GÖTEBORGS UNIVERSITET

**Institutionen för socialt arbete**

# Give a child a family

## Foster Families as a model of care for Orphans and Vulnerable Children in Mozambique?

# Executive Summary

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In 2006 approximately 1 600 000 children in Mozambique, under the age of 18, were orphaned mainly due to HIV and AIDS. This corresponds to 12-16% of the total population. Extended families are no longer capable of providing for more orphans given the severe economic constraints. Therefore, it is urgent to develop appropriate interventions and to support families caring for these children. Several different models of orphan care currently exist in the region with a variation in quality of care and the cost of providing it. One of the first and most recognized home-based care programs for terminally ill people in Mozambique was developed by an ecumenical association by the name of Kubatsirana, that during 2005 undertook a pilot program identifying and placing orphans in foster family care.

The aim of this study was to achieve a more comprehensive understanding of the situation among foster children, foster parents and child headed households as a means to assess if foster family care is a model to improve the situation for orphans and vulnerable children in Mozambique.

This study analysed the experience of 29 orphans (aged 10-16) living in foster family homes, 9 children (aged 7-24) living in child-headed households, (in total 27 boys and 11 girls), 31 foster carers (5 men and 26 women) and 7 community leaders. Interviews took the form of focus group discussions followed by structured individual conversations covering the following topics: foster parents' motives, children's needs, parents' roles and qualities, experience of change, rewards and challenges as a foster child or foster parent, and cultural views.

Results showed that foster parents are motivated by their own experience as orphans, widowhood, childlessness and Christian faith and compassion. One of the major rewards of being a foster parent is improved communication and relationship between spouses. Principle needs expressed both by foster parents and children are subsistence needs. Major challenges are self reliance, dealing with the experience of multiple trauma, cultural views, and attitudes among neighbours and family. The role of parents can be summarised as providers and protectors. Qualities such as love, faith and patience are regarded highly among both parents and children. Children desire more time with parents for play, telling stories, providing life skills and support with homework. All children tell how life has changed for the better. It is suggested that the success of the pilot phase of "Give a child a family program" is seen as linked to the 10 years experience of Kubatsirana in mobilizing the churches to care for OVC and PLWHA, the motivation and compassion based on the Christian faith, equality and bonding between children and foster parents.

The continuing practice of assuming responsibility for the care of unrelated children in Mozambique demonstrates that there are individuals and families who welcome the opportunity to invest materially and emotionally in children who have lost their parents. The sustainability of this phenomenon, in a cultural context where unrelated family care has been viewed with suspicion, is linked to the adaptability of families and communities to meet new challenges.

Substitute families in Mozambique have experienced minimal state intervention in terms of regulation or material support. However, they have been supported by a clear national policy of community based, non-institutional, care for orphans and vulnerable children, informed by principles of children's rights. In 2006, the new family law was introduced including three forms of foster care. In order to achieve a successful scale up of the program, standards of assessment, screening, training and supervision need to be organized in close collaboration with Social Welfare and church leaders. All foster parents should take part in a training program. In order to more fully understand the circumstances of foster care further studies are needed to evaluate kinship, family and networks in Mozambique.

Key words: Orphans, foster family care, AIDS, Mozambique

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**Thanks**

I would like to thank all the children and foster parents who so willingly contributed their valuable ideas. It is my hope and desire that my analysis of concepts and themes which emerged throughout our conversations will be useful to further improve the implementation of an already positive start for "Give a child a family, Mozambique" but also help hundreds of children in finding a new home.

Also a great thank you to my advisor and mentor Ingrid Höjer for sharing your long experience and very useful comments and suggestion. To Elisabeth Hoffman for your timely support until the very end, correcting the English language, to my husband Lars Winberg for patiently and supportively looking after the family throughout my studies and research.

It is also my desire and hope that this reading has inspired you to contribute to improvements in young people's lives, where ever you live and work.

# 1 Introduction

For the last two decades, we have seen an increase in the numbers of orphans and vulnerable children (OVC) due to HIV and AIDS. In 2007 the number of people living with HIV globally was estimated to be 33.2 million. More than 2.1 million people died of AIDS-related illnesses; of these, an estimated 290 000 were children (UNAIDS, 2008)**.** In Sub Saharan Africa alone AIDS has orphaned 12 million children despite access to treatment having been scaled up to keep parents and children alive.  (UNAIDS, 2008) In every 2 starting with antiretroviral therapy (ARV) 5 new infections occur. HIV and AIDS is a silent, ongoing epidemic, but often a forgotten one in the western world. The death of members in the "bread winning age group" has a significant impact on numerous aspects of southern African society. The loss of mothers and fathers of young children and a subsequent increase in the number of orphans is one of long term impacts of the epidemic. It is estimated that Mozambique has 1600 000 orphans (2006), growing each year. Even though statistics on orphans are not always reliable, they are consistently alarming. Without the protection of parents, or an appointed caregiver, children are more likely to lose the opportunity for schooling, nutrition, shelter, health care and the love and affection and guidance required for growth into responsible adulthood. Before HIV, the community mostly absorbed the care of orphans in developing countries. Now, the increasing numbers are rapidly moving beyond the coping capacities of many communities. It is clear that the various traditional responses to the plight of these children are proving inadequate to cope with the escalating HIV/AIDS epidemic. Almost every family in the Southern African region is struggling with a sense of helplessness, fear, anger, loss and alienation. Financial crisis and above all, the fear of abandonment and death is a reality for a majority as a consequence of the HIV and AIDS crisis. With this challenge in mind, Kubatsirana was born in Chimoio, Mozambique in 1995 as an ecumenical church association, with a vision to respond to HIV and AIDS, showing love, hope and compassion for all those infected and affected. The main goal was to raise awareness, mobilize responses for people living with HIV and AIDS (PLWHA) and their children within the community. Today Kubatsirana has 4 programs: church mobilisation and training including a youth program, home based care program for PLWHA and OVC, support program for HIV positive people and a regional community mobilisation program. As a part of the OVC program churches run Open centres providing formal education, professional and life skills training and recreational activities.

In central Mozambique, where Kubatsirana operates, every sixth person between 15 and 49 years of age is living with HIV (16.1%) (MoH,2007). It is estimated that every day 500 new infections occur with the majority of them being in young girls between 15-24 years of age (UNAIDS, 2007). Young girls or women are more vulnerable to HIV infection due to a biological vulnerability, gender imbalance, economic dependence and transgenerational sex (young girls having sex with older men). At present a variety of models of care for PLWHA and OVC exist in the Southern African countries. As the numbers of orphans increase some or all of these models will have to be expanded to avoid rapid increase in CHH and street children, who in addition to other traumatic experiences are very vulnerable to HIV infection. "The quality and cost of the care provided by these different models, however, differs" (Desmond & Gow, 2001, p.6).

This study analyses the experiences from a pilot program, where children previously living in CHH or in "orphanages" were placed in foster family care. The new family law designates three different statutory models for family care for OVC in Mozambique: adoption, foster care (tutela) and "family of care" (familia de acolhimento). The foster family care is seen as a possible model to upscale as a means to improve quality of care, decrease vulnerability and improve the psychosocial support for these children being left alone. The study will provide useful

information for policy decisions on model, training and allocation of resources towards the care of orphans and vulnerable children, not only for Kubatsirana but for the social welfare system in Mozambique.

The author of the study has served as technical advisor for Kubatsirana since its beginning in 1995 until 2005, working with program development, capacity building of staff, development of training manuals and monitoring and evaluation systems. She was responsible for the research and an integral part in the process of interviewing the children and the foster families.

The background explains the major problems OVC encounter and models of care. After that follows a theoretical perspective on needs, childhood and the concept of family. Further the study looks at previous research linked to foster care in Africa. Finally the results from the study are presented, analysed and discussed focusing on 7 areas: motivation of foster parents needs of children, the role and quality of parents, how life has changed, rewards, challenges and cultural perspective. The last section summarizes the conclusions for a possible scale up of a family foster care program in Mozambique.

# 2  Aim

The aim of this study is to achieve a more comprehensive understanding of the situation among foster children, foster parents and child headed households as a means to assess if foster family care is a model to improve the situation for orphans and vulnerable children in Mozambique.

In order to do this, the following research questions are discussed:

1. How do foster parents perceive their role as parents and what motives do they have?

2. How do children perceive their needs and the role (and qualities) of a parent?

3. How do children, previously living in child headed households or at the Day Care Centres, experience the transition to live in foster families?

4. What are foster parents' and foster children's perceived benefits/rewards and challenges of foster family care?

5. Are there any cultural views and concepts of family life and children hindering or facilitating foster care?

# 3  Background

The aim of the background and theoretical perspective is to give the reader a foundation to understand the results and analyses. The Kubatsirana program for OVC, the 2004 'Needs Assessment' leading up to the pilot program, as well as some of the most common models of working with OVC are therefore explained.

## 3.1 Kubatsirana home-based care program for OVC

In many places in Africa the church has been a pioneer in developing and spreading innovative and efficient responses to the HIV epidemic. Strategies such as home-based care, counseling, peer education and community-based support for families affected by HIV/AIDS have been developed within churches and other faith-based organizations (SAAC, 2004).

In 1997 the Kubatsirana Home Based Care (HBC) program started as a result of the community training program. Approximately 30 men and women from around 10 different churches in Chimoio were trained in basic home care for people living with HIV/AIDS, starting to visit and support PLWHA. The numbers of volunteers grew rapidly during the following years. Even though the focus initially was to care for the sick, the services were extended to orphan related care, as the numbers of vulnerable children increased. During 1999 the orphan program started to develop within the home care program as a continuum of care. In March 2000 the first training in basic care for children was given to 30 of the HBC volunteers followed by a child counselling course in the following year. Today Kubatsirana has 134 trained and active volunteers caring for approximately 1004 people living with HIV/AIDS and 3117 orphans and vulnerable children in Chimoio on a daily basis.

The Kubatsirana model of caring for PLWHA and OVC is a blend of informal foster care and home based care composed of trained volunteers supported by professional staff. Many of the volunteers have taken children in to their homes. Volunteers render day-to-day service for sick people and orphans and vulnerable children with a support visit from a professional nurse once every 14 days. Referrals are made to the nearest clinic/hospital or social welfare office when needed. For a job description and more information on volunteers' work see appendix 2.

## 3.2 Needs Assessment and Problem analyses

While recent scientific efforts and global "responsibilities" have resulted in a series of discoveries and advances linked to access to treatment the progress has had limited impact on the social and economic conditions that nurture the spread of HIV and the increasing numbers of orphans. "Just as the virus depletes the human body of its natural defences, it can also deplete families and communities of the assets and social structures necessary for successful prevention and provision of care" (Lyons, 1998). Children and young adults currently between the ages of 15 and 24 were born as the first generation to experience childhood during the HIV and AIDS epidemic. Today it is among this same population that new HIV infections are concentrated. The effects of HIV and AIDS on children who are orphaned, or in families where parents are living with HIV, not only include these calculable losses, but also the immeasurable effects of altered roles and relationships within families. The conditions in which childhood growth takes place can limit or enhance development. Physical and emotional well being, social and intellectual development can be permanently limited for a person deprived of the opportunities and time to grow and develop successfully during their childhood (Lyons, 1998).Children are affected by HIV and AIDS in ways that can diminish their childhoods and as a result limit choices and

opportunities for successful survival throughout their lives. Circumstances of an individual's life and their social context in family and community during childhood can increase the probability they will one day be exposed to and infected by HIV.

With this knowledge Kubatsirana wanted to assess their OVC program and possibly find alternatively models of care. During two consecutive years (2003 and 2004) over 2000 children were interviewed. The first assessment interviewed 322 children in 4 districts and the second 1780 children in Chimoio town. The needs assessment was done considering 4 areas of involvement: education, health and nutrition, economic and psychosocial situation. 30% of assisted children were children living in child headed households. 51 % had lost both their parents. Many of the children where complaining about minor problems such as headache, stomach problems, possibly linked to poor nutrition, malaria or psychosocial problems (Winberg, 2006). Even though Kubatsirana and the various local churches and their volunteers were contributing enormously to the support of the children it was obvious during the two assessments that a big gap still existed between the support given and the needs of the children. Among the child headed households children faced problems such as teenage pregnancies, property grabbing, insecurity and lack of "family education" or life skills development, abnormal burden on teenage girls and boys to care for younger siblings. Children having no place to live after parents' death were seeking shelter at one of the four Day Care Centres that had been developed by the churches and volunteers. This situation contributed to the discussion and need to review the current model of caring for OVC. The 5 year Strategic Plan for the HBC and OVC program developed its policy on supporting OVC within their community in the following order.

1. **First line option**: Re-integration/re-unification of children into the extended family with support visits from Kubatsirana volunteers

2. **Second line option**: Identify substitute families within the churches or nearby community supported with training, mentorship and material assistance from Social Welfare and Kubatsirana↓

3. **Third line option**: Support children living as a child headed family if adequate safety, security and support is available. Preferably the child responsible for the others should not be under 16. Daily and close support from Kubatsirana volunteers necessary.

4. **Forth line option**: When all three above options has been evaluated and exhausted the children can be offered to stay on a temporary basis (up to two years) in one of the houses belonging to the Resource and Training Centres while the process of searching for funds for house construction is taking place.

Because of the already existing community care for OVC among churches in Chimoio, it was seen as a possibility to identify foster families among those. It was agreed that a substitute family/caregiver properly assessed, adequately trained and supported to receive a child can in many ways improve the quality of care compared to what was offered during home visits or at the Day Care Centres.

In conversation with Governmental sector responsible for foster care placement, National Institute of Social Action, they declared an interest and willingness to support and collaborate with Kubatsirana in a foster care program but did not have enough human and financial resources to carry the program on their own.

## 3.3 Models of care for orphans and vulnerable children

To respond to the question: *Is foster family care a model to improve the situation for orphans and vulnerable children in Mozambique?* It is important to understand some of the differences in the various models of orphan care and the different beliefs on which they are based. Broadly,

one can define the major approaches as institutional based or community based care but within each approach there are a variety of models ranging from formal children's homes to informal fostering in the community. In many countries in Southern Africa the care of orphans and vulnerable children is provided almost entirely by non-governmental organizations (NGOs) as a result of the national policy of care which discourages residential care. Loening-Voysey & Wilson (2001) writes in their report (p. 23):

> The growing numbers of children in need of care as a result of the HIV pandemic has exceeded the capacity of established systems of care. The majority of services provided to children are non-governmental and are not legally obliged to register with the department of Social Development. Many of the indigenous ways of caring for children are unknown, unacknowledged, unsupported and not coordinated and therefore more difficult to track.

Each approach or model of care has advantages and disadvantages in terms of how they function and how they are able to respond to children's needs. Available human and financial resources as well as social and cultural context need to be considered when deciding upon the model of care. Below follows an attempt to categorize and summaries the various approaches and their features of care taken from Loening-Voysey & Wilson (2001).

Some children live in **Child headed households.** These can be orphaned children living on their own without any formal help or children cared for by extended family or community members. There is no supervision or accountability from the social welfare system.

**Home based care support structures-** is another approach consisting of trained volunteers with the core function to equip families to care for a sick person in the home, provide support to parents caring for their children and arrange for their future guardian. Often cases are referred to social workers but without statutory supervision or accountability

**Statutory adoption and foster care –** In this approach children are placed in a family by court order. Foster parents can access foster care grants if available in the country. There is statutory supervision and accountability by social welfare. Reporting to court annually. See appendix 6.

**Unregistered residential care –**This approach often consists of private homes or churches open to vulnerable children. The home is not registered as a children's home but may be registered as an NGO that rely on donor funds.

**Statutory residential care** - Registered as a children's home. Children are placed by court order. The home is under statutory supervision and accountability and can access funds from the government. This is often the last resort for HIV positive children, including street children shelters and government places-of-safety. Statutory residential care is the most expensive approach and is often used as an "end of the road" option.

It can be difficult to compare and evaluate different models as staff, location, service, expansion, coverage and cost of each type of programs tend to differ. Emphasis in community based models is often placed on collaboration with community leaders and training volunteers in order to create a comprehensive, community owned service while institutional care more often is based on and anchored by health or social care facilities and utilize professional staff to provide care (R.Chandler, 2004). There has been a shift in strategy in many countries in Southern Africa away from institutional care, focusing more on community based strategies. Some extended family members culturally obliged to care for child relatives, resented this additional responsibility in the context of extreme poverty, and children placed with unsympathetic relatives reported the harshest treatment. Residential settings offered these children, a minimum guarantee of shelter, food and clothing, but affective aspects of care were compromised. *The current perception and fear among community members and children of abuse when cared for by an unrelated family motivated this study to achieve a more comprehensive understanding of the situation among foster children, foster parents and child headed households.*

# 4  Theoretical Perspective

The study is based on the social theory that context and parental influence are seen as the main contributors towards a child's development. The assumption is that children learn by example and are socialised to be responsible and hold morally correct attitudes and therefore dependant on adults for moral guidance. Having a close relationship with a trusted adult will therefore be crucial for a child's wellbeing after experiencing a serious of traumatic events.

## 4.1  Needs of children

Quality of care is defined as care which meets the needs of children in a culturally acceptable way and enables them to realise their rights (Loening-Voysey & Wilson, 2001). When designing the model for care of OVC, it is important to consider the needs of children. The approach chosen should be based on which model best meets expressed needs.

In 1943, Dr Abraham Harold Maslow's article "A Theory of Human Needs" appeared in Psychology of Being. In this article, Maslow attempted to formulate a needs-based framework of human motivation and formally introduced the Hierarchy of Needs. The basis of his theory is that human beings are motivated by unsatisfied needs, and that certain lower factors need to be satisfied before higher needs can be satisfied. Though Maslow's hierarchy makes sense intuitively, little evidence confirms its hierarchy. As an example, in some cultures social needs are valued more highly than others. Manfred Max-Neef, a Chilean economist, who has worked for many years in the developing world, criticized Maslow's hierarchy and formulated the "Human Scale development" (Max-Neef, 1991). In his theory human needs are seen as few, finite and classifiable (as distinct from "wants" which are infinite and insatifiable). According to Neef needs are also constant, across human cultures and historical times. What changes over time and between cultures are ways in which these needs are satisfied? According to Neef, it is important that human needs are understood as a system, interactive and interrelated and not as a hierarchy (apart from the basic need for survival). In terms of human scale development theory, all needs are of equal importance and are non-negotiable. Needs, such as survival, protection, affection, understanding, participation, recreation, creation, identity and freedom, are best met synergistically in a way that responds to more than one need at a time. An example would be caring for the physical survival of children at the same time as they are involved in community activities that satisfy the need for participation, identity, understanding and leisure. Neef distinguishes between needs and satisfiers, creating a 36 cell matrix, see appendix 3. In this study Manfred Max-Neef´s theory on human scale development is used as a framework for understanding children's fundamental needs and rights.

## 4.2  The Theory of Childhood

Despite the numerous interpretations and the different under-standings and meanings of "childhood" depending on historical time and cultural context, common to all is a definition of childhood as being the period in the early years of human life, marked by rapid growth and development. Lyons (1998, p. 2) describes child hood as the years of physical growth, in which a child matures towards adulthood. The child also develops psychologically and in ways that define intellectual, social, spiritual and emotional characteristics. The circumstances or conditions in which the growth takes place can limit or enhance development. Physical and emotional well being and social intellectual development can be permanently limited for a person deprived of the opportunities and time to grow and develop successfully during their childhood.

*It is these circumstances or conditions this study aims at comparing among the interviewed children.*

In order to understand today's discourses of childhood one needs to understand the changes over time. In a global perspective the influence and view of children and childhood has changed dramatically over the last 200-300 years. In medieval society "childhood" did not exist, children were not granted a special or distinctive social status. This awareness, only gradually emerged from the 15th century onwards. The first pre-sociological discourse of "the child" assumed that the child was "evil" and needed to be disciplined and punished in order to rise to docile adult bodies. The second discourse, of which Rousseau was the main character, is represented by the "innocent child". Rousseu opened up the question of the child's particularity, promoted to the status of a person with needs and desires and even rights (James, Jenks & Prout, 1998). Rousseau paved the way for our contemporary concern about children as individuals. "For the first time in history he made a large group believe that childhood was worth the attention of intelligent adults, encouraging an interest in the process of growing up rather than just a product" (Robertson in James, Jenks & Prout, 1998, p. 8). Such thinking has been instructive of all child-centred learning and special-needs education since then. Following this discourse, developmental psychology entered the arena with the naturally developing child, built on the assumptions that children are natural rather than social phenomena and that this naturalness extends to the inevitable process of their maturation. The single most influential figure in the construction of the model of the naturally developing child is Jean Piaget. In his work on development of thought and bodily skills he lays out some clearly defined stages of growth which are well signposted. As a consequence Piaget establishes differences between children and adults, with supremacy of adulthood. There is a lack of competence within the child and "childhood must be viewed as an inadequate precursor of the real state of human beings, namely "growing up" (James, Jenks & Prout, 1998:18). Since then, fundamental objections have arisen concerning the view that there is a universal, standardized and inevitable programme of developmental stages. None the less, Piaget´s theory has, through its measuring, grading, ranking and assessing of children, instilled a deep seated thought into our contemporary understandings of the child. Children are compared through testing against a "gold standard" of the normal child, whether in education, bodily development or welfare. In the growth of Freudian psychoanalytic influence, the explanation for aberrant adult behaviour lies in the childhood. All adults, it is argued, transport their childhood from action to action like previous incarnation. Freudian theory positions the child as no more than a state of unfinished business or becoming.

The review of the pre sociological models of childhood reveals how these understandings of children affects our thinking which continues to inform everyday actions and practices alongside new sociological theorizing about childhood. Traditional ways of explaining childhood in discourses and images no longer seems adequate. "The ways of speaking, writing and imaging children are providing new ways of seeing them and these children are different from the innocent and dependent creatures that appeared to populate the first half of the twentieth century" (Prout, 2005, p. 7). Children are today constructed as more active, knowledgeable and socially participative than older discourses allowed. They are more difficult to manage, less biddable and more troublesome and troubling.

When working with children and the perspective on childhood in the developing world we encounter a problem. The majority of research on childhood is based on western culture. Therefore a change in discourses in the developing world is not very visible in contemporary research. There are some universal patterns in the relationship between parents and children but there are also different expectations on the same relationship complicating any comparison. LeVine (in Charnley 2005) argues that children in agrarian sub Saharan Africa are universally wanted. In their capacity to confer wealth, security, prestige and immortality on parents, children can satisfy the economic, social and spiritual goals of parents. LeVine refers to anthropological

studies from the early twentieth century portraying children in Mozambique as investment, securing family and clan future, and vulnerable survival. The pressure of war, however, created a sense of ambivalence towards children who separated from their family caregivers, made demands on extremely scarce resources and risked being perceived as a threat. Adding to this, the HIV and AIDS crisis in Southern Africa has deepened even further the situations for families, make children encounter a very different childhood compared to earlier, and are therefore in need for other competencies.

### 4.2.1  A diversity of childhoods

Sociological approaches explore childhood as contextualized by time, culture, social and economic systems. James, Jenks & Prout (1998) ask therefore if it is ever possible or desirable to speak meaningfully about "childhood" as a unitary concept. Studies of the social lives of children show their everyday social experiences shape particular local cultural identities as children. (p.81) James & James (1997) also analyse the diversity of childhoods and the key elements that constitute what they call the "cultural politics of childhood". They identity three features:

**1. Cultural determinants of childhood**, for example social status to which children are assigned, as well as the influence children themselves might have over their positions as children. Social factors such as family structure, gender relations, structure of school system, conceptions of educational process, child's health and welfare, religious discourses what children are and should be, economic and political conditions. All this will vary, in different combinations, between cultural settings and create a diversity of childhoods.

2. A second key feature is the laws, customs, and traditions by which these cultural determinants are regulated and put into practice. Of special interest here is how concepts of child specific "needs" and "competencies" are articulated and made evident in law and social policy or in every day social interactions between adults and children. In the western societies the state is highly active in regulating the environment for children by laws and with mechanisms in place to ensure and enforce the law. The contrary is true about many countries in the developing world where there is often a lack of law or means to enforce the law. An example is the Mozambique situation with no means to enforce the law protecting the inheritance of women and children.

3.The third key feature is how children themselves experience these cultural determinants. Important here is the extent to which children can influence the form and direction these take. This will occur differently amongst individual children and be experienced differently in the various cultural contexts. Childhoods are cross-cut by social divisions such as North-South inequalities, social class, gender and ethnicity, between countries and within countries (Prout, 2005). Being a child of a prosperous middle class urban family in Maputo is not the same as being a child of a poor widow in the north of Mozambique.

Figures from UNICEF of life expectancy, child mortality and the number of people living below the poverty line illustrate the gross disparities in the social and economic conditions of children around the world. Children in the least developed countries are twelve times more likely to die within a year of birth than children of developed world. After decades of steady economic advances, large areas of the world are sliding backwards into poverty (UNICEF, report 1989). With the presence of HIV and AIDS in the Southern African countries this statement is even truer. Poverty fuels HIV and AIDS and has an adverse impact on children throughout their subsequent lives: higher rates of infant and childhood mortality, higher rates of diseases, lower weight, lower educational achievements and higher delinquency. This draws attention to the fact that it is necessary to speak of childhoods in plural.

### 4.2.2  The competent child

In western society our view of children has been based on developmental psychology. Children develop in stages and by gaining more skills and responsibilities according to age. The different developmental stages have been seen as fairly universal and independent of the child's context. In another perspective, the social theory, the context and parental influence has been seen as the main contributors towards a child's development. Children learn by example, are socialised into responsible and morally correct attitudes and actions, and are therefore dependant on adults for moral guidance (Such &Walker, 2004 cited in Nordenfors 2006).

Since the 1990s the competent child has been a discourse in childhood theory. The meaning of "the competent child" has however shifted over time. In agricultural societies in the early 1900s , children was seen as competent workers and participated in the daily work on the farm. They should show respect for adults and did not participate in decision making. Gradually the environment changed since both men and women started to work outside the home and after the 1960´s children spent more and more time outside the family, in pre-school, school and in various activities. Children had to be players in different arenas. The family still played an important role but was not the only one (Christensen & Ottosen, 2002 cited in Nordenfors, 2006).

During recent decades a process of individualisation in the western culture has made us look at children differently. Children today are both given and are asked to take greater responsibilities for their own choices. Brembeck, Johansson and Kampman illustrate the meaning of the competent child during the 2000´s. The distinction between adults and children are no longer clear. The fast changes in the lives of today's children and in the notions of children as competent have caused a certain amount of turbulence. The new autonomous and self-regulating child, who is supposed to be able to express his/her "needs" in his/her own words, must be addressed and treated in a different way (Nordenfors, 2006).

In the Western culture children have become more and more autonomous, as well as in the African context, but driven by two different discourses. Either based on understanding of children and childhood or forced by context." In Africa the competent child" was not brought into people's conception due to a conviction or belief but due to circumstances. Many children in Mozambique have been forced to become very competent and self regulated. It can, however be debated if this competency has done the children good or harm?

### 4.2.3  The vulnerable child

The discourse about the competent child is based on the human rights where children are said to have the right to be treated with respect. At the same time as the child is seen as competent it is also seen as vulnerable and without knowledge. Adults still define children within the developmental thinking where as emotional and cognitive maturity goes with the biological age (Nordenfors, 2006). The perception of children as vulnerable and in need of protection is often seen together with the discourse of children's rights to empowerment and self-decision (Brannen & O´Brien, 1996). The understandings of the child as a competent actor, contributing to its own development, therefore exist alongside the view of the child as vulnerable and innocent, dependant on the adult. There is no clear distinction between freedom and dependence. Childhood studies need to consider these two aspects and strive to find and understand, a balance between the competent and vulnerable child (Brannen in Nordenfors, 2006, p. 42). The competent child needs to be considered as a situational and relational definition. A child can be competent in one situation but in another be considered as vulnerable. The one and same child can in one cultural context be considered competent but in another as vulnerable (Nordenfors, 2006). In the African context children are for example considered "competent" in taking

responsibilities of the household, siblings and their own studies. The very same responsibilities make them vulnerable for exploitation and abuse.

Adding to this, in the absence of capable adult caretakers, children themselves take on responsibilities for their survival of the family and home. In numerous HIV and AIDS affected households children have not simply increased the amount of work that they do, but have also assumed decision making and responsibilities that transform roles within families. Children assume adult roles as heads of households because there are no alternatives. They care for parents and younger siblings who are dying from AIDS. They take charge of the care and running of the home for themselves and their siblings. They work long hours doing households tasks, supervising siblings and engaging in income generating work in order to support the family. Many have to quit school and jeopardise their own health and developmental needs and therefore become vulnerable.

The development of children is seen in this thesis as both personally formed, socially agreed and culturally accepted. The tension between the view of the child as the competent child (taking part in his/her own development and social processes) as well as the vulnerable child (in need of support but also limited by adults) can be seen throughout the results and discussions.

## 4.3 The Concept of family

This section looks at the concept of family and children within the family, as being one of the most important arenas for children. The United Nations Convention on the Rights of the Child states that the family, as the fundamental group of society and the natural environment for growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities in the community.

Many attempts have been made to try to define the family. Most definitions today tend to define a family by its emotional bonds and by symbolic and practical work in everyday life, rather than by structure or household arrangements. "The nuclear family is a state of mind rather than a particular kind of structure or set of household arrangements. It has little to do with whether the generations live together or whether Aunt Mary stays in the spare room. What really distinguishes the nuclear family, from other patterns of family life in the western society is a special sense of solidarity. Its members feels that they have much more in common with one another than they do with anyone else on the outside (Shorter in Regner, 2006,p 50). In many ways this is also true about the African family. Ankrah has an interesting definition of the African family as "an extensive social network with a diversity of assured contact" (Madhavan, 2003). She highlights two important features of the African family: permanence and commitment to economic and social support. Traditionally the family was tied together by cultural, social and economical obligations working for a common interest and living and sharing the same conditions. The concept of the family in the Mozambican context is therefore broader than in the western culture. Family involves grandparents**,** children, grandchildren, uncles and aunts. The children would therefore have a broad network of support within the greater family but a special relationship with the uncle and aunts as they are responsible for providing life skills for boys and girls coming into puberty.

### 4.3.1 The changing family

The demography of the family in most developed western countries has changed substantially during the last century, particularly since the beginning of 1970s. Revolutionary changes in ideas about birth, marriage, divorce, child-rearing, gender and death have been so dramatic that they

have been termed by some the "second demographic transition" (Lesthaeghe, in Brannen & O'Brien,1996). The same demographic changes have occurred in many of the African countries but caused and fuelled by war, migration and the HIV and AIDS epidemic. Families have been forced to adapt to new realities as a result of forced separation of families as a result of labour migration, war or HIV, changing birth rates and living arrangements for children, increasing number of divorces.

Since the 1970's children from western cultures have been less likely to experience continuity in their household relationships throughout their childhood. Currently the majority of children are living with parents who are married or cohabitating, but there is a growing number that are living with a lone mother or in a reconstituted family. What is notable is that pre-twentieth century marriage break-up rates paralleled modern ones but this was due to a higher death rate rather than divorce. One child in eight under the age of 15 lived with a lone parent in Great Britain 1851, similar to that found by the 1981 census (Clarke in Brannen & O'Brien, 1996). The difference during that time is that households more often consisted of the extended family providing continuity of care for children despite death.

The break-up of the extended family system is also a reality in Mozambique. During the 16 years of civil war, people were displaced from their original rural homes and extended families, moved to "corridors of safety" or into towns. Now being dependant on buying food or emergency aid the old system of cooking together in the extended family was lost. In the country side people were forced to move into small villages (so called "aldeias comunais") leaving their old tradition of living 4 generations in one plot.

Due to the moving of people and increased death rate due to 16,1 % HIV prevalence, there is no extended family around to care for the remaining children. Displacement and separation is not new to the African family, but with the stigma around HIV and AIDS and the increased rate of adult mortality, the sheer number of orphans has changed the scenario. Experience shows that divorce rates increase in families living with HIV. Children now remain with single adults with no extended family support and with less time to care for their children due to heavy workload. This increases the vulnerability of children causing school drop out and lower nutritional and health status among other consequences.

In a traditional African culture, the men were polygamous but remained with the wives throughout the course of the life and thus created stability for both their wives and children. Due to influence from western culture, polygamy is no longer accepted and divorce has become as common as in the western world. Previous research shows that many children lose contact with the parent with whom they do not live. The decline in the commitment and trust previously generated through stable marriage has changed the nature of adults' relationship to children (Jenks in Brannen & O'Brien, 1996). The lack of closeness and continuity of care affect children.

Due to the increase of divorce and death, and the resulting burden on households, children that previously should have been taken care of by their father's family members have now been left to live on their own. If no bride price had been paid, the children may stay with the mother, but if the mother re-marries and the new husband does not want the children, the mother may choose to go with the new husband and leave the children to live on their own. The children now constitute a "child headed household".

The ideal family in Mozambique is still considered to be the extended family with grandparents, children and grandchildren living together at the same plot. But because of the demographic changes many of those relatives does not live close by. The uncle and aunts that traditionally should have provided counselling and advice to the growing up teenagers are no longer present in everyday life. Mothers and fathers have not yet taken on the new role, consequently a vacuum has been created leaving teenagers to be educated by television, video or friends. The economic and social obligations and support system within the extended African family still exist, but the

geographical and emotional closeness that previously where there are in many cases gone leaving teenagers with broad but shallow relationships.

### 4.3.2 The important family

In a U.K. based study, involving eight families with teenage boys and girls, young people's account of family and parenting identified three symbolic representations which served to place them and give them a belonging and an identity.

1. The home as a geographical place or group where they belong
2. The parental worry, signifying the site of unconditional concern,
3. An autobiography, signifying a historical and genetic place

A home symbolizes not only a physical location but also feelings of belonging, of moral claims, of material and emotional support. To be homeless connotes a deep sense of loss and lack of place in a society (Allat, in Brannen & O 'Brien, 1996). Parental worry symbolizes a place in people's affection. Although irritating, young people in the Allat study, saw parental worry as part and parcel of being a proper parent. The third representation, concerns the construction of identity by giving children a genetic and historical place. Children use parents to provide them with their past, linking them to their babyhood and infancy. The early foundations of identity are largely handed over by parents, and will remain fairly unknown to the individual, unless re-constructed and transmitted (Allat, in Brannen & O 'Brien, 1996). Mozambique, is culturally diverse with a rich variety of languages, kinship systems and normative arrangements for the care of children. A crude distinction can be drawn between patrilinieal south, where female and male members of the father's family take responsibility for decisions influencing children's development and future, and the matrilineal north where both male and female members of the mother's family take similar responsibilities. In line with the norms of collectivist cultures, the responsibilities and privilege of raising children does not always lie with birth parents. Care and socialisation of children by siblings, older female relatives, childless female relatives and wealthier family members are common. Historically, rare cases of children without family links became the responsibility of the local community leader (regulo), who arranged and monitored alternative family care (Charnley,2005).
Studying historical pictures of the family helps to identify ideal roles, expectations and relationship between adult and children. Early 1900 European pictures show adults observing children's activities without being a part of them, illustrating the difference between adults and children. Pictures from the1930s show adults taking the responsibilities for the development of the child. In pictures from late 1900s the adults are taking part in the activities, for the sake of the children, dancing and playing together. The focus is child centeredness and the task of the modern parenthood is to help their children to develop, with play and not with discipline as in old times. Parents need to be a skilful but loving manipulator. Children have inherited characteristics but parents and other people in their context are essential for what is going to be developed within their potentiality.

## 4.4 The traditional and spiritual family

The spiritual dimension of life is very much a reality and part of African life; it influences every aspects of life in the community and family. It directs people's attitudes, behaviour and interpretation of marriage, childbirth, puberty, sickness and death. Gehman (1989) writes:
Broadly speaking, there are two different kinds of spirits in the African thinking: the ghost of those that were born as human beings and those spirits which were created as spirits. The

majority of spirits are thought by most people to be the spirits of departed human beings. (p 137) John Mbiti calls those spirits "the living dead" which expresses the living relationship between the living and their dead ancestors. They are partly spirits and partly humans, with one foot in the spirit world and one foot in the world of the living. In this way a dead person can continue to bear influence on the community he has left. Their presence and their power over the lives of their descendants are so real to the people that in many respects they remain part of the community, as spirit elders whose influence remains very much alive (Bourdillon, 1998, p. 227).

An essential element of African traditional religion is the inter-dependence of the living and their ancestors. They live in intimate association and are interdependent, each communicating with the other (Gehman, 1989, p 140). According to Gehman, the role of the "living-dead" among the living is:

1. Guardians of the family tradition and life. As being the eldest of the elders the whole clan looks to their living dead for guidance and his presence or advice is sought in all functions of life.

2. Correct the errors of the living when not following the customs. Every crisis that develops, whether drought, sickness or death may be attributed to the displeasure of the ancestors. The living dead make known their will and seek correction.

3. Ancestors serve as the owners of the land, causing the food to grow, the land becomes sacred binding together the living with the ancestors.

4. The living dead receive the request from the living. Fertility is of greatest interest to the living-dead, since without a continual reproduction of children, they will lack descendants who can continue to remember them. Therefore, people often request their ancestors for help in bearing and preserving children. Offerings are often made to the living-dead because of offence thought to have provoked the ancestral spirits.

5. Ancestral spirits may also serve as intermediaries between man and God. Being close in time to the living, the living-dead can best understand man's needs. Being closer to God, they have full access to the channels of communication with God directly.

6. A source of comfort to the living.

7. The living dead communicate with the living by revelations. This can be done through dreams or calamities. Spirits normally have to make their presence felt by illness. It is considered quite natural and right that certain spirits should ask to be honoured in various ways and the only way they can make such a request is by inducing in one of their descendants a mild illness, which they remove as soon as the request is answered (Bourdillon, 1998, p. 230). Therefore whenever a crisis occurs the diviner is consulted to ascertain if the ancestors is seeking to make known his displeasure. The living-dead also communicate with the living through possession of mediums or prophets. Living dead are thought to enter individuals and use them as mediums of communication with the living. A spirit elder who possesses a medium is likely to be consulted on any significant events or decision to be made in the family.

The attitude towards the living-dead is ambivalent. On the one hand, there is an attitude of affection and respect because the ancestral spirits are in fact family members. Yet on the other hand, the living-dead are dreaded and feared. The ancestral spirits tend to be unpredictable and easily offended so that the people live in constant state of fear and anxiety, never knowing whether they have sacrificed enough or not. Of all evil influence, an angry spirit is perhaps the most greatly feared by the people and the fear of making spirits angry guides many parts of every day life. An angry spirit is terrifying as it attacks an individual through his family causing successions of deaths, or death followed by serious illness in other members of the family (Bourdillon, 1998). The way AIDS attacks a family it is easy to understand that AIDS is seen as a disease caused by the spirits and therefore can not be treated at the hospital. Some people would accept the possibility of a purely natural death, but many do not, and believe that any death is caused by evil spirits or more probably by witchcraft. The children left in a household where the parents are believed to have died because of a spiritual disease are left to live alone.

Taking them into ones household is believed to further upset the spirits and therefore bringing more death to the family or community. The continued good of the community is presumed to depend on spiritual power; therefore taking a foster child (another family spirit) is therefore not only an interest of the individual but the whole community, as they may suffer the consequences of an angry spirit.

## 4.5 Previous research on childhood and foster care

This section gives an overview of some problems linked to research on childhood studies, research relevant for the empirical material and the research question. In order to find the most relevant research for my empirical data my intention was to find previous research in the developing world and if possible Africa, linked to childhood, family and foster care. I soon discovered that most of the research that has been done has been in the western world and that the great majority of that research was focused on children at risk and with problems, not on concepts of childhood and family life. James, Jenks & Prout (1998) try to explain why so few child-focused studies are drawn from contexts outside Europe and the US. They point to the absence of any well-developed "children's culture", because in these contexts children's and adults´ worlds are less socially divided and culturally distinguished. Attempts to develop a comparative understanding of children and childhood across diverse societies undoubtedly face a large number of problems. Often there is a fundamental lack of data or data in a usable form; in many countries children are not used as primary unit of analysis in the gathering of social statistics. Even where especially collected data do exist, problems of comparability may remain due to methods and conceptual differences in interpreting data, as childhoods are contextualized by culture and therefore we can not speak meaningfully about childhood as a unitary concept.

Some of the important studies on childhood are done by Jens Qvortrup, who organized the 16-nation childhood study as a social phenomenon project (1985,1991,1994) , Lena Alanen (1988,1992,2001) and Chris Jenks (1982,1996), Allison James and Alan Prout has edited several books and papers about sociological thinking. (See reference list)

Most of the research on foster children has taken a problem approach and examined children's behaviour (Bradly et al. 1996; Amato and Ochiltree 1987; Dawson 1991), early sexual activity (Flewelling and Bauman 1990), early home leaving, drop out from formal education, (Aquilino 1991) and greater involvement in criminal activity (Mednick et al., 1990). There is very little research on the experiences of being and becoming a foster family from children's perspective according to Brannen et al., (2000). Nordenfors (2006) research on biological children and foster carers experiences on growing up in a foster family and Höjer's book "The inner life of a foster family (Fosterfamiljens inre liv, 2001) are important contributions to our understanding on motives of foster care and impacts of fostering on relationships with partner, children and siblings. Charnley (2005) has done two studies on children separated from their families and community based interventions. The aim of the 2005 study was to assess the sustainability of substitute family care for children separated from their families by war in Mozambique. The study interviewed 21 children, between 10 and 22 years old and 24 foster parents about their perceptions of the benefit and challenges of substitute family care, and the meaning of successful family and community integration. Two sets of complex and inter-related motives were identified. One set was associated with childlessness, the result of infertility, widowhood, or the departure of adult children. Caring for unrelated children for these reasons was linked to concepts of exchange and mutual support (LeVine and LeVine, 1981) reflecting perception of children as an investment. The second set was expressed in terms of "taking pity" on child victims of circumstances, and was associated with notions of good citizenship and fulfilment of spiritual obligations believed to bring rewards after death.

The report also identified challenges such as payment of lobola (bride price) for those children that were fostered until the age of marriage. The lobola is paid by the husband and his family to the woman's family as a form of compensation for loss of family member. Lobola also has broader significance in establishing relationships between families, maintaining social control and constructing social identities (Chanley 2005). Interviews with all participants demonstrated that community capacity to care for children separated from their own families had continued well beyond the end of the war, some had even assumed traditional roles in arrangements of marriages. To assess wellbeing was more difficult as socialisation and emotional development depend on cultural models of social interaction that must be taken into account. In order to assess wellbeing, indicators need to be developed to monitor out of home care, but on a global basis this is problematic if not impossible (Chanley, 2005). Nearly all children's accounts indicted the strong value of their substitute parents as the people who had helped them most and to whom they would turn to if they had problem. They enjoyed going to school and having friends. Foster parents' ideas of success included children showing respect and obedience, learning to carry out daily tasks, demonstrate seriousness in school. They also referred to children's integration in affective terms of feeling secure, minimising suffering and discrimination, and not feeling that they were treated differently. Being truly integrated, one parent explained, "is experiencing good family life with its habits, traditions and behaviour." Outsiders' views of children's behaviour were important to foster parents. 24 social workers were also interviewed and identified following indictors of successful family integration: civil and moral education, equality of treatment within family, participation in family and community activities, access to services such as health and education, and ability to make a successful transition to adulthood.

A South African study done by Madhavan (2003) distinguishes between voluntary fostering and crisis-led fostering. The voluntary fostering is an arrangement made between biological and foster parents, according to cultural norms about child rearing, often motivated by: kinship obligations, apprenticeship/training, alliances building, domestic labour and education. The importance of social parenting over biological resonates throughout the African culture. In this way, the bond between parents and their children is lessened and children become more independent and, in some cases, it is believed better disciplined. In addition fostering provides an opportunity for both birth and fostering households to strengthen social and kinship ties through short and long term benefits to both parties, including social security, access to resources (land) and investment in both households by sharing costs of child rearing. Rural-urban linkages are often strengthened as a child's education in an urban setting is balanced with practical and material support in form of food from the rural household.

Crisis-led fostering, more accurately characterises the situation of children orphan aged by AIDS. Although the circumstances which lead to these two types of fostering differ, it is valuable to use the framework of voluntary fostering as a starting point to understand crisis-led fostering, as the one opens up the doors for the other. When it comes to crisis fostering the reciprocity becomes less important. Understanding the kinship rights and obligations can help us to understand why fostering of these children might be a problem. Scarcity of resources, long distance, stigma because of HIV and AIDS might be complicating situations. Interestingly, Bledsoe (Madhavan, 2003) states that the treatment a child receives often reflect the type of relationship that exists/existed between foster and biological parents rather than existence of kinship links themselves. Kinship obligations determine whether a child will be fostered by a maternal aunt, paternal aunt, grandmother or more distant related kin (Goody and Bledsoe in Madhavan, 2003). If the objective is labour or simply companion ship, the grandmothers tend to become the obvious choice for fostering according to Beldsoe and Brandon (Madhavan 2003). Children in the care of grandmothers are particularly at risk because the elderly are less educated about modern health care A study done by Bledsoe, Ewbank & Isiugo-Abanihe, 1988 (Madhaven, 2003) found that foster children tend to fall sick more often than their indigenous counterparts.

Several other studies found that malnourished children, were more likely to come from homes in which they were cared for by someone other than their mother. Aside from health issues, problems such as delayed educational progress, unequal treatment of foster children in their foster homes has been noted (Madhaven, 2003).

Despite the difficulty in childhood studies there is a need for cross cultural research that would contribute to our understanding on childhood, child rearing, status, children's and adult's construction and perception of family, care and kinship. This would be important knowledge for a family foster care program contributing to the ongoing training and mentoring of caregivers, helping children to increased level of belonging, identity and understanding. Ideally, these studies should use appropriate ethnographic methods such as observations, informal discussions, time-use charts, photos drawings, diaries, interviews in pairs using children as the primary informants.

# 5 Methodology

The aim of the study was to achieve a more comprehensive understanding of the situation among children placed in foster family care, foster parents and child headed households as a mean to assess if foster family care is a model to improve the situation for OVC in Mozambique. The qualitative method was considered to be the most appropriate as it starts from the perspective of the informant and studies the everyday life in the natural environment. The aim of qualitative work is to observe variations, characteristics, structures or processes searching for a greater understanding of a phenomenon (Starrin & Svensson, 1994).

Using both focus group discussions and structured interviews gave the study both width and depth. Focus group discussions were considered the most effective and culturally accepted method as both children and adults often feel more comfortable when talking in a group. Focus group discussions helped respondents to interact and react on other people's sharing. They encouraged respondents to share thoughts and experiences when they heard others sharing. Shy respondents who thought it was difficult to talk or find words to express themselves on their own found help in others comments.
Focus group discussions before the structured interviews allowed the researcher to understand and listen to all aspects of the problem, narrowed them down as well as identify interesting comments or people to interview.
Structured interviews after the focus group discussions gave an opportunity to follow up, explain and clarify issues raised during focus groups discussion (Wibeck, 2000).

## 5.1 Research group

Kubatsirana works in 22 urban townships in Chimoio, within four of these they support Open Centers for OVC. The selected communities fell within the following sample frame:

- Community having a Open Center for OVC
- Community with non related foster parents
- Community having children living as a child headed household

The four chosen townships consist of three urban, central town old settlements and one semi-urban new settlement. Initially one focus group was planned followed by one to one interviews with 10 children, 10 foster parents and 10 child headed households from the four target townships. After the pre-test of the questionnaire and the first focus group discussion it was discovered that children felt more at ease and talked more openly being in a small group or with

siblings compared to one to one interviews. It was also noticed that more children than expected had been placed in foster homes, enabling the creation of focus group in each township in additional to the already planned individual interviews.

The focus groups were homogeneous groups, with children living in the same neighbourhood, but from different families. In total 29 children between the age of 12-16 living in foster family care were interviewed during 3 focus groups discussions and 7 interviews (4 individual children and 3 groups of siblings in total 11 children). The majority of the children had been in the foster family less than 1 year.

An additional 4 interviews with siblings living in child headed households were interviewed, summarising 9 children. In total 27 boys and 11 girls were interviewed (see appendix 4).

31 foster carers, 5 men and 26 women were interviewed during 3 focus groups discussions followed by 8 interviews with 3 couples and 4 single mothers. 7 community leaders/coordinators of the Open Centres were also interviewed.

## 5.2  Data collection

A semi structured interview guide was considered to be the most accurate tool to assess the correct information as it was not considered necessary to reach a high number of respondents but to reach a high degree of representation within the target group. The interview guide was designed together with a reference team composed of people from several countries with experience in interviewing children. The interview guide focuses on 5 areas of interest: foster parents motivation, needs of children, the role and quality of a parent, rewards and challenges being a child living in a foster family or a foster parent, cultural attitudes on foster care (see appendix 5).

Each of the four chosen communities received a visit prior to the fieldwork and local permission was granted. The coordinators of the Open Centers were asked to identify 2 to 3 households with non related foster children and 2-3 child headed households in their township and to request the children and their parents in advance. The fieldwork was done during a two week period spending two days in each township.

The 6 focus group discussions were held at the Open centres while individual or sibling interviews were done at the child's home environment, separated from the rest of the family. Each discussion took an average of 1-1 ½ hours.

The children participating in the focus group discussions were selected by the coordinators of the centres and the researcher was not involved in the selection process. Many of the children recognized the researcher from previous work as program advisor with Kubatsirana.
Prior to each discussion the respondents were informed about the aim of the study, rules of confidentiality, securing the non disclosure of respondents' names and encouragement of honesty and openness (see appendix 5). The respondents were asked about language of preference. The translator was present at all interviews in case of the necessity to interpret into local language of Chitewe. In all cases, except for the focus group discussions with men, it was necessary to

translate partly during interviews, due to poor knowledge of Portuguese. Prior to the discussions the translator was introduced to the aim of the study and the meaning of each question to ensure understanding and that he was able to express emotional language.

The focus group participants were introduced to each other and an ice breaker game was played in order to create a relaxed and accepting atmosphere.
A case study was used towards the end of the conversation as a mean to stimulate discussion but placed at the end for the purpose of minimizing the risk of influencing the participants. Children

who either were reluctant to answer or outspoken with interesting comments were asked for individual interviews at a separate occasion in their home environment.

## 5.3 Validity, reliability and ethical aspects

Validity answers the question: does the study measure what it is designed to measure? Reliability answer the question: was the study done in the most accurate way? (Cohen, et al. 2000). The aim of the study was to achieve a more comprehensive understanding of the situation among foster children, foster parents and child headed households as a means to assess if foster family care is a model to improve the situation for OVC in Mozambique. Validity and reliability could be threatened if respondents did not feel secure to answer honestly, were not given the necessary time to understand and respond to the question. To maximize validity and reliability and facilitate openness the interviews were done in the child's home environment separate from the rest of the family. Despite this it is possible that the children could not respond completely honestly, because of the "grace" of living in someone else's house and the risk of losing every thing if they talked negatively about the household where they were living (see discussion 5.5)

The reason for doing all the interviews myself, was due to the greater likelihood that I would be considered a neutral person due to my past experience of working as Kubatsirana advisor. The number of questions, shyness, language and the respondents' lack of familiarity with analyzing and responding to questions individually could hinder in-depth answers. The methods could also have been more participatory to facilitate discussions (see 5.5).

It is possible that due to language barrier some questions and answers could have been misunderstood and therefore affected the reliability negatively. This was addressed and minimized when preparing the aim and objective of the study, together with the translator. The translator was a slightly older man, outside of the community who had a good knowledge of the cultural context.

To assure content validity, all respondents had the opportunity to comment freely on any kind of need they had or support they wanted. Triangulations were used to compare different respondent's viewpoints on the same matter, in this context comparing foster parents and foster children's responses with children living in child headed households.

### 5.3.1 Reliability

Prior to the start of interview I was concerned to establish trust and explain how the data was going to be used, assuring confidentiality and that respondents understood the questions by using local language, simple vocabulary and giving examples if necessary. The fact that the interview guide was written in Portuguese and many questions were translated into the local language could have a negative influence on the reliability. Questions phrased slightly differently making the respondent understand and answer the question differently than intended. For example the word for needs (carencias, necessidades) is often used in the sense of material needs rather than emotional and/or psychological needs. It is unrealistic to think that threats to validity and reliability can totally be eliminated. Validity is rather a matter of degree than an absolute state. One can merely attempt to maximize validity and reliability as far as possible. Further in depth interviews could be done in the future with both caregivers and children to complement this study addressing issues concerning trauma, abuse, HIV etc.

### 5.3.2  Generalizability

In order to make some generalizations, the respondents need to be representative of the total number of children being cared for by foster parent. Cluster sampling was used rather than interviewing a few children in each community. Each community could be seen as a miniature of the whole group (Cohen et al. 2000). The respondents are considered to represent the total number of children being cared for by a foster parent, under the supervision of the centers. Therefore the generalizability is considered high for other children cared for by foster careers mobilized among Kubatsirana volunteers or from the churches supporting the Open centers. Concerning the replicability of the model it is not likely that parents could have been mobilized in such a short time and with this result, if it was not for the 8-10 years of experience these churches have in working with HIV related issues.

### 5.3.3  Ethical aspects

Each afternoon a debriefing of all interviews was done together with the translator and a representative from Kubatsirana to discover sensitive issues raised during the interviews. The volunteers working at the centers were prepared to give basic counseling and follow up. No questions were asked concerning the trauma and circumstances surrounding the death of the parents, due to the lack of personnel/volunteers trained in trauma counseling. Many of the children shared their stories within the conversation on their own initiative.

Program staff or personnel from Open Centers did not participate in interviews, as they were not considered neutral.

## 5.4  Data analysis

All the interviews were recorded with either a tape recorder or an MP 3 player and transcribed into Portuguese. While analyzing the interviews the data was organized in themes: Motives, roles, and qualities to become a foster care giver, change, rewards, spiritual and traditional beliefs, challenges. Names were coded with masculine (M) or feminine (F) followed by a number.

A comparative analysis was made when analyzing the empirical data, between the three groups of foster carers, foster children and child headed households looking for variations, structures and processes assessing the various sub-themes and relation to each other with the aim to identified the broader picture exemplified by individual statements.

Due to difficulty in finding theories and concept of children, family and kinship applicable for the developing world, some of the analyzes had to be based on universal theories, personal communication and my own experience.

## 5.5  Limitations of the study

One factor possibly limiting the openness of some children is the language. For many people the Portuguese language is still a foreign language. When it comes to sensitive issues, it is still the heart language that is spoken. For that reason every child was encouraged to talk in their preferred language and the informants were requested to be 12 years of age or above. My limitation in the local language forced me to use a translator. When children chose to talk in the local language Chitewe, all information was "selected" and heard through the ears of the interpreter. The interpreter was chosen on the basis of his very good knowledge in both

Portuguese and the local language as well as cultural praxis and tradition. He was also instructed to translate exactly what was expressed. Despite encouraging participants to speak in their language many chose to speak Portuguese, even though it was a poor Portuguese.

Most of these children have lost everything that secures a child; their parents, their siblings and their home. They have partly gained some of those life-securing components when coming to a foster home. Some of the children are still mourning their old home, the parents and siblings; others have lived in an "orphanage" and had nothing on their own, making it difficult to reveal any difficulty at home with the risk of loosing it. Participation was based on volunteering and no pressure of giving out sensitive information.

When it comes to interviewing children the relationship between researcher and researched is seen to be influenced more by issues of power-powerlessness than in other research relations. This might in one sense be worse due to my colour (white) or less in case I was viewed as a neutral person, not part of the organization. I tried to overcome the power-powerlessness relation, by explaining that this is not a test where responses will be considered as correct or incorrect but in accordance with their actual experiences. Children were told they are experts on the matters which interested me, that my lack of knowledge about their experiences of living in a foster home brought me to them and they were the ones that were chosen as best informants.
Time is another limiting factor. To understand more in depth, to what extent the wellbeing of the children has improved, how they have attached to the family and been accepted, one would need to spend much more time with each family, observing and creating trust and confidence before asking questions.

## 5.6  Missing values

A majority of the informants gave their details during introduction such as age, educational level, time in foster care but as no structured profile was developed some informants do not provide full information concerning age and educational level. Some questions did not feel natural to ask due to circumstances such as recent death of parents. Every interview is different from the other but the main themes are all covered (see appendix 4 and 5).

## 5.7  Discussion on method

The choice of focus group discussions was a success at making children much more at ease than talking individually. These discussions were then followed by a smaller number of individual interviews which gave depth and allowed for the further clarification of issues. Some of the focus groups were very cheerful and talkative. The best groups were the ones where participants knew each other. Some individuals were shy and had difficulty in explaining or giving examples. Only one case study was used and discussed but a greater variety of methods could have been used in order to encourage participation of all. Short stories/vignettes or pictures could have been good to exemplify or analyze needs of children, roles and qualities of parents, challenges. Children could have been asked to draw the whole family and show their relationships rather than just telling. To make children feel more open and free it would have been good to find some "work" that could have been done together for example weeding, picking maize etc.  Children's concepts of family are complex, fluid and sometimes contradictory. How children interpret family, is a topic on it's own and was not specifically looked at in this study even though questions linked to roles and responsibilities were included. For future research it would be interesting to look at children's and adults' construction of family, care and kinship as a separate subject. This would be important knowledge for foster caregivers in helping children to identity and belonging.

# 6  Result and Analysis

The results presented are organized in accordance with the interviewing themes and categorised in sub themes which emerged during analysis of the results. Whenever applicable the results are exemplified with citations from the respondents

What characterize a foster family, its members and structure? Who are the children being placed in foster families? The foster families in the study vary widely in terms of age and family structure. Of the 30 respondent foster families, 9 are couples (30%) and 21 (60%) are single mothers or widows. Two couples are under 30 years old and 7 are middle aged. Ages of single foster parent also vary greatly from 20 years to 57 years old, with a majority being between 35 and 44 years old (8 people) followed by 45-54 (6 people). Not all of the respondents knew their age therefore an estimated year was documented. Each family has taken in on average 2,3 children. Among the single mothers 3 (out of 21) have no children on their own. The single mothers or widows have on average, 2,5 biological children living with them excluding the 2,3 foster children.  This in an overall average of 4,8 children in each household. There is also a great variation in literacy level, one woman is studying 12$^{th}$ grade, but the majority cannot read or write.  As not everyone was visited at their homes it is not possible to give an exact figure on their housing and living standards. 7 of the 12 houses visited were conventional houses with cement and iron roofing which is a greater percentage than in the general population. The primary sources of income are from working in the fields, small businesses, gifts, and husbands working in conventional employment. The majority of people with fields also do cash cropping, selling maize, beans, tomatoes on the local market.

The 29 respondent children placed in foster homes (21 boys and 8 girls) were between 10 and 16 years old. 10 of the children have been placed within the last year, 5 between 2 and 5 years ago and 3 have been with their foster families for more than 3 years. For 7 of the children data is missing. All children except one are attending school. All children, except two, had been living at the Open Centres before moving into foster family homes. Zinho's story is a typical portrayal of a child that has been placed in a foster family home.

> I am 14 years old and study in 5$^{th}$ grade. My mother and father died a year ago. At that time I lived in Mareira. In Mareira I did not have any family that could care for me so I decided to walk the distance to Chimoio by foot (ca 25 km). When I came to town I started to live as a street child, I slept at the outskirts of town and ate from the rubbish bins. One day I met with a lady who said to me that she saw that I was suffering and asked if she could show me a centre for children. At that time I was sick, and had diarrhoea. The Pastor received me and we went to Social Welfare where they registered me and they said I could stay at the Centre. Now I am happy, I have shoes, I have recovered, I am studying and I have gained skills in agriculture.

The children living in child headed households are a more homogenous group with similar experiences and background. 11 children living in 4 households with 2-4 siblings were interviewed. Some children had lost their parents 2 months ago and others as much as 13 years ago. The age of the respondent children varied between 12 and 19, with three younger brothers or sisters who were not included in the interviews. At the age of orphan hood the oldest children were between 12 to 17 and were responsible for children as young as 2 years old. All parents had left plots or houses for their children which they needed to defend from malevolent extended family members wanting to sell the properties. 3 of the 4 households had a smaller business going or temporary work such as selling biscuits, brick making, or working in a garage. For food, school materials and school uniforms the children got support from volunteers and Church Open Centres. The story about Isaac and his brother represents the CHH in need of a foster caregiver.

My name is Isaac and I am 19 years old. I live with my 3 brothers 16, 12 and 7 years old. Our father died when I was 13 and 2 years later my mother. At 15 years old I became responsible for my younger brothers, 3, 8 ,and 12 years old. I managed because the centre was supporting me with food, clothes and schooling. During the disease of my parents no family member came to visit. When our family from Vanduzi discovered that our parents had died they wanted to sell the house and take us with them, but we refused. We asked how can you sell this house, since we lost our parents, not one day you came to visit us? Our neighbours and the church advised us not to sell the house. It is better that we are disgraced together than to be in the hands of the family.

## 6.1 Why foster parents?

Children are central in most African marriages. Children give meaning, worth, and are essential for bonding between families. Children satisfy needs of love and closeness. Parenthood of a foster child is a different parenthood to the biological. Its motivation is not to reproduce oneself or as a proof of fertility or love. Becoming a foster parent is a different kind of responsibility – a responsibility to a child to whom one is not related. What motivates parents to take such a responsibility, especially in Africa where few support systems are in place?

### 6.1.1 "I was an orphan myself"

3 of the foster parents mention having a personal experience of being an orphan themselves and having to live under difficult circumstances because of that. They want to do what they can to prevent others from suffering the way they did.

Since my parents separated, when I was 10 years old, I have had this dream to live with children that are orphans as I also lived a difficult life after my mother's divorce. They way I suffered with a stepmother, how bad, it mustn't be for those without anyone.                                                     Vivaldi, 32

I grew up without a mother and father in my grandmother's house. The way in which I grow up, the way in which I was considered as an orphan child, I do not want anyone to face. I grew up without schooling. I moved to my stepmother's house (my father had 3 wives) but there it became worse. I was like a small servant. I was always isolated and only told what to do. Therefore I decided to look for the most miserable of the children and offer her or him what I have. One day I will die and my own children will need help. If people know that I care for orphans, tomorrow they will come and help my children as well      Teresa, 45

### 6.1.2 Children as an Investment

Seven of the 30 foster parents mention their own future, getting older and thinking about what's going to happen to their own children if they pass away. Foster a child serves as social security in case of sickness and death of the caregiver. Directly, the foster child will provide support in times of illness. Indirectly, if the caregiver should die, the community will feel obligated to support the caregiver's biological children because of the help she offered to orphans during her life.

-I felt it was time for me to care for other children. If I will die, who will help my children? Other people will see what I have done and because of that care for my children.    Teresinha, 57, mother of 4

I live alone since my husband died in 2001. I live with my 3 children and one orphan, since June 2005. Firstly I suffered trauma when my husband lost his life. I started to reflect about my future. I found the news about the orphans. My heart started to beat: I had the desire and I believed that I also could provide care.                                                      Maria 50 years

Children are universally wanted in Africa as LeVine (in Charnley 2005) argues, because of their capacity to confer wealth, security, prestige and immortality on parents.

### 6.1.3 Children satisfy economic, social and spiritual goals of parents

3 of the 25 women had no biological children, and therefore felt that they "needed" children.

> My husband had abandoned me and left for Maputo. I felt lonely. I told the pastor that I needed some children. Maria, 27, fostering 2

> I offered to attend foster care courses. I know that those children live under difficult circumstances. I want to "push" them a little bit more in their lives, to learn skills and to become human beings. Rosa, 27, caring for 2

Except for giving value and worth as Maria and Rosa describe it, children support the household as Teresa mother of 5, fostering 2 express it:

> I was sick and my neighbour felt sorry for me. I had been caring for her when she was sick. Now when I was suffering the mother gave me these two children to help me.

Children are not seen as another mouth to feed but as additional help. For widows, they provide companionship and support. The concept of placing children with grandmothers so that the children can look after and care for her is a common practice - even when parents are alive. Children can also be seen as a means to tighten relationships and draw families closer together, thus bringing rewards in the future. Children therefore satisfy the economic, social and spiritual goals of parents, and by so doing children have moved from being victimized to valuable and of mutual support.

Interestingly 25 of the 30 interviewed foster caregivers are women and even among the 3 couples one, mentioned that it was an initiative by the woman in the household. Alberto, 45 tells:

> It was my wife that first had the idea, I liked what she thought, I also saw that I preferred to live with a child. Let us do it. We were unified in the idea as we talked about it and then we went to talk to the Pastor.

### 6.1.4 Analysis and Discussion

The results from this study confirm what both Chanley (in the 2005 Mozambique study) and Höjer (in the 2001 Swedish study) found. Two sets of complex and inter-related motives were identified and can be said to be true in this study as well. One set was associated with childlessness, the result of infertility, widowhood, or the departure of adult children. Caring for unrelated children for these reasons was linked to concepts of exchange and mutual support. The second set was expressed in terms of "taking pity" on child victims of circumstances, and was associated with notions of good citizenship and fulfilment of spiritual obligations believed to bring rewards after death. The care of children, was not always seen in terms of the need of the child but in terms of the needs of the adult. One can discuss the pros and cons of the children seen as fulfilling parents economic, social and spiritual goals. There is a fine balance between exploitation and feeling of importance and value. This study does not look at how children themselves experience these cultural expectations. Important here is the extent to which children can influence the form and direction these expectations take. This will of course occur differently amongst individual children and be experienced differently in various cultural contexts. This underlines again the extent to which childhood is both united by shared experiences and yet, fragmented by the diversity of children's everyday lives as described by James & James (1997) when discussing the elements of the cultural determinants of childhood, laws, customs and traditions and children's experiences of all this.

The majority of foster caregivers in this study are women confirming that foster care mainly is an initiative by woman, which was also stated by Höjer in the Swedish study. Further the foster caregivers are from the lower class not having a surplus of wealth but of love, care and

generosity, sharing what they have. Many testimonies from this study show that the substitute family as a phenomenon has endured, despite popular beliefs that substitute family care is associated with exploitation or abuse and lack of formal supportive mechanisms and mentorship. What does an "ideal" foster caregiver look like? Are they widows, single mothers or couples? Can we "afford" to talk about the ideal, or do we have to accept the extent of the problem, and work with what we have got and accept that it is good enough?

Experience shows that single mothers are more vulnerable and have less time to care due to economic hardships. Older women many times are illiterate and have difficulty in supporting children with, for example, homework or they are reluctant to take children to hospital due to cultural beliefs. Older women can also have more of a difficulty talking to children about sexuality and HIV and AIDS, thus making the children even more vulnerable. With this, we tentatively can conclude that younger or middle age couples might be the ideal but due to the extent of the problem, single mothers and widows could be excellent foster caregivers, provided they receive the necessary training and mentorship.


## 6.2  The needs of children and the role of parents

Quality of care is defined as care which meets the needs of children in a culturally acceptable way and enables them to realise their rights (Loening-Voysey & Wilson, 2001).

In the human scale development theory, human needs are seen as few, finite and classifiable. How do children in Mozambique perceive their needs?  Is their perception in accordance with parents' views and where do they differ? What signs indicate that children's needs are met?

### 6.2.1  Subsistence needs still in top

When children and foster care givers are asked what children need, the first thing that comes to their minds is the survival needs like food, shelter and clothes. The second most frequently cited need was education: going to school, professional training or life skills education, including moral and spiritual education. Some older children mentioned having a house where they can live, a plot of their own, and a little business for pocket money. Some children have very simple requests and desires showing that for many of them they are barely above the line of survival. When Teresa, 12 years old, was asked to mention a happy moment she responded: When I ate bread with butter. With continued questioning about what really worries her about the future she responded: I need a skirt. To the question, "What support could help improve your situation?" she replied, "To wash myself with a good soap". Indicating that the basic needs for survival, are still not secure in some of those foster family homes. The challenge is to find ways in helping the families to become self reliant rather than providing hand outs.

Only a few foster caregivers mention that they notice a difference in needs among children, or between biological children and foster children.

> We noticed in the beginning that the little child was crying more than normal, even a small little incident could make her cry. We realized that in the environment where she came from she did not feel safe, not having enough care and protection, not having anyone helping her to solve conflicts with the neighbouring children, not having a place to complain. We needed to show her how to play with others by being present.
> Linda, 23 and Vivaldo, 32, fostering 3

A possible explanation is that foster parents wanted to assure us that they were not treating children differently, and therefore emphasizing that all children need the same treatment.

### 6.2.2 Parents as providers and protectors

When discussing the role of parents the answers do not differ very much from the answers concerning needs among children. There are two major responses. One linked to the provision of food, clothes, health and education and to prepare the child for the future. The other role links to protection. The story of Eva and Inez, two childheaded households exemplify this.

> It was a time when thieves came to our house. They took the doors off and stole everything. They wanted to kill my brother, but he escaped, I remained alone, they were many, around 8. It did not take long time before they came back to steal again. After going to the police, they found the thieves, some of the things we got back but they came back another time asking for money. I said to my brother if you have money, give it to them. Today some are in prison. All this happened last year. During this time we did not dare to sleep at home. My brother slept with friends and I slept with the volunteer.                Eva, 17

Different from the foster caregivers, the child headed households would recognize that there is a huge difference in needs among children, especially comparing children living with their parents and children living on their own.

> -With parents children are feeling well, if you are insulted and living on your own, you do not have any means to protect yourself, those living with parents, when having problems the parent will solve it, children without parents do not have a place to complain.                Inez, 14.

### 6.2.3 Losses that last a life time

Many of the foster parents find it difficult to talk to the children about their background, the trauma or the diseased parents. The strategy to deal with it becomes a matter of avoiding and hoping that children will forget.

> I do not know the parents of our foster child, she stayed many years at the centre, it seems, as she came when she was around 3 or 4 years old. Pastor was on a visit in Muchunge, she was living with the grandfathers, and pastor took her with him. It seems as the grandfathers did not manage to sustain her. We will explain for her when she grows up, when she is 18 or 19 years old and want to visit we will approach the centre and try to find out, but now we want her to stay here permanently. (The girl is now 12 years old).
> Albert, 55, foster parent of 1

> It is a delicate topic to talk about, one needs the time. Children are quite occupied with their schooling, if we start to talk about those things maybe he will be frustrated when he remembers the difficult times that is why we have not touched this topic yet, we know it is important that we know the difficulties the child suffered before he came to live with us.                Fransisco, 45

> I do not know what she is thinking, maybe she thinks her mother went away and will come back, I let her think that because she is still small.                Rosa, 45

In the focus group discussion the women suggested that from the age of 8-9 years, children can be told the truth. Before that age it was considered better to hide the reality. But not all of them avoid the topic of death and trauma because they do not know how to deal with it but because of their own experience. Teresa, 55 years, fostering 3, tells her story:

> I never have investigated in their history. What was done to me I do not want for them. When people came to our house I was introduced as: This is the child of the diseased. These words hurt. Did they not have love to call me by some other name? I have only asked my children if they do not have any parents, who did they live with before and why they came to live at the centre .I did not want to deepen the conversation before they had got to know me. With time, when they are older, I want them to tell me. For the time being I only want them to get to know me. In the beginning, when I talked to the youngest 7 years old, she was always looking into the floor. It is not yet time for me to talk to her about this issue. I do not want to hide the truth that I am not their mother; I do not want to steal. (refers to steal from the spirits, see 6.6.)

When Teresa was a child she wanted to be recognized and loved for being a person, not just an orphan. She knows the importance of telling the truth. Despite our silence children many times already know the truth; our silence will only make it more difficult. Betinho, 13 expresses this when asked what worries him the most.

> -I have lost my history of my mother, I have lost contact with my grandmother, I have forgotten the place where I used to live.

Betinho is searching for his identity. The foster caregivers are essential persons for Betinho in this search, by talking and helping him finding persons and places belonging to his past. Interestingly the result from one focus group discussion came out quite differently showing that not all foster parents have difficulty in dealing with the past.

> -The children tell their stories themselves. They tell their stories about their passed lives, how the came to the centre, how they are feeling now. In my experience it depends on each child how much they need to talk.
>
> <div align="right">Man, 45 Aeroporto</div>

Even during my interview most of the children in this group would tell their story and what happened before they came to the centre. What is different among those children? Do they live in an allowing environment? Do the foster parents show a greater interest in listening? Do they live more closely together or have more time to listen as living outside of town? Is the openness "contagious" i.e. if one child talks the others will follow?

The answers from the foster parent focus group from the same site, might give us some clues. All very much exited, wanting to contribute and talk at the same time, they explain:

> -In the evening after supper, when we are together telling stories, the children will tell their stories by themselves, if there is a favourable environment. After that we can talk about spiritual matters, pray and go to sleep. Children sleep well after they have told their stories.

Despite the fact that the training has been the same it seems as if some foster parents do not feel at ease talking about these matters. Some may not realize the importance of knowing your history and identity. The losses that those children have gone through will last a lifetime and for that reason it is essential that foster caregivers gets further training in how to help children to deal with their background and how to provide simple trauma counselling. Working with memory books or boxes could be a simple tool addressing those issues.

### 6.2.4 Willingness filled with love and patience based on faith

There is almost an absolute unity in the response on what qualities are the most important for a foster parent: Faith, willingness, love and patience. Some would add: listening and having a good way of talking to children. A majority of both children and adults say that they believe it is important to be a Christian, they believe that a non Christian person would not have the courage to follow through or give a good education. Interestingly the children would respond exactly the same but also specify which qualities they appreciate. High on their list comes laughing and playing with children, telling stories, taking time to talk about school and helping with homework.  Teaching life skills, taking the child for an outing and giving them responsibilities. Two other interesting adult voices comments on quality:

> -Other important qualities for a foster parent, is to know each child's talents and to improve those talents.
>
> <div align="right">Fransisco,45</div>
>
> -I want to understand what she wants at the bottom of her heart, and what she thinks about when she is solitary.
>
> <div align="right">Decia, 37</div>

How do love and patience show according to children's testimonies? How would you know that someone cares for you? Children responses are very practical:-When they have saved food for me even if I was gone for lunch, or -When they attend school meetings even if it means they lose one full day at work, or -When they buy clothes or shoes for me.

### 6.2.5  Wanted: Middle age Widow for Child headed household

Three of the 4 groups of children living in child headed households had been caring for themselves between 4 and 13 years. What has made them stay together compared to other CHH, which enter into criminality, early marriage or becoming street children? We understand from Isaac's story that he as the oldest brother played an important role in keeping them together. He said to his brothers: "Even if we suffer, we need to stay together, let us help each other in the business we have, one go to school, another one is selling, and at the same time the centre will help us." Without the support from the church centre and their caregivers it would have been difficult to keep the children together. Without support and encouragement or food in the household, internal conflicts may separate them. But even with support from caregivers all children responded with great emphasis that they would prefer to live in a family or to have an adult to move in together with them.

Eva 17, says:
>    -When I was 10-12 years old it was very difficult, I remember that I very much wanted to live in a family.
>    -We would love to have an older lady, not married to come and live with us,                Isaac, 19
>    -I would like to have a woman to come and live with us, a middle age woman,                Inez 14

Previous research done by Julia Brannen (2000) using children's maps of their significant others, identified a very wide range of persons whom they considered important to them which extended well beyond the bounds of household and kin. The children in Brannen's study had experienced a separation or death of a parent similar to the children in this study. Although no map was done with this particular group, the idea is transferable as the children have experienced a similar loss. The idea of family goes beyond the household or conjugal pair opening up for the possibility of a foster parent to move in to the children's household. This also confirms O'Brien, Alldred and Jones theory that new alliances and innovative survival strategies may be adopted by children and adults in the wake of breakdown in traditional networks (Banner & O'Brien, 1996).

### 6.2.6  Analysis and Discussion

There is a great unity in opinion about the needs of children and roles of parents. Many of the needs of subsistence, protection, affection, participation, leisure and understanding are being met synergistically. Children are taken for outings, learn about agriculture, go to school, and participate in community activities in a way that responds to more than one need at a time, in accordance with Neef's theory on human scale development. The list of qualities mentioned by the children gives a good hint for what further could be developed to satisfy the needs among children. More play, more time for telling stories, support with homework, outings etc. Most of the foster parents have not talked to the children about their past and are insecure on how to deal with the issue. It is difficult to know what the major reason is. Is it time, awareness, environment, cultural beliefs, or lack of tools? It seems as that creating an allowing environment is one important factor in helping children to talk according to the responses in this study. Lyons, (1998) emphasizes the circumstances or conditions in which the growth of a child takes place and how those can limit or enhance development. Physical and emotional well being and social intellectual development can be permanently limited for a person deprived of the opportunities and time to grow and develop successfully during their childhood. Many teenagers in Mozambique have been deprived of those opportunities and have not been given the time to grow

and develop successfully and therefore have none of the three representations that teenagers in the Allat study (Brannen & O 'Brien, 1996) mention as crucial for emotional wellbeing, serving to provide them with a belonging and identity. : A home, parental worry, an autobiography. Forced by parental sickness and death and with already overburdened extended family not able to absorb more orphans, children are forced to live on their own as child headed households. These teenagers are in the dangerous intersection between dependence and independence without the necessary tools to provide them with a secure base. Many of them have no home of their own, no parents who care or worry for them and have no one to provide them with their history giving them an autobiography or identity.

The children in this study living as child headed households have an advantage of having a home which the parents left. The children fight for their houses as being important for their future but also as important symbols for their identity, providing them with a geographical place where they belong. The volunteers are providing some parental care and concern but not on a daily basis and not to the dept of creating an autobiography. Few of the foster families have been willing to tell or even talk to the children about their past. Some do not know the history of the child or are concerned to search for it, possibly due to spiritual beliefs or of not wanting to upset the child. It is essential that foster parents or volunteers giving assistance to child headed households get the necessary practical and theoretical training on how to help children to develop an identity and a secure base in life. Considering the cultural beliefs and taboos around talking about death and the deceased it is advisable that such trainings is done together with religious leaders. A memory book or box is an easy tool where even not very literate foster parents can help the child to write their story, draw their family tree, and collect memories (see recommendations appendix 6).

Taking into consideration the HIV epidemic and what it has caused on the demographic map in Mozambique there is now a dichotomy between the ideal and the real. In African traditional family life children are often given responsibilities in the household but parents would still be the main provider and protector for the children. What has changed in the presence of the HIV and AIDS epidemic? Because of the increasing number of adult deaths and the growing number of orphans, the extended family and the praxis of "crisis fostering" is overburdened. Aside from the obvious emotional and psychological damage of losing parents that children must endure, the death of one or both parents also means that a crucial swath of fostering arrangements is no longer present. Foster parents must assume full responsibility for foster children. We need to ask whether the "cultural logic of fostering" that might have enabled a sharing of obligations among kin in the past has been overwhelmed by the volume and pace of premature death, forcing us to look for alternative solutions. An indication is the number of older children who assume caretaking responsibilities for their younger siblings when they are still in school, confirmed by a study from Zimbabwe (Foster et al.,1997). There is a great potential within Kubatsirana program due to10 years of experience working with volunteers, providing HBC for PLWHA and OVC, to scale up the foster family care program, mobilizing widows to move in with these siblings and couples to care for children.

## 6.3 Children's experience of family change

The demography of the family has changed substantially during the last century both in the western world and in Africa, but fuelled by different triggers. This has caused changes in ideas about birth, marriage, divorce, child-rearing, gender and death. Forced separation of families as a result of labour migration, war or HIV/AIDS has changed the living arrangements for children and families having to adapt to new realities. How do children in this study, experience the family change? For some children the change of family structures after parent's deaths and for others the transition to live in foster families?

### 6.3.1 Children that care-competent and vulnerable

Through out the study several children have given their story about their lives, about changes for better or for worse. For the group of children living in CHH the change reflected in this section refer to the change from living with a parent to become responsible on their own.

Mariana was the prime care giver to her mother when she was sick. She cared for her mother together with a lady coming occasionally to help. On the question on what was the most difficult in caring for her mother she answers:

> -It was not difficult, we took her to hospital but I lost a year in school because the last 4 months I had to care for her all the time.

Mariana got the chance to be close to her mother and grow in responsibilities during these months but it meant that she had to work for long hours doing households tasks and supervising siblings. This forced her to quit school and jeopardise her own health and developmental needs and therefore she became vulnerable.

Isaac, struggled to assume the fatherly role among the siblings. Keeping them together and to keep his house in their belonging was difficult.

> -I said to my brothers, even if we suffer, we need to stay together, let us help each other in the business we have, one go to school, another one is selling, and at the same time the centre will also help us. The major concern is food. You can go to school in only a pair of trousers. The most important qualities between us are love, faith and understanding. When someone is talking the others have to listen, when someone is expressing his needs the others have to try their best to provide it. If someone needs a T-shirt the others need to lend him one. Our family in Vanduzi, wanted to sell our house and take us with them but we did not want to leave or that they should sell the house. They left but came back again two years later.

Inez struggled to defend herself from neighbours insulting her: -You are insulted and you do not have any place to complain when you do not have any parents. Having no one to defend her, makes her vulnerable.
Shortly after Castigo and his brothers had lost their parents the children are made even more vulnerable.

> -When we lost our parents we had a time when we did not sleep in the house, as we were afraid. Thieves came during one of these nights and the following day we only found the house empty, without pots, beds, we just had what was in our hands, we all started to cry.

Children in CHH in this study are united in the fight for daily survival. They say that they used to have conflicts when their parents were alive but now the struggle for survival is greater. One can notice inter-dependency between the siblings and a great burden of responsibility on the oldest, as they have become like mother and father for the younger siblings. The children have not simply increased the amount of work that they do, but have also assumed decision-making responsibilities, taken on new functions that transform roles within the "new family", which they were not prepared for and therefore make them vulnerable for exploitation and abuse. The well known systems have been disturbed and they need help to adjust to the new situation, both practically and emotionally. Many children in Mozambique today are forced to grow up quickly and assume responsibilities which normally would not be necessary in a household with adults. This has forced children to become competent but at the same time made them even more vulnerable, without the necessary identity and belonging.

### 6.3.2 From despair to hope

During the 3 focus group discussions held with children previously living at the centre, there is no doubt that the children are generally very happy about the care and transformation they have experienced since moving in to foster families. Many children talk about their previous life, full of hardships with insults, abuse and struggle for daily survival.

> -When I lived on the street, I was eating from the rubbish bin, I was looking for a job, I managed to get one washing dishes during times of meals. I did not eat well, I was still hungry, I decided to abandon the house and continue living on the streets. But today I am happy, I have shoes, I have recovered, I am studying, I know a life skill: Agriculture                                                                                        Zinho,

> -My life changed dramatically. Where I used to live there were no security, I eat well, I study, I take a bath, I have clothes. When I lived with my mother in Beira, it was not a good life. When my mother passed away they took me to Chimoio. Now I am happy, I am studying and I am eating well.                            Domingo

The children have lived under such poor conditions that heaven becomes to eat and go to school without being worried. A child compares and analyses her previous foster mother, biological parents and new foster parents.

> -Our parents were not going to Church. The other substitute mother who lived with us, she was misusing money. She did go to church but only to be seen there. These foster parents are teaching from the Bible. Before the house was not clean. The children follow their mother. If the mother is a pig, the children will also become pigs.                                                              Gabriel, 14 years

Some of the children living in foster homes had to separate from their siblings either before coming to the centre or while living at the centre. One reason mentioned is for the older children to stay and protect the house, rented out it can be taken by malevolent extended families. Children would prefer though to maintain contact and if possible live together with their siblings.

The general health status for children was good.  No one among the 34 children living in foster care had been seriously sick within the last year while child headed households mentioned having several problems with health, such as diarrhoea, headache, malaria and asthma.

Children previously living at the centres say they prefer the care in a family because it is like living with your own mother. No fight for food and each mother can control their child.

> -The mother at the centre she might want to give a good care but she will not manage because we are many, for that reason, it is a bit better care with a substitute mother, because there are less children.

> -When I was living at the centre, I did not feel well. Other children came to beat me up when I was eating. They took my plate and said they would through it away but they kept it to eat.            Francisco, 14

During the first month after moving into the foster family, children doubt if this will last for ever. Some children say it took them time to get used to the way in which foster parents were expressing themselves, sometimes they were scared but after some time they got used to it. When parents start to buy them clothes, and continue to treat them well, they finally gain trust and have faith that their lives have changed. As an explanation to why they think foster parents many times can be better than extended family, they respond that foster parents want to live with them as a matter of choice, in contrast to the many extended families that are obliged by culture to care for orphans. Madhavan, (2003) states that the treatment a child receives often reflects the type of relationship that exists/existed between foster and biological parents rather than the existence of kinship links. Many of the foster caregivers have a long experience of working within the HBC and OVC program and are therefore well known among the children and their parents, creating the necessary relationship.

### 6.3.3  Analysis and Discussion

The family system in Mozambique is normally very hierarchical, with rules and clear borders between the adult world and the child sphere. In a child headed household where they have lost both parents the children are thrown into a world where they before had no insight. The oldest sibling often takes on new functions and roles in the "new family". The well known systems have been disturbed and they need help to adjust to the new situation. Without the support to find these new roles and how to inter relate to each other, the sibling group can become an arena for anarchy and the risk is great that the group will separate because of the stage of disorder. With monitoring and counselling to child headed households many lives can be saved.

Both in the western and in the African culture children have become more autonomous, but driven by two different discourses. Children in Africa have been forced by circumstances and context to become "the competent child".  This was not brought into people's concept due to a conviction or belief based on developmental psychology or social theory. In the African context children are considered "competent" in some areas but have not been involved in or made responsible for their own choices prior to parents death. They are considered "competent workers" in taking responsibilities of the household, siblings and their own studies but when it comes to decision making, that has been entirely the adult arena, similar to how children were viewed in the early 1900s in the western culture. In numerous HIV and AIDS affected households children have not simply increased the amount of work that they do, but have also assumed decision-making responsibilities that transform roles within families, which they were not prepared for and therefore make them vulnerable for exploitation and abuse. In some areas children in Africa might be better prepared to assume responsibilities but when it comes to decision making they have never been empowered. The dichotomy between competency and vulnerability is seen in situations with property grabbing. The limitations that society places on children neither to own or control property, nor to take responsibility for important decisions concerning their own future make them even more vulnerable after parents' death. Despite having been the primary caregiver and responsible for the house during parents sickness they have no say after parents death of where they should live and with whom. As a result of the sickness or death of the parents, children are often made to leave the place that they have always known as home, sometimes also separated from their closest remaining family members, their siblings. They are dependent on the abilities and attitudes of adults who are given ownership or control over their property and decision making, the children where competent but made vulnerable. Separated from close family members, without a secure home and without power the vulnerabilities of childhood can take on new dimensions. It can though be discussed if this new competency has done children good or harm? Does the "competency" provide new opportunities or does it only burden them? Do children take too large responsibility both in the Western and African culture? From the result it is clear that children feel a big burden to be the competent child and are longing to be cared for, protected and defended. Piaget's golden standard of child development, in education, bodily development or welfare may still be a theoretical norm but constantly violated.

Despite that the economic and social obligations and support systems within the extended family, still exist, children are left to fend for themselves. Extended family members live far away and other care options may lack the continuity the children need to grow up as emotionally sound and healthy children and adults. With the changing family structures children are left with many broad relationships, but with the risk of remaining shallow. Is the broad African relationships an asset in the era of HIV and AIDS, having some distant relative they can live with, or an disadvantage when the child have no one to talk to about their teenage problems, trauma or grief? We need to minimise the vulnerability of those children, by balancing empowerment and protection, providing the necessary physical and emotional support structures and relationships.

## 6.4 Rewards as a foster parent or foster child

These section focuses on what influence the foster parenthood have had on the relationship between the spouses and what good or happy moment's children and adults can recall since they moved in together. As seen earlier the foster parenthood was in most of the cases initiated by women. To what extent has men been involved in the care and how does parents experienced that?

### 6.4.1 Improved spouses' communication skills and closeness

In the study the great majority of foster parents where single mothers or widows, 6 were couples and among them 3 couples mentioned how their relationship has changed. The others did not think it had change in any direction. Some foster parents seem to have interpreted the question as how foster care negatively had influenced their relationship, despite several explanations.

The 3 couples voiced very positive changes in their relationship due to the foster child. The couple is drawn closer to each other by the common project- the child and spouses are forced to communicate about matter that was never thought off or talk about before. The couple look for support in each other as "problems" need to be solved linked to the child. As a consequence the couple become more attached to each other because of the "project" they have in common.

> -There is a difference in our relationship. As we need more efforts now to satisfy the boys, we had to sit down do discuss how we should do? We were forced to talk about how to resolve many situations. Many may think it is a burden, but deep down, it strengthens the unity in a relationship. We have to exchange ideas, how we can help the children, these dialogues helps our unity to become more solid, it is not a burden but something that helps the love within a couple.                    Fransisco, 55

During interviews it was obvious that all the men participating were very much involved in the every day care of the children, which is not the common practice in Mozambique.

### 6.4.2 "These children have made us happy many times"

There is no difficulty for foster parents to find rewards or happy moments since having the children to stay with them. For many of the single mothers or widows it has been a big change and reward compared to how they lived before. Now they have a sense of worth and value and they share every day life, supporting and helping each other. In one focus group discussion they all responded in one voice saying: "Many times these children have made us happy. When they used to come in from school they would tell us stories and we would laugh together". Another foster parent tells:

> -I became very proud and emotional when the neighbour came and told me what he child had said:
> -Why can not my other friends from the Open Centres also live here because here they treat me well? It showed me that the child likes what we are doing. I felt it was worth the effort that we received a child.

Outsider's views on children's behaviour is very important for foster parents. It is an indicator of success and therefore a great reward. Measuring the level of satisfaction among foster children by asking about moments of happiness confirms the appreciation of the transition and transformation these children have undergone. The majority of the responses are linked to responsibilities, schooling or outings. Niacha, Isaac and Raol say:

> -One day I felt very happy. I was working with household chores, carrying water, washing the dishes when my substitute mother came and said: I thought you were lazy but I can see that you are a good girl.
> -The day when I received money to start a small business I was very happy.
> -When my aunt gave me the responsibility to go and ground maize using a bicycle.

Many children say they are happy when their mothers are playing, singing or taking them for a walk Mario and Gabriel, 14 tells about various outings when they felt happy:

> -It makes me happy when we go to the country side to sing, dance; and receive bible teaching, and to be happy together with others, God is good to me.
> -When Pastor took us to Gorongosa and we climbed a mountain, we danced and stayed until late.
> -When Pastor told me that he would take me to Agriculture Institute, when I finish school I was happy.

### 6.4.3 Analysis and Discussion

Traditionally men are not very involved in the children's up bringing but when the family decides to take in a non-related child men are forced to become more involved. The foster parent hood becomes a common project they both have decided upon. As the foster care responsibility has been agreed with religious or community leaders it is further formalised and would put certain obligations on both parents. When men are more involved in every day life and care, the couple have to coordinate and collaborate more than before. Presumably other issues can be dealt with during those conversations creating a positive spill over effect on the entire family life. For that reason bringing men into the centre of the family, it's a gain for both men and women. Previous research done by Höjer (2001) on foster parent's relationships have come to very similar conclusions. When both parents are more involved at the centre of the family and responsibilities are shared, men developed a greater sensitivity and became more aware about signals from the children and partner. This draw him closer to both the wife and children, having a positive effect on the family life in general and in the relationship in particular.

In the study both women and men are commenting positively about the rewards of foster care even though very few are able to provide examples of how their relationship has improved.

Through out the results one can follow a pattern of children being happy and expressing their gratitude and appreciation about the change that has taken place asking for what could have been better or what could improve few has suggestions. The majority of the children have lived under very poor and difficult circumstances. Many have lost both several family members and all their belongings. They have just within the last years gained a little stability in their young lives. Gaining so much also means a risk of loosing again; and asking for more becomes a risky business. Some may also not have an image of what to ask for, as they have never had the opportunity to compare their lives with others.

## 6.5 Challenges being a foster parent or foster child

There are many challenges to face within the role as foster parent or living with a substitute family. We have already touched on several of the general challenges for a family foster program in Mozambique such as: the number of children being left alone, insufficient experience of dealing with trauma, lack of documented information or history of each child, abuse by the extended family. In section 6.6 the traditional and spiritual beliefs are discussed as being one of the major challenges for a foster family program in Mozambique. This section focus those challenges that foster parents, children or community leaders present as being their major challenges: difficulty in providing for the family, the level of education and living standards of the foster parents. One challenge that foster parents did not mention but was observed, was how to prepare biological children for the new family member.

### 6.5.1  Preparing biological children for the new family member

Two distinct different strategies were adopted among foster parents in preparing the biological children for the new family members
Only two of the foster parents had both informed and involved the biological children in decision making, others have neither informed nor discussed the matter before the children arrived.

> -Before Fransisco moved in he came to visit to play and eat with my children. When we talked to our children before receiving a child the children asked: Papa, papa why do we not ask for Fransisco? I even asked him to come and stay the night once in a while, but he never accepted. When he later on came to stay with us we sat down with them all at the same time to introduce our family regulations, like a review. I said to all children: " We like your behaviour and would like you to continue not to come home very late in the evenings. We want you to continue not to hit each other etc" Fransisco listened and wanted to follow what his friends were doing. We also said that we wanted them to consider each other as brothers, and that Fransicso is not a worker in this household. If mum and dad need a worker we will employ one.

> -When Niasha came the first time, my own children were not at home. When they arrived they asked:
> -Mama, who is she?- It is your sister. -This sister comes from where? -She comes from church. When you go to church didn't you used to see her? -Does she come to play here and will she then go back to church? No, this is your sister from now on. Her parents have passed away and we will count with her in everything. When we later on went to bed one of the girls did not want to share the blanket with her. I then asked Niasha to come and sleep with me. When I went to the field I gave priority to Niasha, she received something and the others were noticing that they were loosing out, it is better that we change, after this it has changed.

Despite having a happy end the feeling of fear and risk of being rejected could have been minimized if the foster parent had prepared her biological children. Preparing and involving children in decision making or even listen to their opinions does not belong to the normal cultural practices in Mozambique but with training parents can be made aware about the importance of preparing both the biological children and the foster child. Some parents show a natural gift and sensitivity to making the child feel at home.

> -I thought, what can I do to make her feel at home and attached to us? On her arrival I bought her some clothes and shoes. I played with her trying to make her get used to me as mum. I told her stories, I played games with plates and balls, writing in the sand, dancing and she started to do the same. In the beginning I noticed that she was a bit isolated from the others but I called for them and asked them to take her along. When she walks with me in town it is like she is walking with her mother.

There are several other examples on positive attachment between biological children and foster children. One tells about doing homework together, sharing clothes, shoes and blankets.
One mother tells:
> -We have never had any problem with conflicts between the children as we took a girl with age in between ours, our girl is already big and the boy is still small.

This lady has never had any training on how to create a receiving environment or positive attachment but her intuition and sensitivity have helped her to make good decisions.


### 6.5.2  The African volunteer - a poor with low literacy level

When Open centre coordinators and community leaders discuss they confirm that the African volunteer is a poor person; the ones that have compassion are those that have nothing. Those that have economic possibilities they don't have any compassion. When foster care needs occur it is the poor that are responding. They suggest that we think about sustainable systems to avoid dependency.

> We need to support people to have initiatives in such a way that they feel responsible. The best father is the one that teaches his son to fish rather than providing him with the fish. We have to help volunteers out of poverty. If they are brought out of the mental poverty it helps them to get out of the economic poverty. The majority of our volunteers only have 4th grade education and do not

know how to educate their own children. They might be aggressive because they do not know how to negotiate with the children.

Another Open centre coordinator says:

-I am noticing that the educational level of our ladies are a bit low, the volunteers have faith, and a good heart but not much of formal education which might create difficulty when it comes to helping children with for example homework.

A third township tells how they do assessment to overcome that situation:

-When the parents die an assessment of the household is done, to see if the conditions in that household are enough to care for the child. To be volunteering is not enough, we as leaders have to ensure that there are good enough conditions otherwise we will increase the problem for those children. We have to observe the parents over a time, and if they can not educate their own children; we will not give them other children. We need to have policies that will be followed. One requirement would need to be spiritual maturity.

Despite the comment and recommendations from this foster parent the reality indicated another truth. One of the ladies from the same township participated in a focus group discussion and told the group that she had no house, it had fallen apart and she was at the moment living with her biological and foster children under a tree. Interestingly a child request, when discussing how to improve their lives, training the mothers on how to live with children, as not all of them are trained.. "-The trained mothers do what they have studied, they live what they learned". Such an answer gives confidence that it is both necessary and worthwhile to invest in training the foster parents to improve all aspects of care.

### 6.5.3  Self reliance

As seen so far there is no lack of willingness or compassion to receive foster children in Mozambique but there might be a lack of stable sources of income to ensure basic standards of living are maintained. Teresa puts this in words when she says:

-Sometime I feel I lack courage. With love I will do what? How did I think I should manage this? I am on my own, and I have no job. But I have to trust God. So far the children have never slept hungry. Caring for 3 biological children and 2 foster children

What support would improve the living conditions for these children? The answers from foster parents and children are all linked to three major support strategies: the house, the field and a small business.

-I have an idea, on how to live better, if we managed improved houses, fields and small business, a food stall or something, which would give us some income, in stead of only waiting for support. Alberto, 55

- If the support would come, we would like, that it not only supported the foster child, but thinks about all the children in the household. The support could be an extension to the house, securing a self sustaining activity, kitchen gardens, fields or business. This would also help the child to learn how to manage money.

### 6.5.4  Analysis and Discussion

Children are not granted a special or distinctive social status in many peoples perception in Mozambique. The general population has little understanding of a child's particularity as a person with special needs, desires and even rights. Despite that social welfare and many organisations and churches involved in care for OVC are trying to do their best in changing the perception of children, the predominant view is still that children should respect and obey adults and have no opinion on their own. Therefore there is no need to consult or inform children, even though the decision affects their future. This view might have contributed to the neglect or lack of information to biological child on the arrival of a foster child. One can not notice any

behavioural problems among foster children or problem with attachment into the new family but feelings of fear and risk of being rejected could have been minimized if the foster parent had prepared the biological children.

Some children have sister and brothers living on their own or living at the centres, giving the impression there is no policy on how to deal with either preparation to receive the child, nor siblings or who should be placed in foster care as first priority. There is a need for standardized assessments prior to placement of foster children to avoid children finding themselves without a house or in a household with too many children. If a future foster family program should be scaled up standards on assessments, preparation, documentation, matching, and follow up has to be developed not only assuring that children at least have it better than before when they were living as street children.

Some studies have found that foster children tend to fall sick more often than their indigenous counterparts. Children in the care of grandmothers are particularly at risk because elderly are less educated about modern health care. A foster family program based on women with low literacy level therefore has to include a detailed training and mentoring component assuring quality care. The training could include topics such as child rearing, methods of discipline, trauma counselling among others. The major challenge for the foster parent is to self sustain. One of the greatest challenges on a programmatic view is the area of psychosocial support and trauma counselling. For programmatic recommendations see appendix 6.

## 6.6  Cultural views and attitudes

The spiritual dimension of life is very much a reality in a Mozambican every day life. The influence and the powers of the spirits and the "living-dead" over the family and community life, directs peoples attitudes, behaviours and major decision in family life as advice is sought through mediums such as traditional healers (curandeiros).

### 6.6.1  Unrelated family foster care an ambivalent reaction in the community

Taking in a non related child creates mainly two reactions in the community, that of admiration and that of fear. Asking foster care givers about neighbour's reactions they tell how they had to explain for neighbours that they live with the children in the same way as they do with their own children, there is no difference. Maria being an orphan herself tells how her family reacted:

> -My family and my neighbours have commented and said that they admire how God has transformed me, to make me live in one place and care for children. I used to live in what ever way. Now caring for 5.

The other reaction is that of fear due to the belief that each extended family has one spirit which does not like being mixed with other spirits. The spirits tend to be unpredictable and easily offended. People would live in a constant state of fear of making the spirits angry. Community and religious leaders confirm in their focus group discussion, that people in their townships have doubts and fears.

> -We can accept children into our family, but what about the cultural issues? One accident can take place, the child might become sick, and die?

> - Sure it is not a problem living with a child which is not yours? Will she have the strength to take the child to hospital, the prophet or traditional healer in case she falls sick? If the disease is created by the spirits how will she have the strength to set the child free?

Other neighbours insulted and threatened a young caregiver not having any children on her own:

-Did you not conceive? Are you going to make that child sick? Sometimes I find traditional medicine on top of my roof. Some I took away yesterday, I called for the Pastor, I thought otherwise he would not believe me. Saturday when I left my house, I felt bad; my legs did not walk (referring to a spiritual disease).

Community members feel that Maria is a threat to community wellbeing by bringing non related children into her household. As a consequence of the spirits dislike the caregiver or the child could become sick and the whole community suffer the consequences of an upset spirit. Because of this some foster caregivers choose to not talk to their neighbours.

-Neighbours are always a little bit complicated. They come with the desire to investigate, but I am not afraid. I have presented the child for the community leader and the answer to my neighbour is therefore: This child belongs to me, she is in my care.

Community and religious leaders explain.

-In our cultural beliefs and practices we have this myth that a family can not accept another family child into the household because of spirits, but we think it is a something that can be broken, through sensitizing and from the experience by others. Because of Gods word people have become sensitized. There is nothing that hinders living with a child that is not from your family or not belonging to your family. On the contrary they see children growing, healthy, having an education, gaining belonging and not living as before.

-In my experience, it is a challenge, we as Africans consider that curses and a generation of spirits that sometimes attack children exist but in fact it is being broken in the Christian families.

Continuing discussion about cultural acceptance in caring for a non related child one pastor explains how his mother was a traditional healer and how she treated people at home:

-If the family request and declare that the child will live with that family. The spirits can authorise. The spirit can still make many questions trying to persuade: Why do you not want? I want you to become a traditional healer. I want to give you spiritual power? If the person resists and says I do not want to. The spirits have to leave and are authorized to leave.

He then continues to explain how he today only works with written documents, declarations, and witnesses assuring that everyone has agreed and by so doing spiritual power will loose power. One of the community leaders, makes everyone laugh when he summaries:

There are problems and cultural hindrance but if we continue with this part of our culture we have to remain with street children as well. The spirits also can see that this is not a good situation. If we should follow yesterday the children will suffer. May the spirits forgive us!

### 6.6.2  To fight for the Children or to fight for their property?

When discussing cultural views and attitudes during the conversation with CHH and community leaders they came to talk about their experiences with child abuse. Experience shows that in most of the cases, it is not a stranger but a relative that is responsible for bad treatment of children. Two of the community leaders talks about their recent experiences.

Some siblings in my township lost their father and mother. As their father had been employed by the government the children benefited from child pension. The extended family was after the money and when the money was released the uncle made himself responsible and took the children to the district. While there the uncle started to treat the children badly. Two months later he dies and a sister from Beira shows up. The children over hear a conversation about their deceased parents house in Chimoio and write a letter to me. "If someone comes and wants to sell our house it is not our wish". Families are more concerned about the property than the children. Instead of fighting for the good of the children they fight for their property.

In past times it was customary that the brother of the diseased inherited the widow, married her and the children lived with them. If there was no one that could do that the children were distributed within the family. Today when someone dies the first interest is to get access to the belongings. If no one intervenes, advocating for the rights of the children they will be disgraced. If a poor person dies, certainly no family members will arrive. When you are a poor man you do not have very many friends or family. As soon as you have something, the entire family is there. In my township we had a case when we had to defend some

children. When family members wanted to sell the house after the father's death, the mother managed to secure it. When she died, the oldest brother managed to remain firm and keep the house but when he died there was no one to defend the children except for us. Before we feared the spirits and used them as a way to get access to children's belonging today we use the economic power to justify or occupy the rights of the children.

Because of the bad treatment by extended family members many children in child headed household opt for living on their own rather than taking the risk of selling their property, go with the relatives and running the risk of being abused. Children have learned how to judge who will help or who will exploit them. Castigo, 16, tells us his analysis.

> The way they talked, the faces they were showing, made me analyse. When my father was alive they did not come to visit, not even for the funeral they came. If it was love they should have visited us during this whole time to make us used to them. We went there to inform about our parents sickness, but they did not come, only now when our parents are dead. These people will treat us badly.

### 6.6.3  Mobilizing others by our living examples

As seen in the above comments there is an interest in the community of why and how the foster care takes place. Some are interestingly asking and admiring others are looking at it with doubts, fears or suspicion. Some foster caregivers would ignore and respond in an avoiding manner when neighbours asked, others would use the opportunity to give their testimony. There are two major strategies caregivers suggest on how to mobilize others. Tell their story and live by example

> I would tell my own story to encourage others. We should not think the children are just another cost, before we took our boy we also thought like that. We had several excuses: We do not have our own house, we are only renting, but we felt in our hearts, why can we not share what we have with one more child? We were together in taking this decision. The boy has helped us a lot. Sometimes when our sons are in school, he has time to talk to my wife.                                            Foster father to one

> We have been "baptized" with this message, we feel and we understand what a child is and we explain for others why we decided to open our home for one more child. We always mobilize other to have patience with the needy; we feel when we see children in the streets. Even if we have lack money we can still do something, many children still remain on the street.            Alberto, 45, father of 3 , fostering one

Some pastors and foster caregivers have received questions from neighbours asking: What is required to receive a child? Do I have to be a member of your church? They have explained that it is not necessary to be a member of any church but it to show an interest and have a prepared heart.

### 6.6.4  Analysis and Discussion

We have seen how cultural views and attitudes as well as the spiritual life and dimensions are very much alive and a reality in Mozambique and how it influences every aspects of live in the family and community. Some however, have broken away from traditional beliefs, either through conversion to Christianity or because of a scepticism acquired through contact with secular society. But even for these, there are two very strong forces pushing them to return to traditional religion. One is fear in any danger or crisis. When a member of family is seriously ill, having social or financial problems, one is likely to believe in fear that is caused by neglect of the spirits. Not so much because of belief in their powers as by fear that these powers might be real. A return to traditional religion may thus be a kind of insurance against insecurity (Bourdillon, 1998). This kind of situation is more prevalent in poorer families as they are living with financial difficulties causing emotional stress, unbalanced diet and therefore more prone to diseases. Poorer people are therefore likely to have a stronger faith in their traditional religion. As seen,

people volunteering for foster care come from the poorer fraction of society and are therefore more likely to have a stronger influence of traditional religion. The second force inducing a return to traditional religion is pressure from family ties. If a member of the family were to stand out and refuse to take part in traditional rituals, he might easily incur strong resentment and find himself ostracized by his kin, which is extremely undesirable in a society based on kinship ties. As most African people rely on their kin for support during times of hardship, being outside the family can create economic consequences when facing unemployment, sickness or old age. Therefore taking on a foster child is not only a private issue but an issue for the whole family or sometimes the whole community. The church and its leaders play a key role, overcoming the traditional beliefs and taking steps into modern society and views on children. Assuring acceptance by religious and community leaders is an essential component if non related foster family care should be culturally accepted. But in a culture where the majority of people engage in regular contact with mediums of the ancestors and the acceptance of an unrelated child into one's home is alien to the concept of continuity of ancestral lines, a family foster care program might be difficult to launch in the general community. The foster families in this study all belonged to a Christian church not practicing ancestral consultations. It is suggested that the success of the pilot phase is seen as linked to the motivation and compassion based on the Christian faith, relationship of equality and bonding between children and foster parents due to the shared faith and involvement of church leaders freeing families from fear of upsetting the spirits. Interestingly the church has unknowingly been in the forefront promoting another discourse of modern child hood theory compared to the traditional view on children.

# 7  Conclusions

The aim of this study was to achieve a more comprehensive understanding of the situation among foster children, foster parents and child headed households as a means to assess if foster family care is a model to improve the situation for orphans and vulnerable children in Mozambique.

Children are very positive about the change and transformation that has taken place as a result of moving in with a foster family. They mention they are now less frequently sick or suffer less from headaches or stomach problems Many of those children have been subject to verbal, mental and physical abuse and having someone protecting them becomes a significant improvement in their lives. They have gone from despair to hope and they can tell about several happy moments when singing, dancing and going for outings with their new family.
Children living in child headed households have been forced by circumstances to become "competent". They have not simply increased the amount of work since parents died but also assumed responsibilities without the necessary mentoring. Systems and roles in the "new family" have changed which has made them vulnerable for abuse and exploitation. It is obvious how they feel burdened by being their own providers and protectors and are therefore requesting an adult to care for them.

Foster parents also experience improvements in their life situation. The majority of them come from a low literacy background with few economic possibilities but with a lot of compassion. Rewards such as improved communication and relationship between spouses as the foster child have drawn fathers closer to the centre of the family are also mentioned.

We have seen how family foster care has a long tradition among extended families in Africa. Would that approach be applicable to non-related children? Could a foster care program capitalize on already existing views of children as an investment satisfying economic, social and spiritual goals and foster care as an obligation within the community? Results showed that foster parenting was a female initiative motivated by their own experience as orphans, widowhood, childlessness and Christian faith and compassion. Children satisfied economic, social and

spiritual goals of parents and were also perceived as an investment and social security for the future

Since independence in Mozambique, the State has led a more unified approach to the welfare of children with an emphasis on the importance of family life. Efforts have been made to increase awareness among both children and community members about the right of a child to a family. These efforts have facilitated the initiation of a foster care program. However, they retain a degree of caution in promoting an intervention that runs counter to traditional thinking. The important question is how to achieve culturally appropriate responses to new social problems and challenges without exposing children to harmful practices?

The shortage of potential foster parents could jeopardize an onset of a response on a bigger scale However, this was not seen as the major obstacle among the studied foster homes but would need to be taken into consideration if further mobilisation of foster families is promoted. It is suggested that Kubatsirana's 10 years experience in mobilizing the churches to care for OVC and PLWHA, made it possible within such a short time to mobilize couples and widows for foster care. Involvement of church leaders freeing families from fear of spiritual repercussions is also seen as being crucial to the success of the pilot phase.

One of the differences between a foster care program in Africa and in the western societies is the intention behind foster care as to provide a substitute home for children in difficult circumstances, where they will receive not only the basic necessities of life, but also training and affection. The purpose has been to care for abandoned, abused and neglected children, so they will have similar opportunities to more fortunate children (Colton, M & Williams, M.1997). The aim of foster care is to move children back to their families of origin whenever possible. The emphasis on temporality might hinder the mobilization of new parents in Mozambique, as one of the major motivators for taking on children was the love and compassion but also as an investment. On the other hand the majority of the children have no family or adult they could move back to. The program needs to take this into consideration when deciding on which model to promote, also while assessing the individual circumstances of each child. It needs to be asked whether the "cultural logic of fostering", that might have enabled a sharing of obligations among kin in the past, has been overwhelmed by the volume and pace of premature death, forcing us to look for alternative solutions. Africa has experienced war, migration and apartheid that forced people to be resourceful in creating productive networks made up of both kin and non-kin. Now we are faced with a crisis that demands even more changes to the definition of the extended family. Extended family and clan are undergoing profound changes in responses to the AIDS epidemic. The role of the church and other organisations in developing new forms of parenting and care for OVC most be explored. "Give a child a family" foster care has proven successful and provides a great potential for further scale thanks to the long experience Kubatsirana possesses in mobilizing and working with the church community. For a future scale up it is, however, necessary to standardize the program, including assessments and screening of possible foster parents, training and mentoring addressing major challenges such as cultural beliefs, trauma and grief and self sustain. The work must be done in conjunction with the Ministry of Social Welfare with a continuing strong involvement of the church.

For more programmatic recommendations for a scale up see appendix 6

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APA formating: http://owl.english.purdue.edu/owl/resource/560/01/

# Appendix 1 Acronyms

AIDS         Acquired Immune Deficiency Syndrome

ARV         Antiretroviral treatment, treatment for people that has reached the phase of AIDS, it is no cure but a medication that will kill the free HIV virus in the blood stream

CHH         Child headed household, household headed by a person younger than 18 years of age

Open Centre   A Centre offering a variation of services for children during the day, for ex recreational activities, formal and professional education, life skills etc.

FBO         Faith based organisation

FGD         Focus Group discussion

HBC         Home based care, care given to terminal ill people at their home

HIV         Human Immune Virus

Kubatsirana   means mutual support in the local language of chitewe and is the name of an ecumenical church organisation working in central Mozambique

OVC         Orphans and vulnerable children

Memory books
         Books or boxes that are made together with children to talk about their family history, visions and desires for the future, save memories. Memory books or boxes can be done together with parents as a mean of disclosure and sharing or be done together with a relative after parents death as a tool of bereavement and trauma counselling.

MoH         Minister of Health

NGO         Non Governmental Organisation

PLWHA     People Living with HIV

SAAC       Southern Africa Alliance Churches

Social Action/Social Welfare
         The Governmental ministries working with social issues

UNAIDS     United Nations AIDS, the United Nations organ working with HIV and AIDS related policies, research, funding and coordination worldwide

# Appendix 2
# Kubatsirana Job description for volunteers working with Orphans and vulnerable children

The current definitions and components of the work for a volunteer working with HBC are diverse even though many of the countries in the Southern African region already have policies for the care of people living with HIV/AIDS, and are now working on policies for orphans and vulnerable children. Kubatsirana volunteers work within the Mozambican National HBC program. The following work description was added to Kubatsirana volunteers tasks due to the perceived need among children. The overall aim of the orphan program is to: improve the quality of life for orphans and vulnerable children and mitigate the consequences of HIV/AIDS.

*Table 1 Work description for volunteers caring for orphans and vulnerable children*

- Identify the most needy children and make an initial needs assessment evaluating the health, nutrition, education, economic and psycho social situation for each child
- Make a plan of action, based on the needs assessment
- Know the child's history
- Refer children to resource-centers, governmental institutions or the Kubatsirana orphan program for educational support, vocational training, food parcels and life skills development
- Assist the child with domestic work, nutritional and medical support if needed
- Counsel the child and offer emotional and spiritual support
- Networking with the local community leaders
- Advocate for children's rights in the community

Kubasirana training of volunteers caring for PLWHA and OVC consists of five modules. Each module is a five-day course given once or twice a year. All the courses are based on the common principles of adult learning and participatory methods of education. Learning is centered on action and reflection on a specific problem and its solution based on the participants mutual experiences. Courses available for Kubatsirana volunteers are:

1. HIV/AIDS, prevention and communication
2. Home-based care for people living with HIV/AIDS
3. Basic counseling and spiritual support for people living with HIV/AIDS
4. Basic care of orphans and vulnerable children
5. Psycho-social support of orphans and vulnerable children

Kubatsirana believes in comprehensive and continuous training for volunteers to extend, update and adapt their knowledge. All volunteers meet one day a month for refresher courses, feedback from the field, time to share experiences and to interact with other volunteers. Kubatsirana has one employed nurse and one officer in charge of orphans, working in the community to give technical support to volunteers and clients. Each township receives a monthly support visit.

# Appendix 3 Max Neef Human Scale development matrix

| | Satisfiers | (changes over time and culture, | are interactive and interrelated, | not a hierarchy |
|---|---|---|---|---|
| **Fundamental Human needs** | **Being (qualities)** | **Having (things)** | **Doing (actions)** | **Interacting (settings)** |
| Subsistence | Physical and mental health | Food shelter work | Feed, clothe, rest, work | Living environment, social setting |
| protection | Care adaptability | Social security, health systems, work | Co-operate, plan, take care of, help | Social environment, dwelling |
| affection | Sense of humor, respect generosity | Friendship, family, relationship with nature | Share, take care of, express emotions, make love | Privacy, intimate spaces of togetherness |
| understanding | Critical, capacity, curiosity, intuition | Literature, teacher, policies educational | Analyze, study, meditate, investigate | Schools, families, universities, communities |
| participation | Receptiveness dedication, sense of humor | Responsibilities, duties, work, | Cooperate, dissent, express opinions | Associations, parties, churches, neighborhoods |
| leisure | Imagination, tranquility, spontaneity | Games, parties, peace of mind | Day-dream, remember, relax, have fun | Landscape, intimate spaces, places to be alone |
| creation | Imagination boldness, inventiveness, curiosity | Abilities, skills, work and techniques | Invent, build, design, work, compose, interpret | Spaces for expression, workshops, audiences |
| identity | Sense of belonging, self-esteem, consistency | Language, religions, customs, work , value, room | Get to know oneself, grow, commit oneself | Places one belongs to, everyday settings |
| freedom | Autonomy, passion, self-esteem, open mindedness | Equal rights | Dissent, choose, run risk, develop awareness | anywhere |

Satisfiers have different characteristics: they can be violators or destroyers, pseudo satisfiers, inhibit satisfiers, singular satisfiers or synergetic satisfiers. One satisfier promoting a certain need can in another area inhibit or destroy another need. Synergetic satisfiers , on the other hand , not only satisfie one particular need, but also lead to other areas, for example breastfeeding or educational games. This methodology gives an indebt insight into the key problems that impede the actualization of human needs in the society or community being studied.

Source: www.sorefeelings.com/hsd.html

# Appendix 4 Table of informants

| Focus group discussion Children | Children # | Ages | Sex M | Sex F | Time in foster home 0-1 year | 1-5 years |
|---|---|---|---|---|---|---|
| 1 Mixed townships | 8 | 12-16 | 5 | 3 | 8 | |
| 2 Aeroporto | 6 | 12-16 | 5 | 1 | | 6 |
| 3 Bloco 9 | 7 | 10-15 | 5 | 2 | 2 | 5 |
| Total number of children | 21 | | 15 | 6 | | |

| Individual interviews Children in fostercare | # | Ages | Sex M | Sex F | Time in foster care 0-1 years | 1-5 years |
|---|---|---|---|---|---|---|
| Township 7 Abril | 2 | 13,15 | 2 | | 1 | 1 |
| 7 Abril | 2 | 14,14 | 2 | | 2 | |
| 16 Junho | 2 | 10,12 | 1 | 1 | 2 | |
| Centro Hibico | 2 | 14,16 | 1 | 1 | 2 | |
| Bloco 9 | 2 | 10,14 | 1 | 1 | 2 | |
| Total number of children | 10 | | 7 | 3 | | |

NB. 2 of the children in individual interviews also participated in focus group discussion

| Individual interviews CHH | Siblings | Interviewed | Ages | Inter viewed M | Inter viewed F | Time living as CHH | Own improved house |
|---|---|---|---|---|---|---|---|
| House 1 16 Junho | 4 | 4 | 7-19 | 4 | | 4 | yes |
| Bloco 9 | 4 | 3 | 7-17 | 2 | (2) 1 | 2 months | yes |
| House 2 16 de Junho | 3 | 1 | 7-17 | (2) 0 | 1 | 5 years | yes |
| 7 de Abril | 2 | 1 | 17-24 | (1)0 | 1 | 13 years | yes |
| Total number of children | 13 | 9 | | (9) 6 | (4) 3 | | |

NB In brackets equal siblings of that sex in the household

| Individual interviews Adults | # | Women | Men | Couple | Widows/ Single mothers | # biological children | # foster children | Age |
|---|---|---|---|---|---|---|---|---|
| Township 16 Junho | 2 | 2 | | 1 | 1 | 2,5 | 1,2 | 40-50 |
| Township 7 April | 3 | 2 | 1 | 2 | | 2 | 10 | 20-33 |
| Township Centro Hibico | 1 | 1 | | | 1 | 0 | 2 | 27 |
| Township Bloco 9 | 5 | 3 | 2 | 4 | 1 | 9 | 2,1,1 | 45-55 |
| Total | 11 | 8 | 3 | 7 | 3 | | | |

NB One woman also participated in the FG discussion

| Focus group discussion Adults | # | Women | Men | Couple | Widows/ Single mothers | Age |
|---|---|---|---|---|---|---|
| 1 Mixed group 4 townships | 9 | 9 | | 3 | 6 | 27-40 |
| 2 Township Aeroporto | 6 | 5 | 1 | 2 | 4 | |
| 3 Township Bloco 9 | 6 | 5 | 1 | 2 | 4 | 30-57 |
| Total FG | 21 | 19 | 2 | 8 | 13 | |
| **Total adults** | 31 | 27 | 5 | 9 | 21 | |

| Focus group discussion Community leaders | Church leaders | Community leader | Coordinator centre | |
|---|---|---|---|---|
| Mixed townships | 2 | 3 | 2 | |

# Appendix 5 Questionnaire

## Introduction focus group discussions

You are invited to participate in a focus group discussion/Interview concerning children and foster care.

The objective of the discussion/interview is to listen to your ideas and thoughts about children and their needs, parents and their role in a family, rewards and challenges being a foster parent and a child living in a foster family or in a child headed household. We also want to listen to your ideas about how Kubatsirana and the program "Give a child a family" can support and assist with training and mentoring as to ease your burden.

You are not obliged to participate, you can refuse to take part and will not loose and benefits because of that. The discussion will take approximately 1 ½ to 2 hours. You will not gain any immediate benefits because of your participation but you can help Kubatsirana to improve the planning of the program "Give a child a family" and future support for children.

There is no right or wrong answers. It is your opinion and your thoughts that are interesting and important. Everyone's contributions is important and of great value. Before starting the discussions we will set our ground rules.

We will tape record this discussion but after typewriting the information the tapes will be destroyed. Kubatsirana will share the result with you and other organizations but will not disclose the identity of any of the persons being interviewed. Your name will not be used in the report or in any other document.

A preliminary result will be presented to all participants on Tuesday 29th of August after which a written report will be compiled. The result from the discussions and the interviews will be used to improve the service provided by Kubatsirana and the Open Centres for Orphans and vulnerable children.

Carina Winberg will be guiding the discussion and taking it forward but will let you discuss freely with each other. If you have any questions either today or later, if you wish, please contact Kubatsirana.

Those who want to participate in individual interviews will be asked to come forward and book a time after the discussion.

Most welcome

# 1. Semi structured interview guide Focus group discussion.

## *1.1 Coordinators and Traditional Leaders 6-8 people*

**Areas to explore**

Attitudes and myths about foster parenting in Mozambique context
Strengths, Weaknesses, Opportunities and Threats for a foster care program

**Introduction questions**
1. What is your name?
2. Can you tell us something about your family? (Children of your own, foster children?)

**Opening questions**
3. How did you become involved in caring for children and what motivated you?
4. Who is a foster mother/father according to your opinion?

**Key questions: Attitudes and myths**
5. Is it socially and culturally accepted in the Mozambique context to take care of a child that is not your biological child? (accepted, expected or taboo)
6. What reactions from family members, neighbours or friends can a foster parent experience when taking care of a child which is not his or hers? (social norm or taboo for ex. relatives giving gifts or help out)
7. What do you think can motivate a person to volunteer to become a foster parent?(internal and external motivation)
8. What can hinder a person to become a foster parent? (Social, economic, emotional, cultural barriers?)

**Needs**
9. What do you think is the role of a foster parent? What should a foster mother/father do?
10. What do you think a foster child need?
11. Do the needs of foster children differ from the needs from other children?
12. Are there any difference in relationship between the child and biological parents and a foster parent?

Read the case study
13. Does this happen in real life? Could this be a true story?
14. What do you think about Justina's reactions? What do you think about the other siblings? What do you think about the foster parents?

**Finishing questions**
15. Which qualities do you think are important for a person becoming a foster parent based on your experience?
16. What can be difficult in caring for a foster child based on your experience?
17. What kind of support, training or assistance do you think is necessary for a foster parent?

**Is it something we have forgotten to talk about? Does someone want to add something or say something you think is important in this discussion?**

## 1.2. Focus group discussion Foster parents, 6-8 people

**Areas to explore**
- motives to become a foster parent,
- parents' understanding of needs of children,
- rewards and challenges being a foster parent
- support and assistance needed in the area of training, mentoring and material support for then foster families

**Opening questions:** Can you tell us something about your own family situation?
For example:
1. What is your name?
2. How old are you?
3. What is your marital status? If divorced or a widow since when?
4. Do you have any children of your own?
5. How old are they? Where do they live?
6. When did you become a foster parent?
7. How many children do you care for?

**Introduction question:**
8. How did you become involved in caring for children?
9. Who is a foster mother/father according to your opinion?

**Key questions: Motives and understanding of needs and relationships**
10. Why do you think people volunteer to become a foster parent?
11. What do you think is the role of a foster parent? What should a foster mother/father do?
12. What do you think a foster child need?
13. Do they needs of foster child differ from the needs from other children?
14. Are there any difference in relationship between the child and biological parents and a foster parent?

**Reactions and Attitudes**
15. What reactions from family members, neighbors or friends can a foster parent experience when taking care of a child which is not his or hers? (do they give gifts or help?)

**Rewards and Challenges**
16. What can be special happy occasions or rewarding times having a foster child?
17. What can be difficult in caring for a foster child?

Read the case study (if time, other wise leave for children)
18. Does this happen in real life? Could this be a true story?
19. What do you think about Justina's reactions? What do you think about the other siblings? What do you think about the foster parents?
20. Which qualities do you think are important for a person becoming a foster parent based on your experience?

**21. Finishing questions**
22. What do you think can motivate a person to volunteer to become a foster parent?
23. What can be the obstacles to becoming a foster parent?
24. What kind of support, training or assistance do you think is necessary for a foster parent?

**Is it something we have forgotten to talk about? Does someone want to add something or say something you think is important in this discussion?**

_____


### *1.3. Focus group discussion Children living in foster families, 6-9 children 10-18 years old*


**Areas to explore with children**
- Thoughts about the relationship with the foster parent and siblings,
- Support and assistance the family need in the are of training, mentoring and material support

**Opening questions:** Can you tell us something about your own family situation?
For example:
1. What is your name?
2. How old are you?
3. How many siblings do you have, both biological and foster siblings?
4. Do you live with someone related to you?

**Introduction question:**
5. Who is a foster child and who is a foster mother/father?
6. Why did you move in together with this foster mother/father?

**Key questions: Relationship and needs** *=changed
7. What do you as a child need?
8. Does your needs differ from the needs from other children? (give examples)
9. What can be difficult in your relationship with the foster parent? Or; can you tell me a difficult situation for you living with a foster parent?
**Read the Case Study about Justina**
10. Does this happen in real life? Could this be a true story?
11. What do you think about Justina's reactions? What do you think about the other siblings? What do you think about the foster parents? Why does this happen?
12. Which qualities do you think are the most important ones for a person becoming a foster parent based on your experience?
13. Do you think there is a difference in relationship between you and your biological siblings and the other children living in the same household?
14. Do you think there was a difference in your relationship with your parents biological compared to your relationship with your foster parents? (Give examples)
15. Tell me about a specially happy or rewarding time when living with a foster parent?
16. How has your life changed after having a foster parent?

**Is it something we have forgotten to talk about? Does someone want to add something or say something you think is important in this discussion?**


## Case study Justina 10 years old

Justina is 10 years old. She lost her parents a year ago. She lives with Francisca and her family. Francisca is a friend of her diseased parents. They all live on the countryside. Shortly after the death of her parents Francisca asked Justina's older sister, Yvonne, 22 years, if she could help her by taking care of Justina. Justina could play with Francisca's younger daughter, Yvonne. Justina continues to study but she needs to wake up early to do the household chores before going to school, while the other children are still asleep. Directly after coming from school she is sent out to the fields to work.

When she arrives home it is already dusk. There is not much time for homework, play or rest. After the evening meal she often sits alone as the other children in the family do not show an interest in wanting to play with her. Sometimes they even call her names. She feels like and "intruder" and can sense that the other children do not like to share the already scarce resources with one more. She does not dare to eat as much as she want. To "pay off the food" she feels she needs to perform all the domestic chores they ask her to do. She feels more like a slave than a child in the family. Sometimes when she is ill treated or beaten she uses to think "If my parents were here things would have been different. Maybe it is better to die than to live with a stepmother and father".

# 2. Interview guide for Individual interviews

## *2.1 Foster parents*
**Definition of a Foster parent: A person living with and caring for, on a long term basis, a non biological child.**

**Family Situation**
1. What is your name:
2. When were you born:
3. Can you tell me about your own family situation:
4. What is your marital status? If divorced or a widow since when?
5. Do you have children of your own?
6. How old are they? Where do they live?
7. How many years have you been to school?
8. How do you and the children earn your living?

**Motives and understanding of needs**
9. Since when do you foster?
10. Why did you become a foster parent?
11. What do you think is your most important role as a foster mother/father?
12. What do your foster child/children need?
13. Do they differ from the needs from other children? How do you notice this? (Do they cry more than other children?)
14. How has your relationship with your partner been influenced due to the "foster parenthood"
15. What has been the reaction from other family members, neighbours or friends when you took care of child which were not yours? (Have you had anyone else helping to provide for the children?)

**Care provided and well being of the child**
16. Economic: When did the child receive clothes last time? Was it old/new clothes? Did all children in the household get the same clothes?
17. Health: When did the child have a fever last time? How often does the child have diarrhoea? Other diseases? What did you do? (Did you go to hospital?)
18. Social: Does the child participate in a youth group? With whom does the child play?
19. Emotional: Can you tell me a situation when the child talked to you about something which made her happy/sad?
20. Have the child talked to you/asked you about the diseased parents?
21. Have the child asked you about the future? or Have you ever talked to the child about his or her future?
22. Do you think the foster child/ren cry more than other children his age?
23. Do you think she or he is more angry/sad than other children his age?

24. Do you use to pray together with the child/ren in your household?

**Relationship siblings/family members**
25. Can you tell me something about the relationship between the children in the household?
26. *Do you think there are any difference in relationship between biological siblings and foster siblings if any in the household?
27. What is hard for the child you are caring for? (What does this child need special help with?) What do you do to support?
28. Can you tell me about a situation when your child faced difficulties?
29. Does your foster child have any relationship with his/her extended family?

Observations: Does the child play at home? Does the child talk to the foster mother? What's the atmosphere at home? Type of house?

**Rewards and difficult situations being a foster parent**
30. Can you tell me about a special happy/rewarding time during your time as a foster parent?
31. Can you tell me a difficult situation during your time as a foster parent?
32. Which qualities do you think are the most important for a person becoming a foster parent based on your experience?
33. What kind of support, training or assistance do you need as a foster parent?

## 2.2 Individual interviews Children living in foster families

**Areas to explore with children**
- Care provided by the foster parent
- The relationship with the foster parent and siblings,
- The physical and emotional wellbeing of the child,
- Support and assistance the family need in the are of training, mentoring and material support

*Introduction: see beginning of doc.*
Case study if not have heard it already.
1. Does this happen in real life? Could this be a true story?
2. What do you think about Justina´s reactions? What do you think about the other siblings? What do you think about the foster parents?

**Relationship and needs**
3. What do you as foster child/children need?
4. Does your needs differ from the needs from other children? ( Give examples
5. Can you tell me about a difficult situation for you since living with a foster parent? Why does this happen? (referring back to the story)
6. Can you tell me about a special happy/rewarding time since you moved in with your foster parent?
7. Do you think it is a difference in relationship between you and your biological siblings and other children living in the same household?
8. Which qualities do you think are the most important ones for a person becoming a foster parent based on your experience?

**The physical and emotional wellbeing of the child**
9.  When were you sick last time? What did you feel?
10. When did you have a fever/diarrhoea last time?
11. When did you go to hospital last time?
12. How many meals did you eat yesterday?
13. What did you eat yesterday?
14. Do you feel strong/healthy Do you fear falling sick?
15. Do you go to school?
16. What do you think about your school and your teacher/s
17. With whom do you usually play?
18. What do you play?
19. Do you participate in any youth meetings? Where and when?
20. Can you tell me about last time you were angry? Did you tell anyone about it? What happened?
21. Can you tell me about last time you were sad? Did you tell anyone about it? What did he/she do?
22. *Can you tell me about a special or happy moment in your life? Did you tell anyone about it?
23. Do you and your sisters and brothers have rules to follow at home? Have you been given own responsibilities at home
24. Have you talked to someone about your parents after their death?
25. Is there something you would like to know about your parents? Any questions you would have liked to ask about your parents?
26. Have you talked to someone about your future?
27. What do you think about your future? (dreams?)
28. Is it something you are afraid of or scares you?
29. Whom should you first talk to if you face a problem? Do you have other adults you can trust?
30. What kind of support (material, technical or training) would help your family?

**Is it something more you want say or want us to talk about?**

**Thank you**


## 2.3 Individual interviews Children living in child headed households


**Areas to explore with children**
- The relationship with the siblings and possible family members,
- The physical and emotional wellbeing of the child,
- Thought about living on their own or with a foster parent/family

*Introduction: see beginning of doc.*

**Needs**
1. What is a family?
2. What does/should a parent do in a family?
   What does/should children do in a family?
3. What does a child need from his/her parents?
4. Does your needs differ from the needs from other children? Give examples
5. Which qualities do you think are the most important ones for children living on their own based on your experience?

### Relationship

6. Can you tell me something about the relationship between you and your sisters/brothers?
7. Can you tell me about a special happy/rewarding time since you started to live alone together with your sisters and brothers?
8. Can you tell me a difficult situation since you started to live alone together with your sisters and brothers?
9. What are the benefits of living on your own?
10. If you had the choice of moving in to another family to live with them, what should you do?
11. If you had the choice of having and adult to move in to your house what should you say?
12. If you should tell three things about yourself to someone who did not know you what should you say?

### The physical and emotional wellbeing of the child

As question above 10-31 children in foster families

### Thank you

Observations:
What kind of house does the family have? Does the child play at home?
What´s the atmosphere at home?

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### Reference group:

Ingrid Höjer, Mentor University of Gothenburg, Sweden
Director of Social Welfare, Chimoio, Mozambique
Diane Manu, Swedish Alliance Mission, Mozambique
Monica Woodhouse, Director of PoR, South Africa

### Ground rules for FGD

Listen to everyone
Let each one finish before interrupting
Everyone should share his/her ideas
Value each ones contribution
Not necessary to ask for the word

# Appendix 6
## Recommendations for a scale up of "Give a Child a family" program

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### 8.1.1  1. Know the area and context

In general most scholars agree that orphanages are, inappropriate for most African countries. The most favoured strategy is to use community based NGOs to provide support to existing family structure. What is important is that such organisations are informed by appropriate definitions of extended family and clan, kinship obligations regarding foster care in the specific local setting as well as the Governmental policy on foster care. NGO also need to be aware of the network of potential support providers in the area.

Before starting it is also important to measure the strengths and weaknesses of the extended family in its ability to care for orphans. The management of non related fostering might be more successful if a certain level of voluntary fostering already exists. Which, in the case of GCF pilot, has been confirmed.

*Recommended Action for GCF program*:

- Find out about national policy and benefits for the three different forms of foster care in Mozambique.

- Identify possible support available for the foster families from GI or other NGO's

- Establish a referral system with the identified GI or NGO's

### 8.1.2  2. Design a standard model in close collaboration with Social Welfare

Even in countries as Zimbabwe and South Africa where foster care has been implemented for years the component of training and counselling for foster parents is often inadequate, almost non existing. Screening especially for grandmothers assessing their ability to provide sound advice to teenage children is important. Informal placements, unregistered, uncounted and never evaluated, may be wonderful in many ways and lacking in other ways, but we shall never know. NGOs and Social welfare system in the field can only be concerned with placements established trough some system. Supervision and screening of parents are essential to avoid abuse and "cheap labour". (Getting free labour and all expenses paid, as those children often receive free child care and school fees paid). In the first phase it is advisable that the program concentrate on mobilizing Christian families as spiritual beliefs are very strong, avoiding the return of children when falling sick. Involving church leaders, addressing the spiritual beliefs alleviating people from fear would be an essential component in scaling up a foster family care program.

*Recommended Action for GCF program:*

- Develop a mobilization strategy involving church leaders and foster parents already involved in foster care addressing the spiritual beliefs alleviating people from fear.

- Develop criteria's and screening guidelines for the selection process including spiritual maturity and involving church and community leaders. Consider what does an "ideal" foster caregiver look like? Extended family, widows, single mothers or couples?

- Develop a policy on placement of siblings or priority of placements

- Develop a training manual in close collaboration with social welfare. Make sure weak areas such as psycho social support and dealing with trauma and behavioural problems such as petty thieving, bed wetting, discipline is included.

- Establish agreement with Social welfare on process of collaboration including monthly mentoring visits to foster parents and children and regular reviews and reporting systems.

- Considering establishing a parent's support group with ongoing advice and training

### 8.1.3   3. Address psychosocial wellbeing of children

Bledsoe (Madhavan, 2003) states that the treatment a child receives often reflect the type of relationship that exists/existed between foster and biological parents rather than existence of kinship links. If possible the program could prevent further trauma by identifying ideal foster parents together with parents and children (succession planning). Memory book are ideal tools helping parents to disclose and to plan for the future. If this is done prior to parents death the "after death consultations" with the spirits can be prevented.

*Recommended Action for GCF program:*

- Train volunteers and caregivers to do "Journey of Life" or memory books or memory boxes together with children placed in foster family care, at the Open centres or children living in child headed households.

## 4. Provide support to family structure

Poverty is one of the main vehicles for HIV transmission and one of the primary obstacles for foster care. It is one of the main underlying reasons for the breakdown of the extended family and its ability to care for orphaned children. Therefore we need to balance cost and benefits of fostering for foster parents. For example, if parents were to see that a modest investment of time and resources in children could yield long term benefits from Childs employment opportunities, old age support for guardians, or extension of the social network,  they might be more willing to foster children.

One important factor to consider is resource allocation (land and assets) between biological and foster families. How equitable such distributions are might well influence the attitudes of foster families towards children. If succession planning can be done while parents still are alive, supporting NGO or Social welfare could guarantee such a transfer or necessary "start up kit". In the case of GCF program the children have already lost their parents and supporting NGO or Social welfare would be the one to provide the "start up kit". Start up kit could be house extension, blankets and bed linen, buckets, school uniform, seeds and tools for cultivating, access to resources for starting an income generating activity etc.

*Recommended Action for GCF program:*

- Design a support strategy for the foster family considering both related and non related foster families

- Consider innovative ways of supporting foster parents through, for example, accessing community based child care, after school care, holiday programmes.

- If monetary support is considered it is recommended that money should cover expenses and be given to all children in household

- Lobby for increased government support for foster caregivers such as financial, medical and educational support.

- Lobby for effective legislation and monitoring to prevent property grabbing by extended family members

### 8.1.4 5. Plan for the future

What is to happen to the child once she or he reaches the age of 18? Frequently there is no employment waiting for them and neither is there a home. When planning for the future consider maintain the links with the extended family, if feasible and safe for the child. But do not force a model of the extended family that might have outlived its utility as a result of other social changes and pressures. Instead it might be more beneficial to accept that changes in social organisation, such as move towards individualism are happening regardless of the HIV/AIDS epidemic

*Recommended Action for GCF program:*

- Develop a policy for until when and how the program will support the children, with clear responsibilities between foster parents, children and Social welfare and supporting organisation.

- Establish partnerships with loan institutes or organisations providing housing as an alternative for children reaching the age of adulthood or marriage.

### 8.1.5 6. There is a place for transition homes and residential car

Not all children can tolerate the intimacy if contact with a foster carer and they do better in residential care, some children need a place when a placement breaks down as an emergency home.

*Recommended Action for GCF program:*

- Develop an approach based on individual assessment of each child, deciding which of the many available options will meet the needs of a particular child at a particular time.

# Appendix 7 Legal framework foster family care

Administration of foster family care is governed by the new law on the family "Lei no 10/2004". In the new law adoption and foster care did suffer some major changes. The law created a three designation for adoption or foster care

1. Adoption

2. Foster care (Tutela)

3. Family of care (Familia de acolhimento)

The new family law created a third designation as to accommodate children that were either left after death of the parents or for extended family without possibility to care.

Children are placed by court order in all three designations and are administrated by the Social Welfare system. Non governmental organizations can assist the department in identifying potential foster parents or "family of care" who are then screened by the department of social welfare. The first choice for the court would be to designate adoption or foster care but in case of no of the two is possible the could be placed in a family of care during an interim period, until the biological family is found.

Both caregivers in foster care option or family care have the right of remuneration. Social welfare need to accompany and assess the "foster care family" or the "family of care" annually and a report written to the Court. Social welfare is also responsible for periodical mentoring.

At the moment no/or very few cases of foster care is formally registered but in order to secure the well being of those children it would be essential to formalize both systems, foster care and "family care" option.

In neighbouring countries such as Zimbabwe and South Africa Gon Governmental Organizations support the government with the procedures around foster care. The process in formalized foster care involves.

1. Interest on fostering a child is expressed and the prospective parent's are placed on a register.

2. The prospective foster parent is screened by a social worker in the department of social welfare;

3. The social worker makes visits to the home to assess the suitability of the home environment for foster care.

4. A court session is convened, and the magistrates is helped to arrive at a decision by a probation officer's report.

5. A court order is then issued by the magistrate.

6. The case is reviewed after three years with two options being either to terminate the relationship or to allow it to continue, with the consent of all parties.