

## CHAPTER EIGHT

### CHILDREN WITHOUT PARENTS—A GHANAIAN CASE STUDY

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#### History of the Ghana Child Care Society

In 1944 a small group of public spirited Ghanaians met to discuss how best they could help unfortunate children who were wandering in the streets of Accra without any visible means of subsistence. They decided to form a club which they called African Hostels Association with the following aims:

- (1) The protection and care (physical and residential) of young children who are orphaned, destitute, neglected or cruelly treated or found to be in physical or moral danger.
- (2) To educate the public on proper care of children.

The Association later changed its name to Ghana Child Care Society with more or less the same aims as mentioned before.

The society at first functioned by providing foster homes for children in need of care. In 1947, the first home of the Society was founded. This home was located in a rented single storey building in Kaneshie, a suburb in Accra. The home provided the children and staff one large and two small bedrooms, a dining-play room and a small office-cum-sitting room.

In 1950, through public appeal for funds the Society managed to buy the House they were renting. (It was bought for them by the Accra Turf Club). The Society later managed to buy a plot of land at Osu and put up a building which is now known as the Osu Children's Home. The Society moved the children from Kaneshie to the new premises at Osu early in 1962 and six months later the "Home" which had been under discussions in Parliament was taken over by the Government and placed under the Department of Social Welfare and Community Development.

Since 1962 the Department had opened two other homes one in Kumasi and one in Tamale to cater for the Ashanti, Brong Ahafo Regions and the North and Upper Regions, respectively.

#### Osu Children's Home

The Home in Osu has four units, namely the nursery and three home units. The nursery has accommodation for twenty babies from birth to 24 months, and each of the three home units has accommodation for 16 children over two years old. Each home unit also provides accommodation for three nursing staff who care for the children while the nursery provides rooms for two of its 13 member staff. To date, about 400 children have been received into the home since the government took over in 1962, but there are presently 70 children (in the home) made up of 29 girls and 41 boys.

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Children coming into the homes generally can be classified under these three headings:'

1. Orphans.
2. Children of lepers, of those who are physically and mentally handicapped, and of paupers.
3. Abandoned children.

The ages of these 70 children presently in the home range from (approximately) 14 years to five months. A majority of the children are Ghanaians or assumed to be Ghanaians since there are some whose backgrounds are unknown, but there are also non-Ghanaian children as follows: one each from Togoland, Upper Volta, Cameroun and Syria, and nine from Nigeria. The Ghanaians can be grouped as follows: 9 Ga, 9 Ewe, 8 Akan, and 28 of unknown background, making a total of 57 children.

### **Background of Referrals to Osu from Hospitals**

The children are usually referred for admission into the homes by a Government agency. At Osu Children's Home presently a majority (36) of the cases were referred from hospitals and psychiatric institutions. Two typical hospital referrals read as follows:

**Case A:** The mother of Baby "A" died after his delivery. His mother and father, though not divorced, were living apart as a result of some marital problems about seven months before Baby "A" was born. After the death of the mother, Baby "A's" older brother and an aged grandmother came to the hospital to claim the child. The father, a fisherman, refused to take responsibility of the child on grounds that there was no women in his house to look after the child.

Exactly five weeks later, Baby "A" was returned to the hospital with the usual symptoms of malnutrition. The case was referred to the hospital social worker for social investigation and it was found the aged grandmother was incapable of taking care of the baby. As there was no one else in the family willing to take care of him, a referral was made to the children's home with the consent of the father who opted to contribute ₵5 a month for the baby's upkeep.

**Case B:** Baby "B" was referred by a social worker in a psychiatric hospital 14 days after the baby was born. The mother, a mental patient, was still undergoing treatment at the Psychiatric Hospital. Whereabouts of the father was unknown and no relative of the mother was willing to take responsibility of the child.

### **Department of Social Welfare Case Referral**

Next in line are case referrals from the Department of Social Welfare and Community Development (23). A typical referral from the Department reads as follows:

Baby "C's" father, an alien, called at an office of the Department of Social Welfare with a baby boy one year and two months old. His wife, also an alien, had packed up and left the week before while the man was out at his work, leaving the child with the neighbours. Her reason for leaving was simply stated—she was fed up with the marriage and could not take care of the baby alone.

### **Police Referral**

The police are also a source of case referral to the home. Such referrals, of course, are the usually much publicised abandoned baby cases. At the moment, there are just five of such police

referrals in the home. Apart from cases referred to above, there are four direct referrals from parents themselves. One of such reads thus:

#### Direct Referrals from Individuals

Baby "D's" father reported at the Osu Children's Home seeking care for his two years old son. Baby "D's" father, an alien, and a married man had the son outside marriage. The mother of the child, now married and about to go abroad with the husband, deposited the child in the father's office one day and left. Mother is reported to be living in Europe and none of her relatives are willing to take the child.

Baby "D's" father first arranged to have the child taken care of by some family friends but that did not prove satisfactory, and wife refuses to have the child in his home.

#### Age at Admission

Records in Osu Children's Home show that the average age of admission to the home is approximately one year old—the age range is from one week old to seven years old. Grouped together the children's ages at referral were as follows:

<i>Age</i>					<i>No. of Children</i>
Under a month	...	...	...	...	8
1-3 months	...	...	...	...	13
3-6 months	...	...	...	...	5
6-12 "	...	...	...	...	7
Over a year	...	...	...	...	22
Unknown	...	...	...	...	15
TOTAL					70

Contrary to popular assumption, not all the children in these homes are strictly speaking abandoned children or even orphans — if Osu Children's Home is any example.

Of the total of 70 children recorded, only 18 of the children had "unknown" mothers and similarly just 25 children had fathers whose whereabouts were unknown to the home. The question then, obviously, is if they have parents, why are the children in an Institution and not at home like any other child? Let us just examine, the background of these 'unknown' parents.

## Background of Parents

*Mother's Residence*— Of the total of 52 parents known or recorded in Osu Home, 13 were in mental institutions, four in a leprosarium and two were destitutes with no fixed abode. Apart from the above mentioned, only one mother lived in the Accra/Tema metropolitan area, the remaining two lived in other regions outside Accra. Twenty mothers were recorded as being deceased.

*Mother's Occupational Background*— Of the total of 13 mothers (non-hospitalized and non-destitute) 10 mothers were unemployed (eight were house-wives) and three were students.

*Father's Residence*.— Among the 70 children, 44 known fathers were recorded in the home. Of these, 32 lived and worked in the Accra/Tema Metropolitan area and nine outside in other regions.

*Occupation of Fathers*.— A variety of occupations were represented, grouped under the following headings:

Professional Occupations	...	...	...	...	...	...	6
Skilled workers	...	...	...	...	...	...	8
Semi-skilled workers	...	...	...	...	...	...	12
Unskilled workers	...	...	...	...	...	...	12
Unemployed	...	...	...	...	...	...	6
TOTAL	...	...	...	...	...	...	44

More than half of the fathers were widowers, the wives having died while giving birth to the child. Thus proving correct an old Akan saying, which translated means, "When the mother dies the child has no family." For certain, placing these children, whose mothers are deceased, in the care of the extended family is not as easy as one would expect.

## Why are Children Placed in Institutions?

Reasons why children get admitted in the home can be summed up as follows:

1. *Abandonment*.— Neither father, mother or any member of the family can be traced or one parent, usually the mother, has abandoned the child to the care of the other parent.
2. *Death of one Parent*.— The mother dies giving birth to the child and neither father nor members of the extended family is willing or capable of taking care of the child.
3. *Physical or Mental Disability of a Parent*.— Usually the mother, is physically ill in hospital or mentally ill in an institution.
4. *Destitution*.— A mother is neither physically ill nor mentally ill but is destitute and has no home and no income.
5. *Conflict Situations*.— A working mother or an unemployed father or a student requires temporary care for a child until her situation is improved.

## Administrative Arrangements and Problems

*Fees*.— paid on behalf of children by parent or relatives are assessed according to income. Average fee being paid at the moment amount to about ₵4 per child per month. The highest fee being paid at the moment is ₵12 paid by only one person per month and the lowest is ₵2.

*Adoption*— Those children who are abandoned have 100 per cent chances of being adopted provided they meet the requirements of the adoption applicant. This category, therefore, is likely to spend a shorter period of time in the institution compared to the rest.

Those children with an interested parent or interested relatives are likely to spend longer time in the institutions as it appears once children get admission, relatives and parents are in no rush to get the children out. Incidentally, of the 70 children in the home only 19 are definitely adoption cases; the rest all appear to have some interested relations who could be grouped as follows:

Parent	...	...	...	...	...	...	...	...	36
Uncles/Aunts	...	...	...	...	...	...	...	...	10
Grand Parents	...	...	...	...	...	...	...	...	5
Cousins	...	...	...	...	...	...	...	...	1
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TOTAL	...	...	...	...	...	...	...	...	52

*Problems:* Certainly the biggest problem as seen by the Department of Social Welfare and Community Development is how to get relatives of these children sufficiently interested to be a bit more responsible for the child's welfare.

Payment of fees, for example, are irregular though it must be admitted that for some of these relatives even two cedis is a high fee. Perhaps the greatest concern of the Department is the irregularity with which the relatives visit their wards. Without the necessary and regular contacts with the relatives, discharge of the children to homes of those relatives could be quite traumatic.

The Department is also concerned about the fact that these children have to live in an institution. Attempts have been made to board the older ones out to live with fit persons outside the institution but such arrangements have not been always very satisfactory. Some of these children would be better off adopted, but again the adoption laws are not that simple; Section 4 of the Act States:

"Where it appears to the court that any person who is not the parent of the juvenile has, under any order of a court or agreement or under customary law, or otherwise, any rights of or obligations in respect of the juvenile, the court may, if they think fit, require that the person's consent shall be obtained before the adoption order is made."

People's attitudes about the future role of children in the family have a bearing on decisions regarding adoption. When relatives have hopes that children whom they are not really making any responsible effort to care for are being looked after by the Government, and that these children may one day become "somebody" and look after them in their old age, it is not easy to convince them of adoption for the sake of the child.

## Conclusion

The children in Osu Children's Home are gradually growing up— the oldest being approximately fourteen. No one knows as yet what the consequences will be for them, or what the influences of growing up in an institution without parents will have on their future adult lives.

This study is only a small portion of a larger study being conducted on children's homes run by the Department of Social Welfare and Community Development. Until the larger study is finished, conclusions reached in this paper should be treated with caution.



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