

**A PRELIMINARY ENQUIRY INTO
THE EXPERIENCE OF FOSTER CARE
IN MALAWI**

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ABSTRACT

The spread of the AIDS pandemic has resulted in an increase in the number of orphans in Malawi. With a projection of 638,220 orphans by 1998, the traditional care systems are becoming overwhelmed and other alternatives need to be considered. One outcome of the pandemic is the need for the expansion of the foster care scheme run by the Government Department of Social Welfare. Amidst the paucity of research on foster care throughout the world, a lack of qualitative investigation into the experiences of foster care-givers also exists. Such an investigation would provide invaluable information in making foster care interventions more effective.

This preliminary investigation into foster care in Malawi set out to provide information on the Malawi government foster scheme primarily through the qualitative experiences of the foster care-givers. A semi-structured interview schedule was used to interview 24 foster parents, selected from a government foster register, in two regions of Malawi. The interview method was felt to be appropriate as it allowed further probing and for practical recording purposes. Hour-long interviews were conducted in the homes of the 24 subjects. The interview schedules were analysed in terms of the most important themes that emerged from the responses.

The findings of this study emerged in two categories. The first was comparing the Malawi foster care system with findings in the literature on such schemes elsewhere. Although common features existed in terms of the assessment of prospective foster parents, the Malawi foster care system has unique characteristics. Social and economic factors were the prime reason for the need for children to enter care. Most children were fostered in infancy, a reflection of Malawi's young population. Three types of foster care schemes exist in Malawi: fostering by relatives, fostering by non-relations (alien) and institutionalised care.

The second category of findings related to the experiences of the care-givers in the government scheme. Care-givers decided to foster for various reasons, and cultural factors were influential determinants. On the whole foster parents were pleased to receive the children and strong attachments were formed. The decision by foster parents not to disclose to the children that they were fostered, serves to maintain the attachment with the children.

The experience of the care-givers is not without stresses. Most of these centred around the health of the child on arrival and fears of the child being removed, given the temporary nature of foster care. In most cases, there were assumptions that the children were there to stay permanently.

Foster parents were generally happy with the working relationship between themselves and the Department of Social Welfare though most said the monthly support allowance was not consistent.

Current foster parents reported that they would be willing to foster an AIDS orphan and perceived this as being the same with most people who are not presently fostering.

The third category of findings noted that non-governmental organisations also run programmes for orphans. There exists, therefore, a whole wealth of information and experience with regard to foster care that is outside the domains of the government scheme - which was the focus of this study.

Recommendations that these programmes be explored further are made. As the need for such services expands, areas that could be researched further are highlighted. Finally recommendations to the government, that if implemented, may effect a better service, are also made.

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A PRELIMINARY ENQUIRY INTO THE EXPERIENCE OF FOSTER CARE IN MALAWI

Chiwoza R. Bandawe

1: INTRODUCTION

It is generally recognised that the care-giving a child receives is of crucial importance in its developmental journey to healthy adulthood. Most children are brought up by their biological parents or family members which is commonly seen to be in the best interests of the child because stability and continuity of care is maintained and biological and psychological bonding simultaneously develop (Mellet, 1988). For various reasons however, an increasing number of children are being placed in the hands of others to play this important care-giving role. These others may be members of the extended family, or non-relations with whom the children may be placed through welfare agencies. Such placements may be on a temporary or more permanent basis, usually depending on the capability of the family of origin to carry out its role. Such temporary placement of children is referred to as foster care, which is to be differentiated from adoption, which involves the permanent placement of a child into another family. The child's right to live with adoptive parents is protected and bound by law. Foster parents do not have such security given that the eventual aim of foster care is seen to be the prospective return of the child to his/her family of origin. This may not always be possible, however, because the biological parents may not be known or be in a position to have the child back. This study looks at how foster care manifests itself in a third world setting, in particular in the southern African state of Malawi.

Malawi is one of the poorest countries in the world with a very high population growth rate. Its economy is agriculture based and 85 per cent of the population live below the poverty line. More than 20 per cent of the population of 10 million is under 5. The average life expectancy at birth is 38.1 years for men and 41.6 years for women (Carr & MacLachlan, 1993). Hence many children become orphaned for various reasons and therefore become deprived of natural love, care, shelter, food and guidance. To meet the needs of such children the extended family has usually offered social security, but the monetarisation and modernisation of the Malawi economy has led to a situation where "extended family and clan ties are not as cohesive anymore, and the spirit of voluntarism has been eroded" (Government of Malawi Ministry of Women & Children Affairs and Community Services, 1993, p.1). To help cope with this change, the Malawi government operates a foster care service which has been operating since a Cabinet paper that instituted the Social Welfare Services was presented in parliament in 1965.

An investigation into various aspects of this service is pertinent to an understanding of foster care in Malawi. For the purposes of this study foster care shall be taken to refer to the placement of a child with care-givers other than the biological parents. The definition shall incorporate the extended family and non-relations who shall be referred to as alien families.

Research into foster care globally has focussed on several factors:

1. **reasons** for foster care placement;
2. **types** of placements;
3. **characteristics** of the children in care;
4. **processes** involved in fostering; and
5. **hindrances** and obstacles to effective foster care.

Rankin (1983) highlights two other factors that have been the focus of research. These are the placement experiences of children, and factors related to the discharge of children from institutional care. Apart from these main foci, other aspects of foster care such as legal issues and the role of social welfare agencies have also been investigated.

The majority of the literature on foster care stems from the United States of America where much research in the area has been done and numerous systematic child placement schemes and programmes have been in operation since the 1930s (Mica & Vosler, 1990; Woolf, 1990). An estimated 460,000 children are in foster care in the United States and this is projected to increase to about 600,000 by 1995 (Halfon, English, Allen & De Woody, 1994). Research indicates that the main **reasons** why children in the United States require foster placement is due to severe physical, sexual and psychological abuse, primarily within their own families (Woolf, 1990). Between 1980 and 1992 the number of maltreated children increased from 1.15 million to 2.9 million (Curtis, 1994). This in turn may be the result of escalating poverty, high rates of drug abuse and increasing family violence (Halfon et al, 1994).

Of course the need for the placement of children is not confined to the United States alone. Africa has also seen a rise in the need for children to be placed in substitute care. Political instability, usually with its violent accompaniments of wars and civilian bloodshed, as has been the case in Uganda and Mozambique for example, have led to many families becoming displaced with scores of children being orphaned and having to leave their countries. In Mozambique, it is estimated that 250,000 to 500,000 children have been abandoned, orphaned and traumatised during the civil war (Charnley & Langa, 1994). At a social level the high incidence of unplanned pregnancies and common temporary marital unions in Ugandan urban centres had resulted in many children abandoned by roadsides (Hakiza, 1994). The rising AIDS pandemic in Uganda has led to a high number of AIDS orphans requiring the need for foster care. The extended family is overwhelmed and people are showing a reluctance to look after their dead relatives' needy children, estimated to be over one million (Hakiza, 1994). Preble (1990) argues that four possible outcomes exist for AIDS orphans at present: adoption by relations and non relations; orphanages; abandonment and death.

The main objectives of foster care was to provide stability and containment for such deprived children. However, in the United States, the objectives have changed from the original intention in the 1930s of providing care for neglected and homeless children, to a social service that provides help to children and youths with severe behavioural, psychological and emotional problems. The emphasis of foster care has thus broadened from a child welfare system to a family service system (Woolf, 1990). Reflecting this change in emphasis has been the development of a plethora of **types** of foster care interventions. Foster children in the United States may be placed in family foster homes

where they live with foster parents in a manner as close to the typical nuclear family as possible. They may also be placed in residential treatment centres where the emphasis is on treating specific abuse the children may have undergone. Several foster based treatment models are in operation, for example the Pressley Ridge Youth Development Extension (PRYDE) (Almeida, Hawkins, Meadowcroft & Luster, 1989). This is a specialised therapeutic foster care where the parents are more carefully selected, given more educational input about their role and receive more supervision and support. Difficult or handicapped children are placed in these foster homes. Yet another type of foster care is group homes which is a form of institutionalised residential care (Halfon et al, 1994). Mica and Vosler (1990) describe a type of placement called the foster-adoptive programmes. The child is placed with foster families on a preadoptive basis. In placing the children effort is made by the agencies towards ensuring the likelihood that the foster parents will eventually adopt the children. This system was designed to discourage multiple placements of foster children.

Africa has been implementing some of these types of foster care systems. Due to the extended family system, institutionalised residential care centres are rare (Preble, 1990). However some have been set up in South Africa (Rankin, 1983) and Mozambique (Charnley & Langa, 1994) for example. Such centres are seen to have several drawbacks; mainly overcrowded conditions, lack of trained staff and extremely limited budgets - all with negative implications for the emotional and physical benefit of the fostered children (Preble, 1990; Charnley & Langa, 1994).

Apart from these American types of care there have been forms of foster care that have followed traditional child caring customs. The African family is an extensive network

with a diversity of contacts (Ankrah, 1993). Throughout Sub-Saharan Africa therefore, traditional fostering functions to spread the benefit of the labour of children and ease the burden of their rearing (Hunter, 1990). In Cameroon, for example, a traditionally established system of network fosterage means that children in need can be fostered by friends and kin as part of their child rearing (Nsamenang, 1992). In contrast to this, Omari (1994) describes a desperate situation where several child-headed households exist in the Kagera region of Tanzania. With over one million AIDS orphans in Tanzania, orphaned children have no source of support - to such an extent that siblings have to foster each other. This is another type of fostering that is unique to Africa in view of the AIDS pandemic, and places a tremendous burden on the older children to provide emotional and material support for their younger siblings.

It can be seen from this literature that the main **characteristics of the children in care** vary. In common they have had exposure to some degree of trauma. In the United States those in care are the ones most severely abused, given the emphasis on using foster care as a last resort (Woolf, 1990). In terms of demographic characteristics, Scotland has had very few children under the age of five in residential care as most are placed in temporary or permanent foster homes (Levine, 1988). There are more adolescents (75%) in residential care in Scotland with the majority being 14 year old. These demographic characteristics are said to be reflective of world-wide trends (Levine, 1988).

The literature also provides us with some description of the processes involved in fostering. In the United States agencies are now required by law to justify the removal of children from their homes by demonstrating to independent review boards that every effort has been made to maintain the child at home and the removal has to occur as a last resort (Woolf, 1990). In South Africa the Johannesburg Child Welfare Society holds a four-session group orientation programme with prospective foster parents. This is then followed by home visits. If successful, the foster parents are given as much information about their foster child as possible (Loffell, 1988). Universally, the exact process followed depends on the type of foster care system or placement that will be enforced. Generally, however, enquiry with prospective foster parents is common to all, although the screening of the foster parents may not always be as intensive as desired (SA Dept of Health and Welfare, 1982).

Whilst the lack of intensive screening may be a hindrance to the effective implementation of the foster care intervention, it is not seen as a major obstacle. Economic hardship is attributed as the main hindrance to effective foster care implementation in the United States (Woolf, 1990), Tanzania (Omari, 1994) and Uganda (Hakiza, 1994). In addition Tanzania and Uganda have large numbers of AIDS orphans which makes successful implementation of foster care programmes difficult. Hakiza (1994) further mentions cultural inhibitions such as priority being given to males, which means that female fostered children are undervalued and therefore not treated with the best of care. Hakiza also points to the motives for fostering as a possible hindrance, highlighting selfish profit objectives on the part of prospective foster parents as a major obstacle. Finally Hakiza mentions the child's previous background as a factor that could hinder foster care as an effective intervention

strategy. She argues that the adjustment of the child in the foster home may be affected by previous experience. Children who have lived hard and miserable lives are less likely to adjust easily (Hakiza, 1994).

From this brief overview of the literature on foster care, it can be said that the focus of research has been more on the quantitative aspects of foster care than the qualitative. The experiences and needs of the foster care-givers as well as insights from those experiencing foster care, appear to be lacking. There is a dearth of information on the experiences of the children in care especially in Africa. Gunston (1992), in one of the few studies conducted locally, found that the children in care in Cape Town had a vague and inaccurate understanding of their foster care situation. The perspective of the care-givers themselves also needs to be understood because ultimately that affects the way they bring up the children. This suggests that an investigation into the experiences of the care-givers would be an important factor in foster care research. There is much that can be gained from the foster care-givers themselves with regard to foster care service delivery.

Given that no previous research has been done on foster care in Malawi, this study, which is an initial enquiry into foster care in Malawi, will also focus on the perspectives and experiences of foster parents.

The growth and urgency attached to foster care in Malawi had been prompted by the devastating effects of one illness: AIDS. The continued spread of the AIDS pandemic within Malawi has led to the government developing strategies to cope with its consequences on Malawian society. One such consequence is the increasing number of

children who are orphaned. It is estimated that the number of orphans within Malawi will increase from 24,000 in 1990 (Government of Malawi Ministry of Women & Children Affairs and Community Services, 1993) to a cumulative total of 638,220 by 1998 (AIDS Secretariat, 1994). Traditionally the extended family has absorbed the orphans into its structures, but the rapid spread of the pandemic has overwhelmed the extended family. The government is thus trying to expand its somewhat small scale foster care scheme which is aimed at supplementing the extended family by finding placement for some of the orphans with foster families. This study therefore has the additional aim of providing insight into some of the perceptions held by care-givers regarding the pandemic and their insights into the willingness of people to foster orphans whose parents are known to have died of AIDS.

Overall, the study in investigating the generally unexplored territory of foster care in Malawi, seeks to:

1. Provide an understanding of the processes involved and a picture of the Malawi Government foster care scheme in relation to some factors that have been the focus of foster care research universally.
2. Provide insight into the needs and experiences of Malawian foster parents from their own perspective.

The findings of this study would be significant in various ways. It would firstly enable a comparison to be made of the Malawi government foster care scheme with the rest of the world. This may contribute towards expanding the literature in this important field. The findings would also provide information that could be used in the anticipated expansion of care giver services in Malawi. Given the qualitative emphasis, the study would provide information on the considerations of care-givers prior to the decision to foster. This would therefore increase the likelihood of sensitivity towards the current needs and experiences of foster care-givers in drawing up strategies to recruit more foster parents.

In addition the findings of this study would point to some neglected areas of research.

2: METHOD

Instrument

A semi-structured interview schedule was developed to be used in this study. The contents covered a wide range of areas including identifying data, questions relating to the fostering process, its impact, the perception of the care givers with regard to AIDS-related issues, and their sources of support. The interview schedule was written in Chichewa, the national language of Malawi, but an English translation is provided in Appendix A.

The interview method was considered adequate for this study. It has the advantages that it allows for personal contact between respondent and interviewer, enabling the interviewer to get a direct sense of the circumstances of the subjects. It also allows for subjects to get clarity on the questions as well as for the interviewer to clarify responses where necessary. This is particularly important in a preliminary investigation where qualitative information is elicited. The interview method usually means the responses are recorded by the interviewer, which is useful in a country such as Malawi where there is a high illiteracy rate. Given the relatively small population of registered foster care-givers in Malawi, the disadvantages associated with interviews such as limited time do not really apply.

Procedure

Data is collected by way of an interview with the respondents, usually in their homes. The responses were recorded in numbered exercise books during the interviews. This was sufficient for the purposes of this study as the use of an audiotape would not have

been appropriate given the sensitive nature of the research. The interviews were conducted in Chichewa and on average lasted an hour .

Given that research is seldom about results only, but also about procedure, it is worth describing the data collection process to highlight the difficulties experienced and to show how the study was forced to shift its focus and strategy during the data collection. Indeed, the data collection phase of the project was designed to be flexible and adaptive to the changing demands in the field. It was envisaged that obstacles and difficulties would be inevitable, but these were impossible to specify beforehand. This was one of the major reasons for relying on an interview schedule to collect the data: it is flexible and adaptable to unforeseen circumstances in the field. This is especially important for a preliminary study such as this one.

The actual process, and experiences during the data collection is an important part of the research reflecting some of the difficulties of field work. It also highlights some of the experiences of research where little else preceded it.

Authorisation

In obtaining authorisation to do the work it was necessary to go through the formal government channels. A link had to be established with the Ministry of Women & Children and Community Services as the subjects would be accessed via them. There was some communication with the ministry through letters beforehand. The next task was to get their approval. The rationale and aims of the study were discussed with some of the officials at Ministry headquarters, eliciting a positive response. However,

it was also necessary to get ministerial authorisation to have access to the files, and this involved a three week waiting period.

Adaptation of the interview schedule

The next step was to identify a population and obtain a sample from it. Ministry Headquarters made a referral to their Regional Offices, since these would best be able to identify where most of the foster parents could be found.

It was assumed that files and records of all foster care parents would be kept here including those of AIDS-orphans. The interview schedule asked detailed questions about fostering children orphaned as a result of parents dying of AIDS. Inspection of files revealed no records in existence as regards the number of orphans due to AIDS. The hospital social worker in the Central Region pointed out that there were no AIDS orphans in foster care in the Central Region as far as records were concerned. Those fostered were fostered because of other reasons. The social worker could not point out a single child in her records who was fostered following the death of the mother from AIDS.

The unavailability of statistics on AIDS orphans was partly due to the previous Malawian government policy, discouraging the publication of figures of AIDS victims. Civil servants have generally been discouraged from compiling lists of or statistics related to AIDS, with the result that this area has been neglected or ignored as part of the government's denial of the seriousness of the epidemic. Furthermore, government policy has been not to differentiate between a child whose parents have died of AIDS and an orphan due to other causes (Government of Malawi Ministry of Women &

Children Affairs and Community Services,1993). These factors made it particularly difficult to work along the research lines originally intended.

It also turned out that most of those fostered had been fostered from infancy. This meant that many of the questions that sought to elicit detailed information regarding adjustment and settling in to the families of older orphans due to AIDS, would not be directly applicable. The interviews therefore had to focus more on the questions relating to the perceptions that care givers had regarding AIDS as opposed to their experience.

The data collection

The foster lists at ministry headquarters showed that of the three regions in Malawi, the Southern Region had the highest number of registered foster children, namely 40. This was followed by the Central Region with 23 and the Northern Region with 9 (See Map in Appendix B). The fostered children were widely distributed within the three regions.

Time constraints and relatively easy access restricted the interviews to the Central and Southern Regions. In the Central Region the two districts with the highest numbers of registered foster children, Lilongwe and Nkhota Khota, were chosen. In the Southern Region, interviews were conducted in Blantyre, Mangochi and Thyolo.

Since subjects were quite sensitive about the issues of fostering, a social worker or social welfare representative was present at all interviews. Respondents were cooperative and willing to talk. It particularly helped that they knew the social workers from past dealings with them.

Lilongwe is the administrative capital city of Malawi. It has a population of 230,000. There were a total of 9 sets of foster parents within the urban Lilongwe setting, reflecting a wide cross section of socio-economic backgrounds.

Five interviews were conducted, as four respondents were unavailable for various reasons - one had gone to South Africa for example, the other had eloped with her husband's best friend taking the child with her, and a third could not be traced. The subjects were scattered throughout Lilongwe and there were therefore long distances to travel between them.

Nkhota Khota is a rural area along the lake - shore of Central Malawi. There were a total of five registered sets of foster parents. Of these, four were relatives fostering and one was an alien family. Despite the long distances to travel between subjects, interviews were conducted with all five in the course of one day.

Blantyre is the main commercial center in Malawi and is the largest city. Ten interviews were planned here, but several obstacles made this impossible. The subjects in rural Blantyre were scattered across several villages. It meant travelling fairly long distances to visit each subject. Despite the fact that they had all been notified beforehand, when we got to the first subjects they had gone to their maize field. Eight kilometers later we found that it was market day and that the next respondents had gone to the market. It was almost lunch time by the time we got to the third respondent only to find that she was busy planting in the fields as this was the rainy season and Malawi

is reliant on agriculture. She was called from the field and kindly agreed to conduct the interview. Given these difficulties, only five interviews were conducted.

Thyolo is located in the Southern part of Malawi, in the main tea-growing area. Within the district there were only four alien families fostering children. These too were scattered throughout the district, which meant travelling long distances to each. The District Social Welfare Officer reported that there were no statistics on AIDS orphans in Thyolo and that of the 4 families it could not be ascertained whether any of the fostered children were the result of the AIDS pandemic. Most of the orphans in Thyolo were in the care of relatives and it was therefore difficult to get an estimate of the number of orphans, let alone AIDS orphans. One subject interviewed was a woman fostering 4 children, each one from a different family. Given the fact that the subjects were so scattered, only three interviews were conducted.

Mangochi is located on the southern tip of Lake Malawi. It is a fishing and tourist town with some tobacco fields in the east near the Mozambique border. Foster care was being encouraged in Mangochi since an outbreak of blood diarrhea in 1993 which had led to many deaths resulting in high numbers of orphans. It was assumed that there were several AIDS orphans in Mangochi, but again no statistics were available. Mangochi is associated with high levels of prostitution as it is a lakeside tourist resort. This factor would mean that it would be more difficult for people to admit their relatives had died of AIDS because of the implications of how they had contracted the disease.

Major transport and manpower difficulties exist in Mangochi which makes it difficult for the social workers and maternal and child health workers to have as much contact with orphans to enable the compilation of any statistics and to follow them up. The main link with the orphans is through the nutritional clinic at the district hospital on Mondays where guardians are counselled and the malnourished orphans given a nutritional diet, usually consisting of porridge. (There is a high prevalence of malnutrition in Mangochi brought about by poverty as well as ignorance of appropriate diet for children).

Here too there were long distances to travel from respondent to respondent, and some of the respondents were not at home. In the end five foster mothers were interviewed: three fostering within the family, and two alien families.

Subjects

A total of 24 interviews with foster parents were conducted. Of these, 19 were with the foster mothers. Since the mothers are the main care givers in Malawi, preference was given to interviewing them. However, in three cases, the foster fathers were interviewed, mainly for practical reasons as well as the fact that they knew more about the background of the foster children than their wives. Only in two cases were both the foster parents interviewed together.

Of the 24 subjects, 16 were registered alien foster parents, out of a national total of 53.

Overall the subjects in this study are summarised in Table 1 by location and type of foster care whether alien or relatives:

Table 1: Subjects

	Alien families	Relatives
Lilongwe	5	0
Blantyre	6	0
Thyolo	2	1
Mangochi	2	3
Nkhota Khota	1	4
Total	16	8

3: FINDINGS AND DISCUSSION

The 24 completed interview schedules were analysed in terms of the most important themes that emerged from the responses. The most outstanding findings of this study can be divided into three main categories. The first two categories reflect the issues the interviews probed. Firstly there were those findings regarding various factors of the Malawi foster care scheme that have been the focus of foster care research universally. The second category of findings concerned the perceptions and experiences of the foster care parents on various issues related to fostering. The third category of findings involved agencies outside the government scheme that are also concerned with foster care .

Each of these categories highlighted several findings which could be broken down as follows:

I. Factors that have been explored elsewhere

Like the focus of research on foster care universally, this study was able to provide some information with regard to Malawi on:

- a) The reasons why Malawian children require foster care placement.
- b) The types of foster care provision in Malawi.
- c) The characteristics of the children in care.
- d) The processes involved in fostering the children.
- e) Hindrances to effective foster care.

II. Foster Care Parents

Given the qualitative objective of the study to focus on the foster care-givers, the findings pointed to some specific issues that are the concern of the foster care parents in Malawi:

- a) Considerations of foster care-givers in deciding to foster a child.
- b) Current concerns and worries that foster care givers have following fostering.
- c) Subsequent impact on the fostering family.
- d) The decision whether to disclose to the children that they were fostered.
- e) The currently held perceptions of foster care-givers towards the spread of AIDS.
- f) Experiences and support.

III. Other agencies involved in foster care

Whilst this study was based on the formal Malawi government foster care scheme, the study also noted that there were non-governmental organisations that were in the process of setting up their schemes. This study was only able to get an overview of a few of these organisations: a Roman Catholic Church community project, the work of the International Red Cross and Dear Mom and Dad (DEMODA) specifically set up to assist AIDS orphans.

I. FACTORS EXPLORED ELSEWHERE

a) Reasons for placement

Like the findings in the literature, Malawian children in foster care typically have been exposed to trauma of some kind or another. Of the 44 children in foster care in this study, 27 were orphaned, 11 were abandoned by their mothers shortly after birth, and five had to be placed in care because their mothers were unable to look after them due to mental illness. The fate of the biological mother of one child was not known by the foster parents.

In this study there was no indication of a child being placed in foster care on account of physical, sexual or psychological abuse in the families of origin, as is the case with most of the children in care in the United States. It can therefore be said that the Malawian child is placed in foster care for reasons other than what occurs in the United States.

Malawi children in foster care are put into care more because of economic and social reasons and not because of political factors as is the case in Mozambique and Uganda. Malawi has enjoyed a tranquil political environment that has not seen the need for refugees.

In this country little is known about the mothers of abandoned children and the reasons why they abandoned them. It can only be inferred that these may be due to economic

and social reasons, such as the stigma associated with unwanted pregnancies and the shame that this brings on many families. The monetisation and modernisation of the Malawian economy have led to financial difficulties among many Malawians. As a result unwanted pregnancies may cause further economic hardship for some mothers who then see no alternative but to abandon their children.

The causes of deaths of the biological mothers of some of the children in care was not easy to ascertain given the limited statistics on AIDS and foster care. At best inferences could be made from the description of the signs and symptoms of the illnesses suffered prior to death. This therefore made it difficult to determine how many of the children were orphaned and therefore in need of care, because of AIDS.

b) Types of foster care in Malawi.

From the study it emerged that there are three types of foster care schemes in Malawi. There is firstly the "alien" family scheme comprising those children who are fostered out to families other than their own. Sixteen of the parents interviewed fell into this category. Of the 44 children in this study, 22 were being looked after by alien foster parents.

The second type of foster scheme concerns those who foster within family lines. This is the system encouraged by the government to ensure that the children stay within the clan. Eight of the subjects were fostering relatives whose parents had died. Within this category three of the subjects were the aunts of the children, looking after their late

sisters' children (See Appendix D, Case 2); three were grandparents looking after their late daughters' children, and two were sisters looking after their own younger siblings (See Appendix D, Case 3). Most of the increasing numbers of children placed in foster care involved placement with relatives. It is difficult to estimate how many children are placed with relatives nationally, as the majority of such placements occur without the government's knowledge. Although considered the ideal scheme by the government it has several drawbacks, the most common being the lack of resources of the families. It is those who are most needy that will come to the attention of the government. The government tries to assist by getting international financial support from Non-Governmental Organisations (NGOs).

The third type is the institutional orphanage system. There is only one such institution in Malawi, Jacaranda House, located in Blantyre. This is used as a last resort, as the government is determined to steer away from any formal institutions. The first two types of foster care will be the focus of discussion.

c) Characteristics of children in care

The average age of the children in care in this study was seven. Malawi's children in care therefore tend to be younger than those in other countries according to the literature. What may account for this is that Malawi has a young population with half the population being under the age of 14 years. The majority of the children were fostered in infancy, especially in the case of alien families. There seems to be no preference of sex among alien foster families and there is no indication that female foster children suffer more than their male counterparts as is the case in Tanzania.

d) Process

The Malawi government foster care scheme has a prescribed procedure in the fostering process. There is a selection process that looks into the resources, stability, appropriate age and marital bond of the prospective care-givers. The prospective family must demonstrate it will be able to provide for the child and not be dependent on external resources. On an emotional level, family stability and a strong marital bond are a necessity to minimise a conflictual environment for the child. These criteria are seen as necessary to provide an adequate environment for the child to grow up in. The assessment process requires home visits by social workers to see how the parents live. It has transpired that some of those who register to foster children lie about their circumstances and this becomes obvious during the home visits.

The fostering process in Malawi is similar to that found elsewhere in that the prospective parents are interviewed. As yet however, no qualitative study has been done into the effectiveness of this screening procedure. A sample registration form for foster parents appears in Appendix C.

e) Hindrances to effective foster care.

As is the case elsewhere, as reported in the literature, economic factors are the main hindrances to effective foster care in Malawi. Malawi is predominantly an agriculture-based economy and the succession of droughts in the 1980s strained the economy. Malawi is dependent on foreign aid, which was suspended in 1992 pending political reform, putting further unprecedented strain on the economy. As a result, financial resources to support foster parents in providing food and clothing for the foster children are very limited. On an administrative level, opportunities by social workers to visit foster parents and effect supervision was hampered by the lack of adequate transport.

The increasing numbers of children requiring care adds to the difficulties of effective foster care implementation. The already limited resources are continuously becoming overwhelmed by the growing numbers requiring placement.

II. THE FOSTER CARE PARENTS

Before embarking on an examination of the experiences and perspectives of the foster care parents, it would be useful to look at the characteristics of the care-givers of this study. The average age of the foster parents interviewed was 40. Nine of them worked for money, whilst 15 were unemployed. None of them reported receiving assistance from non-governmental organisations. The average number of adults in the house hold was four. Most had lived in their homes for many years; 16 owned the houses they were living in; whilst eight were renting or living in company houses. Nineteen of them had looked after relatives' children before. Six of the foster parents had never had their own children and 18 had biological children of their own. Only six had fostered registered children before.

a) Considerations of prospective foster parents

In this study the origin of the idea to foster varied between the husband and the wife. In most cases the wife came up with the suggestion, as she was the one who felt the most pain about not having children. Of the 16 alien foster parents, nine had fostered because they were unable to have children of their own, one couple had had a child of only one sex and therefore wanted a child of the other sex, two were fostering because they had wanted to have more children of their own, three couples fostered for charity's sake, and one fostered for the sake of companionship as her children had grown up and gone off to start families of their own. Since some of the subjects were fostering more than one child the reasons for taking on another child later may have

been different from the first. Those who had been childless before may have later wanted a second child of a different sex. Parenting in itself was not seen as a difficulty since child-rearing is common from an early age with most girls looking after their younger siblings. Most of the foster parents had parented relatives before, given the extended family networks.

It was clear that all the alien foster parents were strongly motivated to seek foster children. There are in Malawi tremendous implications for a person's social standing if a husband and wife are childless. In the eyes of traditional Malawian society a marriage is never considered complete unless there are children. There is further pressure on a woman to have children as it is seen as an accomplishment of womanhood (Bandawe, 1992).

The role of religion seems to have played quite an important role in the decision to foster. Most of the parents had said that they fostered because as God-fearing people they could not ignore God's command to care for others.

Subjects indicated that the issue had been discussed between the husband and wife in a democratic manner. Only one couple in Blantyre reported that they had consulted their children and felt that this was important as the siblings would spend more time with the child than the parents. For the alien families the next stage would be to go to the Department of Social Welfare to register themselves as prospective foster parents so that when a child became available they would be considered by the Department.

Foster care-givers who foster relatives do not go through the same decision making processes as alien foster parents. Taking on deceased relatives children is seen as a duty. Therefore in Malawi there does not appear to be the reluctance to look after dead relatives' needy children as is the case in Uganda where the numbers of such children have overwhelmed the extended family.

b) Concerns

The health of the child was usually a predominant cause for concern and worry for foster parents in the first few days following arrival. Most children were fairly sickly when they arrived. Foster parents feared that the death of the child soon after arrival would be a reflection on them as negligent parents, and this was cause for anxiety.

In line with research elsewhere the purpose of fostering as far as the Malawi government is concerned, is that the alien fostering family is *temporarily* looking after the child until it can return to its family of origin. In this study most fostering families found it hard to accept this aspect of the fostering contract. They became bonded and attached to the child and did not wish to part. It was also clear that most of the parents were not fully aware of this aspect of the contract and had assumed that the child was adopted. It was not clear to some that in order for the child to be permanently theirs, there was need for a legalised adoption. There are only 1 to 2 adoptions that take place each year within Malawi. However, some of the parents were aware of the temporary nature of looking after the child and that the child could be removed at the pleasure of the government (See Appendix D, Case 1 for example of where this happened). Most

of the foster parents said that they wanted to go through with the adoption process. Hence the parents said that they would feel safer if the original parents or relatives of the child were not known so as to prevent them reclaiming their child. Apart from becoming attached to the child, there was also an investment in the child in that they would have spent money, time and care with the child. To have the child taken away would be seen as having wasted their input, given that in Malawi children are an investment for the future of the parents.

Most subjects also said that they felt it was easier to foster an infant as opposed to a grown-up child, because the younger the child the easier it would be to mould the child. In addition there was a belief that an older child may not be so accepting of the mother as a younger child would. Three of the subjects indicated that there had been behavioural and adjustment problems with children who were fostered when they were two years old and were thus aware that they had been fostered. One child in Blantyre was so withdrawn that it took a long time for her to be accepting of her new mother. In Thyolo the first child fostered by one of the subjects is at age 12 fast becoming a delinquent. Therefore overall there was a stronger preference for fostering a younger child.

The implications of this for the future was not so clear. Whilst there is a preference for infants, the willingness to foster older children cannot be precluded. The work involved in bringing up an infant is enormous and requires full-time commitment and willingness to wake up at odd hours to feed the child. Given the relatively little financial support and the high costs of baby milk, it may work out cheaper to foster an older child especially if there are already other children.

c) Impact

All 16 alien foster parents reported that the arrival of the foster child had a positive impact in their lives by bringing tremendous joy into their families. There were no objections from close family relatives when the childless foster parents had consulted them about fostering children. In all cases the fostered child was welcomed into the wider family and parents reported that they were treated as if they had been born into the family.

Among those fostering relatives the impact of taking on another child had been to increase the financial burdens on the usually impoverished families. Despite this there was no sense of remorse or negative feeling towards the fostered children, since fostering them was accepted as a family duty.

d) Disclosure

Twenty-two of the foster parents said that they would not disclose to the children when they were older that they were fostered. The main reason given for this was that it was felt that such information would have upsetting effects and make the child feel unwanted and unappreciated. They said that any disciplinary action by the parents would be interpreted by the child to be discriminatory because he or she was fostered. The secrecy surrounding the roots of the fostered child was not confined to the child alone but also to the neighbours. Most respondents said that they feared that the

neighbours would tell the children that they were fostered and this would upset the psychological development of the child. Related to this most foster parents felt that they would have to give the foster child special love to avoid arousing suspicion in the child. Two pointed out that because the child was not biologically a member of the family they would have to equip the child particularly to cope alone should anything befall the parents.

It is usually assumed in the literature that knowledge of one's roots is necessary for healthy child development. Knowing the biological parents is said to give the child a sense of continuity of attachments during the crucial formative years (Kufeldt, Armstrong & Dorosh, 1989). However, Malawi foster parents hold different views. They believe that it is in the best interests of the fostered child not to know about the biological parents since they believe the foster parents are their biological parents. This raises the question regarding the use to the child of knowing his or her roots, when the child firmly believes s/he is at home. Hence, the paradox is that by being unaware of its roots, the child is assured of continuity of attachments. Since most children are fostered at an early age, the attachment occurs with the foster parents. Disclosure that the child was fostered would affect the sense of continuity. Non-disclosure is more likely to succeed in cases where the child was fostered at infancy. In this study there was hardly any contact between the foster parents and biological parents. Furthermore the origins of most of the children was not known given that some were abandoned.

e) AIDS

With regard to AIDS, of those who are fostering at present, the subjects revealed that most of them would be willing to take on an orphan whose parents had died of AIDS. Some of these indicated that they would want to know the HIV status of the child beforehand, apparently with no implications on the decision on whether to go ahead with the fostering or not. Few felt that HIV positive males would be a greater risk than female children because boys are more active and playful than girls and could thus more easily spread the virus to other children. When asked for their opinion as to whether people in general would be willing to foster a child whose parents had died of AIDS, most of the subjects were of the opinion that they would be willing to do so. They pointed out that it would mainly be Christians or people with a fear of God who would foster the children out of a value for human life. Some of the subjects were actively involved in the church and said they would even take on a child who was HIV positive because God would have expected them to. Subjects also pointed out that with the spread of AIDS in Malawi most families would have been touched by the disease to the extent that people would be more understanding and accepting of children whose parents had succumbed to the disease. The only limitation would be that prospective foster parents may be more caught up with fostering their own relatives whose parents were victims of the disease.

The health personnel at Mangochi District Hospital said that many people in the district could now identify an AIDS patient, but that families were very secretive about it. AIDS was seen as a retribution of sin in this predominantly Muslim area and families were keen to avoid the stigma that would accompany any child whose parents were

known to have died of AIDS. Most of the AIDS orphans are absorbed into the extended family. Families would consult and identify those within who would take responsibility for the orphan.

In response to "Do you think there are any differences between fostering a child whose parents have died of AIDS and fostering a child whose parents may have died due to other causes?" subjects overall reported that they perceived no major differences especially if the children were not HIV positive.

f) Experiences and support

Generally the role of the Social Welfare Office was seen as supportive by the foster parents. Most said that the only difficulty was the long waiting period between registration and the arrival of the child. It was interesting that in response to "what would you suggest to make [the fostering process] easier?", most subjects in the cities had clear suggestions, while no one from the rural areas could put forward any suggestions. They expressed surprise that they were asked to suggest instead of being told what the ministry would do. Malawian society was authoritarian in nature and people were told to obey government without question to the extent that it was against government policy to allow suggestions or criticism.

Subjects reported that the office would pay regular visits to them soon after fostering. This contact with the agency was reduced over a period of time. For many of the respondents this study was the first visit from the agency in many months. Their perception of this was positive in that they felt that the reduced visits was a sign of

confidence in them in that the Social Welfare Agency did not have to keep checking on them all the time.

There were however some complaints regarding the consistency of the financial and material support they are supposed to be receiving. Alien parents are entitled to a monthly support allowance. This has been inconsistent in that it sometimes arrives after three months. The poorer families argue that they were provided with clothing and milk to feed the child at the onset but that this was stopped. There was a sense of frustration among some of the subjects who struggle to make ends meet. They are usually under the impression that the support would be more regular than they are getting. Most subjects, however, said they did not rely exclusively on the Social Welfare Department when they faced major difficulties. They took on the responsibilities for dealing with these themselves, for example in providing for the costs of medication when the child became ill. One respondent in Lilongwe suggested that foster care-givers be given special privileges to assist them in looking after the child. For example: they should be given special cards that would allow the fostered child to have medical treatment at a reduced rate as well as special school fees. This suggestion might act as an encouragement to prospective foster parents who have to constantly think in terms of the costs involved in raising children.

III. OTHER AGENCIES INVOLVED IN FOSTER CARE

The government foster scheme is the most formal and systematised fostering scheme, and has been in existence the longest. Focussing on how the government scheme operates has served as a point of departure to give some insight into foster care in Malawi. There is more to foster care in Malawi outside the government scheme. There are other organisations and the Roman Catholic Church that are developing foster care schemes, but these are not as developed as the government's. These schemes have arisen mainly in response to the AIDS pandemic. Due to time constraints it was only possible to get an overview of a few of these organisations:

The Roman Catholic Church has been actively involved with AIDS in the community and in setting up church support for orphans. The church trains volunteers within villages in the various diocese. These are volunteers who are willing to give of their time and service. They are trained in the basics of AIDS and try to foster a community care system for AIDS victims. People still hide the fact that they have an HIV positive family member. The church believes that practical nursing care for the dying must lie with the communities who should share responsibility for transport, food, money and clothing. The extended family is found to be very supportive. Statistics were hard to compile even for the church as there was a great amount of mobility and therefore no consistent picture could emerge. A Catholic sister interviewed commented on the difficulties of family members giving up their children for foster care. Children are seen as security and thus to take the children into foster care would be seen to be saying "give me your arm".

The International Red Cross has also been involved with orphans. Their emphasis has been on encouraging home care of the orphans and on mobilising the community to deal with the AIDS problem. A Red Cross official disclosed that people in the communities are more willing to work with the non-governmental agencies than with the government. There is apparently a tremendous amount of stigma attached to the previous Malawi Congress Party Government which had been associated with brutality during its years of oppression and people were thus weary of government-initiated programs. The Red Cross is conducting a pilot study on the plight of the orphans.

Dear Mom and Dad (DEMODA) was the first non-governmental organisation set up in Malawi with the specific aim of rendering assistance towards AIDS orphans. They have begun a needs assessment. At present following a major assessment in Mulanje in Southern Malawi, DEMODA has come up with a list of 14 major needs which are being constantly updated. These are the need for: affection, food, medicine, clothes, shelter, beddings, school fees, farm inputs (seeds), settling of disputes with other relatives, skills, income generating activities, spiritual support and behavioural counselling. The District Orphan Care & Development Committee set up by DEMODA is assessing the needs of orphans in three Malawi districts: Mulanje in the South, Ntchisi in the Center and Mzimba in the north. The District Commissioners' office and tax clerks register the orphans. Hence use is made of current community resources in identifying who the orphans are.

From the above it can be said that there exists a whole wealth of information and experience with regard to foster care that is outside the domains of the government scheme which was the primary investigation of this study.

4: RECOMMENDATIONS

The recommendations of this paper shall focus on the areas that require further research and on specific recommendations to the government, which is running the foster care service under investigation.

Areas for future research:

Generally in the field of foster care the paucity of research in the literature is well documented (Pringle, 1987; Goerge, Wulczyn & Fanshel, 1994). This preliminary study highlighted several areas that could be the focus of future foster research in Malawi:

- i) The work of the NGOs with regard to fostering could be explored to give further insight into areas not covered by the government scheme.

- ii) This study looked at the experiences of foster care-givers. There are other related areas that could be looked at, like an assessment of their needs. What do care-givers need to be able to foster effectively? Is it just material things or is educational input also important?

- iii) Another important area worth exploring is the effectiveness of the screening procedure of the Department of Social Welfare. Is the assessment procedure adequate; how could it be improved? Are there other factors that need to be considered in recruiting foster parents?

iv) On a qualitative level, the experiences of the children in care themselves would be an important area to investigate. In this study most of the children were too young to be interviewed and some did not even know they were fostered. It would be beneficial to follow up on those older foster children who may be aware of their histories and would be able to provide invaluable insight into their experiences as foster children. This could be done by way of a long term study. Furthermore, there is little information in the literature on the effects on siblings of assuming a parental role (Hudson & Kahan, 1989). In this study there were two such foster parents looking after their younger siblings, and given the increase in AIDS this is likely to become a more common experience.

v) With the growing numbers of orphans, it would be useful to conduct an investigation on community attitudes towards orphans and foster parents. This would provide information for foster parents who are very sensitive about being rejected by the community to the extent that they keep their fosterhood secret. Such a study would also have implications for community based efforts in tackling the increasing orphan crisis.

Overall, research should provide a sound data base which future research could build upon. This would ensure that ongoing research in Malawi is cumulative and would be better able to inform future policy makers as well as effectively target areas that need intervention.

Recommendations to the Government:

There are several findings of this study that highlighted areas of concern to the foster parents:

i) The misconception held by the foster parents, that the fostered child is there permanently, should be clarified. It would be beneficial to explore the understanding of prospective foster parents with regard to the length of stay of the child. This would ease the insecurities that foster parents have. There is need for clarity on the distinction between fostering and adoption. Foster parents should be told from the beginning what the process for adoption entails.

ii) Another important recommendation would be to establish networks of foster caregivers. This would be an invaluable source of support to the foster parents in dealing with the anxieties and practical difficulties they might be experiencing. Alien foster parents do not know one another, and in the cities, where transport is more available, the foster parents may be able to meet regularly in support groups. These would help provide support on day-to-day problems and challenges. The contacts made could mean that other foster parents could be available to a colleague in need when the social worker is busy.

iii) Consistency of the foster care allowances is essential. This acts as a sign of morale support for the parents as well as a necessity, particularly for needy families.

iv) There were no statistics on AIDS orphans. It would be important to establish such statistics. Such data is vital for planning for the future of orphans. It would enable the

tracking of the problem and judge the impact of help that may become available. This need not only be confined to AIDS orphans because children are orphaned for various reasons. However, AIDS is currently the leading cause of orphanhood in Malawi and specific effort should be made to record the number of AIDS orphans.

5: CONCLUSION

The Government of Malawi foster care scheme has several characteristics that are unique and different from other foster care schemes in the literature. The most striking difference is the reasons why children are put into care. In Malawi this is mainly for economic and social reasons. The universal experience of ill treatment at home is not the experience of the Malawian child placed in alien foster care. In addition, as is the case in other African countries, the spread of AIDS means that children become more vulnerable since traditional support systems are being weakened by the growing numbers of orphans such that there is a growing need for foster care.

There are three types of foster care schemes in Malawi. Firstly, where children are put into care with non- relations; secondly with relations and thirdly the institutionalised system. Most of the children in care in this country are fostered from infancy, a reflection of the young population demographics. The bureaucratic process of assessing prospective foster parents in Malawi is similar to that found elsewhere.

The experiences of the foster parents was tied to the culture. There is a strong value of children such that most parents experience joy at having to care for a child. Most women will feel accepted in the community's eyes once they are mothering a child.

The foster parents love and care for the children under their care and immediately treat the children as their own. There is also a warm acceptance in the wider family circles of the foster child. In this sense then, the foster parents can be called such in name and because of genetic reasons only, given that their attachment with the children is as

instant and deep as with most biological parents. The continuation of this attachment is maintained by the decision not to disclose to the children that they are fostered. This information is also hidden from neighbours. The foster child therefore typically experiences no differentiation by peers on the grounds that they have no "real" family.

The fostering experience is not without its concerns and difficulties. Usually there is concern about the health of the child on arrival. There is also the fear of separation by the government machinery since fostering is temporary. The attachments formed with the child means that foster parents fear the child could be removed. There were in most cases the assumption that the child is permanently theirs. Foster parents were generally happy with the working relationship between themselves and the Department of Social Welfare though most said the monthly support allowance was not consistent.

Current foster parents reported that they would be willing to foster an AIDS orphan and perceived this as the same with most people. The increase in AIDS was seen to result in most people being touched by the disease and therefore being more sympathetic to the plight of such orphans.

This study has therefore given insight into some of the experiences of Malawi foster care-givers involved in the government foster scheme. Given the vast complexity of the increasing orphan problem it should be noted that the government fostering scheme was the most systematic and therefore the most accessible for the purposes of this introductory study. The NGOs are also running programmes for orphans and would give another dimension to the study of fosterhood in Malawi. The investigation into the experiences of current foster parents has resulted in recommendations to the

government to make their services more effective. As the need for such services expands, this study has also highlighted some areas that could be researched further. At the very least, this study has been a first stepping stone in giving some insight into what is undoubtedly going to become a major national concern.

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APPENDIX A

INTERVIEW SCHEDULE ON THE EXPERIENCES AND NEEDS OF FOSTER CARE-GIVERS IN MALAWI

A: IDENTIFYING DATA:

1. Respondent No: 2. Age: 3. Sex: M F

4. Do you work for money?:

Y: Where do you work?
What kind of work do you do?

N: Are you unemployed?
A Home maker?

5. Does your husband work?

Y: What does he do?:

N: Is he unemployed?

6. Do you have other sources of income?:

Y: What?

7. Do you receive assistance from any NGOs?

8. How many adults live in the house?:

What is their relationship to you?

9a. How many children live in the house?:

b. Of these how many are your own biological children?:

c. What are the ages of the children?:

10a. How long have you lived here?

b. Do you own the house you are living in?

11. What is your relationship to X now.
Is s/he a foster child?

Is s/he an adopted child?

12. When did you foster X?/How long has X been living here?

13a. How old was X when you fostered him/her?
b. How old is X now?

14 a Did you know X before s/he came to live with you?:

b. What was your relationship to X before s/he came to live with you?:

15. Have you looked after other children before?

B: PROCESS OF FOSTERING

1. How did the plight of X first come to your attention?:

2. Could you describe to me the events that led to X coming to live with you?:

3. Did you know X's parents before? What was their relationship to you?

4. At what stage did you decide to bring X to live with you?

(Who thought about the idea first?)

(How was the decision reached?)

(Who made the decision?)

(What was your most important consideration?)

(Who did you consult? In the family?

Outside the family?)

5. Where any family members against it?:

Why?:

What did your husband say about it?:

What did your children say about it?:

What did other family members say about it?:

6. What were the factors/issues that counted for your decision?:

-and against?:

7. Apart from the above, was there anything that would have prevented you from taking on X?:

8a. Administratively what bothered you/ made it difficult during the process?

b. What would you suggest to make it easier?:

THE EXPERIENCE

I: Beginnings

1. What did you experience as the most difficult thing to adjust to :

a: For yourself?:

b: For X:

c: For your family:

2. What do you think made the settling in easier:

a. For yourself:?

b. For X

c. For your family?:

3. What concerned you the most in the first few weeks at the time X was settling in?

4a. Were there any difficulties in the first few weeks of his/her settling in? Like:

Sleep

Bed wetting

Eating difficulties

Physical illnesses

Behavioural difficulties

Withdrawal

b. How did you handle these?

c. Are there still any problems of this nature & if so what are they? What are you doing about them?:

5. What do you think X misses the most about his/her previous situation?:

6. In what ways do you think X is different now from the time s/he first came to live with you?

II: Impact

1. Do you expect your children to do chores at home? What kind of chores?

2. What role/contribution does X make to the household? e.g chores:

3. What practical changes did you have to make in order to accommodate X? (e.g sleeping arrangements).

4. What future plans do you have for X regarding:
Schooling?:

Living arrangements:

Generally. Where do you see him in 10 years time?:

5. How has your family changed as a result of X coming to live with you? What would you say are the 2 biggest changes?:

III: Perceptions of caregivers

1. Do you know what X's parents/ mother died of ?:

2a. Does X know what his/her parents died of?

b. Should s/he know? Why or why not? Does s/he talk about it? What does s/he say?

c. How do you think s/he feels about it? What do you think s/he is thinking?

3. What do you know about this illness AIDS?:

4. How much do you think X knows about AIDS?:

Should s/he know?:

Why?:

How do you think s/he got that information?:

Did you talk to X about it?:

No: How do you think s/he will get that information?:

5. How much do you think your community knows about AIDS?

6. Would you be willing to take on a child whose parents are known to have died of AIDS?

7. Do you think other people around you would be willing to do the same?

-Why or why not?

8. What differences do you imagine there are between taking on AIDS orphans and looking after other orphans?

IV: Support

1. When you have difficulties, hardships about caring for X, where/to whom do you go to for help?

Who do you talk to?:

2. How often do the Social Workers come to visit you?:

What do they say?:

What do you feel about their role?:

3. What (other) kinds of support/assistance would help you?

4. Can you think of anything specific that would help you to support X?

V: Reactions

1a. Did you tell your neighbours/friends about the fostering?:

b. What did you tell them?

c. Did you tell them the child is an orphan because of AIDS? Why/Why not?:

Do you think they know anyway?

d. What was their response/reaction?:

e. Do you think there have been any changes to your relationship with your neighbours/friends since you took on X?:

f. What were the two main changes?:

2a. Have you tried to convince anybody else to take on a foster child whose parents have died of AIDS?:

b. What became of it?

c. What prevented them?

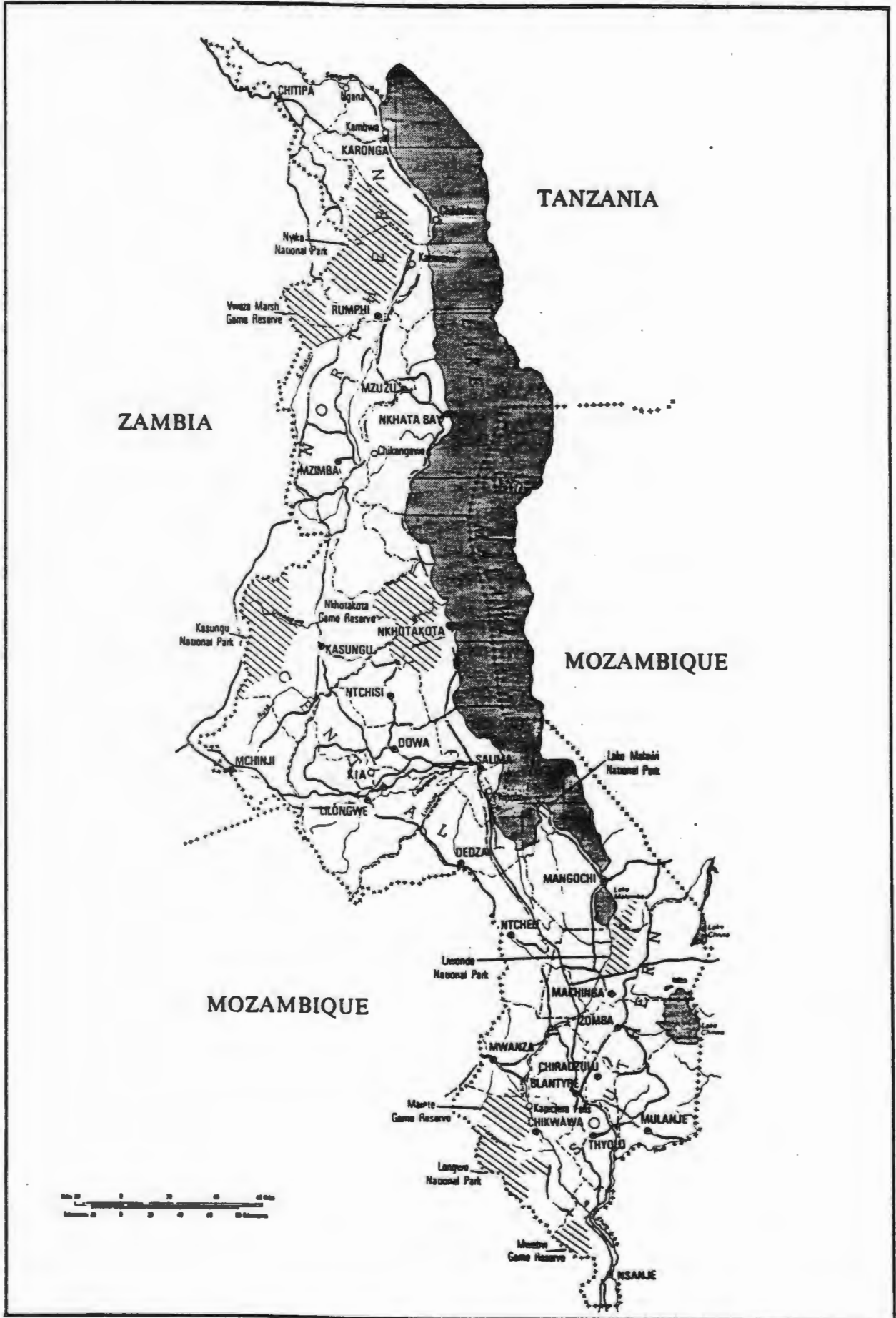
VI: Finally

What advice would you give someone who wants to foster a child?:

Are there any questions you would like to ask me?

APPENDIX B

REPUBLIC OF MALAWI



APPENDIX D

SOME CASE EXAMPLES FROM THE RESEARCH

Case 1: Child who was returned to family of origin.

Also among the subjects in Nkhota Khota was a family that had just had their child returned to them after having been fostered by an alien family. The biological mother of the child was mentally ill and the child was given to another family to look after soon after her birth. The child had been returned from the fostering family to her original family two months prior to the interview. With this family I was able to see at first hand government's fostering policy being operational. The idea of fostering as far as the government is concerned is for the fostering family to temporarily look after the child until it can return to its family of origin. Here the government had taken action in line with its policies. The girl was 2 years 11 months when she was returned. The family reported that they were told by the government that they did not want the girl to lose touch with her biological relatives and decided that she was old enough to be returned. The family which had become used to having her fostered by others were concerned about how the foster parents would feel if she was removed from them. They said they wanted the child to remain where she had settled but the government insisted that she returns. She was then collected from her foster parent's home and is now being mothered by her biological mother's younger sister since her mother is still schizophrenic. It was not possible to interview the former foster parents of the girl but I understand from her current family that it was a traumatic and difficult separation that also affected the girl. The main adjustment for the child was to adapt to a simpler life style than that of her affluent foster parents. She had been asking for items like sweets and sugared porridge as well as biscuits, which her former foster parents could afford but her family could not.

Case 2: Fostering late sister's child.

In Ngombe village twenty kilometers south of Nkhota Khota, and in a house just above the shores of Lake Malawi, I interviewed a single woman who was fostering her nephew. Her younger sister had died about a year ago. The child aged 1 year 9 months looked like a six month old baby. He was clearly malnourished with a bulging stomach and his ribs protruding through his rugged skin. He had a very thin face and big eyes. He could not yet walk. The child gets to eat only five days of the week. There is no variety of diet. He eats the same porridge which the mother gets from a mission hospital once a week. She is given two cup fulls which is meant to last her the week. The child therefore slept hungry most days and was averaging 5.5 kgs in weight. In October 1993, the child had reached 6.3 Kgs but this had dropped by the time of the interview. Apart from the variety of food, the child had hardly any clothing and slept on a sack which he shares with the mother.

Case 3: Two cases of sibling fostership

When we arrived at Chilomo village, Thyolo, we found that the family consists of seven. The oldest was 36 years old and she acts as the mother of her younger siblings. She has two children of her own from a failed marriage. There were four deaths in between her and her next brother who is 22 years old and is at boarding school. The rest live at the house and were present when we visited. There were four girls aged 19, 17, 14 and 11. The only boy present was 15. They receive no assistance at all. The mother died a year before. She was a homemaker and upon her death the eldest sister found that she was looking after the children without any stable source of income. The fellow residents of Chilomo village have been unsupportive of them also presumably because of their own lack of resources. To survive, the family does piece work in the fields of other people. Girls

do not pay for primary school education in Malawi so that there is no difficulty in obtaining fees. The 22 year old boy fights for his fees by doing piece work. Their poverty means that at school the girls lack the basic necessities for school, such as pens and uniform. At most they only have two dresses each and at school when these get dirty they are teased by fellow pupils. They have no uniforms. The eldest said she was sad at having to look after these children and feels overwhelmed with the situation they are in. She constantly worries about what they will eat, wear and how she will find money for them. Normally the children go to school hungry and return home tired but have to go into the fields to work in order to be able to find money for food. They eat three days a week and are thus often hungry. The eldest sister had a husband who fled because he found the burden of looking after the family overwhelming. Despite the circumstances in which this family lived, we were offered mangoes to take with us from their only tree. To have refused the offer would have been to offend and break Malawi tradition. I accepted the gift though with some difficulty.

In *Mangochi* I visited orphans looking after themselves. In the small smoke filled, dripping wet mud hut which makes up their home, I heard the harrowing story of their day to day struggles to survive. They were 8, ranging in age from 29 years to 3 years. Since their mother was murdered on 13th December they have struggled without any sense of community support. They describe the community as having a "don't care attitude". They collect dried grass and sell it to find the little money they can to buy food. Their main food is *madeya* which is the crushed husks of maize that is usually given for animal fodder. None of them are at school. They survive by sharing tasks. Whilst some of them go and do piece work in other people's fields, the others may go to the bus depot and help load people's luggage onto buses for a small fee.

They say they wish they could have money to start a business to support themselves. They have no blankets and each one has very few items of clothing.

They came across as depressed and their lot is to struggle to survive. Would they be willing to split up and allow others to foster them? Yes the oldest said. It would mean they would have the benefit of school which she sees as very important. It would enable each one to develop personally and be self sufficient. What advice would they give other orphans? "Be of strong heart, try to find food, the children look up to you and will complain to you" the eldest says to the one who may be taking responsibility for his or her siblings.

APPENDIX E
GOVERNMENT PROTECTIONS ON AIDS ORPHANS.
Source: Malawi Government AIDS Secretariat.

Table VII - Projection on Children 0-15 age group. Orphans, HIV infected, AIDS cases and Deaths

PERIOD	ORPHANS			HIV			AIDS			DEATHS	
	Annual New	Cumulative	Current	Annual New	Cumulative	Current	Annual New	Cumulative	Current	Annual New	Cumulative
1980	0	0	0	0	0	0	0	0	0	0	0
1981	0	0	0	1	1	1	0	0	0	0	0
1982	0	0	0	57	58	58	0	0	0	0	0
1983	10	0	10	260	318	299	19	19	1	18	18
1984	89	99	99	770	1088	971	98	117	5	94	113
1985	415	515	515	1745	2833	2400	316	433	16	305	417
1986	1266	1781	1781	3347	6180	4973	774	1208	39	752	1169
1987	3034	4814	4814	5698	11878	9076	1594	2802	80	1553	2722
1988	6160	10974	10974	8865	20743	15047	2894	5695	145	2829	5551
1989	11089	22063	22063	12856	33599	23126	4778	10473	239	4683	10234
1990	18200	40264	40264	17583	51182	33389	7320	17793	366	7193	17427
1991	27743	68007	68007	22913	74094	45757	10545	28337	527	10383	27810
1992	39815	107821	107821	28669	102763	59998	14427	42765	721	14233	42043
1993	54363	162184	162184	34668	137431	75771	18895	61660	945	18672	60715
1994	71175	233359	233359	40728	178158	92657	23841	85501	1192	23594	84309
1995	83698	317057	317057	46651	224810	110176	29132	114633	1457	28867	113177
1996	95868	412925	412925	52268	277077	127833	34611	149244	1731	34337	147514
1997	107364	520288	520288	57427	334504	145143	40116	189361	2006	39841	187355
1998	117931	638220	638220	62010	396514	161665	45488	234849	2274	45220	232575