness at community level. Some of the factors that promote the psychosocial well-being of children seem to be universal: safety and security; sympathetic care-givers; familiar routines and tasks (such as school provides) and interaction with other children (e.g. in play and sports). African concepts place less emphasis on the individual and greater emphasis on extended families and communities. Field-based experience from the related area of children affected by armed conflict reflect a mistrust of Western psychosocial treatment models used inappropriately in non-Western settings.\textsuperscript{15}

The greatest asset Africa has in providing psychosocial support is its extended family. Extraordinarily, the evidence up to now is that customary fostering systems in Africa will continue to meet most basic needs for a majority of orphans created by the AIDS epidemic. Where children slip through the safety net, children are increasingly being supported by the community, a kind of "extended - extended family". Community initiatives to support vulnerable children are proliferating in many parts of Africa and moving beyond material concerns of orphans into psychosocial support.\textsuperscript{16,17} Community-based approaches encourage self-help and build on local resources, culture, realities and perceptions of child development.\textsuperscript{18} Psychological support should be strategically integrated into community-based programmes that provide support to vulnerable children, preferably through involvement with children prior to parental death. The psychological health of the individual is bound up with the health of the community. Strengthening the community is one of the most important goals in providing psychosocial support to orphans and vulnerable children.
6 Foster G. The capacity of the extended family for orphans in Africa. Psychology, Health & Medicine 2000;5:55-62
16 Foster G, Webster J, Stephenson P. A Study of 19 Christian Community Orphan Initiatives in Zimbabwe (submitted for publication)
(Editorial, Acta Paediatrica, June 2002)