Orphans And Vulnerable Children: Implications For Social Work Practice In Nigeria

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Abstract

Poor health and little stimulation resulting from inadequate care can affect the orphans and vulnerable children's ability to think, learn and function effectively. As the HIV pandemic continues to expand, the impact on children can not be overstated. Children who are orphaned by HIV/AIDS become vulnerable to a whole host of dangers in the name of supporting themselves and their siblings. This paper presents a summary of situation of Nigerian orphans and vulnerable children (OVC) and examines some of the factors responsible for orphan-hood and vulnerability in Nigeria and concludes by highlighting the role of social workers in strengthening families and communities to meet the needs of these orphans and vulnerable children in Nigeria.

Key Words: Social Work, Orphans and Vulnerable Children, Health Care.

Introduction

The return to democratic governance in Nigeria provided the platform for an enabling political environment to promote a national response on orphans and vulnerable children. The first impetus was provided by Nigeria's participation at the 2002 West and Central Africa Regional Workshop on orphans and vulnerable children. In Nigeria, the process of developing a National plan of Action to respond to orphans and vulnerable children issues commenced in 2004 with the completion of Rapid Assessment Analysis and Action planning (RAAAP) process for orphans and vulnerable children (FMWA; 2006:45). Through this RAAAP process, valuable information was collected to provide the basis for action. It is on this promise that this costed National Action plan (NPA) is developed. NPA provides a five-year (2006-

2010) framework for the acceleration of the National response to orphans and vulnerable children

A report of the situation of orphans and vulnerable children in Nigeria showed that many factors conspired, over the years, to put the rights of orphans and vulnerable children in jeopardy. The root causes for the plight of orphans and vulnerable children include: poverty, socio-cultural constraints, gender inequities, inadequate policies and enabling environment. Immediate causes of orphaning and vulnerability of children in Nigeria include among other things accidental death, high maternal mortality during child birth, communal conflicts resulting in death of parents and HIV and AIDS (FMWA; 2006).

By 2010, UNICEF predicts that some 25 million children orphaned or made vulnerable by AIDS will find themselves alone, impoverished, and with little hope for the safe and healthy future that is every child's birth right. AIHA (2008) posits that nearly 15 million children under the age of 18 have already lost at least one parent to AIDS. Moreover, with the death of a parent, children experience profound loss, grief, anxiety, fear and helplessness with long-term consequences such as psychosomatic disorders, chronic depression, low self-esteem, learning disabilities and disturbed social behaviors. The HIV/AIDS epidemic is Shattering children's lives and reversing many hard won children's rights gains. The efforts made on the children's rights for more than decade are grossly inadequate and there is now an absolute imperative that the global community and every individual nation urgently mount large scale, multifaceted responses to secure the future of all orphans and vulnerable children (OVC).

In Nigeria, a National campaign on children and AIDS was launched as a part of a global initiative in 2005. The trust of the Campaign focused on protection and care for orphans and vulnerable children; prevention of mother-to-child transmission; pediatric treatment to children infected by HIV and AIDS and prevention of HIV infection particularly among children.

WHO/UNICEF (2003) estimated that the child mortality rate for Nigeria is 183/1000. Nigeria has witnessed dramatic increases in mortality among infants and children and the causes of these are largely from malaria and other vaccine preventable diseases. WHO (1988) informs that synergism between malnutrition and infection is responsible for much of the excess mortality among infants and preschool children in less developed regions of the world. Statistics showed that under-5 mortality is higher among people with lowest wealth and children with mothers with no education (FMWA, 2006). When economics falter, as is happening in many African countries,

the number of people living in poverty increases and the gap between the rich and the poor widens further fueling the HIV/AIDS and poverty cause and effect relationship.

According to the United Nations children's Emergency fund (UNICEF, 1998:29) about 7 million children die each year as a result of malnutrition orchestrated by poverty. UNICEF further alerts that malnutrition is responsible for the death of 55% of 12 million children under the age of five that die yearly. When families are too poor to educate their children, those children will most likely live out their lives in poverty and give birth to a new generation condemned to same fate. This poverty leaves children vulnerable to malnutrition, exploitation and diseases-like HIV and STIs – that are largely preventable if a person is armed with the knowledge necessary to avoid high-risk behaviors.

When children are not educated, empowered, or given the tools they need to protect their health and that of their families, they are condemned to an endless cycle of poverty and disease.

The parents who are poor are aware of the value of health care for the orphans and vulnerable children but they lack money necessary for achieving the goal. Poverty is like culture. It is transmitted and passes down from generation to generation. Poor parents have a greater likelihood of not giving their children the opportunity for better health and education needed to improve their lot. They are socially and educationally deprived with a very low level of wealth and inadequate medical facilities.

While information about child health has been general, little attention has been given to the peculiar health features of children in disadvantaged situations such as orphans and vulnerable children (OVC). The summary of the general state of health of children in Nigeria is that of a gross lack of information about state of health of disadvantaged children such as OVC. It is based on this fact that the paper seeks to examine some of the contributing factors that make children vulnerable and the possible means of meeting the health care needs of OVC in Nigeria.

Frameworks For Responding To The Issues Of Orphans And Vulnerable Children (OVC)

Generalist perspective and two model frameworks for responding to OVC have been developed for this study. A generalist perspective is exemplified by the many roles social workers play within the social welfare system. In the 1987 issue of the encyclopedia of social work, Sheafor and Landon introduce

the section on the "Generalist perspective" with the contention that social work practice is inherently generalist- focusing on the person and environment in interaction and social work practitioners attend to factors ranging from individual needs to broad social policies. The generalist perspective provides a conceptual framework that allows the social worker the versatility necessary to engage in practice of such broad scope.

According to Ambrosino et al (2005:48) true generalists, they advocate for changing living conditions of the mentally ill and obtaining welfare reform legislation that enables the poor to succeed in obtaining employment and economic self-sufficiency: empower OVC to advocate for themselves to reduce violence in their community; lead groups of children who have experienced divorce; educate the community about parenting, AIDS and child abuse, and provide individual, family and group counseling to clients.

The profession needs a broad framework that allows for identifying all the diverse complex factors associated with the problems of OVC, understanding how all of the factors interact to contribute to the situation. This will help the practitioner to determine the intervention strategy which can range from intervention with a single individual to an entire society. Such a framework must account for individual differences, cultural diversity, growth and change at the individual, family, group and community.

Generalist perspective helps social workers and orphans and vulnerable children to focus on both strengths and barriers at all levels of the environment that can be used to identify and respond to the needs of OVC.

Model Developed By Family Health International

Family Health International (FHI) developed a set of activities to achieve the objective of improving the wellbeing and protection of OVC and families and reducing the burden of HIV/AIDS on these children and their families. The activities suggest a useful framework that could be used by many countries of the world. These include: conducting assessments and supporting participatory strategic and program planning. Strengthening community mobilization to increase the capacity of communities to identify vulnerable children.

Fostering community – based care and support of OVC. Integrating OVC support with home based care, voluntary counseling and testing. Strengthening medical care, including home-based care for children living with HIV/AIDS. Providing training and support for individual counseling and succession planning for children affected by HIV/AIDS; supporting

psychosocial interventions for OVC. Supporting child headed households. Monitoring and evaluating OVC programs.

Children On The Brink Model

Children on the Brink (2002) developed a model framework for responding to OVC and it presents five (5) strategies for intervention which have been widely accepted and they include:- strengthening and supporting the capacities of families to protect and care for their children; mobilizing and strengthening community based responses; strengthening the capacity of children and young to meet their own needs. Ensuring that governments developed appropriate policies, including legal and programmatic policies for orphans and vulnerable children framework, as well as essential services for the most vulnerable children; and raising awareness within societies to create an environment that enables support for children affected by HIV/AIDS.

The Role Of Social Workers On The Orphans And Vulnerable Children (OVC)

Social work can be defined in relation to professional activities that involves in helping individuals, groups, or communities to enhance their capacity for social functioning and to improve the quality of life for every one by working toward the enhancement of the social and physical environments. Social workers believe in a society that takes care of its vulnerable members, in a world where children do not suffer from hunger, abuse, cold, illness and hardship. Social workers provide timely services to orphans and vulnerable children before dysfunction develops and include programs and activities such as parent education, nutrition education, family planning and premarital counseling.

Today, social workers provide a wide range of services to orphans and vulnerable children. Some of the roles social workers perform include; the role of broker of human services, the role of a teacher, counselor, an advocate, a case manager, facilitator, enabler and the role of an activist.

Social worker as a broker links the orphans and vulnerable children to appropriate human services and other resources. The social worker is always placed in a position of being the professional person most likely to facilitate linkage between the orphans and vulnerable children and community resources. According to Sheafor et al (1994:17) as a human services broker, the social worker must be knowledgeable about the various services and programs available, maintain an up to date assessment of each one's strengths and limitations.

The social worker as a teacher prepares the OVC with knowledge and skills necessary to prevent problems or enhance social functioning. The purpose of social work practice here is to help OVC change dysfunctional behaviour and learn effective patterns of social interaction. An effective service plan to orphans and vulnerable children is a part of social work practice because it is an agreement to guide the shared efforts of household members and the resources that are present to support them in achieving change around specific behaviours that contribute to conditions that make their children vulnerable (AIHA; 2008)

Social worker as a counselor or clinician helps the OVC to improve their social functioning by helping them better understand their attitudes and feelings, modify behaviours and learn to cope with problematic situations. The OVC's situations must be thoroughly understood and their motivation, capacities and opportunities for change assessed.

Social worker as an advocate becomes the speaker for the OVC by presenting and arguing their cause. Advocacy is becoming an increasingly popular role of social workers. Social worker as an advocate plays an important role of reconciliation, liberation, and recovering of deprived properties and rights of people especially the disadvantaged groups such as the orphans and vulnerable children (Coulshed et al 1998).

Butrym (1976) claims that social work in common with other helping professions aims at promoting human welfare through the prevention and relief of suffering. Social workers participate in planning programs, identifying the needs of certain high – risk groups such as OVC, and organize services for such problems as child abuse, rape and high risk infants. According to Brieland, Costin and Atherton (1980:272), social workers can play a preventive as well as therapeutic roles. Through an understanding of implications of various high-risk situations, the social work can aid the orphans and vulnerable children and their families to anticipate problems and cope more effectively. The social worker's role is to emphasize the functioning capacities of the orphans, help reduce pressures, promote rehabilitation and prevent unnecessary dysfunction.

Where there are social and emotional factors which complicate the OVC's physical adjustment, the social worker is part of the team which evaluates the OVC's ability to maintain themselves. Where recovery is impeded because of economic deprivation, inadequate housing, family tension or lack of understanding, the social worker will be called upon.

Statistics revealed that there is a high level of deprivation and exclusion from basic health among the OVC in Nigeria and today, social

workers play many roles in the provision of health care in a variety of settings to orphans and vulnerable children. In-fact, social work in health care, particularly in working with the orphans and vulnerable children is one of the fastest growing occupational areas today. Social workers provide direct services to the families of orphans and vulnerable children living in poverty, advocate for programs and policies that improve the lives of the poor and reduce poverty at the community, state and federal levels, and develop and administer policies and programs that serve Nigeria's poor.

In the opinion of Ambrosino et al (2005:288), the essential and important roles for social workers in health care settings include understanding how individuals' cultures shape their views about health and wellness, illness, health care providers and interventions, birth and death, their own roles in preventing and dealing with health-related concerns and helping to empower persons to communicate those views to others involved in their care. Social workers in health care settings provide a number of other functions to the orphans and vulnerable children (OVC). These include the following:-

- Social workers conduct screening and assessments to determine health risks factors on orphans and vulnerable children.
- Social workers provide case management services to OVC so as to address their needs such as helping to arrange for home health care or emergency child care for a single parent who is hospitalized.
- Social workers in attempt to help these children on the brink serve as a member of a health care team and help other professionals to understand the OVC's emotional needs and their home or family situations.
- Social workers also advocate for the needs of orphans and vulnerable children at all levels of the environment including the OVC's family and other health care settings.
- Social workers are also employed in administrative roles in programs that are directed toward the household care and economic strengthening of families and communities. This is because, once the family or household is empowered or strengthened economically, such family or household will be able to provide timely health care services to their children whenever they fall sick. Poverty and vulnerability among households are some of the most critical upshot of the HIV/AIDS epidemic in Africa (FMWA, 2006:19) As the economically active people in the household come down with the

infection or die eventually, families struggle to cope not just emotionally, but also economically.

- Social workers in health care provide preventive education and counseling to individuals relating to family planning, nutrition, human growth and development.
- In community health care settings, social workers are not left out, they provide services to orphans and vulnerable children with AIDS and their families bearing in mind the value base of social work profession that mandates social workers to treat all clients including orphans and vulnerable children with dignity and respect and work to empower them educationally so that in future, they will be in charge of their own lives. In case of children living with HIV/AIDS, social workers provide nutrition education to their families since nutrition has important role to play in slowing down the progression of HIV/AIDS. It is both a preventive and therapeutic treatment for HIV infection (Piwoz and Preble, 2000). Social workers in providing nutrition education in many orphanages and treatment centers target caregivers/mothers with under – 5 children and this is an important aspect of child health. In some areas, the importance of nutrition therapy in HIV disease is underestimated and overlooked (Ene-Obong, 2008).

Recommendations

It has been widely accepted that there is an advantage over the differentiation of the causes of orphan hood and vulnerability because it allows for a better understanding of circumstances. Distinctions such as whether a child is an orphan because his or her parents died of AIDS or from some other cause should never be used at the programmatic level to include or exclude certain categories of children from their entitlements. There are a number of examples of programs that provide support exclusively to children who are orphans because their parents died of AIDS or to those children infected with HIV. For instance, in some countries, children under 10 years with AIDS are qualified for free medical attention and children orphaned by AIDS qualify for support consisting of food, security, clothes, etc. while the intention of this sort of targeting may be good, this can compound the problems that surround so called "AIDS exclusivity" and can worsen the stigma that may be associated with an "AIDS Label".

All services to orphans and vulnerable children should be provided at the same level with other children in the communities. This will ensure that

orphans and vulnerable children receive equal treatment with other children in the community, and at the same time, interventions do not create disparities between programme beneficiaries and other children in the community. Children should be reached through a family-centered approach to minimize friction, stigma and disharmony in their households, while at the same time maintaining focus on children who are most in need and at risk of falling through the cracks, through improved targeting.

Programmes and interventions should adopt a rights-based approach. This recognizes that any support to orphans and vulnerable children is not a favour, but an effort to enhance attainment of their fundamental human rights. Programmes and interventions should be based on meaningful participation of children in planning, implementation, monitoring and evaluation. Children's opinions should be heard, respected and considered equally for girls and boys. Community participation, empowerment and ownership should be emphasized as key elements in mitigating the social impact of HIV/AIDS and other causes of vulnerability on children.

It is also very important that the child's age and stage of development should be considered in determining the kinds of care, support and protection he or she needs for a healthy and productive life. Ensuring food security and nutrition should also be considered very important to orphans and vulnerable children's household by providing nutrition care and support for infants born by mothers with HIV/AIDS and providing more food and nutrition support to OVC households using locally available foodstuff. UNICEF (2006) posits that there is a need to strengthen and expand the knowledge base on the status of OVC in order to improve the response to challenges faced by orphans and adequately address their needs.

Conclusion

It has been shown that the causes of orphaning and vulnerability among others, include, poverty, socio-cultural constraints, inadequate policies, high maternal mortality armed conflicts and communal clashes, leading to family dislocation and instability in income. These are serious problems to the health care of orphans and vulnerable children in Nigeria. However, finding a balance of health care particularly to the orphans and vulnerable children, which is available, accessible, acceptable, affordable and yet accountable to funding sources is the topmost priority for any country in this decade. Whatever the balance, established, social workers will play an ever increasing role in both the planning and the delivery of health care services to the orphans and vulnerable children in Nigeria.

Government to a very large extent has some quota to contribute towards checkmating the problems of orphans and vulnerable children in our families and communities. Projects should be implemented by the government cutting across health, education, roads, electricity, water etc. all these should be geared towards raising the people above poverty lines and unleash the potentials of the area, by so doing low income families can train these OVC in school, their health problems taken care of and provide other needs of the orphans and vulnerable children in Nigeria.

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