Crisis Foster Care in an Age of HIV and AIDS: Experiences of the Queen Mothers of Manya Klo, Ghana

by

Bright Bensah Drah

A thesis submitted in conformity with the requirements for the degree of Doctor of Philosophy

Department of Anthropology
University of Toronto

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Abstract

Older women in communities ravaged by HIV and AIDS in sub-Saharan Africa have been hailed as constituting the most effective response to the growing number of orphans, which has overwhelmed the customary mechanisms of support. Over 80 percent of orphans in Ghana are fostered by women, because an orphan’s kinship networks - and particularly the female members of the networks - are expected to assume responsibility for her/him. Unfortunately, in the Manya Klo Traditional Area of Ghana, AIDS, poverty and other factors have weakened kinship support and cooperation, resulting in patchy external responses to physically frail and economically disempowered traditional female leaders (queen mothers) acting as caregivers.

Most of the existing research about orphan care has focused exclusively on the woman-child dyad, thereby obscuring other forms of care. In particular, the “grandmother-led household” has become a self-fulfilling truism that has blinded researchers to other relationships of care. Moreover, the analyses of the situation of orphans are based on frameworks that ignore orphans' perspectives and the social context in which fostering is negotiated.
In this study, I employ mixed methods to analyze an orphan care project run by the Manya Krobo Queen Mothers Association (MKQMA) and address three issues: (1) What is the socio-economic and cultural context in which queen mothers foster orphans? In particular, how do queen mothers’ positions as traditional leaders, HIV and AIDS, poverty, and external assistance programs (state and NGO) all shape the organization of orphan care? (2) What are the challenges for depending on the Queen Mothers Association to support orphans? (3) How are orphans’ needs identified and described (from the perspectives of the caregiver, the orphans and those who assist them). In particular, can community-derived measures of childcare rather than the current measures typically used in international development and children’s projects provide better indices of the needs of children after losing a parent?
ACKNOWLEDGEMENTS

Working on this dissertation could be likened to embarking on a very long journey to a sometimes elusive destination. I have benefited from the support of so many people along the way without them, I still would be wandering. I am most indebted to my advisor and supervisor Professor Daniel Sellen. I appreciate your keen interest in my academic work, and more so in this project. I appreciate every contribution that you made to ensure that the research and, in fact, the entire academic program was successful. I owe Professors Holly Wardlow and Girish Daswani, members of my advisory committee tons of gratitude for their advice, support and encouragement. I am extremely grateful to my external examiner, Professor Thomas Weisner of the University of California, Los Angeles, for his critical comments, advice and encouragement. It has been a huge a privilege to have your input in this project.

I would like to acknowledge the immense contributions and support from the chiefs, queen mothers, elders and people of Manya Klo Traditional Area. I appreciate the great opportunity to conduct the study in the area. I am especially grateful to my ‘grandparents’ Konô Nene Sakite II (paramount chief) and to Manyengua Nana Mamle Okleyo (paramount queen mother). Thank you very much for the honor and for your blessings. I would also like to acknowledge the commitment and hard work of my outstanding ‘assistants’ Manye Maku (Kpong) and Manye Larkwor (Akwenor) for paving the way on the many occasions that I was ‘stuck’. I appreciate the support I received from Manye Nartekie, Manye Osieku, Manye Makutsu, Manye Gladys, Manye Kuah, Manye Narki Gome, Manye Matseyo, Manye Aku and Mama Sophia Sakite. I thank all the queen mothers, their family members and the citizens of Manya Klo for having me in their homes and for participating in the study.

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honor your request everyday; I keep praying for you. Each one of you will some day be ‘somebody’.

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DEDICATION

To

Vida N. Drah
Selassie K. Drah
Eyram K. Drah

This is for you and for the times that I was not around to listen, to wipe your sweat, to dry your eyes, to lend a hand, to answer your questions, to take a walk, to share a joke, to share your dreams, and be part of your joy. I am eternally grateful for your sacrifice, patience, encouragement and prayers.
# TABLE OF CONTENTS

**ABSTRACT .......................................................................................................................... II**  
**ACKNOWLEDGEMENTS ........................................................................................................ IV**  
**DEDICATION ........................................................................................................................ VIII**  
**TABLE OF CONTENTS .......................................................................................................... IX**  
**LIST OF ACRONYMS ............................................................................................................. XIV**  
**LIST OF TABLES .................................................................................................................. XVI**  
**LIST OF FIGURES ................................................................................................................ XVII**  
**LIST OF VIGNETTES AND BOX ........................................................................................... XVII**  
**LIST OF PLATES .................................................................................................................... XVII**  

**CHAPTER 1  BACKGROUND TO THE STUDY ....................................................................... 1**  
1.0. INTRODUCTION: THE RESEARCH PROBLEM ................................................................. 1  
1.1. HIV, AIDS, ORPHANS, AND FOSTERING IN MANYA KROBO TRADITIONAL AREA .......... 6  
1.2. KEY ISSUES IN ORPHAN CARE RESEARCH .................................................................. 12  
1.2.1. Partners-local community collaboration for orphans ................................................. 12  
1.2.2. Older women, men, and orphan care ........................................................................ 16  
1.2.3. Context and orphan caregiving .................................................................................. 17  
1.2.4. Identifying needs and measuring orphan care .......................................................... 19  
1.3. THE INTEGRATED THEORETICAL PERSPECTIVES ......................................................... 20  
1.3.1. The relevance of culture care theory to understanding care for orphans ................. 29  
1.4. ME, CHILDREN, ORPHANS, AND MANYA KLO .......................................................... 32  

**CHAPTER 2  THE STUDY SETTING .................................................................................. 37**  
2.0. INTRODUCTION ............................................................................................................. 37  
2.1. THE LOCATION AND THE PEOPLE ............................................................................. 37  
2.2. POLITICAL ORGANIZATION: THE DUAL POLITICAL GOVERNANCE ......................... 39  
2.2.1. ASPECTS OF SOCIAL ORGANIZATION .................................................................... 45  

**CHAPTER 3  THE FEMINIZATION OF HIV AND AIDS IN MANYA KLO ......................... 54**  
3.0. INTRODUCTION ............................................................................................................. 54  
3.1. HIV AND AIDS IN MANYA KLO .................................................................................. 54  
3.2. THE EFFECTS OF HIV AND AIDS ON MKTA ............................................................. 65  
3.3. THE EVOLUTION OF LOCAL RESPONSE TO THE PANDEMIC .................................. 67  
3.4. FEMINIZATION OF AIDS INTERVENTIONS AND THE IMPLICATIONS FOR MALE INVOLVEMENT ........................................................................................................ 72  
3.5. THE SIGNIFICANCE OF MKTA AND THE MKQMA TO THE NATIONAL RESPONSE TO AIDS .................................................................................................................. 74  
3.6. SUMMARY AND CONCLUSION ..................................................................................... 76  

**CHAPTER 4  RESEARCH METHODS .................................................................................. 79**  
4.0. INTRODUCTION ............................................................................................................. 79  
4.1. STUDY OBJECTIVES, RESEARCH QUESTIONS, AND TARGETS ............................... 79  
4.2. ETHICAL OVERSIGHT AND APPROVAL ..................................................................... 80
CHAPTER 5 “CHILDCARE” MEANINGS AND EXPRESSIONS IN MANYA KLO

5.0. INTRODUCTION: WHAT DOES “CARE” MEAN? ......................................................................................................................... 113

5.1. SOURCES, USES, AND TENSIONS IN “CARE” KNOWLEDGE ........................................................................................................ 115

5.2. WHAT DOES “CARE” MEAN IN MANYA KLO ................................................................................................................................. 120

5.2.1. “Care” is hyemi .................................................................................................................................................................................. 120

5.2.2. Caregiver: a status of power and individuated authority .......................................................................................................................... 121

5.2.3. Community responsibility/ownership of a child .......................................................................................................................... 123

5.3. CONSTITUENTS OF CARE ........................................................................................................................................................................ 125

5.3.1. Yi baa mi or wa mi (support or assistance – acts of kindness) ........................................................................................................ 126

5.3.2. Lemti (rearing) as a constituent of care ........................................................................................................................................... 129

5.3.3. Tsesemi ................................................................................................................................................................................................. 130

5.4. CAREGIVER’S OBLIGATIONS, QUALITIES, AND SANCTIONS ........................................................................................................ 131

5.5. IMPLICATIONS OF FINDINGS FOR CHILDCARE RESEARCH ............................................................................................................ 133

5.6. CONCLUSIONS ...................................................................................................................................................................................... 135

CHAPTER 6 “THESE ARE THE CHILDREN AND THESE ARE THE ORPHANS”: MEANINGS OF CHILD AND ORPHAN IN MANYA KLO

6.0. INTRODUCTION .............................................................................................................................................................................. 138

6.1. ‘CHILD’ – ‘ORPHAN’ CONTROVERSY IN MANYA KLO ...................................................................................................................... 138

6.2. MEANINGS OF CHILD AND ORPHAN – SOURCES ............................................................................................................................ 140

6.3.1. THE KLO CHILD: THE SPIRITUAL, THE PHYSICAL, AND THE GENDERED ..................................................................................... 144

6.3.2. The ideal or ‘real Klo’ girl child ......................................................................................................................................................... 147

6.3.3. Boy controls nature and the social environment ............................................................................................................................... 151


6.4.2. The state, NGOs/donors, caregivers, and the changing of meanings of orphan .............................................................................. 156

6.5. CONCLUSIONS ..................................................................................................................................................................................... 162
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHAPTER 7 MANYA KLO QUEEN MOTHERS AND THE MANYA KROBO QUEEN MOTHERS</td>
<td>164</td>
</tr>
<tr>
<td>ASSOCIATION: THE SOCIAL HISTORY OF A WOMEN-LED COMMUNITY-BASED GROUP</td>
<td></td>
</tr>
<tr>
<td>7.0. INTRODUCTION</td>
<td>164</td>
</tr>
<tr>
<td>7.1. HISTORICAL BACKGROUND TO THE QUEEN MOTHER IN THE POLITICAL SYSTEM</td>
<td>165</td>
</tr>
<tr>
<td>OF MANYA KLO</td>
<td></td>
</tr>
<tr>
<td>7.1.1. The social and political context</td>
<td>165</td>
</tr>
<tr>
<td>7.1.2. Becoming a queen mother</td>
<td>167</td>
</tr>
<tr>
<td>7.1.3. The position of the queen mother in the traditional political</td>
<td>168</td>
</tr>
<tr>
<td>hierarchy</td>
<td></td>
</tr>
<tr>
<td>7.1.4. The mothering role of a queen mother</td>
<td>171</td>
</tr>
<tr>
<td>7.2. QUEEN MOTHERS AND WOMEN’S MOVEMENT IN GHANA</td>
<td>175</td>
</tr>
<tr>
<td>7.2.1. Queen mothers and women’s movement in precolonial and colonial</td>
<td>175</td>
</tr>
<tr>
<td>Ghana</td>
<td></td>
</tr>
<tr>
<td>7.2.2. Women’s movement in the 1980s and the formation of the MKQMA</td>
<td>178</td>
</tr>
<tr>
<td>7.3. EMERGENCE OF NEW STRUCTURES OF MEMBERSHIP AND LEADERSHIP</td>
<td>182</td>
</tr>
<tr>
<td>7.4. WORK AND ACHIEVEMENTS OF THE MKQMA</td>
<td>185</td>
</tr>
<tr>
<td>7.5. SUMMARY AND CONCLUSION</td>
<td>188</td>
</tr>
<tr>
<td>CHAPTER 8 DEMOGRAPHIC AND HOUSEHOLD CHARACTERISTICS OF QUEEN MOTHERS</td>
<td>194</td>
</tr>
<tr>
<td>8.0. INTRODUCTION</td>
<td>194</td>
</tr>
<tr>
<td>8.1. CAREGIVERS’ CHARACTERISTICS AND SUPPORT FOR ORPHANS</td>
<td>195</td>
</tr>
<tr>
<td>8.2. DEMOGRAPHIC CHARACTERISTICS OF QUEEN MOTHERS</td>
<td>197</td>
</tr>
<tr>
<td>8.2.1. Age, place of birth, and residence</td>
<td>197</td>
</tr>
<tr>
<td>8.2.2. Marital status of queen mothers</td>
<td>198</td>
</tr>
<tr>
<td>8.2.3. Religious background of queen mothers</td>
<td>200</td>
</tr>
<tr>
<td>8.2.4. Educational background of queen mothers</td>
<td>201</td>
</tr>
<tr>
<td>8.3. LIVELIHOODS AND SURVIVAL: TRADING OFF SOCIAL STATUS WITH</td>
<td>202</td>
</tr>
<tr>
<td>ECONOMIC ROLES</td>
<td></td>
</tr>
<tr>
<td>8.3.1. Older women, livelihoods, and dying to 'stay healthy'</td>
<td>205</td>
</tr>
<tr>
<td>8.3.2. Livelihood – assets and modes of acquisition</td>
<td>208</td>
</tr>
<tr>
<td>8.3.3. Landed properties as sources of household income</td>
<td>210</td>
</tr>
<tr>
<td>8.4. HOUSEHOLD CHARACTERISTICS: POPULATION AND HOUSING</td>
<td>212</td>
</tr>
<tr>
<td>8.4.1. The orphan burden: household size and composition</td>
<td>212</td>
</tr>
<tr>
<td>8.4.2. Quality of housing</td>
<td>213</td>
</tr>
<tr>
<td>8.4.3. Household access to water and sanitation</td>
<td>215</td>
</tr>
<tr>
<td>8.4.5. Access to health services</td>
<td>217</td>
</tr>
<tr>
<td>8.4.6. Main sources of lighting and cooking fuel</td>
<td>218</td>
</tr>
<tr>
<td>8.4.7. Household expenditures and access to assistance</td>
<td>219</td>
</tr>
<tr>
<td>8.5. SUMMARY AND CONCLUSIONS</td>
<td>222</td>
</tr>
<tr>
<td>CHAPTER 9 THROUGH THE EYES OF THE CHILD: SOCIAL CHARACTERISTICS OF</td>
<td>233</td>
</tr>
<tr>
<td>ORPHANS</td>
<td></td>
</tr>
<tr>
<td>9.0. INTRODUCTION</td>
<td>233</td>
</tr>
<tr>
<td>9.1. THE SIZE OF THE ORPHAN PROBLEM</td>
<td>234</td>
</tr>
<tr>
<td>9.2. SOCIAL CHARACTERISTICS OF ORPHANS</td>
<td>236</td>
</tr>
<tr>
<td>9.2.1. Sex, age, and places of birth</td>
<td>236</td>
</tr>
<tr>
<td>9.2.2. Religious background of orphans</td>
<td>237</td>
</tr>
<tr>
<td>9.2.3. Orphans and schooling</td>
<td>239</td>
</tr>
<tr>
<td>9.2.4. ‘When I grow old, I will be....' Career aspirations of orphans</td>
<td>242</td>
</tr>
</tbody>
</table>
CHAPTER 10 IDENTIFYING AND MEETING ORPHANS’ NEEDS ...................................................... 270

10.0. INTRODUCTION ............................................................................................................................ 270
10.1. CAREGIVERS’ MOTIVATION TO PROVIDE FOR ORPHANS IN MANYA KLO ......................... 271
10.1.1. The value of children and orphan caregiving ................................................................. 271
10.1.2. Caregiving as religious ‘cultural responsibility’ .............................................................. 272
10.1.3. Caregiving as reciprocal social security ............................................................................ 273
10.1.4. A pact with the spirits ............................................................................................................. 274
10.2. DETERMINING THE NEEDS OF ORPHANS – GENERAL ..................................................... 276
10.2.1. Identifying, describing, and prioritizing the needs of orphans ........................................... 279
10.2.2. Priorities of orphans’ needs: adults’ perspectives ............................................................. 281
10.2.3. Orphans’ perspectives on their material and psychosocial needs .................................... 285
10.3. WHO PROVIDES ORPHANS’ NEEDS? ....................................................................................... 289
10.3.1. Orphans’ contribution to household expenditure .............................................................. 290
10.4. SOME ORPHANS MAY NOT BE FOSTERED NOR ASSISTED ............................................... 291
10.5. SUMMARY ..................................................................................................................................... 294

CHAPTER 11 QUEEN MOTHERS AS CAREGIVERS: THE CHALLENGES OF A WOMEN-LED COMMUNITY INITIATIVE ................................................................. 299

11.0. INTRODUCTION ............................................................................................................................ 299
11.1. CHALLENGES OF THE MKQMA ............................................................................................... 300
11.1.1. Membership and the politics of numbers ......................................................................... 300
11.1.2. Legitimacy, leadership, and group stability ................................................................. 304
11.1.3. Literacy, leadership, personal interests, and missing voices ...................................... 307
11.1.4. Community perceptions about MKQMA and participation in the orphans’ program ...... 310
11.1.5. The partners and the challenges of the MKQMA ............................................................ 314
11.2. EFFECTS OF CHALLENGES ON STABILITY OF MKQMA AND SURVIVAL OF ORPHANS ................................. 318
11.2.1. Effects of intra-organizational conflicts on the organization of support for orphans .......... 318
11.2.2. Effect of the composition of the MKQMA on the status of queen mothers and orphans ...... 320
11.2.3. Effect of lack of local participation on organization of orphan care ............................... 322
11.2.4. ‘Take your association’: the search for alternative sources of prestige and social security .................................................................................................................................................. 323
11.3. SUMMARY AND CONCLUSIONS ............................................................................................... 327

CHAPTER 12 SUMMARY AND CONCLUSIONS .................................................................................. 332

12.0. INTRODUCTION ............................................................................................................................ 332
12.1. Summary of findings ........................................................................................................... 332
12.2. CONCLUSIONS ............................................................................................................... 338
12.3. Notes on orphan research and methods/paradigms ........................................................... 346

REFERENCES .......................................................................................................................... 348

APPENDICES .......................................................................................................................... 386

APPENDIX 1: SCENES FROM THE FIELD .............................................................................. 386
APPENDIX 2: GUIDES FOR SEMI-STRUCTURED INTERVIEWS AND FOCUS GROUP DISCUSSIONS .............................................................. 390
APPENDIX 3: GUIDES FOR SURVEYS ................................................................................. 400
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired immunodeficiency syndrome</td>
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<tr>
<td>ART</td>
<td>Antiretroviral treatment/therapy</td>
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<tr>
<td>ARV</td>
<td>Antiretroviral drug</td>
</tr>
<tr>
<td>BCC</td>
<td>Behavior change communication</td>
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<tr>
<td>CBO</td>
<td>Community-based organizations</td>
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<td>CHPS</td>
<td>Community-based Health Planning Services</td>
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<td>CHRAJ</td>
<td>Commission for and Human Rights and Administrative Justice</td>
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<td>CRS</td>
<td>Catholic Relief Services</td>
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<tr>
<td>CSO</td>
<td>Civil society organization</td>
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<tr>
<td>DCE</td>
<td>District Chief Executive</td>
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<td>DHMT</td>
<td>District Health Management Team</td>
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<td>DHS</td>
<td>Demographic and Health Survey</td>
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<td>DSW</td>
<td>Department of Social Welfare</td>
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<tr>
<td>DWM</td>
<td>31st December Women’s Movement</td>
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<tr>
<td>ECOCIM</td>
<td>Every Child Is Our Child</td>
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<td>FBO</td>
<td>Faith-based organization</td>
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<tr>
<td>FCUBE</td>
<td>Free Compulsory Universal Basic Education</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus group discussion</td>
</tr>
<tr>
<td>FHI</td>
<td>Family Health International</td>
</tr>
<tr>
<td>FNS</td>
<td>Family Net System</td>
</tr>
<tr>
<td>GAC</td>
<td>Ghana AIDS Commission</td>
</tr>
<tr>
<td>GCE A’Level</td>
<td>General Certificate of Education Advance Level</td>
</tr>
<tr>
<td>GCE O’Level</td>
<td>General Certificate of Education Ordinary Level</td>
</tr>
<tr>
<td>GES</td>
<td>Ghana Education Service</td>
</tr>
<tr>
<td>GHANET</td>
<td>Ghana HIV/AIDS Network</td>
</tr>
<tr>
<td>GHS</td>
<td>Ghana Health Service</td>
</tr>
<tr>
<td>GSS</td>
<td>Ghana Statistical Service</td>
</tr>
<tr>
<td>HIV</td>
<td>Human immunodeficiency virus</td>
</tr>
<tr>
<td>JHS</td>
<td>Junior High School</td>
</tr>
<tr>
<td>JMP</td>
<td>Joint Monitoring Programme</td>
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<td>KDA</td>
<td>Klo Drivers’ Alliance</td>
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<tr>
<td>KII</td>
<td>Key informant interview</td>
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<tr>
<td>KVIP</td>
<td>Kumasi ventilated-improved pit</td>
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<tr>
<td>LEAP</td>
<td>Livelihood Enhancement Adjustment Programme</td>
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<tr>
<td>LMK</td>
<td>Lower Manya Krobo district</td>
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<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
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<td>MKD</td>
<td>Manya Krobo district</td>
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<tr>
<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>MKQMA</td>
<td>Manya Krobo Queen Mothers Association</td>
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<tr>
<td>MKTA</td>
<td>Manya Krobo Traditional Area</td>
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<tr>
<td>MKTC</td>
<td>Manya Krobo Traditional Council</td>
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<tr>
<td>MKYC</td>
<td>Manya Krobo Youth Club</td>
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<tr>
<td>MOH</td>
<td>Ministry of Health</td>
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<tr>
<td>MOWAC</td>
<td>Ministry for Women and Children</td>
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<tr>
<td>MSLC</td>
<td>Middle School Leaving Certificate</td>
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<tr>
<td>NCWD</td>
<td>National Commission on Women and Development</td>
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<td>NGO</td>
<td>Non-governmental organization</td>
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<td>NHIS</td>
<td>National Health Insurance Scheme</td>
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<td>OIC</td>
<td>Opportunities Industrialization Centre</td>
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<td>OVC</td>
<td>Orphans and vulnerable children</td>
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<tr>
<td>PaLHIV</td>
<td>Parent living with HIV</td>
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<td>PLHIV</td>
<td>Person living with HIV</td>
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<tr>
<td>PNDC</td>
<td>Provisional National Defence Committee</td>
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<tr>
<td>PO</td>
<td>Program Officer</td>
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<td>PPAG</td>
<td>Planned Parenthood Association, Ghana</td>
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<td>RIPS</td>
<td>Regional Institute for Population Studies</td>
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<td>SFP</td>
<td>School Feeding Programme</td>
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<td>SHS</td>
<td>Senior High School</td>
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<td>SPSS</td>
<td>Statistical Package for Social Scientists</td>
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<td>SRM</td>
<td>Sunrise Model</td>
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<td>TV</td>
<td>Television</td>
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<tr>
<td>UCC</td>
<td>University of Cape Coast</td>
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<td>UGMS</td>
<td>University of Ghana Medical School</td>
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<td>UMK</td>
<td>Upper Manya Krobo district</td>
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<tr>
<td>UNAIDS</td>
<td>The Joint United Nations Programme on HIV and AIDS</td>
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<td>UNCR</td>
<td>UN Charter on the Rights of the Child</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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<td>UU</td>
<td>Universalist Unitarian</td>
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<tr>
<td>VCT</td>
<td>(Voluntary) counseling and testing (for HIV)</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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</table>
List of Tables

Table 2.1 Educational Facilities in Lower Manya Krobo District
Table 2.2 Health Facilities in Lower and Upper Manya Klo
Table 2.3 Top ten causes of diseases (OPD)-January –June 2010
Table 4.1 Summary of study objectives, targets and methods
Table 5.1 Summary of what comprises care
Table 5.2 Qualities of a caregiver
Table 7.1 Major achievements by the Manya Krobo Queen Mothers Association 2000-2009
Table 8.1 Ages of queen mothers (n = 49)
Table 8.2 Period Queen mothers stayed in the area
Table 8.3 Marital background of queen mothers (n = 49)
Table 8.4 Queen mothers’ religious affiliation and Christian denomination
Table 8.5 Queen mothers’ levels of formal education
Table 8.6 Queen mothers’ employment status
Table 8.7 Livelihoods of queen mothers
Table 8.8 Assets owned by queen mothers
Table 8.9 How did queen mothers acquire assets?
Table 8.10 Composition of queen mothers’ households
Table 8.11 Household characteristics: population size
Table 8.12 Physical household characteristics: Types of occupancy and dwelling
Table 8.13 Household main sources of drinking water (n=48)
Table 8.14 Household health problems and health seeking behaviors
Table 8.15 Household sources of lighting and fuel for cooking
Table 8.16 Household expenditures and sources of external support in last 3 months
Table 9.1 Has the number of orphans increased in the last 2 years?
Table 9.2 Orphans in Manya Klo
Table 9.3 Religion and Christian denomination of orphans
Table 9.4 Participation and reason for participating in religious activities
Table 9.5 Orphans’ age and class
Table 9.6 Dream professions of orphans
Table 9.7 Parental statuses of orphans (single orphans)
Table 9.8 Orphan-guardian relationships (survey & formative research)
Table 9.9 Number of homes orphans lived in
Table 9.10 Things orphans worry about
Table 9.11 Significance of personal items left by parents
Table 9.12 How does child feel now?
Table 9.13 Why orphans feel the way they do (unprompted)
Table 9.14 Should parents with HIV or AIDS tell their children?
Table 10.1 Priorities of orphans’ needs (listed and ranked by participants)
Table 10.2 Needs of orphans in the order in which they were freely-listed by study participants in Manya Klo – 2008/2009
Table 10.3 Orphans’ perspectives on what they want
List of Figures

Figure 2.1 The traditional political structure of the Manya Krobo Traditional Area
Figure 7.1 Hierarchy of political organization of queen mothers
Figure 7.2 Structure of the Manya Krobo Queen Mothers Association
Figure 7.3 Administrative Structure of the Manya Krobo Queen Mothers Association
Figure 9.1 Age characteristics of orphans
Figure 9.2 Orphans’ country and region of birth
Figure 9.3 Type of school attended by orphans
Figure 9.4 Types of orphans
Figure 9.5 Single orphans living with living parent
Figure 9.6 Cause of parents’ death
Figure 9.7 Orphan views on effects of parental loss
Figure 10.1 Caregivers and relatives as providers of orphans’ needs
Figure 10.2 Orphans’ contribution to household expenditure
Figure 11.1 Biggest challenge facing the MKQMA
Figure 11.2 Queen Mothers’ group affiliation (outside MKQMA)
Figure 11.3 Level of Queen mothers’ participation in social groups

List of Vignettes and Box

Box 10.1 Child need as prioritized and defined by study participants
Vignette 1 Teye Kake: The boy with the missing mother
Vignette 2 Kporbi: the survivor
Vignette 3 Dede: the abandoned wanderer

List of Plates

Plate 1: Queen mothers thread glass beads
Plate 2: Queen mothers relax after a meeting
Plate 3: With my ‘friends’ at the royal residence
Plate 4: Manye Maku at work
Plate 5: After my ‘installation’
Plate 6: Manye Larkwor at the durbar grounds
CHAPTER 1
Background to the Study

1.0. Introduction: The research problem

By 2009, an astounding 14 million children in sub-Saharan Africa had lost one or both parents to AIDS. Globally, the number of orphans is decreasing due to improved access to antiretroviral treatment (ART). Yet, the number of children orphaned by AIDS in sub-Saharan Africa is expected to increase because many more of the 22.4 million people living with HIV (PLHIV), 60 percent of whom are women, will become ill and die due to the lack of life-saving medicines\(^1\) (UNAIDS 2010; see McDermott 2006).

Eighty percent of orphans are fostered by women, because an orphan’s kinship network – particularly the female members of the network – is expected to assume responsibility for her/him. In particular, the households headed by grandmothers have become the model of community orphan intervention. Older women are seen as heads of households whose activities are determined mainly by their membership and status in those households. The majority of grandmothers receive very little or no support from extended family members and some of them have had to rely on international non-governmental organizations -NGOs- (Stover, Bollinger, et al. 2007; UNAIDS 2000). The fixation of research and interventions on the older woman-orphan relationships within the grandmother-led household has, however, blinded researchers to other forms of care. Older women who foster orphans as well as members of their households may also be involved in community-initiated activities, group formation and management (Foster 2002; see Campbell 2003), and these activities may have outcomes for orphans.

Fostering is a well known practice in West Africa. It is the customarily approved arrangement by which biological parents allow their children to be reared by adults other than themselves, either because they are unable to assume responsibility for some of them or for strategic reasons.

\(^1\) The region has 67 percent (22.4 million) of all HIV infected and 72 percent of all AIDS-related mortalities. Only 45 percent of pregnant women have access to ARVs to prevent transmission to their babies (UNAIDS 2011).
Child fostering researchers in the sub-region (Renne 2005; Bledsoe 1990; Isiugo-Abanihe 1983; Goody 1982; Goody 1976/1993) have concentrated on ‘purposive’ or ‘voluntary’ fostering, that is, fostering which is not necessitated by calamity (Goody 1982:23-42). These researchers analyze how kinship ties function to employ fostering as a mechanism to maintain social stability. Fostering creates and helps to sustain bonds of mutual cooperation and interdependence (Ankrah 1993). It accrues economic benefits to the natural parents, the foster parents and the fostered child. It is an opportunity for a child in a rural setting to migrate to a town and (for urban children) to live with more endowed adults, who may send them to school or enroll them in an apprenticeship (Goody 1982). It is also an alternative source for domestic help for childless and aged relatives (Nsamenang 1992:149).

The studies cited above were carried out at a time when crisis fostering, or fostering due to situations such as dissolution of the nuclear family (divorce or separation), witchcraft, spousal death, birth out of wedlock, father absence, early birth (not matured mothers), and parental death, was uncommon (Goody 1982:42-44; Schildkrout 1978/2002:356). This means that there was less stress on the extended family support systems and they adequately provided for orphans. Fostering opportunities were many and children could choose their foster-parents. In Ghana, girls preferred their maternal grandmothers to paternal grandmothers (Goody 1976/1993). Indeed, fostering was the least of the functions of the extended family (Agyeman 1993). Under this circumstance of fewer deaths, it is understandable that researchers focused on processes and benefits of fostering using functionalist perspectives, with very little analysis of the dysfunctional aspects of fostering.

The decimation of economically productive populations due mainly to HIV and AIDS and, to an extent, violent conflicts, has exposed the rapid disintegration of the capacity of the ‘traditional’

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2 Some fostering practices in West Africa have been described as ‘adoption’ (see Bowie 2004). The difference between the two is that fosterage, unlike adoption, involves only the partial transfer of the rights and duties of the natural parent with respect to the object of the social transaction (Goody 1973:181).

3 Traditional is used to describe practice which is peculiar to Manya Klo. It does not connote ahistorical, change/stasis; non-transformation, etc. (Steegstra 2005:190-191). It may be used interchangeably with ‘custom’ or ‘customary’ to refer to “the normative patterns of behavior, which are commonly employed by members of a society, and are integrated into the main culture that they are taken for granted; the ‘natural’ thing to do” (Super and Harkness 1986:555).
system to deal with the increasing number of orphans (Decosas 2009). For example, Freeman and Nkomo (2006) find that among 1400 adults in South Africa, 25 percent think that in case of their demise a child’s grandparent will assume responsibility for the child. Another 12 percent could not name a substitute foster parent. The proportions could be lower because willingness to take in a child is based on the assumption that there would be external financial support, and therefore might not be fulfilled. The emergence of older women to fill the support vacuum as mediators of orphan assistance epitomizes clearly the weakened status of the extended family systems as a critical agent for the circulation of children in crisis.

Women’s responses to the orphan crisis vary with social context, but the general lack of local kin and non-kin support for orphans has led to the formation of different types of groups for purposes of interdependence and cooperation, ostensibly to promote the wellbeing of the orphans. These groups include extended families, self-help groups, credit groups, skills-based training groups, volunteer groups, and support groups. They have emerged from customary obligations, community solidarity, compassion, religious beliefs, and external influence (Foster 2002:3; Steegstra 2009; FHI 2006; UNAIDS 2006b). Thus, the extended families, under the leadership of older women, are increasingly depending on NGOs, donor/aid organizations, and state agencies to provide for orphans (Desmond and Gow 2001). Aside from providing the needs of orphans, external influence has also come through policies and support for community-based groups and empowering the state to perform its supervisory role as the overall guardian of orphans (Penn 2005; Umbima 1991; Kilbride and Kilbride 1990). In doing so, NGOs/donors turn orphan-related issues in local communities into national and global issues (Dunn 2004:1). The rules and processes that govern fostering, which were hitherto solely determined by the extended family, have been ‘delocalized’, that is, determined by these external agencies (Kilbride and Kilbride 1990; Kilbride 1992; see Pelto and Pelto 1983).

Attention has been drawn to the weak demographic characteristics, and especially the poverty of grandmothers as heads of orphan-filled households and caregivers (UNAIDS 2005b; Guest 2002; Ingstad et al. 1997; Foster, Makufa et al. 1996). Unfortunately, there is a dearth of knowledge on the variations of older women, women’s groups, how they are constituted, and the capacity of their groups to influence decisions that affect them and their orphans (UNAIDS
2005a; see Lyon 2003). Instead, debates rage on about the general capacity of the extended family to provide for orphans.

Two major theses have emerged in HIV and AIDS research about the function of the extended family as a ‘dynamic equilibrium’ that gathers and distributes children (Wardle 2004), and with the capacity to minimize the economic and social effects of parental death (Blanc and Lloyd 1994; Monasch and Boerma 2004; Ankrah 1993). The social rupture thesis states that the traditional support mechanisms have been over-stretched and may be too weak to function as expected. The second theory, and the antithesis of the first, is that the resilience and vitality of the traditional system can sustain more children, only if it is given more support (Abebe and Aase 2007).

The two paradigms may be viewed as representing two scenarios or experiences of kin group support to orphans in the face of the profound and transformative impact of the epidemic. Proponents of both paradigms cite older women’s struggles, innovativeness and resilience, as well as the capacity of indigenous systems of support to constitute themselves into solidarity groups to reverse misfortunes (Schoofs 1999) as evidences of their assertions. The focus on the family and community suggests that there is the need to depend upon community understandings and resources to improve orphan’s wellbeing. Unfortunately, in West Africa, very little data exist on women’s self-initiated strategies for dealing with the orphan crisis, and their diversities and histories, as well as the ideas and values, which shape the obligations and care practices of members of these groups (cf. Nieuwenhuys 1996:239).

Recent studies and projects on orphans and fostered children have provided a few insights into the subject. They highlight aspects of children’s wellbeing: legal (Rwezaura 1998), psychological problems (Makame, Ani and Grantham-McGregor 2002; Cluver, Gardner and Operario 2007; Foster 2002), and the economic costs of fostering due to the growing lack of wherewithal to support orphans (Serra 2000; Ainsworth 1992). These studies, however, do not provide holistic perspectives on the childcare ideas and values of the social context in which fostering is conducted. Only a few researchers have stressed the need to explore local communities’ understandings of concepts and processes (Oleke et al. 2005; 2006; Madhavan
It is obvious that the orphan crisis has affected the capacity of the traditional family support systems to provide for orphans. The response by women’s groups is an indication that processes for organizing support for orphans are changing and current perspectives on the nature of older women’s roles in fostering orphans may be insufficient, and even misleading (Livingstone 2003a). Some have even suggested that what may be regarded as “expert knowledge” on fostering may just be “guess work” (Goody 1976/1993:67). Indeed, in spite of efforts to ground HIV and AIDS related programs on research knowledge, evidence of what has worked is inconclusive (see Kerouedan 2010; Bennett et al. 2006).

In spite of their major roles in fostering, African women have played a very minor role in creating the knowledge that explains the roles they perform and how that knowledge is applied in interventions. Unfortunately, those who produce the knowledge on these and other African women, have employed Western frameworks that do not adequately address the gaps in what we need to know about African women (Beoku-Betts and Njambi 2005:122-123).

Current theoretical arguments do not reflect lived experiences of orphans and their caregivers in Ghana. If the future of Africa’s orphans depends on women’s initiatives (UNAIDS 2005a, 1997), then we need to examine more closely the formation of these groups, their functions and survival in order to make informed investments. Orphanhood, especially the one associated with AIDS, is not a homogenous crisis, neither are the experiences of those who shoulder the responsibilities of alleviating the attendant social conditions (Piot 2006:528-529). To understand the variability of the crisis and the responses, we need to examine specific contexts where such crisis has occurred in order to identify, describe and analyze the ideas and social values that drive specific pragmatic women-initiated community-based responses. In this study, I look at the orphan situation and caregiving initiative in Manya Klo in Ghana.
1.1. HIV, AIDS, orphans, and fostering in Manya Krobo Traditional Area

Currently, an astounding 18 percent of Ghanaian children (0 to 17 years) are fostered, and 8 percent of them are orphans (GSS, GHS and Macro 2009). An estimated 160,000 children are orphaned due to AIDS, up from 60,000 in 2001 (UNAIDS 2011). Orphans are generally fostered by the extended family. In practice, this means that over 80 percent of them are fostered by women, of whom 66 percent are 45 years or older, 48.6 percent are widows, and 45 percent have no formal education (GAC/UNDP 2003).

The epicenter of the AIDS-induced orphanhood in Ghana is the Manya Krobo Traditional Area (MKTA). MKTA lies about 80 kilometers north-east of Accra, the capital of Ghana. Manya Klo is a patrilineal society. This means that a child belongs to the father’s agnatic kin to whom she/he owes obligations and is also entitled to rights such as inheritance, burial, and marriage into another clan (we) or ethnic group (Huber 1963/1973). In the event of the death of an adult member, kin members, mostly those of the deceased’s generation, assume the responsibilities of natal parents. This culturally sanctioned arrangement ensures continuity in the biological and social growth of the orphans or gbosi bime (children left behind due to death). Any adult who fostered a child in crisis is considered to be honoring a welfare responsibility. The extended family was able to take in all such children. Consequently, some have observed that there was no need for the state and other external agencies to be involved in mediating the wellbeing of children (Goody 1976/1993:85). The status of orphans was always a family secret that was never revealed to neighbors or strangers. The role of men in fostering decisions is of extreme importance mainly because they have access and control over lineage (and personal) resources, which are needed for protecting orphans (Goody 1982:152-153).

Kin support enables orphans to deal with multiple problems related to parents’ illness and death, reduced access to health services, education, food and inheritance and discrimination, among

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4 See Chapter 3 for detailed analysis on the context of HIV and AIDS in Manya Klo.
5 A traditional area is a group of villages each of which probably has an elected chief, but which acknowledge their relationship to one another and their joint allegiance to an overarching or paramount (male) chief Brydon (1996:227).
6 ‘ε’ is pronounced ‘er’ as in ‘teacher’, but when anglicized it is written as ‘e’. For example, Matse is written as Matse (chief) and Manye as Manye (queen mother).
other problems (GAC/UNDP 2003). Recently, however, the extended family has been under extreme stress, due to HIV and AIDS (18 percent prevalence in 1992 to 5.8 percent in 2010 – Atobrah 2004; GAC 2010), poverty, and urban migration (MKDA 2007). AIDS has decimated the productive population, mostly young women who turned to sex work as a means for personal and familial survival (Sauvé et al. 2002). The result is a high number of orphans. The Eastern Region including MKTA has 11.6 percent of Ghana’s population, but 26.5 percent of orphans (GAC/UNDP 2003). The high number of orphans has contributed to a rapid decline in the solidarity of kinship support for orphans (Steegstra 2009).

Amidst this dwindling capacity of the kinship network, kin obligations towards orphans have shifted to queen mothers, an estimated 371 female traditional leaders of lineages or parts of lineages. A queen mother is the ‘mother’ and the development agent of her town or village (Boaten 1992). Most significantly, a queen mother has responsibility for the wellbeing of her people including orphans. Indications are that presently the majority of them are frail, economically weak, and struggling to take care of themselves (Lund and Agyei-Mensah 2008). The growing influence of the queen mothers is additional evidence of change in orphan care responsibilities. About four decades ago, adults of the orphan’s parents’ generation (uncles, aunts) supplied three-quarters the child’s needs (48 percent with maternal kin and 25 percent with paternal kin) (Goody 1976/1993).

The queen mothers’ strategy for orphan support is known as the Family Net System (FNS). It is built upon the traditional foster care practices whereby adult kinsmen take responsibility for the children of the deceased kin. Orphans live with queen mothers or with their extended families, under the supervision of a queen mother. This strategy ensures that orphans receive nutritional, educational and other forms of assistance, and also helps to reduce discrimination against the orphans. The FNS strategy also helps to address issues related to poverty and gender inequality (RoG 2005:7).

Since 1989, queen mothers have transformed their traditional positions into an NGO known as the Manya Krobo Queen Mothers Association (MKQMA). The formal assumption of this previously unknown label, ‘association of traditional leaders’, is innovative and very strategic. It indicated a willingness to transform the traditional institution to meet contemporary challenges,
and it set the members apart from similar female leaders across Ghana. More importantly, according to Ribot and Peluso (2003:171), taking on the NGO label enables community-based groups to solicit assistance from international NGOs/donors and state agencies, commonly referred to as “partners,” whose interests resonate with theirs.

Recently, queen mothers in Ghana have been relying on NGOs and western philanthropists to raise funds for their development projects (Stoeltje 2003:3). For queen mothers in Manya Klo, the objective for raising money has mainly been for orphans. Like similar groups in eastern and southern Africa (Rosenberg et al. 2008; Kamanzi 2007), the MKQMA has entered into ‘partnerships’ or ‘collaborations’ with agencies and donors, and directs material resources mobilized from these agencies to households with orphans (and vulnerable children). Aside from support from NGOs and donors, orphans and their guardians may also benefit from social protection interventions, including poverty alleviation programs, such as the Livelihood Enhancement Adjustment Programme (LEAP) and the National Health Insurance Scheme (NHIS). Other interventions include Free Compulsory Universal Basic Education (FCUBE), free school uniforms to school children in deprived communities, School Feeding Programme, free exercise books, and improved physical infrastructure (GAC 2010; MoI 2010).

Unfortunately, the above social interventions do not specifically target orphans and are, therefore, mostly inaccessible to orphans. In 2007, only 2 percent of orphans and vulnerable children benefited from such interventions. The proportion improved to 7 percent in 2009 (GAC 2010). The total expenditure (from national and international sources) on ‘AIDS orphans’ and vulnerable children was US$153,000 in 2007 (an average of US$1 per child), which almost tripled to US$422,000 (average of US$3 per child) - (UNAIDS 2011). Support to orphans is expected to increase with the launch of the National Action Plan (NAP) for Orphans and Vulnerable Children (OVC) by the GAC and UNICEF in May 2011. The three-year action plan will cost an estimated US$46 million.7

The poor situation of orphans and the weakened extended family and state capacity to protect them underlies the intensified need to build, strengthen and maintain partnerships at the local, national and even international levels between local communities, states and NGOs/donors (Roby and Shaw 2006; Guest 2002). The partnerships have several implications for the organization of ‘care’ for orphans, mainly due to the relational imbalances. In these types of relationships, partners and the local groups may use similar terms, but they may mean different things and have different expectations (Carr and Mpande 1996). Also, the terms and meanings used by the partners determine how care should be organized. According to Whitfield (2003), in Ghana, the use of common discourses by partners tends to hide the differences that exist between them.

The effect is that universal ideals and values promoted by the partners, rather than local (customary) values, realities and arrangements, provide the standards by which support for orphans is organized. Decisions about resources, the conceptualization of orphans, their needs, and the best fostering practices, are all determined by the broader political economy comprising state and non-state organizations through the National Policy on OVC. The OVC policy is based on a human rights framework, which is also embedded in an amalgam of international (human-, woman- and child-rights) conventions and declarations, in addition to the rights provisions in the Constitution of Ghana, and the Acts on the rights of the child. The international conventions include the United Nations Convention on the Rights of Children, UN Declaration on Human Rights, African Charter on Rights, and several others (GAC, MOWAC and MMYE 2005). These laws, acts and conventions, empower state institutions like the Department of Social Welfare and the police to act as the arbitrators, negotiators and enforcers of the wellbeing of children (Goka 2006; cf. Kilbride and Kilbride 1990; Kidman et al. 2007; also Leinaweaver 2007).

In spite of the burden imposed on them by AIDS and the debilitating impact of poverty on their lives, the queen mothers, like other older women across sub-Saharan Africa (Oleke et al. 2006; Nyambedha et al. 2003), remain caregivers par excellence. They have been hailed as more competent than international and other local NGOs in terms of managing community-based
projects in Ghana (GNA 2007). The National OVC Policy is, in fact, based on the work of the MKQMA.

Manya Klo is epidemiologically and programmatically significant to HIV and AIDS response in Ghana. It is the experimental ground for most of the clinical and social interventions that are ongoing in Ghana, including ART treatment and support for orphans. Studies conducted in the area have been used to guide the planning and delivery of HIV preventive and treatment interventions (FHI 2003/2004; 2002b). With regards to orphans, however, relatively little data is available. It is imperative, therefore, to ensure that interventions for orphans are continually grounded in fresh and sound data, which also reflect the context.

Despite its significance, only a few studies have been conducted on the MKQMA and knowledge about its work is limited. What are the factors that restrict or encourage participation in the activities of the group? What factors influence the relationships between members, and how are they exploited in the interest of orphans? These issues and several others have been under-researched. This lacuna exists because, in spite of the proliferation of groups like the MKQMA, orphan research in Ghana is still dominated by the perspectives of adults (see Steegstra 2009; Ansah-Koi 2006). Even though there have recently been attempts to examine the perspectives of orphans (Kuniyi et al. 2009; Lund and Agyei-Mensah 2008), their voices have often been muted in the research. It has been documented that children as young as six year olds act as nurses for their bedridden and dying parents (Skovdal 2010; Foster 2006:700). These experiences and many more necessitate the active engagement of orphans to elicit their experiences; this has been described as their rights, and critical to improving their living conditions (Theis 2001; Watkins, Mary and Fisher, Susan; see Holmes 1998). Yet researchers ignore the perspectives of orphans and do not acknowledge their increased involvement in caregiving.

Although there is evidence that men play active roles in the lives of their biological and social children regarding decision making and providing for them (Engle 1997; Goody 1970; Oppong 1978), they are conspicuously missing in research on children in Ghana (Adomako Ampofo 2004). Like earlier studies (Bledsoe 1978:296), current studies center their analyses almost entirely on women and children, even when there are men in the households. In effect, these
studies not only ignore men, they also fail to explore ways to engage them or other members in their households. For women, there are very few indications of their participation in the socio-political activities of their societies, and how their differential access to power may affect their obligations towards orphans and relationships in care networks. These studies, therefore, perpetuate the notion that women (or ‘caregivers’) are restricted to the domestic sphere and/or are continually subjugated by men (Aidoo 1985; Robertson 1984:9).

From the above, it is evident that HIV and AIDS have caused massive demographic transformations in MKTA, and these have had negative impacts on the organization of familial support for orphans. The emergence of the MKQMA in relation to the changing fabric of traditional kinship networks, the structure of the organization, and the consequences of that on orphans in MKTA calls for a more indepth analysis.

Fostering is a complex phenomenon, which takes place in multiple contexts, and so it will be daunting to analyze all its aspects in a single work (Verhoef and Morelli 2007; Isiugo-Abanihe 1985:185). In this study, I identify, characterize and analyze the contextual factors that influence fostering practices of the queen mothers. The stress on contextual factors (or non-use of external homogenous a priori frameworks) is germane to research, policy and the search for efficient ways to utilize available resources (Manderson 1998; Crewe and Harrison 1998; Yoder 1997; Paul 1955/1990). Specifically, I analyze the conditions in queen mothers’/orphans’ households, where the toll of orphanhood is heaviest and the special needs of orphans that complicate the challenges of survival (Foster and Williamson 2000; Nyambedha et al. 2003).

In a highly endemic area like MKTA, it is very likely that the queen mother households are reflections of the general conditions in which crisis fostering is articulated, contested, and experienced. I describe the history of the MKQMA and the orphans’ project. I examine the extent to which the interaction between (kinship) household conditions, activities within the MKQMA, and the State/NGO participation in the orphans’ project influence the social organization of support for orphans.

The analyses achieve the following objectives: (1) to identify and describe the ideas and values that inform orphan ‘care’ relationships and examine the meanings and expressions of concepts
associated with orphan care; (2) to explore the relationships between the cultural care (the ideal) model and actual care practices, and identify factors that promote or thwart adherence to the traditional ideal ‘crisis foster care’. In this regard, I analyze the challenges faced by individual queen mothers and also by the MKQMA; and (3) assess the needs of orphans using locally-derived indicators and orphans’ subjective narratives. Could locally-derived orphan needs and priorities provide complementary or more locally valid indices for determining what children need to grow and develop after losing a parent?

1.2. Key issues in orphan care research

Every society has institutions for bearing and providing for children (Goody 1982:1-3), however, cross-cultural research and interventions for fostering children in crisis (UNICEF 2006; Bowie 2004; Greeff 1999; Terrell and Modell 1994) show that Anthropology of Children can draw on cross-cultural experiences and multiple disciplines such as Public Health, Nursing, International Development, Social Work, Psychology, and Sociology to explain crisis foster care in any social context. Indeed, child (and foster) care research is a multidisciplinary enterprise to which anthropology is only beginning to contribute (Hirschfeld 2002; Schwartzman 2001). Therefore, I draw on perspectives and lessons from other disciplines and regions outside of Ghana to reflect the wider ramifications of the phenomenon under study. Very little exists on the queen mothers of Manya Klo and their orphans. The study builds on four topical issues in current orphan and childcare research.

1.2.1. Partners-local community collaboration for orphans

The collapse of the extended family system means that older women are bearing the burden of responsibility for orphans in sub-Saharan Africa. At the same time, these women are unable to leverage the political and social capital (authority, wisdom and economic independence) that are associated with old age and critical to supporting children (Livingstone 2003a; Ogden et al. 2006). As physical frailty, poverty, and lack of local support compel older women to shift the
responsibility for orphans to external agencies such as NGOs and state institutions, they accentuate the collapse of the traditional support mechanism and its vulnerability and dependence (Goka 2006:1-5; Kilbride and Kilbride 1990).

The growing involvement of external partners in women-initiated groups to support orphans has caused researchers to rethink their theories, ask new questions, and call for renewed understandings about how orphans are fostered. The new approach transcends fostering analyses that are based on assumptions of very stable and functional kinship ties. In particular, researchers have begun examining children as rights-bearing persons who are in some ways autonomous from the kinship networks in which they are embedded (Bray and Dawes 2007; Kawewe 2006; Panter-Brick 2002). The rights paradigm places a moral responsibility on the State, instead of extended family/kinship, as the ‘corporate parent’ responsible for orphans (Umbima 1991). Women’s groups are seen as the best implementers of these new ideals, a perception that has increased partnerships between local women’s groups and external agencies as the key strategy for improving the lives of orphans (UNAIDS 2005a; Foster 2002b).

In spite of the numerous challenges affecting the extended families, partners have consistently advocated stronger women’s community-based initiatives and opposed formal or institutional ones, on the basis that the former are microcosms of the traditional welfare system, and they require lesser amounts of resources to protect orphans. The formal system undermines customary childcare ideals and practices because it uproots children from their social context and denies them material and spiritual support from their families. At the same time, community initiatives that encourage the involvement of the extended family are also saddled with acute lack of resources, even when households are supported through special public programs or by donor/aid agencies (Bowie 2004; Matshalaga and Powell 2002; Desmond and Gow 2001; Tuakli-Ghartey 2003). So, in spite of its practicality and social appropriateness, the traditional support system is still unable to meet the needs of orphans.

In pointing out the benefits of the traditional support mechanisms, it is often assumed, implicitly, that investing in women’s groups will guarantee fostered children an improved life. The truth of the matter is that, aside from the foster parents’ lack of resources, poor living conditions in the households, and the need for the partners to contribute to them, very little is
revealed about other challenges relating to women’s membership in social groups and how group membership may impact caregiving capacities. There is hardly any data on how they contribute to generate and share resources in these groups. Consequently, the basis of claims of the effectiveness of women’s groups is often not very clear. Studies have shown, for example, that children fostered in the traditional setting may not necessarily fare better. They are likely to be abused and denied medical care (Foster et al. 1997) or get it late (Oni 1995), and may have poor nutritional outcomes (Verhoef and Morelli 2007).

Partners-community collaborations may be synergistic, but they are also unequal and characterized by conflicts (Kilbride and Kilbride 1990:15). On the one hand, the partners emphasize community participation through women’s groups as focal units for negotiating orphan survival. This is supposed to ensure that assistance to orphans is provided in accordance with their rights that is, taking into account the local values and practices (Skinner et al. 2006). This approach, which is prescribed by UNICEF and implemented by all stakeholders, oftentimes conflict with local ideals and realities, and may not offer the benefits it proffers (Penn 2005). For example, contrary to its assumed universal character, the UN Charter on the Rights of the Child (UNCRC) is considered to be a purely western formulation, which does not account for the differences in children’s wellbeing; it is based on a socialization model that protects the children who may be in danger, but does not encourage respect for the rights and agency of children (Theis 2001:100-101).

Determining ‘caregiver’, beneficiary orphans, orphans’ needs, and even the goal of parenting, are often influenced by international charters and conventions (for example, the UN Charter and Declaration of Human Rights, UNCRC), national constitutions and policies, which are superimposed on local community values and practices (Goka 2006). The power to create categories such as ‘double-’, ‘single-’, ‘maternal-’ and ‘paternal- orphans’ and universalize their usage (UNICEF 2006a:4), may conflict with local interpretations, thus creating tensions, especially when the categorization is intended to be ‘for all’ (claims to provide for all the people included in the categories), but is not underpinned by a clear plan to meet the expectations for the orphans (cf. Navaro 1984). These differences may account for the apparent rhetorical and symbolic relevance of universal rights-based policies, which are disconnected from the priorities
of local communities and do not provide concrete steps for realizing their goals (Gruskin and Ferguson 2009; see Castro and Singer 2004; Whiteford and Manderson 2001). In addition to the inconsistencies in the rhetoric and practice, external agencies’ partnerships with local groups are sometimes opposed because they are perceived to be an imposition of unfriendly external values and practices on the community (Kostermans and Diack 2004).

Aside from the above challenges, not much is known about women’s self-initiated projects and their impact on orphans in Africa (cf. Penn 2005:79), and much less on the variations in women’s groups for orphans, how new groups are established or how existing ones have been transformed, and how they are reconstituted. Where women’s initiatives are built on traditionally established groups, we do not know the challenges involved in having these groups operate as traditional systems, and at the same time work with external agencies for the benefit of orphans.

‘Caregivers’’ behaviors have been portrayed as been motivated by pure altruism, and that their behaviors and choices are devoid of consideration of self-interest: the groups and networks women create and the resources they generate are exploited only for purposes of improving the lives of orphans (Nyamukapa and Gregson 2005). The decision to support an orphan may be based upon a ‘caregiver’s’ loss-benefit analysis, and preference for acts that best fulfills her own interests. It is even possible that available resources may be used for their personal benefits and not for promoting the wellbeing of the orphans (Lindhiem and Dozier 2007; see Degenne and Forsé 1999:9; Flache 1996). It is also assumed that NGOs are neutral without interests and that all external assistances are beneficial, when in fact some activities of external groups may hinder the work of community-based groups that protect orphans (Foster 2002). There is very little evidence as to how these might happen.

The application of external ideas, values, and practices, regardless of their potential benefits, require local people to make adjustments in their social organization. These adjustments, even if they are minor and unintended, could cause serious social problems and, therefore, cannot be taken for granted (Sugar, Kleinman and Heggenhougen 1991). We do not know what the perspectives of the community members (citizens) are regarding how the practices of external agencies affect the organization of orphan care practices. We also do not know the extent to
which they are involved in care decision-making, and how the activities of the partners may affect citizens-older women’s relationships.

1.2.2. *Older women, men, and orphan care*

In spite of cross-cultural evidence about men’s contribution to providing childcare (Wilson et al. 2007; Ogden et al. 2006; Engel 1997; Lamb 1987), analyses of childcare experiences have presented fostering as a ‘feminized domain’ (Telfer 2004:247-8). Childcare research focuses on the mother-child dyad and meeting the immediate material needs of children and infants (Kuo and Operario 2007; Piwoz and Bentley 2005; Engel et al. 1999). In these studies, terms like ‘grandparents’ and ‘complementary female/male roles’ (Singer 1998:69; Hewlett 1992:156) which acknowledge men’s role are being replaced by ‘grandmother/ woman’ (Bock and Johnson 2008; Schatz 2007; Winston 2003). This observation may seem trivial, but it shows a subtle and steady neglect of men in childcare research and, therefore, raises concern about the theory and praxis of gender and orphan care.

Chin (2001) criticizes western feminists for championing and universalizing discourses of childcare (and fostering), without realizing that their own roles as mothers, the conditions of their children, and their relationships with children are shaped within specific historical, political, and social eras (131). The skewed focus on women and the homogenizing discourse used in child research, results in misdiagnosing of the fostering context, because it hides the variations in women’s involvement (Miller et al. 2006), and may exaggerate women’s role and agency in childcare (Bledsoe 1978). Women fosterers are not all the same. They are in different phases of the life cycle, have different socio-economic statuses, and they have different levels of influence over the fostering process and on the lives of fostered children (Castle 1995). Ideas, values, and practices of childcare are dispersed through very complex processes of structural and economic exchanges and relationships between groups of people, organizations, and so forth. This situation creates differences in the fostering experiences of individual women (Pelto and Pelto 1983:507-508).
The focus on grandmothers overlooks the role of the younger women, even though they are likely to contribute much more than older women (Bock and Johnson 2008). It also fails to acknowledge the agency of children in shaping their lives (Verhoeff 2005; FHI 2002a; see Panter-Brick 2001), and provides very limited insights into men’s role (WHO 2004). This neglect by researchers clearly demonstrates the under exploitation of men as resources for alleviating the impact of AIDS-related orphanhood and the general burden of HIV and AIDS (Zachariah et al. 2006).

The skewed focus on women and the inaccurate analyses of their situations as caregivers, may be affecting interventions that are supposed to ease their burden as fosterers. Women are made visible only through their neediness. Their agency, resilience and influence on local politics, competition for resources within their groups, and the consequences of these actions are not revealed.

If indeed childcare roles are complementary and communal (Oppong 1983), then we must directly and actively engage female and male members of a community to investigate their roles in fostering orphans, and to ensure a broader understanding of the practice, including how women’s group perform their responsibilities.

1.2.3. Context and orphan caregiving

Childcare concepts are socially contingent (Yngvesson 2004; Chin 2001). For example, ‘child needs’ and ‘parental goal’ are culturally prescribed and are affected by different social and cultural factors including time, beliefs, and gender (Montgomery 2005; Renne 2005; Whiting 1986/1996). Singer (1998), however, describes child research as value-laden, due to researchers’ use of Eurocentric concepts and suggests that they are neutral. As a result, the values and ideals which influence critical caregiving decisions are exogenous to the communities in which these ideas and decisions are applied. The value-ladenness has intensified due to a persistent lack of attention to context and the exportation of western middle class notions of ‘what is better for children’ (Panter-Brick 2002).
Concepts related to childcare have generally been used without any clear meanings, and there is no known attempt to develop alternate models to examine the meanings of these concepts and the associated challenges from the perspectives of the caregivers (Nieuwenhuys 1996:239-241). Penn (2005) observes that what is often presented as children’s needs are the priorities and interests of international organizations and researchers. The needs of orphans are predetermined and prioritized based on assumptions that derive from sources such as global indicators: Millennium Development Goals (MDG), advocacy groups (UNICEF), researchers’ own experiences or biases. For example, western education has been recommended as the key to regaining children’s self esteem, a pathway to productive life and a security against the cycle of violence (UNICEF 2006; Case et al. 2004; UNDP 2010). Umbima (1991) Nsamenang (1992) and Gottlieb (2004; 1998) argue that African children’s needs must not be defined in physical and psychological terms only, because children are conceptualized as partly spiritual beings and their spiritual connections to their family are fundamental to their survival and wellbeing. Gottlieb (2004) argues further that the beliefs associated with childcare are often not discussed in the Eurocentric representations that dominate childcare research, even though they influence childcare practices.

The obsession with specific variables of what must be provided for orphans has not yielded a holistic understanding of the situation of fostered orphans. While schooling and other individual needs like food may be important, it is more pertinent that we understand orphans’ needs and priorities from their perspectives and not for these needs to be based on some external imaginings. Any attempt to categorize and identify the needs of orphans must consider relevant social and demographic factors such as geographical location, age, gender, kinship ties, and household economy (Oleke et al. 2006:270).

Due to the lack of context in studies on orphans, research findings have been based on models of the ideal orphan that do not convey community understandings and, therefore, result in policies, which do not meet the needs of orphans and their foster parents (Ogden et al. 2006). Orphans are portrayed as a monolithic group that is evenly affected by fostering practices and are compared with nonorphans (Verhoeff and Morelli 2007). For example, school attendance of orphans (as a group) may be compared to that of nonorphans (UNAIDS 2011). This notion
blankets the intra-community variations of the kinds of outcomes that policies may have on the lives of orphans. Anthropologists need to urgently explore the plausible differences among fostered children, especially orphans (Oleke et al. 2006; see Castle 1995; Bledsoe et al. 1988) and interrogate the concepts that underpin orphan care research.

1.2.4. Identifying needs and measuring orphan care

There is a lack of locally appropriate measures for crisis foster care in indicator research. The main objective of current childcare indicator research is to quantify children’s physical and psychological development challenges and the responsibility of partners and state to orphans (see Weissberg et al. 2003; Land et al. 2001). The measures employed in these studies and surveys are mostly ‘adultcentric’ and they exclude children’s perspectives (Fattore et al. 2007:6; Ben-Arieh and George 2001). Interventors for orphans would like to know the proportion of orphaned and vulnerable children aged 0-17 whose households received free basic external support in caring for the child, and the proportion of schools that provided life skills-based HIV education (GSS, GHS and Macro 2009).

Quantitative anthropometric, morbidity, and mortality data are also used to measure health outcomes for children (Miller, Gruskin et al. 2007), to compare the health status of women and children in rich and poor nations (Victora et al. 2008), and to determine the needs of children (Penn 2005). These quantitative data reflect the nature of externally driven programs rather than the real concerns of orphans (Fattore et al. 2007; cf. Easterly 2006:196-198). So, the ‘numbers game’ (Robson 2004: 231) fails to explore contextual understanding of foster care in order to assess community-based initiatives for orphans based on the community’s priorities and from the perspective of the community members (Freeman and Nkomo 2006; Wilson 2006; Suliman 2005).

Unfortunately, anthropologists who focus on children have been less critical of the meanings of quantitative generalizations and less proactive in seeking more appropriate indicators (Nichter and Kendall 1991; also Bletzer 1995; see Patton 2002). An assessment of community-based orphan programs will need to be based on the community’s values and practices. This means
that researchers have to directly engage foster parents, orphans and other community members through multiple methods to elicit their subjective narratives (Deininger et al. 2003:1217). Through this approach, support for orphans can be delineated from similar practices. It will yield data that will complement current adultcentric and quantitative bias in indicator research, and provide context for interpreting the statistics. It will also help to generate more reliable context-focus data, and evaluate the different household and community factors that affect orphans (Bicego et al. 2003).

1.3. The integrated theoretical perspectives

Ethnographic studies using cultural and psychological frameworks, dates back to the second half of the twentieth century and provide detailed descriptions of childcare practices and values across cultural contexts. These studies show that behaviors that were previously explained as psychological were actually based on a combination of social factors. These ethnographic studies can be viewed as anthropologists’ reactions to child studies grounded in positivistic experimental paradigms dominated by psychologists (LeVine 2007:248; Super and Harkness 1986:549).

More recently, anthropologists have increasingly combined both anthropological and psychological frameworks to examine the relationships between social-cultural context and characteristics of individual caregivers, and measured the combined impact of their relationships on the development of the child in specific cultural contexts (Lamb 1987 and 1981; Nsamenang 1992). This integrated, psycho-cultural framework bridges the gap between anthropological focus on socialized adults and a psychological focus on the ‘decontextualized individual’. The integrated framework also helps to identify and describe the cultural bases of childcare practices (Super and Harkness 1986, 1997). However, different anthropologists have proposed differing “integrated frameworks” that emphasize different aspects of the link between culture and childcare.

Whiting presents culture as the stage where the drama of childcare is performed. It is the ‘learning environment’ (consisting of livelihood, beliefs, etc.), which determines social
interactions, the contextual meanings of child’s work and play, and that ultimately influences
the development of the child (Whiting and Edwards 1988).

The “developmental niche” model proposed by Super and Harkness (1986) is an integrated
framework based on the functionalist view that culture is a system made up of interrelated parts.
The developmental niche constitutes the cultural context of the child’s development. This
framework facilitates a holistic analysis of the influence of the different aspects of culture on
care-strategies, and their impact on the physical, intellectual, emotional and social
development of the child. The niche is made up of three separate but inter-related sub-systems:
the physical and social settings in which the child lives; the culturally regulated customs of
normative child care practices; and the psychology of the caretakers. Although analytically
separate, the three components coexist harmoniously at each of the culturally determined stage
of the child’s development. The three sub-systems provide insights into aspects of the culture,
the physical context, the individual, and the knowledge that shapes the child’s development and
care practices (552-553).

The physical and social settings consist of interacting individuals whose actions are modeled by
children, and institutions such as schools, that shape the child’s development. Based on their
observations of children in Kokwet, Kenya during the 1980s, Super and Harkness (1986)
conclude that childcare practices and relationships are cultural adaptations to the physical
environment and strategies for dealing with child development. The developmental niche
represents a “scaffold” to which caregivers adapt. The physical environment affects sleep,
gender roles, work and play, among other things. Climate influences livelihood patterns and
child carrying practices in hot and cold climates. The increasing roles of the state and
missionaries in education affect parental goals and result in changes in practices associated with
the development of the child, such as the criminalization of female genital mutilation (Super and
Harkness 1986).

The psychology of the caregivers includes the beliefs and values that influence the emotional
strategies that parents employ in caregiving. It also mirrors the goals of parenting and the social
construction of the child. For example, the cultural construction of intelligence (ng’om) among
Kokwet children helps mothers to assign them to physical and social settings, and make decisions about children’s personalities (556).

Another analytic framework that combines the individual, the social and the physical context in the analysis of childcare is the ‘cultural mediation model’ (LeVine et al. 1994). It has been employed to examine, among other things, the influence of the ‘cultural script’ on parental behavior and infant-mother interactions, among the Gusii in Kenya.

Integrated approaches analyze childcare practices as adaptive strategies that help to maintain social equilibrium. However, they are also concerned about the impacts of de-stabilizing factors, such as urbanization, gender inequity, poverty, political instability, and demographic change. In particular, integrated approaches are investigating women’s ability to adapt their roles as child caregivers (and active agents of change) by developing ingenious responses to the challenges of childcare in socially unstable contexts (Edwards and Bloch 2010:489; Montgomery 2005; Renne 2005; Yngvesson 2004; Whiting 1986/1996; LeVine et al. 1994). The change in government (from colonial rule to self-government) has affected the distribution of child caregiving responsibilities, and the ways in which mothers are perceived in Kenya (Whiting 1988). As mothers and income earners, Ashanti women continually negotiate their statuses and roles with their husband so that they are not tied down to domestic chores and childcare (Clark 2000).

In spite of the emphasis on cultural constructions and more recently the political economy, Gottlieb (2004) contends that infant care research is mostly based on middle class Western constructs of ‘stages of development’. She asserts that theoretical frameworks that are used in research on children must examine much closely the contextualized meanings of childcare practices in order to deconstruct the lingering homogenized models. This, she claims, could be achieved through focusing on the perspectives and understandings of individuals (49). She advocates an anthropology of infants, which is deeply grounded in an indepth and more nuanced understanding of culture, and focuses on the taken-for-granted everyday practices that caregivers engage in. Gottlieb, therefore, examines the caregiver’s natural context and personal characteristics, and then evaluates the ways in which all of these factors are affected by the
political economy. She argues that the results of such an approach would be a realistic reflection of the context, the values and practices related to childcare.

Like Gottlieb, Kilbride and Kilbride (1990; see Whiting 1986/1996) stress the need for child studies to focus on cultural practices, but they attach an even greater urgency to concentrating on the influence of the wider political economy in creating the knowledge and practice that affect childcare practices in the households, the perennial focus of child studies. In this vein, they propose the theory of delocalization for the analyses of social-economic changes and changes in social structure as they affect the wellbeing of children. Delocalization refers to ‘the different but interrelated events that occur when basic material and intellectual needs that have been the responsibility for people within a local setting become “market exchange commodities,” which are provided mainly from external sources’ (Kilbride 1992:187-188; see Kilbride and Kilbride 1990; Pelto 1973).

Delocalization may occur at any level of the social structure and in any social institution, including the theory and practice of childcare. In the case of childcare, delocalization occurs when universal ideals rather than local (customary) values, realities, and arrangements provide the template for the discourse, rules and social organization of their wellbeing. In other words, local communities may appear to self-determine the issues that affect children, when in fact those decisions and others within households are predetermined by more powerful actors (agencies and institutions) outside of those communities and households (Poggie et al. 1992:9).

The theory of delocalization is particularly important because recently in Africa, the weakening of extended family systems due to the burden of HIV and AIDS (Abebe and Aase 2007; Madhavan 2004), has given impetus to NGO, donors and state institutions to progressively take on more kin responsibilities for children. The delocalization of children’s issues and the global concerns about the rising number of orphans require us to take into account the changing context of orphans.

From the above, it is obvious that current situation of orphans and orphancare practices can best be analyzed through a convergence of integrated frameworks (cf. Kilbride and Kilbride 1990: 244). This means that instead of depending on a single framework (psychological, cultural or
structural) to investigate the changing roles and contexts of adults with responsibilities for orphans, and the general situation of orphans, we should employ an interpretive analytical framework that combines other frameworks. In the case of this study, however, the framework must be sensitive to and accommodating of the shifting demographic structures resulting from HIV and AIDS, and at the same time, complementary to the anthropological approaches mentioned above.

This study is guided by the integrated framework of anthropological studies on children, which critically examine the impact of culture on childcare practices and the development of children. The integrated approaches hold that childcare practices and the knowledge that influence them are culturally constructed. These practices and knowledge are determined by the beliefs, values, and physical characteristics of a society (Edwards and Bloch 2010). This implies that child care practices of the Gusii of Kenya, for example, are different from those of White and middle class Americans (LeVine et al. 1994). Culture, therefore, is of great significance to childcare studies in general and to the integrated frameworks in particular.

Proponents of the integrated frameworks contend that relying on a single universal (anthropological or psychological) model or framework in child studies does not allow for a holistic understanding of the complex (cultural, ecological and physiological) caretaking context, plus the factors that inhibit or facilitate caregiving (Tronick, Morelli and Winn 1987).

Culture Care Diversity and Universality Theory

The challenges and perspectives in child/orphan research are diverse and so are the types of community-based responses to the orphan crises in sub-Saharan Africa. These differences justify the need for the analysis of women’s intervention for orphans to be framed in a broader framework that would accommodate the multiple challenges and multiple perspectives. In view of this fact, this research is guided by what has been dubbed the Culture Care Diversity and Universality Theory or simply the Culture Care Theory (Leininger 1995, 1991). It is an integrated anthropological framework that has been used mainly in nursing to generate contextualized knowledge to facilitate the provision of high quality clinical and healthcare in
cross-cultural contexts. It has not been used in foster care studies. I have chosen to draw on culture care theory, rather than the other integrated frameworks that I have mentioned above, because it captures, in my view, the different aspects of the other frameworks. Besides, it has been used by other researchers, and so it is good for generating comparisons.

Culture care theory was developed by anthropologist cum nurse, Madeleine Leininger in the 1950s. It is a multidisciplinary theory that has its philosophical roots in several disciplines, but mainly in anthropology and nursing. The theory was developed to fill the void due to the absence of the theme of ‘culture’ in the theory and practice of nursing in multi-cultural settings. It was also a reaction to the perception that ‘care’ and, by extension women’s work was conceptually less sophisticated to warrant theoretical analysis (Leininger 2002; 1991/2001).

The theory postulates that the meaning of ‘care’ is socially contingent, and that there are ‘diversities’ (variations) and ‘universalities’ (shared commonalities) about care both in terms of its meanings and expressions (that is, the patterns, processes, actions, and decisions), structures, forms, values, and symbols:

Culture care diversity refers to the differences or variabilities among human beings with respect to culture care meanings, patterns, values, lifeways, symbols, or other features related to providing care to [people within a specific culture]. Universality refers to the commonly shared or similar culture care phenomena features of … a group with recurrent meanings, patterns, values lifeways or symbols that serve as a guide for caregivers to provide assistive, supportive, facilitative, or enabling people care for healthy outcomes’ (Leininger and McFarland 2006:16).

The goal of the theory is to identify and describe the universal and diverse factors that affect health and wellbeing in different social settings, and to use this scientific knowledge to guide the planning and delivery of care based on in-depth understanding of the socio-cultural context (Leininger and McFarland 2006). The central theme of the theory, therefore, is culturally congruent care. It is defined as:

Culturally based care knowledge, acts, and decisions used in sensitive and knowledgeable ways to appropriately and meaningfully fit the cultural values, beliefs, and lifeways of clients for their health and wellbeing (Leininger 1963 in Leininger and McFarland 2006:15-16).
Culturally congruent care, therefore, is possible only when care is provided in tandem with cultural meanings and expressions, which are embedded in the cultural knowledge, that is, the realistic and sensitive reflection of the meanings of ‘care’ in that social context. When such knowledge is discovered, we are able to identify, explain, and predict the differences and similarities between groups or individual beneficiaries of care (Leilinger and McFarland 2002).

Culture care theory distinguishes between two kinds of care: ‘generic emic’ care (lay, folk, or indigenous) and ‘professional etic’ care. Care (folk or professional) is an abstract phenomenon composed of different parts. It is affected by several social structural factors including the meanings of care, practices, religion, politics, economics, ecology/geography, history, values, gender, and others. These factors affect the way that individuals or social groups react to any crisis that affects their health and wellbeing (Leininger 1994). In this regard, an investigation into culturally congruent care must be based on a detailed understanding of the use of the concept (care) and the influencing factors (Leininger and McFarland 2002; Leininger 1988).

Providing care to an individual or group involves making decisions and taking actions. These two processes are influenced by three ‘modes’. The first mode is culture care preservation and/or maintenance. It comprises decisions and actions that help societies to retain, preserve or maintain beneficial care beliefs and values. The second mode is culture care accommodation and/or negotiation, and it refers to all the acts and decisions that enable societies to adapt to or negotiate with other agents for culturally congruent care. Finally, there is the culture care re-patterning and/or restructuring mode that enables ‘people to reorder, change, modify, or restructure their life ways and institutions for improved care patterns, practices or outcomes’ (Leilinger and McFarland 2006:8).

The modes are significant in that they show that the theory recognizes the changing context of care and identifies the different factors, within and outside a social context that may affect care. The three modes, therefore, help individuals and groups to deal with crises by making it possible for them to properly evaluate the factors that affect their choices in relation to care that appropriately meets their needs (Leininger 2002).
Culture care theory is both a theory and a method for understanding care (Leininger 2002). Care research has relied heavily on quantitative approaches that are focused on measuring specific variables, rather than offering a broader qualitative understanding of care. Proponents of culture care theory insist that ethnographic (qualitative) methods are the most suitable for care research. Ethnographic methods allow in-depth and accurate analysis of any aspect of ‘care’, including its nuanced and embedded forms. Quantitative methods cannot effectively capture the beliefs and values associated with care. Besides, quantitative methods may end up manipulating care meanings in order to be able to measure them (Leininger 1997; see Chapter 4 for more on this position).

Covert and embedded care and culture data could be teased out with ‘enablers’. These are basically techniques that help to elicit, clarify, and triangulate participants’ responses, and learn from those responses without imposing our personal and preconceived ideas on them. The five enablers are: (a) Sunrise Model Enabler, (b) Stranger to Trusted Friend Enabler, (c) the Observation, Participation, and Reflection Enabler (very important in obtaining holistic, specific, and accurate data), (d) the Researcher’s Domain of Inquiry Enabler, and (e) the Acculturation Enabler (Leininger, 1991:139-142; 1997:38-47). The research (fieldwork) may start with a focus on a single participant or small group of participants, depending on the circumstances in the fieldwork or researcher’s preference. Alternatively, it may begin by focusing on a broader theme of determining the type of care (professional or generic), or by examining the political, economic, spiritual, kinship, and political aspects (cf. Smith 2005). Regardless of where one starts the research, it is important to listen to and learn from the participants without imposing personal biases on them.

The Sunrise Model is a pictorial representation of the theory. It shows the systematic and interconnected parts, which can generate new ideas about factors that influence care decisions and practices. It is a reflection of the socio-cultural context in which care providers and recipients live, and the structural factors, shared meanings, values, and symbols that affect care (Leininger 2002).

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8 This approach is in this regard similar to Smith’s (2005) ‘institutional ethnography’.
Uses of Culture Care Theory

As a theory and a method, culture care theory has helped to generate insightful knowledge about caregiving as a universal phenomenon. Researchers from different academic backgrounds as well as ‘care’ professionals are becoming more aware of and knowledgeable about cultural differences and similarities in care planning and delivery. Increased globalization and the movement of people mean that the researchers and care professionals must be sensitive to the needs of people from different cultures (Leininger 1996; 1995).

Globally, culture care theory has been used to examine different health problems including depression (Rosenbaum 1989) and the provision of care for immigrants (Lundberg 2000). Besides health services, the theory has been useful in the analysis of race and other social diversities (Culley 2006), for the discovery of knowledge for the development of community-based culturally congruent care for the elderly in Namibia (Leuning, Small and van Dyk 2000), and to derive categories of meanings of culture care terms (Nahas and Amasheh 1999). By employing the theory, Luna (1994) discovered the meanings that Muslim Lebanese women attach to care and their experiences of care in domestic and clinic settings. The women viewed care in three ways: a religious (Islamic) duty, comprising gender roles, and an honorable undertaking for an individual or group. Nahas and Amasheh (1999) discovered the meanings of care through their study of 22 Jordanian women who have suffered postpartum depression in Sydney. In the view of these women, care means strong family and kinship support, undertaking and fulfilling traditional mothering and marital roles, and maintaining traditional customs associated with childbearing.

In spite of its usefulness, Kavanagh (1993) draws attention to the epistemological dissonance inherent in culture care theory, which stems from its philosophical roots in two unique disciplines with two different “interventive approaches”: nursing, which thrives on “active intervention”; and anthropology, which thrives on “non-interventive” and the principle of cultural relativism (1993:4). The contradiction may actually be the strength of the theory, because it alerts us to examine those features that may be peculiar to a specific context (diversities) and those that it may share with others (universalities). According to Rohrbach-
Viadas (1997), it reminds us to analyze care, while reminding ourselves of two basic principles of the equality of cultures and the acknowledgement of cultural diversities.

Although culture care knowledge is presented as enhancing the quality of care, it may actually be a source of conflict. What is considered ‘care knowledge’ in a context may also be a representation of the interests of a dominant group. Such knowledge may be contested by those whose interests may be hampered due to the maintenance of the status quo. For this reason, any effort to (even unknowingly) project this knowledge may be seen as pushing the agenda (support to preserve ideas, practices, and networks) of the dominant group (Kavanagh 1993).

Although culture care theory helps to discover and analyze differences and similarities in (folk/emic and professional/etic) care, the theoretical and practical translation of its vitality, utility, and flexibility to the analysis of orphan care within anthropology, has been very slow in coming.

1.3.1. The relevance of culture care theory to understanding care for orphans

Culture care theory captures the critical elements of an integrated framework: individual (psychological), cultural, political, and economic factors that are also very important in the analyses of HIV, AIDS, and orphans. The trajectory of HIV and AIDS research over the past three decades justifies using culture care theory in the present research. In the 1980s, AIDS research focused on statistical analysis of sexual behaviors. The 1990s witnessed a shift to anthropological and social science research critiquing the epidemiological approaches of the previous decade. Presently, there is a growing concentration of research on understanding the meanings of ideas and behaviors that are employed in diverse socio-cultural contexts, in order to understand the factors that drive HIV infections and to explain contextual responses. Researchers are critically examining the influence of factors such as gender, poverty, and power. In terms of interventions, the era of epidemiological research saw increased medicalization of the pandemic with a greater focus on the provision of medical treatment to those who had the virus and other health problems. The social science studies era corresponded with concerns about the rights of infected adults and currently there is a focus on learning about
the diversities of responses, with an eye on their “situatedness” (Reddy et al. 2009:xviii-xx). The current research and intervention focus, therefore, require a framework like culture care theory, which recognizes divergences in context and response, rather than echo current universal discourses and trends.

Social science research on children affected by the epidemic has focused on the rights of children and orphans as universal and homogenous objects, but these studies do not investigate how people in different societies conceptualize children and orphans, and how interventions respond to orphans’ needs using knowledge and expertise in their contexts. This is the task that is encouraged by culture care theory.

Discussions on orphans are very sensitive and they tend to cover a wide variety of topics. This reality is complicated by global concern about efficiently meeting the needs of the growing population of orphans. Any efficient intervention for orphans’ must include indepth understanding of the contexts in which they are located (UNAIDS 2010). It is precisely for this reason that culture care theory is doubly relevant to my research. It is both a theory and a method grounded in anthropology, and conceptually oriented towards a broader understanding of care in a given social context using ethnographic method (Leininger 1991:21; 2002). It provides the framework and tools to uncover the beliefs, values, and ideas in which orphan/childcare practices are embedded, and the social structural changes which affect caregivers’ ability to provide for orphans.

As pointed out earlier, the knowledge and practice of orphan/childcare differ from society to society (LeVine et al. 1994), yet childcare research is dominated by Western concepts and ideas. In order to understand the caregiving role of a queen mother, we need to develop a much more nuanced understanding of care for orphans in Manya Klo, including the dominant patterns (ideas, practices, settings, actors, and the recipients): Who is a queen mother? How is her caregiving role constituted? and so on. We also need to know how orphan is conceptualized, her/his status in the society, and her/his expectations as a recipient of ‘care’. Obviously, answers to these questions and others cannot be ascertained from available data.
Since culture care theory is partly a reaction to the neglect of care (construed as women’s work) and culture in anthropology and nursing respectively, it allows the inclusion of women’s perspectives in the analysis of orphan care (see UNAIDS 1997). Previous studies on fostering in West Africa are grounded in functionalist frameworks, and they do not examine differences in women’s roles and the nature of their experiences, agency, needs, and so forth (Bledsoe 1978). It is often assumed that all women fosterers, regardless of their social context, are the same and share the same experiences (Alber 2004:34-35). The theory recognizes the existence of similarities and differences in social contexts and care experiences (Rohrbach-Viadas 1997).

Instead of analyzing queen mothers as a homogenous group, and caregiving as a single universal experience, the theory provides a framework for examining the diversities and similarities in the queen mothers’ experiences, and for identifying the differences in their priorities against those of the orphans. We can also examine the structural differences (such as rural-urban) between caregivers and also between orphans.

Children studies have been tremendously influenced by myriad interests: academic, activism, rights, religious/moral, customary, and so on. Each group has its bias and focus, and this creates conflict rather than engendering the harmonization of the views on the situation of children (Theis 2001:99-100). Applying culture care theory allows us to avoid the maze of conflicts by prioritizing the perspectives of the research participants over any preconceived frameworks and meanings. The stress on cultural knowledge bodes well for the anthropological principle, which upholds respect of cultural values, beliefs, and practices of different cultures and opposes the imposition of care knowledge and practice (Kiefer 2007).

One of the biggest challenges to dealing with the orphan crisis in sub-Saharan Africa is the lack of ‘caregivers’ skills to identify and/or address the needs of orphans (Wood et al. 2006). The influences of NGOs and other experts (e.g. social workers) in assessing and training foster parents and extended families to support fostered children and adopt new practices is growing (Waldman and Wheal 1999), not only in Africa, but also in the West. Social workers and researchers in the United States (Williams 1999; Miller 1998) and Britain (Greeff 1999; Olusanya and Hodes 1999) increasingly are drawing on fostering practices in West Africa to guide similar practices among Africans in those countries. Consequently, it would be important
for these expert services to be based on the knowledge and needs of their beneficiaries. As Leavell points out: ‘We must think like the beneficiary societies’; for the people to adopt new strategies for improving the lives of orphans, we need to understand the current social values and practices associated with protecting orphans, the acts which constitute ‘care’, their functions and significance to those who adopt them (Leavell in Paul 1955/1990:1).

In line with the tenets of the integrated approach and culture care theory (Leininger 1991:22-23), therefore, I base my analysis of orphan care on the meanings and expressions of the terms that are used to describe orphan care in Manya Klo, and not on any existing explanatory model. I examine the queen mother-orphan relationships in order to have more insights into the broader context of the situation of orphans. I examine the influence of NGO-State, traditional authority, livelihood patterns, religion, cultural values, and gender. The focus of my study is generic or folk care, and I explore the extent to which the current care practices reflect influences by the state and other agencies.

In sum, I find culture care theory useful for identifying, characterizing and analyzing the diversities and similarities in the experiences of Manya Klo queen mothers. Using the theory for this research means that there is an opportunity to take ‘care’ back from nursing and firmly place it within anthropology, so as to facilitate a broader understanding of (child) care. If anthropological knowledge has been meaningful to the theory and practice of nursing and health care, then probably a multidisciplinary analysis, including knowledge from nursing, is also useful for anthropological research. After all, the Anthropology of the Child is an endeavor that is multidisciplinary and multi-approach.

1.4. Me, children, orphans, and Manya Klo

I love children and I have many of them (kin and non-kin) as friends. I have been asked many times and for many years: What do children tell you? What do you and children talk about? During the fieldwork, some people in Manya Klo were amazed by the way children welcomed me into their homes with excitement or screamed my name and ran to me in the streets. Some
adults asked: “Doesn’t bra (brother) Bright have more serious things to do other than always sitting with children hanging on him?”

I enjoy the stories children tell when they are granted an audience. They never run out of stories. They love it when attention is paid to what they say. Their stories may not always be coherent, but they always contain puzzles that make me reflect on many things in different ways. My interest in children and orphans is driven by a continual reflection on my personal and professional experiences, but the memories of working in Manya and Yilo Klo have been the most profound.

Between 2000 and 2004, I lived and worked in MKTA on two projects. First, I worked with the Department of Community Health of the University of Ghana Medical School (UGMS) on a UNAIDS project on young mobile female sex workers in Ghana. The second project was one of sub-Saharan Africa’s first comprehensive public HIV and AIDS care and treatment programs, which was conducted by Family Health International (FHI), based in Arlington, Virginia, in the United States. Both projects focused on adults. Pediatric care and research with specific reference to HIV and AIDS lagged behind.

I visited hundreds of homes and health facilities almost on a daily basis. I made hundreds of friends including health workers, NGO/CBO staff and peer educators, traditional leaders, and persons living with HIV or AIDS (PLHIV) and their families. I witnessed families struggle to provide for kin members with AIDS, some of whom had disposed of most of their material possessions in order to cope with the cost of supporting the sick, the dying, and the dead. I saw horrifying images of PLHIV. Some were locked up in rooms with food left outside their doors, sometimes for several days. Family members also hid patients away from health workers who went on home visits, thus denying the patient the little help that was available. Most of the PLHIV that I saw died, including those who appeared to be very healthy. Burials and funerals were no longer reserved for weekends. They had become part of the daily grind. I received ‘obituary news’ (deaths and funeral notices and invitations) about people I knew almost on a daily basis, and sometimes more than once in a day.

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9 The other programs were simultaneously implemented in Rwanda and Kenya.
Sometimes, when people made or received telephone calls, the first question they asked was: *E gbo lo?* (Is she/he dead?). Death was always anticipated and the survival of certain individuals had, out of desperation and despair, become an aberration. The sense of hopelessness persisted even with the introduction of the lifesaving antiretroviral treatment (ART) in 2003 by FHI. Many of the people who died left behind their children. Yet, clinical and social services for children were non-existent.

It was not all muck and gloom. With ART and intensive community-based education on prevention, care, and treatment, the situation started to improve. The chances of survival for PLHIV increased, and the willingness of kinsmen to support PLHIV also improved. Community leaders (traditional and local government) began to work together with the state and NGOs to improve the lives of PLHIV and their families. By 2004, MKTA had become a learning site for HIV and AIDS programs, and was receiving visitors from all over the world, albeit with still less to show for the wellbeing of orphans. The lack of support for orphans was obvious as households struggled to survive. These struggles motivated me to shift (or add on to) my professional focus on clinical and community care for adult PLHIV to delve deeper into the situation of orphans.

*Bringing relief to MKTA*

Since 2000, I have supported and encouraged Ghanaian and international students, researchers, NGOs and philanthropists to work in Manya Klo by way of research or by providing material support to individuals and to the MKQMA. Some of these supports are still running. I believe the area provides a ‘perfect’ reality of the several faces and phases of the pandemic; the history of infections, community efforts, private and state support, comprehensive clinical support, the intrepidity and tenacity of groups and individuals to survive while facing death, women’s struggles to overcome desperation, men’s hopelessness, and other devastating impacts of the pandemic. Above all, there was the dire need for help.

Through my work with FHI and other organizations, I have also contributed to training, mentoring, and/or supporting several students (from primary to tertiary levels), NGO/CBO
executives, female and male traditional leaders, health workers and national service persons, among others. During the fieldwork, I benefited from the skills set of some of these people who were still contributing to improving living conditions of people in MKTA. They included the district director of health services for LMK, the PO of the MKQMA, and several others mentioned in the ‘Acknowledgements’.

*A son’s contribution to rebuilding*

I write this dissertation as a student and as a victim of AIDS, like every Klo citizen. Some of my kinsmen in the heart of Manya Klo have succumbed to the disease, some literally in my hands. Today, the place that I call family home is almost empty, and I bear responsibility for some children whose parents or guardians have died due to AIDS. Sometimes, the burden is so heavy that I wish I could get some help.

I believe that the responsibilities we bear as a result of HIV and AIDS can be lightened if we developed more effective solutions to addressing some of the problems faced by orphans and the people responsible for them. It is in the light of this belief that I undertook this project. In other words, my academic training is a unique opportunity to achieve a personal academic goal, and to contribute to our collective search for the best way to ease our burden and also to assure our departed relatives that the little ones they left behind are still safe with us. I hope that this work can somehow help me (or us) to understand the conditions of orphans, and what we need to do to protect them.

I write this dissertation with the perspective of a member of the traditional political structure with responsibility for supporting women, young men and young women, and children so that they can realize their dreams. Nene Sakite II, the Kon$^{10}$ (paramount chief), Manyengua Nana Mamle Okleyo (paramount queen mother), and the rest of the queen mothers and elders of MKTA call me “son,” but treat me like a ‘special son’. They have even honored me with the position of Manoyam matsèseyelɔ (deputy development chief) of MKTA. This honor was

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$^{10}$ ‘ɔ’ is pronounced ‘or’ as in ‘décor’. It is also written (anglicized) as ‘or’ and so Konɔ becomes Konor.
performed at a special ceremony at Odumase in October 2009. The development chief is a Jamaican-Canadian citizen whom I had introduced to the traditional authorities in 2006 and encouraged to have his group (Yensomu) support the queen mothers. My installation, according to the *Kon*גד, was in recognition of my ‘hard work, dedication, and commitment to the development of the people of Manya Klo’. This is a very big honor and responsibility. It emphasizes the fact that this research could not only be considered as an academic exercise. It is also a responsibility to the people of Manya Klo.

As I write this dissertation, I am fully aware of the Klo codes of conduct, which entreat us to ‘keep our dirty linen in our closet’. I am also aware of the high reverence for our leaders, females and males. I do also realize the fact that I have conducted the study at a time when chieftaincy and the people who embody it have become more sensitive subjects even for scholarly discussion; some have called chieftaincy ‘irrelevant’ or ‘without focus’.\(^\text{11}\) I am, however, encouraged by the blessings of Nene Sakite II and Manyengua Nana Mamle Okleyo throughout the fieldwork and after.

In the light of the above context, I write with attention to the sensitivities of the people of Manya Klo, but based on facts and my interpretation of the facts that I gathered from the hundreds of participants. This study, therefore, sheds more light on the great work that our mothers have been doing for centuries and especially in the last two decades. Their work has proven to be critical in determining how thousands or perhaps millions of children in Ghana and beyond should be protected. There is the need to strengthen these efforts, and so it is important that the experiences of the queen mothers be examined in order to inform the implementation interventions that have emerged from their mothering roles.


CHAPTER 2
The Study Setting

2.0. Introduction

In this chapter, I provide the background information on Manya Klo, the site where the fieldwork was conducted. The background looks at the physical and socio-cultural environment in which orphans and queen mothers live and some of the factors which combine to influence their lived experiences. I also provide brief background information on HIV and AIDS.

Since pre-colonial times, the people in this study have been referred to as ‘Krobos’ and the geographical space that they occupy as ‘Krobo’ or ‘Kroboland’. The people, however, refer to themselves as Kloli Klo citizens (singular Klono or klonobi).1 They refer to their land as Klo. Even though ‘Krobos’ and ‘Krobo’ are still used to refer to the people and their land respectively, in this study, I prefer to call the people what they call themselves (Kloli) and the land that they occupy (Klo). I will maintain Krobo only when I refer to an official description or title. I use ‘Manya Klo’ to distinguish the people and the area under study from their ‘siblings’ and neighbors in Yilo Klo Traditional Area.

2.1. The location and the people

Manya and Yilo are part of the larger patrilineal Ga-Dangme ethnic group in Ghana. The majority of the Ga-Dangme ethnic group is located in the Greater Accra region of Ghana. Only Kloli (Manya and Yilo) are located in the Eastern region. Manya Klo covers an area of 1,476 km. The boundaries of the geographical space referred to as Manya Krobo Traditional Area (MKTA) are coterminous with the boundaries of what used to be known as the Manya Krobo district (MKD). Effective February 29, 2008, MKD was split into Lower Manya Krobo (LMK) and Upper Manya Krobo (UMK) districts with Odumase and Asesewa as their respective capitals. Manya Klo and MKTA, therefore, refer to LMK and UMK together.

1 ‘Subject’ is the more popular term when describing the relationship between chiefs and the people they rule. In this research, I use ‘citizen’ instead of subject
The split of MKD is part of the government’s decentralization policy (Local Government Act 462), which is aimed at creating efficient administrative structures at the sub-national (regional, municipal, district, and sub-district) levels to promote development and governance through grassroots participation. In point of fact, the leaders in MKTA sought the partitioning of MKD with the hope that it would catalyze the development of the area, especially UMK, which is mainly rural and has been experiencing alarming rates of emigration to LMK and other towns in Ghana. Asesewa, the biggest town in UMK, has been described as a ‘stagnant’ town (GSS 2005a).

*Population characteristics*

The population of Manya Klo, according to the 2000 census was 154,301 (GSS 2002), but the MKDA estimates for 2009 was 174,869; 48 percent (83,937) in LMK and 52 percent (90,932) in UMK (MKDA 2007). As may be expected, the population is predominantly Klo (71.4 percent), followed by Ewes (11.5 percent), Akans (10.4 percent), Mole-Dagbani (2.1 percent), Grusi (2 percent) and others. The sex ratio is 95.2 (that is, 95.2 males to 100 females) against a regional average of 96.8. The sex ratio for children between ages 5-9 years (pre-adolescents) is 100.9 and the sex ratio for children 10-14 years (adolescents) is 105.2 (GSS 2005a).

The annual population growth between 1984 and 2000 was 1 percent, against a regional growth rate of 1.4 percent. The low growth rate is attributed to emigration. The urban² population increased from 11 percent in 1970 to 23.2 percent in 1984, and to almost 40 percent by 2000. The steady decrease in the rural population is also attributed to emigration, which is also blamed on low farm yields due to poor soil fertility. This frustrates the young people whose main economic activity is farming. The 15-64 age bracket constitutes 58.5 percent of the total population (MKDA 2007).

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² The definition is population based. ‘Urban’ refers to settlements with populations at or more than 5,000 and rural refers to settlements with populations less than 5,000 (GSS 2005).
2.2. **Political organization: the dual political governance**

Like other countries across sub-Saharan Africa (Ray and Reddy 2003), the political administration of Ghana as a single geo-political entity is interlinked with governance practices and values of various traditional societies in the country (Abdulai 2009:13). There are two types of political structures: chieftaincy, or the traditional authority, and decentralization, or public administration.

Prior to moving to the current location at Odumase, the traditional capital of the Manya Klo state was located on top of the rocky Krobo Hills. In 1892, the British colonialists, with the connivance of the Basel Missionaries forcefully ejected them from the hills to the low lands along what is now the Tema-Akosombo highway. The Missionaries were unhappy about the location of the capital because the hills were too steep and they could not climb to engage the powerful traditional leaders to persuade their people in the plains to abandon their ‘heathen’ practices and convert to Christendom. On the other hand, the colonialists would like to have all their subjects living on the plains to facilitate effective taxation and political control (Steegstra 2005: 57-59).

Before the ejection, members of all the six lineages were already moving to their farms in the lowlands (Steegstra 2005:82). As they settled, they also embarked on an aggressive territorial expansion through extensive land purchases from their Akan neighbors: Kwahu, Akwamu and Akim (Wilson 1990). In the view of the Akans, the best value of land was to sell it. Conversely, Kloli perceived land as the most valuable property to be acquired and passed on to a family member (Field 1943:61). As they purchased land and moved further away from their families, they started to maintain homes on their newly acquired lands on a more permanent basis.

There was no centralized political system. Their leaders were known as *jemeli* or “priestly patriarchs” (Field 1943), organized under the leadership of a female deity priestess known as *Klowski*. Even though the *jemeli* were branded by the colonialists and Basel Missionaries as ‘fetish’, elders currently at the palace explained to me that there were spiritual leaders among them, but each patriarch performed a specific function. There were warriors, medicine men, wise men/philosophers, ritual experts, court judges, rainmakers, priests, and others. The British
colonial administration replaced the patriarchs with the current centralized political system for them to effectively rule the protectorate, since the system where they had to consult with several leaders on behalf of the people was deemed less effective.

In 1951, the colonial government created Local Councils to further improve local governance and development. Representatives at the council were elected from within the district. This system created a duo-political system in which traditional rule headed by chiefs existed alongside the local government or district administration headed by the elected government representatives. The two structures had different powers; the authority of the government machinery was superimposed on the traditional rulers (Obeng-Asamoah 1998:32).

In 1983, the government of the Provisional National Defence Committee (PNDC), under the decentralization reforms (PNDC Law 207), created district assemblies to replace the local councils. The goal and functions of the assemblies are similar to those of the local councils: to facilitate the participation of the mass of the population in the political process (Adedeji 2001).

Presently, decentralized local government consists of 10 regions, 138 district assemblies, and local and unit levels. The district assembly is the highest political authority in the district. It has administrative authority over all decentralized departments and provides these departments with guidance and direction for planning and implementing projects to improve the standard of living of the citizens. The districts are administered by assemblies of directly elected and appointed members. The district assembly is headed by the District Chief Executive (DCE) who is appointed by the president of the Republic and approved by the District Assembly (MKDA 2007).

The split of MKD does not alter the traditional political structure. The MKTA consists of two district assemblies, LMK and UMK, under the centralized authority of a male leader the Konɔ⁴ the paramount chief and her female counterpart the paramount queen mother Manyeŋua⁵ (Figure 2:1). Below the Konɔ and Manyeŋua are six Wetsomatseme divisional (or lineage)

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³ Adedeji (2001) asserts that decentralization might have begun much earlier, but in a less ‘formal’ way in 1981.
⁴ Konɔ: ‘ɔ’ may be written (in English) as ‘or’ and so Konɔ becomes ‘Konor’
⁵ Manye: ‘e’ may be written (in English) as ‘e’ as follows: Manye = Manye, Matse = Matse and Wetsomatseme = Wetsomatseme. First, I present the native spellings and then the English spellings.
chiefs and Wetsomanyeme divisional queen mothers of the six political divisions: Piengua, Manya, Susui, Dorm, Akwenor and Djebiam. Below the Wetsomatseme and Wetsomanyeme are the Asafoatseme subdivisional chiefs and their female equivalent Manyeme. Each Asafoatse is directly responsible for several Dadematseme chiefs of farm settlements/ villages (huza). The female counterpart of the Dadematse is known as Dademanye and she is under the direct control of the subdivisional queen mother, Manye.6

Huza originally referred to land acquired jointly by a group of Klo men under the leadership of a huzatsε. Each contributor in the joint purchase group received a size of land that was proportionate to his contribution. The huzatse became the leader for all the farmers and families who settled on the huza (‘nucleated farm settlements’ – UMK/DHMT 2009) and he may in turn choose some male members of the huza as his assistants to help him rule over the settlements. An assistant was known as the dadetse or ‘father of a cutlass’ (Field 1943:59). Today, the dadetse is known as dadematse (‘chief of the cutlass’ or chief of farmers)7 and his female counterpart is the dademanye. Each dademanye and all the members of her village/settlement are under the direct authority of the subdivisional queen mother Manye and (subdivisional chief Asafoatse) of her lineage in LMK.

The demarcation and re-demarcation of geo-political boundaries has done little to diminish Kloli’s sense of loyalty and the fact that they are ‘one people’. All the citizens of Manya Klo owe allegiance to the Konε and to Manyengua. The queen mothers and chiefs maintain their authorities over their citizens in the two districts. Even though Kloli are known to be a very migrant ethnic group, they maintain their kinship ties and their loyalty to their rulers; indeed, they are unlike other ethnic groups in West African who migrate and forget their ‘home-towns’ (Field 1943; see Middleton 1979:252).

LMK is dɔm or home to all Manya Kloli. UMK is yonε or land and villages in the hills, which serve as temporal homes where the citizens live and work. Each lineage has its yonε (Field

6Wetsomatseme – singular is Wetsomatse; (Wetso) Manyeme – singular is (Wetso) Manye; Asafoatseme – singular is Asafoatse; Dadematseme – singular is Dadematse; Dademanye – singular is Dademanye.

7 The cutlass represents farming, so literally he was the leader of the farming community or farmers.
1943). All the major customary practices and rites such as *dipo* puberty rites for girls, marriage, burials, funerals, and festivals are conducted at *dɔm*. Only the burial of lepers and persons with mental illness could be done outside of *dɔm*. Changes are, however, being introduced into these cultural arrangements. Dadematseme are allowed to bury members of their lineages in UMK, but on condition that the funeral of the deceased would be performed in her/his family home in LMK. It is believed that every citizen must be brought home regardless of their circumstance.

Chieftaincy in Manya Klo, like in other places in Ghana, has, unfortunately, had its fair share of disputes. The positions of certain chiefs are being litigated in and outside of the courts. In October 2009 one of such disputes resulted in gunshots at Abanse in LMK. The Konor in his address at the annual *Ngemeyen* festival appealed to the various factions to withdraw Chieftaincy disputes from the courts for amicable settlement.

The traditional leaders have responsibility for all their citizens. Chiefs are ‘fathers’ and queen mothers are ‘mothers’ to their citizens. This primary responsibility explains their active involvement in promoting the wellbeing of orphans. It is in this context and capacity that we have to examine the roles of queen mothers in securing the wellbeing of orphans.

Since the split of MKD, UMK has been weaning itself from the administrative structures and resources of LMK. For example, the decentralized departments such as education and health in UMK continue to use the administrative structures of LMK, as officials in UMK set up their own structures. As of January 2010, officials from the two districts were sifting through data on the previous MKD so that they could disaggregate them into district-specific records. Except for the data on health, all the data that I accessed were under the name of the previous district, MKD.

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8 According to Field, part of the land in the present LMK and the whole of UMK were *huza* lands; land purchased in bits by individuals and not owned by clans (Field 1943:63).
9 The *Ngemeyen* or the ‘eating of guinea corn’ festival is celebrated annually prior to the harvesting of crops (UMKDA 2009).
**NGOs and CBOs**

Civil society organizations (CSOs) in Africa and in Ghana continue to influence public policies (Robinson and Friedman 2005). Recently, however, traditional rulers in Ghana have criticized governments for recognizing CSOs to the detriment of Chieftaincy (Awuni 2010). In MKTA, CSOs, NGOs, CBOs and advocacy groups are recognized by both the district assemblies and the traditional authority as an integral part of political administration. There were 12 NGOs and 61 CBOs registered in Manya Klo in 2007. The CSOs are regarded as ‘partners in development’ and ‘watchdogs of democracy’, and they participate in formulating, implementing, and monitoring of policies and projects, including projects that affect orphans (MKDA 2007).

MKTA relies on the NGOs such as Family Health International (FHI) and Plan Ghana, among others, to provide some of the needs of the citizens, such as health, education, and gender advocacy. Business organizations through their ‘corporate social responsibility’ have also supported projects in MKTA. Through one such social responsibility, Zain, a communication company, in 2009 renovated the 113 years old Odumase Presbyterian basic school, but that was after the dilapidated mud-building had collapsed and killed a pupil. The new school is built with concrete block and has a well-furnished computer laboratory; an edifice that is now the envy even of the best schools in the big cities.

**Physical environment and livelihood**

Manya Klo live closely to their physical environment. The physical landscape is generally undulating averaging about 450 feet above sea level. The south-eastern part of the area is relatively flat and the north-western part is filled with several hills. The Volta Lake covers the north-eastern boundaries. The mean annual rainfall is between 900mm and 11,500 mm with two rainy or wet seasons from April to early August and from September to October. The dry season is November to March. The vegetation is partly semideciduous forest and partly derived savannah (MKDA 2007; ghanadistricts.com).
The natural conditions are suitable for all-year-round agricultural activities. About 55 percent of the labor force is engaged in crop farming. The average farm holding is 2.5 acres. The major cash crops are mango and oil palm and the major food crops include maize, cassava, vegetables, plantain, and yam. The lack of storage facilities and markets for cash and food crops results in glut and severe post-harvest losses during bumper harvests. This has been a huge disincentive to agricultural production. Poor farming practices have unfortunately, resulted in severe erosion and deforestation. In the nights of the dry season, it is common to see what I call the ‘red chariots’ or huge bush fires, which light up the Klo Mountains of UMK. Despite the regular fires, Manya Klo has four forest reserves, which cover an area of about 60 square kilometers: the Volta River Block I, Yongwa, Sapawa, and the Aboden. About 5 percent of the population, mostly the riverine Ewes, engage in fishing along the Volta Lake. A small proportion of the population engages in large-scale livestock farming although every household has its own domestic livestock that may comprise a combination of goats, sheep, and poultry (MKDA 2007).

Besides farming, a large proportion of the population, mostly women, engages in trading. The major weekly markets are located in Agormanya in LMK and Asesewa, Sekesua, Akateng, and Akrusu in UMK. These markets attract traders from all over Ghana and also from neighboring countries, mostly Togo. In addition to these markets, people in the villages along the main link road between LMK and UMK sell their farm produce by displaying them by the road. There is also a smaller daily market at Kpogunnor where foodstuffs are sold from early morning till very late in the night. Kpong has also developed into a busy street-lorry park market with women running after vehicles to sell their cooked foods to travelers through the windows of vehicles. Generally, cooked food is sold throughout the day on small tables all over the area. Other traders sell on small tables or in small wooden or metal ‘stores’ or containers.¹⁰ Their wares are mostly cheap imported goods from China.

Other self-employed artisans or ‘specialists’ are carpenters, cell phone dealers/repairers, barbers/hairdressers, ‘shoemakers’ (cobbler), dressmakers and tailors (fashion designers),

¹⁰ They used to be called kiosks, but it appears that term is less popular.
coffins makers and undertakers, auto-mechanics, and chemical shops (drugstore) workers. A few people such as teachers and health workers are employed in government departments at the district assembly.

The three main financial institutions in the area, the Manya Klo Rural Bank at Odumase (LMK), the Upper Manya Kro Rural Bank at Asesewa (UMK), and the Ghana Commercial Bank at Akuse (LMK), provide financial incentives to traders and farmers. The Upper Manya Klo Rural Bank and some NGOs at Asesewa provide micro-financing to traders and farmers in UMK. The nonformal savings and lending schemes known as susu, often operated by individuals, are also popular. Unfortunately, instead of helping the contributors, the susu operators sometimes vanish with the monies they collect, thereby causing more despair than bringing economic security.

In the past two decades, industries in and around Manya Klo, particularly LMK, like the sugarcane and alcohol industries at Akuse and Asutuare have collapsed. Textile industries in the neighboring districts at Juapong and Akosombo are operating at very low capacities and are maintaining a skeletal workforce. The job situation has affected the growth of MKTA. For example, Asesewa recorded diminished urban growth from 1.6 percent in 1970 to 1 percent in 2000 (GSS 2005a). The operation of a limestone mine in the MKTA appears not to have benefited the citizens in any significant way in terms of employment and accrual of royalties for development. Instead, there are growing concerns among the citizenry about the manner in which the trucks transporting the limestone to the cement factory in Tema continue to damage the main road linking LMK and UMK, thereby creating more problems for traders and drivers.

2.2.1. Aspects of social organization

Settlement patterns

Different settlement types dominate the LMK and UMK landscapes. The settlement pattern in LMK is mostly lineal and in UMK it is mostly nuclear. In LMK, the built-up areas and other infrastructural development are sited mostly along the main and access roads. The houses are overcrowded and very close to the main road resulting in struggles for space between residents,
vehicles, pedestrians, and traders. On market days at Agormanya (Wednesdays and Saturdays), it could take up to an hour to make the nine mile journey between Somanya and Kpong by public transport. The human and infrastructural congestion, however, eases as one travels away from the main roads into the interior.

Nevertheless, LMK is grappling with problems due to rapid urbanization such as irregular water and electricity supplies. These two problems constantly incur the displeasure of Manya Kloli. The main station that supplies water to the port city of Tema, parts of the capital Accra, and to other parts of the Eastern region is located at Kpong in Manya Klo. Unfortunately, many citizens of Manya Klo still rely on rainwater, wells, the Volta Lake, and other streams as their sources of water. There is also the problem of waste management and poor access roads especially in the busier towns like Akuse, Agormanya, and Kpong in LMK and all over UMK.

The entire landscape of UMK and the northern parts of LMK are predominated by several huza nucleated farm settlements made up of several compounds with each compound comprising up to a three-generational family, which may have more than twenty members: a man, his wife or wives, his siblings and their wives, and his children and grand children.

Transportation is mainly by mummy trucks (for carting farm produce), minibuses known as tro-tro, and taxis. The conditions of taxis in LMK are relatively better than those in UMK. Taxis in UMK are rickety and often without any kind of lights that one would expect to see on a vehicle. These old taxis are the only ones that ply the dirt roads to the interior and hilly parts of the district. Communication via cell phones and the internet is growing. The increased teledensity means that even old grandmothers living in hamlets in UMK use cell phones.
Religion

Manya Kloli are mostly Christian (of different denominations\textsuperscript{11}) 86.2 percent with just 3.6 percent Muslims and 1.8 percent Traditionalists (MKDA 2007). The Muslim population in the MKTA is concentrated in commercial towns, Kpong and Agormanya in LMK and Asesewa in UMK. The Muslims are largely non-indigenes, originally from northern Ghana and other West African countries including Nigeria, Mali, and Niger. According to oral accounts given me by the male elders, most of them, especially the Nigerians (known locally as \textit{Anagoli}), have been in MKTA for generations and had initially come to the area as itinerant traders.

Christianity, especially the Presbyterian Church, plays an important role in the traditional politics of Manya Klo. It was born out of the Basel Mission, which was originally from Switzerland, and later by the United Free Society of Scotland. The Basel Missionaries settled in Odumase in 1859, after an unsuccessful attempt to settle in Somanya in Yilo Klo in 1837. At Odumase, the Mission flourished under the leadership of Johannes Zimmerman, after whom the current biggest Presbyterian Church building in Odumase has been named. The major breakthrough for the Basel Missionaries was the conversion of Odonkor Azu, a very successful palm plantation owner and investor, who helped to establish the Basel Mission, and later the Presbyterian Church in Odumase. The colonial administrators with the recommendations of the missionaries ‘appointed’ him as the first (paramount) chief of Manya Klo. Aside from positioning the now royal family for political power, the Presbyterian Church also became its ‘official’ church, and has since been very influential in the education of the children of the family (Steegstra 2005). In 2009, the Presbyterian Church and, in fact, all the citizens of Manya Klo celebrated the 150\textsuperscript{th} anniversary of the establishment of the church in Odumase amidst pomp and pageantry.

The Catholics established the first church in 1941 with the support of the Konor Azu Mate Kole. The Anglicans first came to MKTA in 1938. The Methodist Church is the least influential

\textsuperscript{11} The classification of Christian denominations is much more complex than this, different scholars classify them differently. Gyimah (2007:924) for example, classifies them as Evangelicals, Charismatic, Pentecostals, African Syncretism, etc. Also see (2007:924) and Steegstra (2005:58-62) for some of these such as Evangelicals, Charismatic, Pentecostals, African Syncretism, etc.
among the Protestant churches due to the lack of resources to expand (Steegstra 2005:57-61). Aside from these well-known orthodox churches, the Church of Jesus Christ of the Latter Day Saints (the Mormons) also has a branch at Kpong.

Spiritual churches first came to Manya Klo in the 1950s. These churches use objects such as olive oil, holy water, and incense and are led by seers and prophets. They include the Divine Healers Church, Apostles Revelation Society, and the Twelve Apostles Church. The Pentecostals or Charismatic churches are relatively new. They started in Ghana in the 1960s and became very popular because their activities were oriented toward securing material survival and success through spiritual means. They pray for successful visa applications, employment, and good marriages, and may also lay emphasis on strict moral behavior. They also tend to find solutions to natural disasters such as drought (Steegstra 2005:61). The spiritual churches include the Church of Christ, Pentecost, Christ Apostolic, United Christian Church, Deeper Life Bible Church, Assemblies of God, and the Baptist Church, among others. Some of these churches were very influential in praying for healing and deliverance for AIDS patients.

The locations for church service include proper church buildings (completed and uncompleted), under trees, classrooms, private homes, and tents. The services were usually accompanied by loud music with loud speakers sometimes mounted outside of the buildings, apparently to woo new converts. The loudness of the musical instruments is usually constant whether the church is filled to capacity or with just the musicians and the pastor in attendance. My landlady is a pastor. Behind the main house is an open space which she has converted into a branch of the Church of Pentecost. The church programs included services on Sunday, prayer meetings on Tuesday, and all night services on Fridays. One loud speaker was placed right at the back of my window. I never attended any of the services, maybe because I could hear everything in my room.

Aside from its influence in traditional politics, religion provides an excellent avenue for social solidarity, support, and mobility (Middleton 1983). The influences of the orthodox churches are exerted mainly through the parishes/churches, schools, and health facilities established across the MKTA. The schools include Krobo Girls Secondary School (Presbyterian), which is one of the most popular secondary schools in Ghana, and St Anne’s Vocational Institute (Catholic).
The old Presbyterian Boys’ Secondary School was moved to the national capital. There are several church-based basic schools across the MKTA. The major health facility established by a faith-based organization is the St Martin de Porres Hospital in LMK (Catholic).

Church members support each other in times of need. Church membership is a big source of support, especially for those who also belong to groups within the church. I observed on many occasions (late afternoons on weekdays), members of the Presbyterian Women’s Fellowship and Catholic Mothers carry food items to their bereaved members or visit the sick. As in other countries across sub-Saharan Africa, the discourses and moralities of the various religions, especially those of Christianity, have been adopted by NGOs/CBOs, state institutions, and the queen mothers in the campaign against HIV and AIDS, whether in prevention, treatment or care. It is hoped that a shift in moral paradigm will result in improved sexual behaviors and reduced infections and the impact of the pandemic (see Dahl 2009 for the Botswana example).

Ngmayem festival and dipo

One important ceremony that cannot be missed in Manya Klo is the annual Ngmayem or the ‘eating of millet’ (guinea corn) festival, which is celebrated prior to the harvesting of crops. Millet used to be the staple food of Manya Kloli. Though highly nutritious, it required intensive labor to cultivate. It has been replaced by food crops like plantain, cassava, cocoyam, and maize. Boiled plantain, cocoyam, and yam (*djomana*) are commonly eaten in every home. Ngmayem is held from the last Sunday in October to the first Sunday in November. Each day is filled with specific events. The most popular days are Thursdays when they climb the Klo Mountains to visit their ancestral homes, and Fridays when they attend the colorful durbar (large social/community gathering) at the Oklemekuku Memorial Park. At this durbar, all the chiefs, queen mothers and citizens dress in royal regalia and traditional costumes; the most common regalia being the Klo glass beads. Only the paramount and divisional chiefs are carried in palanquins to and from the durbar. Saturday is for raising funds through a beauty contest to crown Miss Ngmayem. In 2009, the contest was sponsored by Vodafon a multinational telecommunication company, and was held
at the parish hall of the Agormanya Catholic Church. After standing in a rowdy line for nearly two hours without success to get a ticket, I left without watching the event.

The festival originally consisted of rituals performed exclusively by traditional priests and chiefs. It has recently been expanded into a massive celebration in which all Manya Kloli and nonnatives partake (Steegstra 2005:63). It has become a critical part to the social organization of life with the themes of the festival becoming focal points for development. Previous themes have included focus on HIV and AIDS. The theme for 2009 was “Promoting cultural diversity: recipe for development” (MKTA 2009).

One of the unique features of the social organization of life in Manya Klo is the initiation ritual for girls known as *dipo*. An initiate is expected to become an adult. The ritual has been strongly condemned since the precolonial era by the Missionaries and colonialists, and recently by Manya Kloli, but it remains the most unique cultural event in Manya Klo (see Steegstra 2005 and 2006). I discuss *dipo* in more detail in Chapter 5.

**Education and health**

As of July 2010, there were 113 Early Child Development centers, 103 primary schools, 28 junior high schools (JHS), 11 senior high schools (SHS), and 4 vocational/commercial schools in Manya Klo. These totals are for both public and private schools (Table 2:1). The biggest challenge of education in Manya Klo is the alarming post-primary drop-out rate: 65 percent of boys and 72 percent of girls in primary school do not reach junior high school (MKDA 2007). The phenomenon of high drop-out rates may not be new. According to the 2000 census, 55.5 percent of all females in Manya Klo were nonliterates,\(^{12}\) the second highest rate in the Eastern region (GSS 2005a).

Although UMK is more populated than LMK, UMK has fewer health facilities than LMK (Table 2:2). LMK has three hospitals: Atua and Akuse Government hospitals, and St. Martin de

\(^{12}\) GSS (2005a) and many other documents use ‘illiterates’, but I prefer ‘non-literate’ to describe a person or persons who cannot read and write.
Porres’ hospital. UMK has just the Asewga Government Hospital, which was recently upgraded from a health center to a hospital. LMK has 5 medical doctors and a doctor-patient ratio of 1:16,787. UMK has 2 medical doctors and a doctor-patient ratio of 1:45,466 (LMK DHMT 2009). There are several chemical sellers, traditional healers, traditional birth attendants, and community-based volunteers who participate in the delivery of health services.

AIDS is not one of the top ten out-patient cases in MKTA, but it constitutes a major drain on household expenditures (Table 2:3). The traditional authority and the district assemblies suggest that the pandemic is eroding the modest progress that has been made in the areas of health, education, agriculture, and others. The availability of ART notwithstanding, the authorities assert that families are losing income earners, and a greater proportion of meager family resources is being spent on PLHIV (MKDA 2007).

Awareness about the epidemic has been promoted in the past decade by international NGOs such as FHI, Plan Ghana, and their local partners including the MKQMA and Klo Drivers’ Alliance. In spite of the activities of these organizations, high levels of knowledge about the mode of HIV transmission exist along side misconceptions and risky sexual practices. There has also been a high but unknown AIDS mortality, which has created a large number of orphans and vulnerable children (OVCs). Extended families, district assemblies, and the traditional authorities have been unable to provide for these orphans. The most effective strategy that has been employed in MKTA to reduce the impact of orphanhood is dependence on NGOs and state agencies to have OVCs placed in foster family care. This community-initiated strategy has been spearheaded by the MKQMA.

It is in the above context that I examine the care giving responsibilities and practices of queen mothers who are leaders with a responsibility for protecting and improving the lives of orphans. In the next section, I examine in more detail the social and historical context of the pandemic and the orphan crisis in Manya Klo.
Tables and Figures for Chapter 2

**Figure 2:1** The traditional political structure of the Manya Krobo Traditional Area

![Political Structure Diagram](diagram.png)

Source: Fieldwork 2009

**Table 2:1** Educational Facilities in Lower Manya Krobo District

<table>
<thead>
<tr>
<th>Type of School</th>
<th>Public</th>
<th>Private</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Child development</td>
<td>40</td>
<td>73</td>
<td>113</td>
</tr>
<tr>
<td>Primary</td>
<td>43</td>
<td>70</td>
<td>103</td>
</tr>
<tr>
<td>JHS</td>
<td>20</td>
<td>8</td>
<td>28</td>
</tr>
<tr>
<td>SHS</td>
<td>4</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Vocational/Commercial</td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

Source: LMK District Education Office 2010
Table 2: 2 Health Facilities in Lower and Upper Manya Klo

<table>
<thead>
<tr>
<th>Facility</th>
<th>LMK</th>
<th>UMK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Clinic/health center</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Private maternity home</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Reproductive/child health center</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>CHPS zone</td>
<td>23</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>35</strong></td>
<td><strong>9</strong></td>
</tr>
</tbody>
</table>

Source: LMK and UMK District Assemblies, 2010

Table 2: 3 Top ten causes of diseases (out-patient)-January –June 2010

<table>
<thead>
<tr>
<th>Rank</th>
<th>Diseases</th>
<th>Cases = N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Malaria</td>
<td>25,601</td>
<td>34.6</td>
</tr>
<tr>
<td>2</td>
<td>Hypertension</td>
<td>7,042</td>
<td>9.4</td>
</tr>
<tr>
<td>3</td>
<td>Acute respiratory infection</td>
<td>6,747</td>
<td>9.1</td>
</tr>
<tr>
<td>4</td>
<td>Rheumatism and joint pains</td>
<td>4,298</td>
<td>5.8</td>
</tr>
<tr>
<td>5</td>
<td>Diarrhea diseases</td>
<td>3,161</td>
<td>4.3</td>
</tr>
<tr>
<td>6</td>
<td>Skin diseases and ulcers</td>
<td>3,109</td>
<td>4.2</td>
</tr>
<tr>
<td>7</td>
<td>Intestinal worms</td>
<td>2,324</td>
<td>3.1</td>
</tr>
<tr>
<td>8</td>
<td>Anemia</td>
<td>1,478</td>
<td>2</td>
</tr>
<tr>
<td>9</td>
<td>Diabetes mellitus</td>
<td>1,388</td>
<td>1.9</td>
</tr>
<tr>
<td>10</td>
<td>Gynecological conditions</td>
<td>1,300</td>
<td>1.8</td>
</tr>
<tr>
<td>11</td>
<td>All other diseases</td>
<td>17,612</td>
<td>23.8</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>74,060</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: LMK DHMT 2010
CHAPTER 3
The Feminization of HIV and AIDS in Manya Klo

3.0. Introduction

HIV and AIDS in sub-Saharan Africa can be described as a ‘feminized’ epidemic (Telfer 2004:247-8; Abdool Karim and Abdool Karim 2005/2008; cf. Chant 2003) because women are disproportionately affected by it, both in terms of infections and bearing responsibilities for the general consequences of the pandemic. More women than men live with HIV and die from AIDS and related conditions. Women also bear a larger proportion of the effects of the pandemic. The heaviest burden that women bear is ensuring the wellbeing of over 14 million children whose parents have died of the disease (UNAIDS 2010; see Howard et al. 2006).

Although the pandemic has been feminized, very few studies exist on the particular ways in which this situation comes about in specific areas. In this section, I present a situational analysis of HIV and AIDS in Ghana, but with specific focus on the Manya Klo Traditional Area (MKTA). I examine the different factors that have turned Manya Klo into an island of high HIV prevalence in a country with relatively low prevalence. I explain why the discussions on the epidemic, whether they are on the high infection rates or the mediation of its ravaging effects, have always hinged on women, and the historical, political-economic, and cultural factors behind the feminization of AIDS, and its impact on the people of Manya Klo. The focus on Manya Klo is very appropriate because the statistics on the feminization of the pandemic in the area mirror the larger data for Ghana and for sub-Saharan Africa.

3.1. HIV and AIDS in Manya Klo

The social epidemiological context

The first case of HIV was recorded in Ghana in 1986 and the first HIV sentinel surveillance (HSS), based on pregnant women attending antenatal clinics, was conducted in 1992. Agormanya, the sentinel site in the MKTA recorded prevalence of 18 percent, making it the
worst affected area in Ghana. This statistic was comparable to some of the hardest hit regions in southern Africa (Ritzenthaler 2005). Although the national and district prevalence have steadily declined since 1992, the MKTA has consistently recorded the highest HIV prevalence in all but two of the 19 HSS that have been conducted in Ghana. The prevalence in 2009 was 5.8 percent against 4.2 percent regional and 1.9 percent national prevalence (GAC 2010).

A situational analysis shows that the impact of HIV and AIDS in Ghana may not be abating as the number of persons living with HIV (PLHIV) is increasing with the majority infected being women. It is not known how many PLHIV there are in the MKTA, but the national statistics give us insights into the state of affairs in the MKTA. In 2008, the national HIV prevalence was 1.7 percent and the number of PLHIV was estimated to be 236,151 comprising 58.4 percent females and 41.6 percent males. A total of 20,008 children were living with HIV in 2008. There was a slight increase in the national HIV prevalence (1.9 percent) in 2009 and a corresponding increase in the number of PLHIV (240,802). The proportion by gender was the same as 2008: 58.4 percent females and 41.6 percent males. Also in 2009, 21,202 children also lived with HIV. New infections for 2008 and 2009 were 22,541 and 23,236, respectively (GAC 2010; UNAIDS 2011).

Even though the number of new infections and the number of PLHIV is growing nationally, there is a decline in AIDS-related mortality. The estimated total mortality for 2008 and 2009 were 18,082 and 17,058, respectively (NACP 2009). The decreasing mortality may be due to increased access to antiretroviral treatment (ART). An estimated 63,137 adults and 6,086 children needed ART in 2008. In 2009 64,978 adults and 6,010 children were in need of ART.1

Available clinical data on LMK show that more women than men are affected by HIV and AIDS. In LMK, AIDS is not one of the top ten out-patient morbidity cases recorded in the first half of 2009, but it is the fifth leading cause of hospital bed occupancy, and constituted 3 percent of all admission cases. AIDS, however, is the leading cause of death. It is the cause of 26.7 percent of all recorded deaths at the health facilities. Here too, there are marked differences in terms of sex. More women (60 percent) than men (40 percent) die of AIDS-related conditions

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1 The total number of people on ART is not yet available.
Ironically, women bear the lion’s share of ensuring the wellbeing of PLHIV as well as children whose parents had died of the disease; a fact that Klo men attribute to women’s ‘natural ability’ to care for others (Drah 2003).

In spite of the national responses to reduce new infections and the impact of the epidemic, women remain more at risk for contracting HIV. Women are more likely to engage in higher-risk sexual intercourse, that is, with a nonmarital, noncohabiting partner. In 2008, 23 percent of women engaged in higher-risk sex, an increase from 21 percent in 2003. Also in 2008, 25 percent of women used a condom during their last higher-risk sexual intercourse, a decrease from 28 percent in the 2003. With regard to men, 42 percent engaged in higher-risk sexual intercourse in 2008, as against the 38 percent who engaged in that behavior in 2003. The number of men using condoms during risky sex remained 45 percent in 2003 and 2008. On the whole men are more likely to have more sexual partners. Men have an average of 5 lifetime partners and women reported having 2 (GSS, GHS, Macro 2009).

A combination of economic, political, social, cultural and even personal factors explains the skewed impact of HIV and AIDS on women in the MKTA. In the following sections, I will look at these factors that have given rise to the peculiar circumstance of a very high HIV prevalence and the attendant sex and gender biases.

Weak political economy, social pressure, personal aspirations and HIV/AIDS

Available evidence points to a direct link between the HIV and AIDS situation in the MKTA and the political-economic development that took place in Ghana in the postindependence era, particularly in the 1960s and the early 1970s. The construction of the Akosombo hydroelectric dam in the 1960s created the Volta Lake, which is 4 percent (8,500 square kilometers) of Ghana’s total land area and the largest man-made lake in the world, at the time. The dam constituted a brutal assault on the socio-economic lives of the people of the MKTA and other riverine communities in many ways. The main effect of the dam was that it alienated the people, mostly food and cash crop producers, from their sources of livelihoods. Eighty thousand people in 52 communities were relocated, fertile land that was under cultivation was lost, and the
government’s resettlement scheme failed to shield the victims of the dam construction from the consequences of the relocation. The people could not afford mechanized agriculture, which replaced the shifting cultivation that they were used to (see Amanor 2006). Mechanized large-scale farming was possible with government support, but after the overthrow in 1966 of Dr. Kwame Nkrumah, the first president under whose administration the dam was built, no other government supported mechanized farming by the resettled populations. Apart from not being adequately compensated, they also did not have the requisite technical competence to fit in the new industrialized economy (Tamakloe 1994; Lassailly-Jacob 1996).

The loss of land and its impact on the social organization of the entire society needs to be examined more closely in order to understand fully its ramifications on contemporary Manya Klo. According to Field (1943), Klo people in the late nineteenth century and the early part of the twentieth century believed that land was the most valuable property that a man could invest in and also pass on to his children. As a result, they invested all their capital in acquiring fertile lands from their Akan neighbors. Land, to them, was life and the loss of land led to suicides. Agricultural production on these lands was so successful that the three major food markets in MKTA provided food to half of the nonagricultural population of the country. Due to their massive wealth, Field described Kloli as: “The ascendant people … at the beginning of their history,” and predicted that Kloli would be the owners and users of most of the agricultural land of [Ghana] (Field 1943:64). In addition to food farming, they were successful in cultivating oil palm, a major cash crop for export from the 1830s and cocoa, half a century later (Amanor 2006:5). The loss of land due to the creation of the Volta Lake, therefore, severely disrupted their survival. Kloli lost their livelihoods, generations of accumulated wealth, and the impetus for development, with very few alternatives for survival (Goody 1976/1993:4-8).

The success of industrialization that followed the construction of the dam attracted migrant workers from other parts of Africa and beyond, but this was short lived. The industries were either closed due to their failure or operated at a fraction of their original capacities. Akuse, which used to be an inland port and a vibrant commercial town and even served as the district headquarters of multi-national trading companies such as the United Africa Company, CFAO, and G.B. Olivant, stagnated due to low economic activities. It grew just 1 percent in 1970 to .9
percent in 2000 (GSS 2005a). The impact of the dam on development was also felt in resettlement towns outside the MKTA. The population of Amate was 4,067 in 1964. By 1980, it had dropped to 1,813 and grew marginally to 2,320 in 1988 instead of a projected 17,498 due to lost livelihoods and growing economic hardships (Tamakloe 1994). Meanwhile, the national population grew 2.4 percent between 1960 and 1970 and 2.7 percent between 1984 and 2000 (GSS, GHS and Macro 2009).

According to key informants,² the local problems were worsened by a weakening national economy, which was experiencing devaluation and skyrocketing prices of goods, as most of the men who worked blue collar jobs in the industries were either laid off or worked a fraction of the time. Informants also made references to structural adjustments of the 1980s. The period was characterized by job losses; cuts in wages; reduced access to schooling, health, and social services; food insecurity; and collapse of rural economies because subsidies to agricultural inputs were cut (Mikell 1995:7).

These changes in economic fortunes undoubtedly had a negative impact on the social organizations of kin groups, especially in the way that they maintained their livelihoods and survival. In their bid to survive, young women, as bearers of the lion’s share of the responsibilities for their families daily survival, turned to sex work, which was already in existence and was supported by a buoyant local economy (Sauvé et al. 2002).

*The growth of a crisis: cultural obligations, women’s aspirations, networks and HIV*

As the political economy weakened, the migrant and expatriate construction and industrial workers moved out. Some returned to their home countries,³ and local workers went to the emerging cities to seek better living conditions. Sex workers also moved out because the wealth that supported sex work diminished, as so did the profitability of sex work. As a result, in the

² Personal interviews conducted between September 2008 and December 2009.
³ My key informants (adult females and males) spoke about “the white people”, but since the dam was built by construction companies from Italy and the United States of America, the expatriates are most likely to be from those countries.
1970s and early in the 1980s, young women migrated to other West African countries whose economies were booming to continue to work in the sex trade. The majority of them went to the Ivory Coast (Suavé et al. 2002). Aside from economic gains, sex work was ‘safer’ outside of one’s hometown. There are many taboos surrounding sex outside of marriage making sex work a highly stigmatized venture. Sex workers risked societal ridicule, rejection, and other forms of negative sanctions in their hometowns. For example, it would be almost impossible for a known sex worker to be married (Adomako Ampofo 2001).

Manya Kloli maintain very strong ties with their people no matter how far away they are from home (Field 1943:62). Even when they migrate, their hometown remains a central feature of how they organize their lives, including honoring their responsibilities in their places of origin (cf. Middleton 1979). In addition to the ethnic connections, sex workers formed associations that supported members in times of need and death, among other benefits (Little 1972:284-286). As the Klo population in the Ivory Coast grew and became more established, the ethnic and non-kin networks facilitated the recruitment and introduction of the new relatives into the trade (Sauvé et al. 2002; see Anarfi and Awusabo-Asare 1993).

There existed in Manya Klo networks that were functionally similar and also closely linked to networks in the Ivory Coast. Oral accounts suggest that a great proportion of Klo women were transported to the Ivory Coast by locally based drivers who plied the Ghana-Ivory Coast routes, initially at ‘no cost’. Most of the new recruits were transported under ‘special arrangements’ brokered between the drivers and relatives of the new recruits who were already based in the Ivory Coast. The terms of the arrangements varied, but they invariably turned the new recruits into bagasi, that is, ‘baggage’ or ‘properties’ of these drivers and their relatives. This pimp-like arrangement made the new recruits debtors to the drivers and even to their friends and relatives that sealed the transaction (cf. Anarfi and Antwi 1995). The new girls were entrapped in a complicated and sometimes violent circumstance. They had to survive on their own as new arrivals, with bagasi debts to settle, as well as send money to their families back home, the aged, and children left behind. One female Ivory Coast returnee explained the pressure to fulfill familial obligations:
We were aware of the [living] conditions back home. We had our own problems…. We had to send the money otherwise children would not go to school and the old people would have no support. It was better to send money home, than to return home with your empty hands. What would we come back here to do? There is no shame in helping your own family. Every woman was helping her family, so why wouldn’t you help yours. (Personal interview, November 2009)

Taking into account the anecdotal evidence of the massive emigration of young women to the Ivory Coast⁴, we might argue that networks and arrangements other than those described here might have facilitated such a large scale movement. Here, I am referring specifically to the possible involvement in the sex trade by migrant cocoa farmers of Klo origin along the Ghana-Ivorian border. Although the migration of the traders and farmers to the forest areas began over two centuries ago (Wilson 1991), and may all not be linked to the construction of the dam, it is probable that members of this well-knit migrant community directly participated in the sex trade or acted as middlemen and women who facilitated the movement of women across the borders, even if they were not for purposes of engaging in sex trade.

Today, Klo farmers are found all over the forest regions of southern Ghana, including the Brong-Ahafo and Western regions, which share borders with the Ivory Coast. Migrant Klo farmers constitute themselves into strong economic groups that support each other to acquire land and to set up group and individual farms. Unfortunately, not all individuals and groups had money to immediately cultivate the acquired lands. Furthermore, the long waiting period between when land is acquired and when the cocoa trees bear fruit and yield economic returns might have temporarily impoverished some of the migrant farmers (Hill 1963/1997). This temporal economic hardship might have necessitated the need for alternative sources of income, thus it might have compelled some female farmers to engage in the sex trade, even if temporarily.

My hypothesis about the possible temporal involvement of the migrant farmers is based on personal interviews conducted with one female and one male Klo native currently residing in Sefwi in the Western region. They were in Odumase in October 2009 for the annual Ngmayem

⁴ It is not known how many women emigrated to the Ivory Coast, but with a population growth of below 1 percent in a decade, and the claim that ‘everybody had a relative in Abidjan’, we can say that the number was very high.
festival. The two intimated that their older relatives (now deceased) used to cross the border to the Ivory Coast ‘to do business’. I also met two female orphans who were actually born in Brong-Ahafo region, but now live in Manya Klo.

Regardless of how women reached the Ivory Coast, it is estimated that by the end of the 1980s, half of all the female sex workers in the Ivory Coast were migrants from Ghana, the majority with Klo background, with a male-female HIV infection ratio of 1:5 (Oppong and Kalipeni 1996:104-105). It is widely believed that these returnees brought HIV into Ghana. They usually maintained their marital and sexual partners in Manya Klo plus those they had in the Ivory Coast. Once they were in Manya Klo, they and their local partners constituted the critical group of very high HIV carriers through whom new HIV infections spread to the wider society.

The high proportion supports anecdotal evidence that many Klo women were sex workers, but the statistics must be read with caution. Due to the stigma associated with sex work, it was common for sex workers from other West African countries and even Ivorian natives to claim that they were Ghanaians just because the Ghanaian women (in this case Klo women) were the most popular. In doing so, they avoided being discriminated against by their own people and tended to ‘enjoy’ the anonymity associated with being foreign (Adomako Ampofo 2001).

Back home in Manya Klo, the women were highly regarded as very successful and they were sources of envy and pride. They sent remittances to their families with their newly acquired riches. When they returned on short visits, mostly during Ngmayem and other festivities such as funerals and weddings, they came with lots of material possessions especially wax prints (textiles), jewelry, and money. Fashionable clothes were symbols of female economic independence, and the collection of wax prints was evidence of wealth (Gott 2009). Other young women joined the Abidjan bandwagon because they too wanted to own the material things, to fulfill their own aspirations, and to honor their obligations towards their families.
Was every female migrant a sex worker?

From the foregoing, it would appear that young women traveled to the Ivory Coast with the singular purpose of engaging in the sex trade. This was not the case. Manye Nartekie (the program officer of the MKQMA) and three Ivory Coast returnees (two female and a male) suggested that some women resorted to sex work because, in addition to accruing debts from the bagasi arrangements, they lacked the practical, linguistic and literacy skills\(^5\) to earn a living in the Ivorian economy (the Ivory Coast is a French-speaking country). Ironically the lack of literacy skills was one of the reasons for which they were alienated from the economy in their home country.

Aside from the factors described above, it has been established that some of the women who engaged in sex work across West Africa were initially seeking refuge from undesirable marriages or were indebted from their businesses and did not get support from their partners. Sex work, therefore, was a survival option for these women (Adomako Ampofo 2001). Although I did not hear any evidence regarding this situation, it seems to be a possibility for some women.

Evidence gathered from interviews with queen mothers and older women and corroborated by Wilson (2003:16) is that young women from Manya Klo have been trading in beads in the Ivory Coast for several decades or centuries. These traders became rich in Ghana because the franc they earned was valued more than the Ghanaian currency, the cedi, and so they acquired several material things when they returned to Ghana. It is said that some of these young women on their return to the Ivory Coast were accompanied by their female friends and relatives who also started trading in beads. With time, sex work became a second job for some of them, and later the trade in beads might have been abandoned altogether as they got into stable relationships or took on sex work as full time jobs. At any rate, the women must have been infected with HIV either as sex workers or through their stable partners.

\(^5\) By 2000, as many as 55.5 percent female in Manya Krobo were non-literates (GSS 2005a), an indication that literacy rates could have been far lower 3 to 4 decades ago.
The search for economic survival: why women went away and men ‘stayed at home’

In a survey of 180 participants, Atobrah reports that over 80 percent of all deceased mothers of orphans in Manya Klo migrated outside of Ghana and to other towns within Ghana for economic reasons. Out of the total, nearly two-thirds (63 percent) migrated to Abidjan and 5 percent to Nigeria. The rest migrated to Kumasi (10 percent) Ghana’s second largest commercial city, 2 percent to Obuasi and 1 percent to Tarkwa, both of which are mining towns and also associated with sex work and high HIV prevalence. Only 17 percent of the deceased mothers never migrated (2004:73).

Different explanations have been offered for the emigration of Klo women in search of improved economic fortunes. I have already explained the role of women with reference to structural and environmental factors. In addition to those factors, it has been suggested (Amanor 2001; Adomako Ampofo 2001; see Appiah 2007) that women grew poorer due to their lack of rights to land. Inheritance of family land was gendered. Land was passed on to males, even when there were older female children (Amanor 2001:20). This situation is said to have worsened the weak socio-economic status of women and pushed them to search for the better life away from home. This explanation may not, however, reflect the complete reality. Historical records and evidence from in depth interviews with male elders and queen mothers attest to the industriousness and success of many Klo women, and very little of this success is linked to their direct title to land. Indeed, women’s economic production was tied to the land, particularly in food processing and marketing (Field 1941; Steegstra 2005:102-105), but it was not because they owned the land on which they worked. The point about women’s lack of rights to land may, however, have to be re-examined, because it appears that women do have access to land for work and they may in fact inherit land. Indeed, some of the women (queen mothers and family members) had rights to land that they inherited from their parents, mostly from their fathers. These parcels of land have been leased to farmers with whom the title holders share the harvested produce (see Chapter 7).

Going back to the construction period and the importance of land that I referred to above, the loss of land had many ripple effects on the status of men as controllers of the means of production. They lost the most important part of their economic survival, wealth, and power. It
would therefore, be expected that men would be the worst affected by the loss of land. In the patrilineal Klo society, ‘it is the man who goes out and comes with something for the house’, which means that it is rather men who ‘move out’ in order to provide for their families, while women take care of the home. Above and beyond all this, men were peripheral to the new economic system due to their lack of technical skills to find employment in the new industries. Under these circumstances, one would have expected that the propensity to emigrate and actually emigrating would have been greater for men than for women. To understand further why the Klo women instead of the men emigrated, perhaps we need to also find some cues in the socialization of girls.

Females are trained from a very early age to become very successful traders. They are taught how to trade to make money and invest their profits in a manner akin to the protestant ethic (Weber 1958). The goal of this training is for girls to become economically independent, which means being less dependent on their male counterparts, whether partner or relative (Robertson 1984). It is very dignifying for successful women to support their relatives, as indicated above by the Ivory Coast returnee, therefore, women felt obligated to send money home to help their relatives. The pursuit of the prestige of the ideal Klo woman as an active agent of economic independence and survival, and also as an agent of social change, must have pushed women to seek economic success. In view of the fact that women lacked formal education as a means of social mobility, it is possible that they honored their familial responsibilities as a means to gaining prestige and respect among their people (cf. Little 1972).

There are a number of complicated reasons why Klo women instead of men emigrated, but it is clear that the opportunities to migrate existed and women exploited them through a well-knit and well-functioning network of support. The journey to the Ivory Coast and the behavioral choices made thereafter regarding survival were not without consequences.
3.2. The effects of HIV and AIDS on MKTA

The crisis unfolds: women, children, and unknown fathers

The link between the emigration of Klo women and HIV is common knowledge in Ghana. By the late 1980s, emigration to the Ivory Coast was no longer a lucrative venture. Instead, households and families were dealing with the calamitous repercussions of the emigration of some of their members. Many women were ‘returning home to die’. Some of them came back with their children; others did not return themselves, either because a be hewami kolaa (too sick) or a be sika, noko be a de (they had no money, and were too poor) or a hemi pue si (too ashamed) to return home. Those who did not return ‘posted’ their children home to their families through relatives and friends. Still other women put their children, including infants, on buses and gave them directions to ‘go home’; the children traveled all by themselves from the Ivory Coast to the MKTA, using the directions and contacts that their mothers had given them to trace relatives that they did not know. Some of the women came back pregnant. Most of the mothers who returned sick died. For the majority of the children that have been brought to the MKTA (living and unborn), very little is known about their fathers.

Although discussions on AIDS have centered on women, it is known that men migrated too, but mostly to Nigeria; they were the Agegebi (the Agege people). Men also returned home to die. Even though there were fewer men than women, the stories about young men are also told with lots of emotion. A 70 year old man described to me how his three ‘hard working young sons’ who lived in Nigeria died in succession after they had sold all their movable and landed properties in addition to some of his in the hope that they would be cured. Each of the sons left behind children.

The children ‘left behind’ have become the focus of the Manya Krobo Queen Mothers Association (MKQMA) orphan project. The results from the orphan census that I conducted in 44 queen mother-led households across the MKTA show that there is an average of 4.27

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6 This statement was very common in the 1990s, before ARV and the physical manifestations of AIDS were a common sight in MKTA. Many friends and relatives that I knew, indeed ‘returned home to die’.

7 Agege in Nigeria was known to have a large Ghanaian population in the 1970s and 1980s.
orphans in each household with more female orphans (56.5 percent) than males (43.5 percent). This, however, is only the physical damage that the pandemic has inflicted on the society.

_AIDS and the image of Manya Klo_

The impact of AIDS on the MKTA is not only the decimation of the socially and economically productive population, and the increase in the number of orphans. The MKTA lost much of its pride and popularity among Ghanaians. The area used to be known for its hard working farmers and food production (Field 1943; Amanor 2006), in addition to _dipo_ initiation rituals for girls, the Ngmayem festival, markets, and the legendary mountains and scenic beauty (MKTA 2009). Manya and Yilo Klo have for centuries been known as significant players in the West African and global trade in beads, because beads made from powdered glass were uniquely Klo (Wilson 2003). By the mid-1990s, Klo was a highly stigmatized geo-political entity. The image of Klo women was tarnished the most. It is no secret that conversations among Ghanaians about the emergence and spread of HIV in the country centers on Klo women. Klo is associated with very beautiful, but promiscuous women who are literally produced for the sex industry (Drah 2003; Steegstra 2005:6). It is also associated with high HIV prevalence and the devastating impact of AIDS. Manye Adewor (not her real name) intimated that: “It was hard to come out [at the peak of the devastating impact] and say I am a Klo woman, let alone a queen mother.”

The link between promiscuity and HIV has intensified attacks on some traditional practices, especially against _dipo_ because it allegedly contributes to the promiscuity by young girls. Manya Klo citizens and even some feminists and advocates allege that girls who undergo the rituals are prematurely readied for marriage; they see themselves as adults and therefore use the initiation as a license to engage in sexual practices, which result in HIV infections (Steegstra 2006). For me, it is paradoxical that a ritual that stresses virginity and cleanliness is also blamed as the source of promiscuity and an pandemic that is largely regarded as ‘unclean’.

Under these circumstances, we need to know the manner in which the local people have reacted to the consequences of the pandemic, especially with the orphan crisis. It is in this pursuit that we can understand how the response has been feminized by the myriad roles of women,
especially by the traditional female leaders, the queen mothers, as they are associated with HIV and AIDS in general and with orphans in particular.

### 3.3. The evolution of local response to the pandemic

*Silence and denial*

Presently, support for orphans is the major HIV-related responsibility shouldered by the queen mothers, but dealing with HIV and AIDS has not always been a comfortable responsibility. The initial reaction to HIV and AIDS was denial and an intense resistance to preventive information interventions. Speaking about AIDS was tantamount to disgracing Kloli and the consequence for contravening this unwritten rule was severe. In fact, for the greater part of the 1990s, health workers who attempted to speak about the pandemic were either threatened or attacked.

My personal experience shows how sensitive the topic of AIDS was even in 2000. In 2000, I was a member of a team from the Department of Community Health at the University of Ghana Medical School (UGMS) that conducted a study on young and mobile female sex workers in the Ashanti, Northern, Eastern, and Western regions of Ghana. The project was sponsored by the UNAIDS (West/Central Africa). Agormanya in the MKTA was the selected site for the Eastern region. A team of fieldworkers in Agormanya were threatened for trying to talk to people about AIDS. After one week, without any breakthrough, they left. Even though another team comprising myself and a partner conducted the fieldwork, the scenario showed the challenges in doing AIDS-related work, even as its devastative impacts were obvious. Today, some Klo natives are very uncomfortable discussing AIDS in Ghana, because that discussion would be incomplete without a subtle or direct blame being put on Klo.8

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8 During my reconnaissance visit in July 2007, I learned about a man who worked for orphans in Oterkpolu in Upper Manya Klo. One teacher at the Presbyterian Basic School in LMK who had previously worked with the man offered to take me to see her ex-colleague. As I waited on a veranda in the company of other teachers for my ‘guide’, another teacher, who had arranged the trip, introduced me to a group of 5 male teachers. She said “This is Bright, as a researcher interested in AIDS”. Immediately, one of the teachers asked: “Why do you people continue to disgrace the Klo people with this AIDS matter? Are they the only people that go to the hospitals here?” His
Grandmothers’ burden

At the same time that AIDS interventions were being resisted, the Ivory Coast returnees hitherto praised as breadwinners and successful, were being severely stigmatized and discriminated against. There were more derogatory terms that referred to PLHIV than there were interventions supporting them. Among other terms, PLHIV were called9 Abidjanbi (the Abidjan people), nimli or nihi (those people); nimli is how people would refer to total strangers, outlaws, and social outcasts. PLHIV were also referred to as ‘4 plus 4’ or ‘eight’, (a homonym for ‘AIDS’), ‘ja tso’ (unless with a stick, indicating the need for support for them to even stand on their feet), tlomi (luggage or load), and bagasi (baggage) since they were considered to be burdens. AIDS and PLHIV became known as koni dle (twisted shoulders), because people with AIDS grew so lean that their shoulders appear to be shifted from their natural positions. The most common expression when people sighted a PLHIV was:

Maa lee! O bagasi ba. E nɔ lɛɛ, ja tso!10
Grandmother! Your baggage has arrived. You really need to get her/him a [walking] stick!!

The above statement is extremely significant, but also multilayered and needs to be unpacked. It is symbolic and it is literal, but suffice it to say that the arrival of the human ‘baggage’ from the Ivory Coast and the request for the stick are very important. The call to grandmother and the caution that she get a stick were clear indications that the responsibility for the returnees was placed on her. It was also a stark reminder of the enormity of the burden she had to bear. The sick person was too weak to walk and the grandmother was too old and too frail to stand on her own feet. Since grandmother would be unable to bear the sick, she needed to get a stick for the sick in order for her to walk home by herself. The stick was also a symbolic substitute of the support that able-bodied young women and men would have given older women. Cautioning the

9 I use past tense because the use of these terms to refer to PLHIV is not as common.
10 This exclamation was very common throughout the 1990s and early 2000s for Ivory Coast returnees as they were too sick and too weak to get off the vehicles that brought them to Manya Klo. By-standers including, their relatives, identified them and called out to mothers and grandmothers to ‘pick their bagasi by the roadside’.
older women to look for a stick meant that very little support could be expected from these young able-bodied people.

Grandmothers hardly had the resources to support the needs of PLHIV. Consequently, kinsmen had to sell the properties of the PLHIV and sometimes in addition to their own in order to afford all manner of treatment, with the majority preferring spiritual healing and herbal medicine. Before the advent of publicly accessible ART in Ghana, most PLHIV in the MKTA and throughout Ghana relied on herbal medicines, some of which were widely used and recommended by PLHIV and even by clinicians. In June 2002, I visited a herbalist who prepared herbal concoctions for PLHIV on the premises of St Dominic’s Catholic Hospital at Akwatia in the Eastern Region. The hospital, which supported PLHIV, offered the herbalist the space because the location was physically and psychologically more accessible to PLHIV and their families. The medicine was prepared on special days and each client was given a five-litre gallon full and refilled after a month. PLHIV and their families attested to the efficacy of the medicine as effectively reducing susceptibility to and treatment of opportunistic infections.

Narratives by family members suggest that the death toll due to AIDS was very high. In October 2009, one queen mother (and grandmother) told me about how eleven of her female and male siblings and cousins who went to the Ivory Coast all died of AIDS.11 What used to be the most popular section of her family house, ‘the place where most of the family’s problems were solved by the Abidjan people’, is now the most dilapidated and desolate part of the house. The treasures that filled the rooms, for which reason the doors were constantly kept under lock and key, were all gone. These days, the doors are hardly shut. They swing in the direction of the wind. The ten-feet long and six-feet wide veranda adjoining the rooms is filled with six rusted empty metal cases, all of which belonged to the deceased, perhaps as symbolic evidence of the void left in their families. The queen mother said: “[the family] sold the contents of the metal cases so that we could buy health for their owners.”

11 Many of the deaths occurred before ART was introduced into MKTA in 2003, and so attribution of deaths to AIDS is based on symptoms that were later considered to be AIDS.
Although the funeral is an important customary ceremony, kinsmen were overwhelmed by the number of AIDS-related deaths to the point that some families buried their relatives unannounced and without funerals. In all of these cases, older women bore the brunt of dealing with the deaths. They were responsible for the sick, most of them bedridden, and they prepared corpses for burial with their bare hands, totally ignorant about the health hazards that were involved. This activity could have resulted in a different kind of crisis if it had continued, but that was not to be because the queen mothers reorganized themselves to take on the responsibility of reversing the effects of AIDS.

*From resistance to pacesetting: organized local response meets external support*

One of the significant impacts of HIV and AIDS across sub-Saharan Africa is the emergence of community-based women’s groups that focus solely on dealing with the orphan crisis (Foster 2002). In Manya Klo, however, the orphan crisis caused the traditional institution of women political leaders to metamorphose into a pseudo-formal group to address the impact of the crisis. The MKQMA was formed in 1989 to achieve two main objectives: to help improve governance by the queen mothers, and to provide a platform for cooperation and support among them. From my conversations with them in 2000 and after, it is clear that the queen mothers were overwhelmed by the effects of AIDS, and yet they could not act in any significant way. They were also caught in the initial state of societal denial. When they decided to act, they did not have the basic knowledge about the virus and the disease, and they had no resources to begin with. Above all, they had to contend with the negative and sometimes violent public reactions to AIDS activities. One queen mother described their frustrations at the time (notice that in her narrative, she would still not mention ‘AIDS’ by name):

> We were aware that the thing was wreaking a lot of harm on us. We were really overwhelmed by the problem. We had never seen anything like it. People were dying…. Everywhere you went, there were people mourning. As people died, many more were

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12 From 2000 to 2004, I lived close to a small cemetery, one of many in LMK. I witnessed at least 3 burials a day. Queen mothers were always on the run to either attend to the sick or the dead.
falling sick and [extended family] support was growing less…. We did not have the means to reduce the harm.

In 1999, Dr. B. Opare the District Director of Health Services (DDHS) started a private HIV information session with a group of six queen mothers, using video. The sessions were held at the house of one elder statesman, because the queen mothers did not have a regular meeting place, but more importantly, they were mindful of the uncertainty about the reactions of their citizens to AIDS education. It was at these meetings that the queen mothers had information on the virus and the disease for the very first time. They in turn passed on the information to their citizens through self-initiated small group meetings. Gradually, the small group meetings turned into community gatherings where members of a whole village or part of a town met to share information on the pandemic.

Shortly after Dr. Opare’s initiative in 2000, FHI supported the members of MKQMA with transport allowance, and also provided financial assistance for the renovation of a one-storey building that used to be the Presbyterian Boys’ Secondary School in Odumase. The renovated building is used as the office of the association. This support enabled the group to carry out administrative work, trainings, workshops, and meetings, all in one place.

The transport allowance enabled the queen mothers to be actively engaged in the response to AIDS. They attended meetings and participated in several group activities. They were enabled to attend training and information-sharing sessions. These activities made it possible for them to intensify the information and education in their towns and villages and to also share their experiences with each other. Within two years of the director’s initial work, several HIV/AIDS NGOs and community-based organizations (CBOs) sprang up and joined in the public campaign against the virus and the disease. The Ghana AIDS Commission (GAC) disbursed funds to some of these organizations to work throughout the MKTA. The MKTA also benefitted from continuous support from FHI.

In 2002, FHI started the Support Treatment and Antiretroviral Therapy (START) Program on a pilot basis in MKTA. The program, one of the first of its kind in sub-Saharan Africa, aimed to provide every service that a PLHIV would possibly need to live a fulfilling life. Under START, FHI worked in partnership with government and CBOs such as the MKQMA to provide
counseling and testing for HIV, ART, mother to child transmission (MTCT) of HIV, home-based care (HBC), and psychosocial support for PLHIV and their families (Ritzenthaler 2005).

FHI worked with six NGOs/CBOs with 36 staff and 686 peer educators across the MKTA to target specific subpopulations with information on prevention and support activities. The citizens as well as people outside the area were motivated to test for HIV and other sexually transmitted infections (STIs) and to access different supportive services in addition to ART. HIV became an open secret even with intense media interest in START.

By the end of 2005, START had provided ART to 6,183 PLHIV in MKTA and two teaching hospitals, Korle Bu in Accra and Komfo Anokye in Kumasi. The program had been integrated into the public health system, which means that individual PLHIV could publicly access ART. The Catholic Health Secretariat provided nutritional support to orphans identified by the queen mothers. Support for orphans began after the introduction of ART and continued after the end of START, and it provided insights into how community-NGO ‘partnership’ could improve the lives of orphans and their families (FHI 2006).

Out of the six NGOs/CBOs, the MKQMA was the most outstanding. A great deal of the success achieved by START in terms of community mobilization was attributed to the efficiency of the MKQMA and to the traditional authority (FHI 2006; Ritzenthaler 2005). The queen mothers have been able to deal with what appeared to be the severest impact of the epidemic, which is supporting children whose parents are known or suspected to have died of AIDS.

3.4. Feminization of AIDS interventions and the implications for male involvement

It is obvious from the above that beyond helping to identify the factors behind high HIV prevalence and its damaging effects, feminization is also a tool for constructing stereotypes (Budowski and Guzman 1998); in this case, for constructing women as bearers of the AIDS burden and ‘ameliorators’ of personal and societal pain. Subsequently, stereotyping (through feminization), confirms ‘caregiving’ as gendered and justifies policies that target women (Chant 2003). The portrayal of women as victims of structural inequities, plus the fact that AIDS
exacerbates their already marginalized status are explicitly and implicitly integrated into policies that aim to alleviate the impact of AIDS. Behind these policies and interventions is the notion that if women are the worse affected by structural conditions that result in infections and related problems, then interventions must target them. This direct targeting is intended to empower women to improve their living conditions (Ogden et al. 2006; Abdool Karim 2001).

In Ghana, as in South Africa, HIV and AIDS and related policies, guidelines, and services are feminized, that is, designed to address structural inequities and the social expectations of gender by placing emphasis on women’s role as caregivers and victims. In effect, this bias does little in addressing the unmet needs of men (Abdool Karim and Abdool Karim 2005:248). Ghana’s National OVC Guidelines is based on the fostering experiences of the queen mothers. It seeks to help to improve the lives in the households of these women by improving the lives of the orphans while addressing issues of gender inequality associated with orphanhood. The policy acknowledges the gendered basis of caregiving roles and seeks more resources for women (RoG 2005). The Domestic Violence Act 2007 aims to protect women (and men) against domestic violence. The Ghana Growth and Poverty Reduction Strategy (GPRS) II targets women to improve their living conditions. The interventions do not directly target men as actors whose contributions need to be exploited to ease the burden on women. Even though women in Ghana are more likely to be infected by men with HIV, women have more access to HIV prevention and treatment services than men (GAC 2010:26).

The singular targeting of women (and the corresponding alienation of men) may help to generate resources for women, but it may not lighten women’s ‘care’ burden, because programs that target women but ignore men may create more problems for women and may, therefore, be less successful. Chant (2003) reports that Costa Rican women in an anti-domestic-violence program thought it was baseless to learn about their human rights if their men did not participate because they (the men) remained unchanged. They thought they would be better off if their men participated in the program.

The tensions due to the feminization of AIDS in Manya Klo are only beginning to emerge. In a focus group discussion (FGD) in April 2009, the subdivisional chiefs disclosed to me that ‘the queen mothers are doing a great work with the orphans’. They believed, however, that there is a
deliberate attempt to perpetuate the feminization of AIDS response and support for orphans at the expense of alternative or complementary efforts to the queen mothers. They believed that their absence from AIDS activities, which is also interpreted as their failure to act, has been used to the advantage of the queen mothers. They claimed that their attempts to be more involved in the work with orphans, either directly or indirectly through other activities, have been resisted by their superiors.

3.5. The significance of MKTA and the MKQMA to the national response to AIDS

In Ghana today, Manya Klo serves not only as the epicenter of HIV, but also as a centre of excellence of sorts for the mobilization of traditional female leaders for community development (including AIDS prevention and support), research on HIV and AIDS and related issues, training of health workers, and research for local and international agencies and academic institutions. National guidelines for counseling and testing for HIV and for treating HIV were developed based on the START program. Health workers in the MKTA have improved skills and provided technical support as HIV and AIDS workshop facilitators across the country. Lessons learned from START have been used to expand HIV and AIDS treatment services across Ghana, and to inform programs in other parts of the developing world including training HIV/AIDS workers (FHI 2003/2004).

The queen mothers of Manya Klo are regarded as pioneers in community anti-AIDS campaigns. Their initiative has become the blueprint for female community leaders’ involvement in AIDS-related activities in Ghana and queen mothers have been deemed more effective than NGOs (GNA 2007). Politicians leverage their influence to bring development to their towns and villages. Queen mothers from different ethnic groups in Ghana have started mobilizing for HIV prevention and dealing with the effects of AIDS such as assisting orphans in addition to several other issues that affect women and children (GNA 2010). Through their HIV and AIDS activities, these women’s groups are also

Technical staff of the GAC indicated to me during informal discussions in July 2010 that there are about 20 queen mothers/women groups working on HIV and AIDS. Five years ago, the MKQMA was the only such group.
influencing change by dealing with some of the economic, social, and cultural factors that contribute to the gender inequality in their communities (USAID 2005).

The community- and family-centered approach used by the queen mothers is the foundation on which Ghana’s national policy on OVC is built (GAC/MOWAC 2005). The policy provides strong support for the queen mothers’ approach and therefore discourages other forms of support, especially institutional care. In August 2005, they were commended by the then First Lady Mrs. Theresa Kuffour and organizers of the Orphans and Vulnerable Children forum for being ‘the best practiced orphanage’ in Ghana (MKQMA 2006).

Ethnographically speaking, the feminized context of AIDS in the MKTA is different from what is known about the epidemic in sub-Saharan Africa and, therefore, presents a different perspective to the analysis of the pattern of HIV infection. Writing about Zambia, Webb (1996) asserts that women of high social standing are likely to be infected with HIV and die of AIDS because they are most likely to have male sexual partners who are rich, operate in formal sectors of the economys and have a wider sexual network. Women in Manya Klo are the opposite of what Webb describes and yet they are the worst hit.

Again, in the case of Manya Klo, HIV infections are due to women migrating for purposes of economic survival. This is also in total contrast to what is known in southern Africa where most of the HIV infections are attributed to men who engage in migratory labor and live for long periods away from their families (Abdool Karim 2005/2008:245-248; Lurie, Harrison et al. 2004; Robbins 2002:241-242; Townsend 1997; O’laughlin 1998).

Due to their success, the group receives a lot of recognition and media attention (see MKQMA 2006).14 Its members have been invited to national and international meetings by agencies and

See Western regional queen mothers urged to form association.  
14 These are some of the headlines about the queen mothers.  
http://search.yahoo.com/r/ vlt=A0oG7h3cHiZoqj49vFXNyoA; ylu=X3oDMTE2cdUxbW0wBHNiYwNzcgRwb3MDMjYEY29sbwNhYzIEdnRfZANTTUUwMzIhMjE3/SIG=12ogg13q8/EXP=1311142716/**http%3a//manyakrobo.blogspot.com/feeds/posts/default%3forderby=updated  
AIDS in Africa - University of Calgary, Tinny Fetes 300 Orphans, Goodwill Ambassador Misako Konno sees Ghana's Development gains. Stop condemning Dipo: DCE tells pastors  
donors to share their knowledge with groups from different parts of the world.\textsuperscript{15} They have also had collaborative projects with educational institutions in Africa, Europe, and North America. In sum, queen mothers of Manya Klo are now exposed to the media limelight for their success and not for the ‘shame’ that was associated with AIDS. They are on ‘You Tube’ and other web sites,\textsuperscript{16} even though they may not be aware of that.

In spite of the successes chalked up by the MKQMA, the number of orphans continues to grow and extended family support continues to fall. The widening gap between orphans’ needs and available support is partly filled by a local orphanage, NECTAR run by a retired Presbyterian clergyman. NGOs, donor agencies and philanthropists continue to play a significant part in improving the lives of orphans, even though the national policy on OVC places more responsibilities on families and communities.

\section*{3.6. Summary and conclusion}

Feminization of the AIDS epidemic in Manya Klo is due to a general weak political economy and other social factors. The lack of economic opportunities coupled with the pressures on women to fulfill their social obligations to support their families, and pursue their personal ambitions, increased women’s participation in sex work outside the country borders, and their eventual ‘importation’ of HIV into Ghana.

\begin{thebibliography}{99}
\item Manya Krobo: Slavery at Kpong: Women stand accused \url{http://www.ghanadistricts.gov.gh/news/?read=31509} Jan. 3, 2010; Queen mothers urged to be passionate about HIV/AIDS \url{http://sn108w.snt108.mail.live.com/default.aspx?wa=wsignin1.0} Dec. 08, 07; Lower Manya Krobo: Dipo is also important \url{http://www.ghanadistricts.com/news/?read=34955} Oct. 20, 2010
\item During my fieldwork, the project officer Manye Nartekie was invited to Toronto, Canada in April 2009, by the members and head pastor of the St. Joseph Church in Toronto. FHI sent Manye Nartekie to international conferences like the International Conference of AIDS in Africa (ICASA). Aside from that other queen mothers like Manye Kuah told me about a program she and some of her colleagues facilitated in Togo.
\end{thebibliography}
Feminization of the epidemic is, however, not only evident in HIV prevalence, morbidity, and mortality statistics, but also in terms of more women shouldering the burden of its consequences. The predominance of women in the analysis of the factors leading to the AIDS crisis and the subsequent actions to deal with the orphan crisis raises a number of theoretical and practical issues. It may be argued that research on AIDS interventions have mostly focused on the queen mothers and they are likely to be biased in their responses to researchers’ questions. This criticism may be valid, but as can be seen from the foregoing, even the males in this study corroborate the evidences provided by their female counterparts.

The predominance of women in the AIDS narratives generates curiosity about the general absence of men, especially regarding the responses to the epidemic. For example, we need to find out how in spite of the attribution of the success of the START program partly to the leadership of the traditional authority dominated by chiefs, the involvement of men in intervention for orphans has not gone beyond the short reference to their leadership.

Chiefs wield more power than queen mothers and the latter is supposed to support the former to fulfill their mandate to their citizens. It is important, therefore, that we investigate the reason male leaders are not known to have taken any significant steps to stem the tide against the effects of AIDS. Such an investigation would enable us to explore the ways in which we could encourage men’s involvement to improve the conditions of those infected and affected by AIDS, and to also ease the burden on women. Without that there is the likelihood that women will continue to bear the burden of support for the infected and the affected. Feminization of interventions indirectly affects male participation and may be hampering efforts to improve women’s role as caregivers.
CHAPTER 4
Research Methods

4.0. Introduction

In this chapter, I present the mixed (qualitative and quantitative) research methods that I employed to collect data on care for orphans in Manya Klo. In Chapter 1, I stated that I use the culture care theory to identify the meanings of childcare. I also explained that culture care is useful both as a theory and a method, but to employ just that theory would have limited the scope of the data needed for the study. In this chapter, I explain why the method recommended by culture care theory alone cannot fulfill the data needs for this research. I explain the limitation and strengths of the different methods. I present the study objectives, and the processes involved in the collection and analysis of data. The challenges encountered during the fieldwork are also presented.

4.1. Study objectives, research questions, and targets

Overall, I answer two questions in the study:
1. What do Manya Kloli consider ‘care for an orphan’?; and
2. How may we know orphans’ needs and whether queen mothers as ‘caregivers’ fulfill their obligations towards the orphans?

The objectives are to address the following issues:
1. Describe and characterize the contextual meanings of ‘childcare’ (for orphans) and related concepts and practices;
2. Explore the relationships between the (ideal) cultural ‘care’ model and actual (orphan) care practices, and identify the factors that promote or hinder adherence to the cultural ideal; and
3. Identify and describe the needs of orphans from the perspectives of the caregiver (and those who assist them) and also from the perspective of the orphans.

I used the following questions as guides to collect data which addressed the study objectives:
1. What does it mean to ‘care’ for a child (and an orphan for that matter)?
2. Who is a queen mother?
3. Who is an orphan in Manya Klo?
4. How are queen mothers as ‘caregivers’ able to provide for their orphans?
5. What are the prevailing households and community conditions in which queen mothers live with orphans?
6. What are the orphans’ subjective experiences? and
7. What are the challenges faced by the MKQMA as a community-based women’s group with responsibilities for orphans?

4.2. Ethical oversight and approval

An analysis of orphanhood is a sensitive matter because it has the potential to negatively affect the child participant, the person responsible for her/him; and even for the researcher (Lee 1993). Previous studies (FHI 2002a; Decosa 2009; Klaits 2005) and guidelines for conducting research on orphans (FHI 2005; Holmes 1998) show that it is very difficult to discuss orphanhood even with adults, because it involves ‘remembering’ loss and other emotional and confidential issues that may be difficult to discuss. The inclusion of orphans as research participants thus increased the need to provide both emotional and physical protection for participants (UNESCO 2005; Panter-Brick 2002:156).

Protection was provided through different means. The study design (which included a detailed plan about how orphans’ and adults’ emotional breakdowns would be dealt with) was submitted to the Social Sciences Humanities Research Ethics Board and then the HIV Research Ethics Board of the University of Toronto, and the Ethics Review Committee of the Ghana Health Service of the Ministry of Health for rigorous annual reviews between 2007 and 2010.
Preliminary ethical approval was granted by the Social Sciences and Humanities Research Ethics Board of the University of Toronto in April 2007. Subsequent changes in the study design, such as the inclusion of new participants and new data collection tools, were all submitted for review. As I will show later on, the study was carried out in phases and so the set of activities that were undertaken in each phase was submitted for review. The review processes enabled me to reduce the risk of exposing the participants to harm.

Another means by which the participants were protected was by employing multiple and flexible research methods. The variety of methods allowed me to choose data collection techniques depending on the type of respondent, the nature of the response elicited, and the place. In addition to my background as a crisis counselor, I also had support from an experienced local HIV and AIDS counselor to counsel a few orphan participants who experienced emotional breakdowns. The counselor, my research assistant and transcriber, signed and abided by a confidential agreement because they were directly involved in collecting and handling the data.

Aside from meeting the ethical requirements of review boards, I also met my ethical obligations to each participant. All those who agreed to participate in the study thumb-printed or signed a consent form that they read or was read and explained to them in Dangme. Since the orphans were not competent to consent to their own participation, I sought the consent of queen mothers as parents, after which I asked for the orphans’ own consent; meaning that even when the queen mother agreed that the orphan should participate, that particular orphan could refuse to participate without suffering any consequence. This was explained to the queen mothers and to the orphan. The right to voluntarily participate or withdraw (without coercion) at any time was also communicated to them. Each orphan thumb-printed a consent form. Although none of the orphans withdrew from the study, some of them exercised the right not to respond to certain questions.
4.3. The basis for selecting research methods

Childcare research (including care for orphans) is a multidisciplinary task and childcare is a complex phenomenon which comprises multiple activities and takes place in social contexts that are dynamic. The social context provides meanings of (childcare) concepts, the goals, and resources of caregiving (Nsamenang 1992; Good 1976/1993). The environment is also experienced differently by individual adults with responsibility for the orphans, and so methodological frameworks that are employed to collect and analyse data must be sensitive to and accurately reflect the social context in which the meanings and practices related to ‘childcare’ are grounded. In other words, the data must reflect the complex nature of orphan care as well as the similarities and diversities in caregivers’ experiences (see Kiefer 2007).

Data for this study were collected through field work: a preliminary field visit between June and August 2007 and main fieldwork from September 2008 to December 2009. Due to the diversity of the study objectives, the multiple target groups, the sensitivity of orphan care, and multiplicity of sites for data collection, I employed multiple and flexible approaches: (mixed) methods (qualitative and quantitative) (Creswell 2003; Yoshikawa, Weisner, et al. 2008), multidisciplines (public health, applied and marketing research), and multiple sources of data. I chose these methods based on the assumption that queen mothers would conduct their responsibilities in accordance with their knowledge about culturally sanctioned practices of ‘childcare’ in general and ‘care’ for orphans in particular. My goal, therefore, was to have a contextualized meaning of ‘care’ by prioritizing the knowledge of queen mothers (and other research participants) over the scholarly debates that explain orphan/‘childcare’. I focused on how the differences in their demographic backgrounds might reflect divergences and similarities in their ‘childcare’ experiences.

In sum, the study was guided by the participants’ own meanings and expressions of ‘childcare’ and their descriptions of the orphans’ circumstances, and not by any external a priori frameworks. A nuanced analysis of context is critical to improving community initiated projects (Paul 1955/1990), and for effectively applying available resources for orphan ‘care’ (Piot 2006). The fieldwork was concentrated on households with queen mothers and on the work of the Manya Krobo Queen Mothers Association.
4.3.1. The ethnonursing method for care research

As stated above, the study is guided by the culture care theory, which is grounded within the framework of qualitative research. The theory prescribes ethnonursing as the most suitable research method for knowing the meanings and expressions of ‘care’ (Leininger and McFarland 2002; Leininger 1996). Ethnonursing basically refers to using ‘ethnographic methods’ in nursing research to understand ‘care’ within specific social contexts (Leininger 1997). Although scholars do not agree on what constitute ethnographic methods (Lincoln and Cannella 2004; Schensul et al. 1999), culture care theorists insist that ethnographic (ethnonursing) methods are purely qualitative (Leininger 1991).

Ethnonursing provides alternatives for collecting data. Data collection may begin with any aspect of ‘care’ or with any target group; for example, queen mothers or orphans or the leaders of the MKQMA, or with factors that affect ‘care’ such as, beliefs, kinship and livelihood (Leininger 2002). It allows research participants to determine, interpret, and explain contextualized meanings of ‘care’ (Leininger 1996:76). For the researcher, it emphasizes active listening to key informants, observation, and participation as essential steps to understanding the meanings and nuances of the terms that participants use to describe ‘care’. These techniques encourage the researcher to learn from the perspectives of research participants and avoid imposing any preconceived meanings of concepts related to care on the context. Learning from the perspectives of the participants, however, requires constant validation of their responses for accuracy by cross-checking their responses with multiple participants. It is only by this means that ‘care’ research can yield data that are holistic, specific, and reflect a ‘sensitive understanding’ of the research context (Leininger and McFarland 2006; Leininger 1997).

Ethnonursing opposes using quantitative methods in ‘care’ research. Proponents argue that only qualitative data can generate ‘culturally sensitive data’; quantitative methods cannot capture meanings of care. The beliefs and practices associated with ‘care’ and the embedded meanings of care cannot be accurately understood and explained using quantitative analysis. At best, quantitative analysis will fragment the meanings of care and other concepts and also reduce the reliability of conclusions that will be based on such meanings (Leininger and McFarland 2006).
4.3.2. Mixed methods for care research

From the foregoing, it is obvious that ethnonursing can facilitate understanding of ‘care’ for orphans, but the fixation with qualitative methods limits the kinds of data that could be generated to address the objectives and questions of this research. Indeed, no single methodological approach, qualitative/or quantitative, could have yielded all the data that were needed to address the research objectives stated above.

In addition to identifying the meanings of ‘childcare’ and related concepts, I examined the conditions associated with ‘childcare’, the experiences of individual ‘caregivers’ as well as the demographic characteristics of the caregivers and the orphans, as care recipients. Assessing the household impact on orphan care, among other objectives, is a multidisciplinary and multiapproach task (Land et al. 2001) that cannot be accomplished by applying ethnonursing alone. For this reason, the framework for collecting data for this study looks beyond the strict ‘methodological fundamentalism’ of ethnonursing (qualitative methods) (Lincoln and Cannella 2004:7; see Schensul et al. 1999) to consider the growing merger and mixing of research paradigms (Guba and Lincoln 2005:191-192).

In my view, the limitation of ethnonursing is primarily because, aside from uncovering the meanings of ‘care’, ethnonursing does not analyze the outcome of the application of care knowledge. We need to assess the processes and outcomes that result from the application of the knowledge that is generated through care research.

In order to make up for the limitations inherent in ethnonursing, I added the ecological or applied/issue-oriented perspective, also known as the applied approach (Poggie et al. 1992; Kilbride and Kilbride 1990; Pelto and Pelto 1978/1986), as the framework for analyzing orphan ‘care’ in Manya Klo. The applied approach is integrative and multidisciplinary. It draws on the strengths of diverse approaches by integrating the ‘interpretive qualitative context of discovery’ with ‘the explanatory quantitative context of validation’ (Poggie et al. 1992:10). Due to its integrative nature, the applied approach uses the techniques prescribed by ethnonursing plus quantitative methods. The qualitative and quantitative methods reinforce each other and together
they enhance the analysis of the divergences and similarities in ‘childcare’ experiences (Singleton and Straits 2005; Pelto and Pelto 1978/1986).

Apart from the theoretical considerations, the applied approach also takes into account growing collaborations between small communities, researchers and aid agencies for purposes of research and interventions (Trickett and Pequegnat 2005). In Manya Klo, such collaborations are growing especially with the queen mothers (see FHI 2002b) who are also my collaborators for this research.

Different approaches need to be used in order to understand the different aspects of crisis fostering. Each approach examines a different aspect (Goody 1976/1993:8; see Bernard 1988:151). Qualitative methods allow the researcher to observe and participate in certain events as they occur in the participants’ natural environment (Denzin and Lincoln 1998:3). Qualitative data validate the quantitative measures of ‘childcare’. I used quantitative variables to assess household conditions and ‘childcare’ outcomes. Mixing qualitative and quantitative methods is a very productive research strategy that allowed a more detailed understanding of foster ‘care’ for orphans.

By integrating qualitative and quantitative methods for data collection and analysis, the applied approach added more flexibility to ethnonursing and allowed more alternatives for collecting data, and at the same time identifying the divergences and similarities in ‘caregivers’’ experiences (see Dressler et al. 1996; Romney et al. 1986). I was able to extract variables with which outcomes of ‘childcare’ were measured without reducing the validity of the meanings of ‘childcare’ as predicted by ethnonursing. The multiple and flexible methods also ensured the maximum participation of orphans as social agents with the capacity to make informed choices and provide perspectives about their lived experiences, which sometimes were diverged from those of their caregivers (see Panter-Brick 2002:156).

Both the applied approach and ethnonursing require that analyses of ameliorative interventions must be accompanied by in depth descriptions of the research methods and procedures that were employed to allow for replication of the investigation (Poggie et al. 1992). I have outlined below the specific methods that I used to collect the different types of data that were collected.
4.4. Implementing the fieldwork

4.4.1. Getting in: preliminary fieldwork, changes in field setting, and building rapport

During the preliminary fieldwork in 2007, I established a collaboration with the Manya Krobo Queen Mothers Association (MKQMA) for the research. I had envisioned the research three years earlier, and so during the fieldwork in 2007, I verified the relevance and appropriateness of the study. I fine tuned and reframe more accurately the research questions, and determined probable theoretical perspectives, based on information provided by the queen mothers and other informants. Manye Nartekie, the project officer (PO) of the MKQMA, suggested that I change the title of the study, ‘Care for AIDS orphans…’ because it was a stigmatizing label that might expose the orphans and their guardians to abuse.1 She agreed to provide me with the lists of the members of the association (371 of them) and the 1,035 orphans (and vulnerable children). Based on this assurance, I designed the study using the available numbers to determine the sample sizes of participants.

I garnered the support of the chiefs and elders of Manya Klo, as well as executives of CBOs, NGOs, and health workers, among others. Outside the MKTA, I had the support of some professors and experts including the then Chairman of the Ghana AIDS Commission (GAC), Professor A. S. Amoah; UNICEF; and district and national departments of Social Welfare. I also met Dr. Samuel Cudjoe of the Regional Institute for Population Studies (RIPS) at the University of Ghana who agreed to advise me during the fieldwork.

I learned about the split of the Manya Krobo District into the Lower Manya Krobo (LMK) and the Upper Manya Krobo (UMK) districts after I had designed the fieldwork. The MKTA however, remained a single geo-physical and cultural entity. The creation of the new districts, however, created two independent decentralized local governments, which meant that I needed permission from the local governments and traditional authorities of the two districts before I could carry on with my work. I had previously obtained permission from authorities in LMK.

1 Every Manya Klo citizen and people outside the MKTA knew that the MKQMA works with ‘AIDS orphans’ and the members of the MKQMA have always said that, in public and in private.
Approval from the local authorities was very critical for ethical and security reasons. There were several reports, sometimes with horrendous pictures in the Ghanaian media, about abuses suffered by ‘orphans’ in ‘orphanages’ across the country. Discussions on such abuses were very heated. The most popular of these cases was one of sodomy that allegedly occurred at the Peace and Love Orphanage operated by actress and politician Grace Omaboe (alias Maame Dokono). In the midst of the dreadful stories, the public generally became suspicious of people working for or with children. For that reason, it was risky to engage a child alone for any amount of time. An approval from the authorities would guarantee that my status and work in the MKTA was known to the same people who were likely to receive reports about my work.

The creation of two new districts posed a dilemma for me regarding whether I should conduct the fieldwork in one district or in both. Working in the LMK would have been more convenient for me because all the decentralized departments and agencies were located in Odumase, and I had very good contacts there. Besides, LMK is more urban, with better road and telecommunication networks. The towns are located in close proximity to each other and traveling is more convenient and safer than shuttling between LMK and UMK in rickety vehicles on unsafe roads on the mountains of UMK. To focus on LMK alone would have facilitated easier access to research participants. Those in UMK are in several villages and hamlets. I would also avoid the laborious process of seeking approval from UMK.

All the practical challenges notwithstanding, the new districts raised some theoretical challenges that have not been addressed in previous orphan studies in Ghana. For example, to what extent have the new administrative districts affected the work of the MKQMA and the wellbeing of orphans? How do the structural differences between the districts as urban (LMK) and rural (UMK) impact the queen mothers’ and the orphans’ experiences? Learning about these contextual issues as well as identifying and characterizing them were integral to the objective of the study.

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Assessed Feb. 10 2009
In view of the above challenges and dilemmas, I thought that if I excluded UMK from the fieldwork, I would limit its geographical coverage, and that would limit our understanding of the diversities in the care experiences of the queen mothers in the rural areas. Based on the theoretical considerations, the fieldwork covered both LMK and UMK.

One lesson that I learned shortly after I arrived in Odumase was that collaboration with community groups such as the MKQMA may be advantageous, but it may require alternative plans because collaborators may not deliver according to the researcher’s understanding and expectations based on mutual agreements reached with them. The fieldwork got off to a slow start because the last quarter of the year was a very busy period for NGOs. The PO of the MKQMA was organizing and attending meetings and workshops within and outside the MKTA, and preparing end-of-year reports for the agencies that had provided funds to the MKQMA. The traditional leaders and local authorities were directly or indirectly engaged in the political processes leading to the presidential elections held in December 2008 and, therefore, were unavailable to give their consent for the fieldwork.

After two months, the PO was unable to meet with me for us to plan the fieldwork and our respective roles as research collaborators. As a result, I started the fieldwork without being officially introduced to the members of the MKQMA. In the view of the PO, I could contact the members myself without her personal involvement. An official introduction would have confirmed that the study was a collaborative work between the traditional authority and me. It would have helped calm concerns about the growing public resentment and suspicion of ‘caregivers’ and people working with children.

After two months in the field, I met separately with the Konor, Nene Sakite II, Manyengua Nana Mamle Okleyo (or simply Nana Okleyo), and the Registrar of the MKTC in November 2008 to inform them about the start of my research. All the meetings were arranged by Okyeame Sackitey, linguist to the Konor. The Konor and Nana Okleyo gave the research their “full blessings”. Nene Sakite II opined that:

This, no doubt is a very important project. I have long dreamed about this kind of study. In fact, I thought about doing it myself, but I gave up because I thought it would be
better if I had somebody from outside [a non-native] do it. Otherwise it would be like me assessing my own performance.

The Konor and Nana Okleyo and other elders pledged their support to the study and offered to help me deal with any challenges related to the fieldwork. I gave them updates on the fieldwork, albeit more regularly with Nana Okleyo than with the Konor because Nana Okleyo was more accessible. I could walk into her palace anytime. She also requested to see me on several occasions, and each meeting ended with updates on my fieldwork.

Aside from the leaders of the traditional authority, I also met with staff of NGOs and community-based and faith-based organizations (CBOs/FBOs) and other queen mothers. Throughout the fieldwork, these people were very helpful to me in locating research participants, scheduling meetings, and following up on appointments. The queen mothers were instrumental in identifying research participants and gave me ideas about what to expect in asking certain questions to queen mothers generally.

4.5. Sampling target groups

4.5.1. Rationale for selecting primary targets

The study targeted two broad categories of people, the primary and secondary target groups. The primary targets:

1. Members of the MKQMA with direct responsibilities for orphans living with them in their homes;
2. Female and male children living with queen mothers in LMK and UMK, who were between 6 and 11 years, had lost at least one parent to any cause in a period of 12 months minimum prior to the commencement of the fieldwork, and are aware of the loss of their parent(s); and
3. Adult\(^3\) (25 years and older) members of the queen mothers’ household, preferably male adults – in the absence of a male, a female member of the household

The secondary targets:

1. Adult female and male citizens (25 years and older);
2. Chiefs;
3. Parents living with HIV (PaLHIV); and
4. Staff of government departments/donor agencies, NGO/CBO that work directly or indirectly with the MKQMA.

The queen mothers and household members were targeted because they had responsibility for the orphans; their decisions, their socio-economic circumstances, and their access to resources affect the orphans’ wellbeing. These adults were responsible for creating and exploiting support and cooperative networks for the benefit of orphans. Adults determine who an orphan is and how available support should be distributed to orphans.

Globally, studies on children’s wellbeing have ignored the views of children, even though evidence suggests that children can articulate their lived experiences (Fattore et al. 2007; FHI 2002). The situation is even worse for children 6-11 years old (Panter-Brick 2002). Children of the age group 1-5 years attract research interests because of the high risk to diseases and death before their fifth birthday (GSS/USAID/MOH/MICS/UNICEF 2007). The sexual behaviors of adolescents have also received a lot of research interest (UNAIDS 2010) and there is a growing interest in those on the street (Panter-Brick 2001). This global focus impacts local interventions. For instance, the objective of the Manya Klo district assembly is to rapidly deliver health to mothers and children (1-5 years old), scale up adolescent friendly services, and reduce teenage pregnancy (LMKD 2009a; MKDA 2007). This commitment to adolescents and infants shows the lack of research and policy interest in children of ages 6-11 years. We need to know how children grow after the critical 5 years and before they become teenagers.

\[^3\text{According to the Ghana Statistical Service’s definition, persons below 25 years old are described as ‘youth’.}\]
Age 6 has special fostering significance. It is regarded as the ‘age of sense’ (Bledsoe et al. 1988:629). At age 6, a child begins to learn and she/he is more likely to be fostered, although others (Oni 1995:23-24; Montgomery 2005) find the reverse to be the case. From age 6, a fostered child is likely to be assigned gender-related tasks (Bledsoe et al. 1988:629; Foster et al. 1997:163). A six-year-old child must, therefore, be of interest to the anthropologists.

Irwin and Johnson (2005) and Folman (1998) show that children 6-11 years old could be engaged in conversations about their lives for purposes of gathering data from them. In giving voices to orphans’ agency, some researchers have solely relied on children as their sources of information (Decosas 2009; FHI 2002a). However, such child-centered researchers like Decosas (2009) recommend using both children and adults as participants in child studies for a better understanding of the situation of children.

In the case of this study, orphans of ages 6-11 years were selected because anecdotal evidence suggests that they constitute a large subgroup of the target population of orphans under the MKQMA. This makes them easy to identify and include in research. Preliminary analyses from the formative research reveal differences in the responses provided by guardians and those provided by their orphans (Drah and Sellen 2010). There was the need, therefore, to talk directly to orphans to capture their own opinions, perspectives, and experiences and to contrast those with the perspectives of adults. This comparison made it possible for me to assess the nature and extent of the diversity of perspectives, and also potential biases that orphans and adult participants might have had.

4.5.2. Selecting participants for formative research and surveys through participant referral

Records obtained from the MKQMA between 2006 and 2008 show that there were 371 members and 1,035 orphans and vulnerable children; I have never seen disaggregated data on orphans only and vulnerable children only. As mentioned earlier, my research design was to stratify the lists and randomly select queen mothers with eligible orphans, and then automatically include eligible orphans and adult members of the queen mothers’ households.
Citing confidentiality concerns, the PO was unable to provide the lists of queen mothers and orphans as she had agreed to do a year ago.

Under the above circumstance, I relied on Ms. Theresa Tetteh (referred to as Theresa), the counselor I had engaged to counsel participants who might suffer emotional breakdowns. Theresa is a native of Manya Klo. She is a well-known and highly regarded HIV and AIDS counselor at the St Martin de Porres Catholic Hospital (or ‘Roman’) at Agormanya in LMK. St Martin’s hospital is an HIV sentinel site and one of the first hospitals to publicly provide ART to PLHIV in Ghana. She facilitates HIV and AIDS workshops for the MKQMA and other NGOs/CBOs, and provides technical assistance to families with PLHIV. She is very knowledgeable about the socio-cultural issues surrounding the subjects of death, orphanhood, and ‘childcare’ in Manya Klo.

Theresa and I identified two queen mothers as ‘seeds’ or ‘index cases’ (KUMS 2009) who agreed to participate in the research. Beginning with the two queen mothers, I employed the grapevine technique\(^4\) to exploit their network capacity to reach fifteen of their peers. Each of the two original seeds referred another queen mother in her network that she thought might participate. Even though it was unintended, I found that the seed selection followed a pattern of ‘likes recruiting likes’; queen mothers who were active in the MKQMA recruited their likes, just as the passive members recruited their likes. Each queen mother that agreed to participate in the study had one orphan participate also. Orphans not living with queen mothers took part in the FGD only.

PaLHIV and chiefs were not originally included in my sample for the formative research. In the course of recruiting participants for the formative research, I was informed that members of the Agormanya branch of the Wisdom Association, a support group of PLHIV, have been expressing fears about the survival of their children in the event of their (PaLHIV) deaths.\(^5\) Their fears stemmed from observations that children of their deceased members were living in

\(^4\) This is equivalent to snowball technique in non-snow setting. I heard Professor Awusabo-Asare of The University of Cape Coast in Ghana suggest the term at a workshop organized by the Ghana AIDS Commission in 2003.

\(^5\) The pessimism exists in spite of the availability of ART; all the PLHIV participants in the FGD are on ART.
deplorable conditions, and some were living on their own.\(^6\) The PaLHIV were also skeptical about orphan projects, especially the MKQMA. Although chiefs were not as visible as the queen mothers, they were involved in some of the decisions about orphans, and their actions or the lack of action affected the work of the queen mothers. Chiefs, as fathers, assisted queen mothers to determine which orphans were registered with the MKQMA, and they helped to ensure that parents and extended family members honored their obligations towards orphans.

The new information provided a compelling reason for me to include PaLHIV in the formative research. The inclusion of the chiefs also expanded the analysis of gender and ‘care’, beyond concerns about meeting household obligations towards orphans and the performance of domestic chores, to include the analysis of female and male traditional political roles as they impact the wellbeing of orphans.

Adult female and male participants were selected through the grapevine technique with support from NGO/CBO staffs. The chiefs were recruited through Okyeame Sackitey. I made the final decision about who participated in the study.

Since I could not access the official list from the MKQMA, I had to prepare my own list and determine the sample sizes for the survey. I contacted two queen mothers, Manye Maku of Kpong and Manye Larkwor of Abordonya, previously identified as seeds, to assist me to identify more seeds. After contacting 14 members in their networks we got five lists, three for LMK and two for UMK.\(^7\) The lists had the names of queen mothers and their towns/villages. I compiled all the lists into a single excel spreadsheet and updated it with assistance from Manye Maku and Manye Larkwor. Three queen mothers had died, one queen mother had stepped down, and one had been declared ‘mentally unfit to rule’ by her citizens. In all, we came up with 105 queen mothers (65 for LMK and 40 for UMK), far below the 371 members that were said to be part of the MKQMA.

\(^6\) One of the female orphans in the FGD lived alone. She looked very weak, had skin ulcers.

\(^7\) I had great deal of support from Shadrach an employee of Plan Ghana in compiling the list of queen mothers in UMK and later locating them.
The list of 105 queen mothers was further stratified into stool and non-stool ‘queen mothers’. A stool queen mother rules over a specific lineage or part of a lineage under one of the six political divisions. Non-stool ‘queen mothers’ are women leaders of different social groups who are loosely referred to as ‘queen mother’. They include *jua manye* ‘market queen’, traders or providers of particular services such as *chop bar* or ‘restaurant’ operators’ (local food vendors), and *weku manye* family leader. I focused on the stool queen mothers, 85 of whom were identified, (57 percent in LMK and 43 percent in UMK). I included 3 non-stool queen mothers from LMK, including the PO of the MKQMA, because of their important roles in the association. For every queen mother that I selected her orphan and an adult male relative (or adult female in the absence of an adult male) in her household were selected.

### 4.6. Data collection

#### 4.6.1. Preparing to collect data

The field was very complicated because I needed to apply multiple approaches to different settings and to multiple target groups in order to gather all the relevant data that would address the research objectives. First, I identified individuals with fieldwork experience and who could assist me with data collection and management, and offered them a two-day orientation on the research. Fifteen people participated. They included my field assistant Eric Teye, 3 queen mothers, 2 translators, 2 data entry clerks, 1 psychosocial counselor, 2 transcribers, and 4 CBO executives.8 The orientation focused on: ethnographic methods, ethics, and collecting data from minors and traditional leaders. Each participant signed a confidential agreement.

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8 The orientation was an opportunity to share knowledge; I learned from the participants and I also imparted them with field work skills. The queen mothers had agreed to help me to identify and recruit participants and so the orientation enabled them to understand their roles within the context of the research. The CBO executives were my colleagues from previous projects. They had asked to join so that they could learn more about working with children. I had two each of translators, data entry clerks and subscribers, but only one of each was engaged. The advantage of having this number was that I could at anytime fall on people who were already aware about the research to assist with a task. With the exception of my assistant who was with me most of the time and was also involved in collecting data, the rest only occasionally assisted me.
4.6.2. **Design and review of guides and surveys to meet sensitivity of context**

For the formative research, I developed interview guides with open-ended questions for each of the targeted subpopulation. The surveys were developed by using information and perspectives gained from the results of the formative research. A few questions around psychosocial issues were adapted from an existing guide (FHI 2005). I developed three separate survey guides, one for each of the three targeted populations: queen mothers of the MKQMA, orphans, and adult male (and female) members of the queen mothers’ households.9

Drafts of the survey, FGD, and key informant interviews (KII) guides were reviewed by my supervisor, Professor Daniel Sellen, and other professors and doctoral candidates of the University of Toronto in Canada. In Ghana, the guides were reviewed by the queen mothers and elders, CBO executives, my local fieldwork advisor Dr. Nii Cudjoe, and lecturers and graduate students at the Department of Sociology at the University of Ghana. Other reviewers were staff of the research unit of the Department of Children, child protection officers at the Department of Social Welfare of the Ministry of Manpower and Employment, and the Ghana Statistical Service (GSS). Apart from their suggestions, the reviewers shared other tools which helped me to frame certain questions.

All the semistructured interview and discussion guides and surveys were translated from English into Dangme and from Dangme back into English. Okyeame George Boatey, a seventy-five-year-old retired teacher, linguist and statesman was the lead facilitator for the translation. The translation (and later, pretest) helped to check for cultural sensitivity of the terms used in the guides and methodological appropriateness and to improve the communication techniques in dealing with traditional leaders. Cultural sensitivity is important because the consequence of inappropriate behavior; to address a leader by the wrong title or to ask a question in an improper manner could, for instance, result in punishment, such as fines.10

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9 Initially, I targeted only males to ensure gender balance, but some of the queen mothers did not have adult males living with them.
10 The line between respectful and disrespectful is very thin. A seemingly innocuous comment may be termed inappropriate. In a situation where I relied on other people to collect data on my behalf, I needed to ensure that we always respected the rules that govern social interactions.
Okyeame Boatey helped me to improve the cultural sensitivity of the guides by providing some useful communication skills in relation to each target group, especially about the need to be sensitive about language use in dealing with queen mothers and other traditional leaders. He taught us the appropriate manner in which to ask questions. One technique for effective interviewing of traditional leaders that comes to mind is that every question must begin with a ‘respectful introduction’. In one example, we learned that we could directly ask other adults *Meni o tsu*? “Are you employed?” On the other hand, it was very disrespectful if we directly asked a queen mother the same question. For a queen mother, we had to rephrase the question to:

\[ \text{O nge noko tsu ye booboo nɛ o kɛ nge mo nitse o he kɛ o bimɛ hyeye lo?} \]

Are you engaged in any activity through which you are able to provide for yourself and also for your children?

Over 85 percent of the fieldwork was done in Dangme, but on many occasions I used more than one language. Interviews and conversations in Dangme involved combining Ewe, Akan Twi, Ga, and English. It is common practice for people who speak the same mother tongue to chat in more than one language at the same time by switching languages or using phrases and terms from other languages.

All the guides were pretested. The survey was pre-tested in 4 households with 12 respondents made up of 4 queen mothers, 4 orphans (2 females and 2 males), and 4 adults. Three households were located in LMK and one in the neighboring Yilo Krobo district, which was not part of the study area. The guides were reviewed after the pre-test. Results of the pre-test are excluded from the final analyses.

I used different means to store data: cassette tapes for FGDs and key informant interviews (they were recorded with the participants’ consent), laptop, an external drive, memory stick, photo camera, and notebooks. Each of these devices was kept under lock and key while I was in the field. They were moved to a site outside of the field periodically. I did not record participants’ names with the data collected nor did I put their names on any check sheets. Only code numbers were used. On the few occasions that I needed to use names, like when I had to make a list of queen mother participants, I linked the participants’ addresses to an ID code in a separate, pass-
worded file on a password accessed computer. This computer was kept at a secured location about 60 kilometers away from the field. I will shred and/or burn all the cassette tapes and survey documents three years after completing my dissertation.

### 4.7. Four stages of data collection

The following sections describe briefly the four stages of data collection. The stages depict a logical progression because the reality was that some of the activities were done simultaneously. Each stage comprised specific objectives, targets and methods, and tools for data collection.

#### 4.7.1. Stage 1: Formative research to explore meanings of ‘childcare’ and related terms

The first stage of the fieldwork was a qualitative (formative) research which explored the first objective of the research: to describe and characterize the meanings and expressions of culturally appropriate models of ‘childcare’ (for orphans) and related terms. Addressing this objective required that I establish a baseline of contextualized meanings and expressions of ‘childcare’ and related terms. The baseline is based on consensus reached by the participants.

To build consensus on the meanings of ‘childcare’, or what ethnonursing theorists refer to as the “dominant commonality” or “prevailing care patterns” (Leininger 1991), I presented ‘childcare’ as an activity made up of different but interrelated parts and processes (Dressler and Bindon 2000; Dressler et al 1997). Those targeted were queen mothers, adult females and males, PaLHIV, chiefs, and male traditional leaders.

The open-ended questions allowed the participants to speak freely about each topic that was discussed. The interviews and discussions took place at venues selected by the participants. The FGD and KII were tape recorded with the participants' permission, except when the equipment would not function.
The semistructured interviews and FGDs generated consensual responses and meanings of terms like “care,” “childcare,” “caregiver,” “orphan,” “child,” and “child’s needs.” Adult participants described (child) ‘caring’ practices and shared their experiences as ‘caregivers’. Perceptions about queen mother roles and the MKQMA orphan project were also discussed. Typically, to reach a consensual meaning of a term, say ‘care’, I would ask the participants to describe ‘care’ in their social context. They then would list, without being prompted, practices that constitute ‘care’. They also ranked the constituents of a term (for example, parental/guardian obligations to orphans and ‘child needs’) where necessary (Bernard 1988). Through these activities, participants identified and explained why certain practices rather than others constitute ‘care’. Queen mothers explained why they participated or did not participate in the activities of the MKQMA and how that affected their obligations towards orphans. The qualitative responses yielded variables for the survey (stage 2).

4.7.2. Stage 2: Survey to explore the relationship between ‘care’ as idea and ‘care’ as practice

I used surveys to collect data that addressed the second research objective, which is to explore the relationships between the contextualized childcare and actual care practices, and identify the factors that promote or hinder adherence to the customary arrangements. I turned the qualitative open-ended responses that were obtained at stage 1 into standardized and quantitative indicators to assess ‘childcare’ experiences in ‘more specific and operational terms’ (Goody 1982:65). So, rather than reducing the validity of the qualitative findings as postulated by proponents of culture care theory (Leininger 2002), the survey helped to compare the queen mothers’ responses with their lived experiences (cf. Garro 2000).

Specifically, the survey allowed me to learn more about the interactions between queen mothers, orphans, and household members and the strategies that were used to support the child. The data collected centered on demographic characteristics, parental background of orphans, orphan-queen mother relationship, livelihoods, emotional wellbeing of orphans, living conditions in the household, household access to support, and views on HIV and AIDS.
In addition to the surveys, I conducted a census on orphans to ascertain the extent of the orphan burden, using the number of orphans living in queen mothers’ households as an indicator.

At this stage, the queen mothers generally insisted that I conducted the interviews in a manner that reflected their status in the household in relation to the position of the orphan and other members. Typically, a queen mother would request that: *Waa gbe I nɔɔ nya kekle, keke awenyε maa ba, loko jokwεyo ϵ* (Let’s finish with mine [interview], then the older female [household member] will be next and then the child). This order of interviewing reinforced the queen mother’s position as leader and protector of the household. As the protector, she decides which member of her household could speak to strangers, and so being the first to be interviewed enabled her to determine if it were appropriate for her orphan or any member of her household to be interviewed. They would not allow the orphan or household member to be interviewed first, even if they (queen mothers) were busy. The protector role became even more important as the abuses perpetrated against fostered children filled the media headlines. A queen mother explained apologetically:

> Wale mo… se esa nɛ o nu sisi kaa e ji wa nitsumi kaa wa maa po wa bimɛ a he piɛ. Je nɔ mi ba gbeye. Esa nɛ ma le nɔ fɛɛnɛ. Wa tsa li nɔ nɛ ma ba huɛ se.

> We know you… but you have to understand that it is our responsibility to protect our children. We live in scary times. I have to be sure about everything…. You never know what will happen tomorrow

4.7.3. *Stage 3: Beyond ethnography: collecting narratives on orphans’ experiences*

At the third stage of the fieldwork, I elicited orphan’s subjective narratives and perspectives about their lived experiences and validated these perspectives against the survey data and adult perspectives. I used semistructured and unstructured interviews and (participant) observations. In interviewing orphans, I used the multiple-approach (Irwin and Johnson 2005; Docherty and Sandelowski 1999), which included participatory learning, projective techniques, story-telling,
and mapping.\textsuperscript{11} The combination of visual, literal, and play techniques enabled the orphans to articulate their views during my interactions with them (Clark 2004).

Beside the conventional ethnographic methods, I also used projective techniques to assess the orphans’ living conditions and their relationships with their guardians. Projective techniques are basically psychoanalytic tools that are used in psychoanalysis and clinical psychology to analyze personality and personality disorders. Broadly speaking, there are two types of projective techniques: those techniques that can be objectively (quantitatively) scored; and those which administration, reliability, and validity depend upon the subjective interpretive skills of the researcher (Donoghue 2000; Boddy 2005).

The basic principle of projective techniques is that an individual (research participant) will project her/his own emotions and attitudes onto another, real or imagined, object: the techniques are ‘indirect ways’ of knowing (Donoghue 2000). The use of projective techniques enables the research participant to articulate feelings and thoughts that might otherwise be repressed due to the sensitivity of the subject matter, in this case death (Boddy 2005). Beside psychoanalysis, projective techniques have been extensively used with other ethnographic methods to analyze the emotional wellbeing of children in distress (Khran 1985), and also in marketing research (Boddy 2005; Donoghue 2000; McGrath, et al. 1993).

Through the use of plastic animals, insects, and toys (bears, soldier with a gun, weevil, dinosaur, and others) the orphans were able to articulate more meaningfully and in depth their living conditions and their relationships with the queen mothers. The technique however, is culturally sensitive. As I was explaining the use of the technique to the children, I pulled out the plastic toys from a bag. The children (and onlooking adults\textsuperscript{12}) started laughing. As an example, I asked the children which animal they thought would best represent me. Before I completed my question, one seven-year-old boy screamed “pig!” His peers broke out in loud laughs, and I

\footnotesize{\textsuperscript{11} My attempts to have the orphans keep diaries did not work. The guardians saw the books and pencils as special gifts for the children, and collected them for safe-keeping. Other children were lost to follow ups. Some of the children drew pictures of their daily experiences and showed them to me. I asked them to keep on drawing until they filled the books, but they too lost their note books.}

\footnotesize{\textsuperscript{12} Four adult females would not leave their children alone to participate in the FGD. They sat about three meters away from the group discussions, but did not interfere with the discussions until this happened.}
laughed too, but the adults were offended. According to the adults, the boy had been grossly disrespectful, but once I explained the context of me being a pig, calm was restored. The children grasped the essence of the technique and were able to describe their living conditions using the toys. The presence of a few onlooking adults did not stop the orphans from expressing their opinions about the adults. Indeed some of the adults were surprised that their children could speak so well and be so bold.

The second part of stage 3 was focused on the household of Amanyeyo (not her real name), a 9 year old female orphan who was randomly selected from the list of survey participants. I used a household observation guide that I prepared based on the themes from stage 1. The household visits facilitated further observation of the relationships between the ideal and actual ‘childcare’ practices. I visited Amanyeyo and her grandmother, a queen mother, on 25 occasions within a period of 15 weeks. I spent between 5 minutes and three hours per visit.

The household observations focused on the following themes:

1. Household conditions in which an orphan lived;
2. Kin/gender responsibilities towards an orphan;
3. Access to support and services for orphan caregiving;
4. Orphans’ subjective experiences about living with a queen mother; and
5. Orphans expressions of their feelings about the lives.

4.7.4. Stage 4: Exploring the roles of state agencies and NGOs/donors

In order to explore in detail the factors that promote or inhibit queen mothers’ ability and capacity to adhere to the customary role of ‘caregivers’, that is, the ideal ‘childcare’, I examined the role of NGOs/donors and state agencies in terms of their involvement in activities that affect orphans. I conducted semistructured interviews with officials of the Ghana AIDS Commission (GAC), Department of Social Welfare (DSW), Department of Children, Catholic Relief Services (CRS), Opportunities Industrialization Centre (OIC), Plan Ghana, Commission for Human Rights and Administrative Justice (CHRAJ). Other institutions included CBOs, FBOs,

13 All the names of orphans used in this study are pseudonyms.
the District Assembly, the District Education Service, and the District Health Management Team (DHMT) to understand how the lives of orphans are protected outside of their kin groups.

The response to these surveys was generally very poor, even among those that had staff in MKTA. Not a single representative returned the questionnaire that I gave them; also several follow ups yielded no results. Fortunately, I got good feedback from some of the staff through unscheduled informal discussions and telephone conversations.

4.8. **Additional sources of data on MKQMA and orphans**

Since I did not have direct access to any of the records of the MKQMA, I had to use other means to get information on the association. I visited the PO at her home where she did most of her work. During these visits, I would hear her talk to her colleagues or relatives about activities that were happening within or outside of the MKTA. If any of the activities was relevant to my research, I asked her permission to attend. I attended workshops organized by the MKQMA on entrepreneurial skill training, health education, and personal hygiene. I also attended District Health Management Team (DHMT)-NGO-MKQMA partnership meetings, and the annual review meetings of the DHMT. At the review meetings, the DHMT and its stakeholders reviewed health programs in the districts and shared their plans for the next year. Through these meetings and workshops, I had the opportunity to network with chiefs, queen mothers, and other public and NGO/CBO officials. The staff of Plan Ghana and the director of the DHMT, Dr. Akoto-Ampaw, provided information on children and helped me to plan the fieldwork in UMK.

Occasionally, I got information on the MKQMA through ‘gestures of voluntarism’, such as offering technical advice, sometimes unsolicited. One day, I was with the PO while she and the administrator/accountant of the MKQMA were discussing how they could pull data from piles of documents for a proposal that they had to submit the next day to Plan Ghana. I suggested to them that they could develop a system by which they could store hard copies of records to facilitate easy reference and use. The PO asked me to help them do it. I proceeded immediately in her presence. After three hours, I presented to her a summary table of all the activities that
have been carried out by the MKQMA as contained in two huge files. This happened to be the only time that I had access to the records of the MKQMA.

On a few occasions, the PO asked for my ‘advice’ on hosting foreign guests, resolving disagreements between the MKQMA and its partners, and planning workshops, among other things. I treated her requests with utmost urgency because it allowed me to be kept abreast with the happenings within the association. I also attended the meetings of the MKQMA and visited the office, where I observed photo-taking, registration of orphans for health insurance, distribution of sponsorship money to caregivers, and the distribution of school uniforms, shoes, bags, money and other materials supplied through funds provided by the Ghana AIDS Commission.

Aside from visiting the home of the PO, I also visited the homes of several other queen mothers, including those who did not participate in the research, and engaged them and members of their households in informal discussions about living conditions and more specifically on orphans and other children. I elicited additional insights from previously fostered adults and observed orphans’ interactions with members of the households at different times of the day. Data collection settings included, among others, schools, hospitals and health centres, playgrounds, orphanages, churches, streets, markets, funerals, festivals, and locations for girls’ initiation rites.

The print and electronic media were sources of information on child rights and abuses. The cable television (TV) centres, a growing business across Ghana, were popular in Manya Klo. At these centres, subscribers of cable TV placed their TVs, sometimes with projectors, at enclosed venues and charged between US$.50 and US$1 for European soccer games. The TV centres were also spots for occasional gossip, insults, and jokes that shed light on the lives of orphans and revealed aspects of adult-orphan relationships. A case in point was when a gatekeeper at a center at Kpogunnor, where I had gone to watch a game between Chelsea of England and Barcelona FC of Spain, mistakenly demanded the entry fee from a client who had already paid. The client’s reaction was: “Why are you acting like that? I could still afford your fee even if my parents were dead.” Such narratives shed light on the perceptions that are held about orphans and their conditions.
Apart from the target groups that I named above, I conducted KII with persons deemed knowledgeable about child wellbeing within Manya Klo.

4.9. Data collection challenges

Throughout the foregoing, I have pointed out several challenges that I encountered during the fieldwork. Here, I highlight some of these challenges, which include access to queen mothers, their reluctance to participate in the study, the sensitive nature of orphanhood, the politics of the MKQMA, and the impact of all these on the duration of surveys.

Geographically, the queen mothers were very difficult to reach. About 73 percent of those sampled in UMK lived in villages in the hilly countryside that were hard to reach even with a very good vehicle. The very high teledensity was both a blessing and a challenge. It made it easier to schedule interviews and follow them up, either directly or through those who took part in the orientation that I described earlier. Unfortunately, however, each interview had to be rescheduled several times because the queen mothers were ‘not ready’.

The possession of cell phones by queen mothers slowed down progress on data collection. In LMK in particular, the queen mothers often claimed that they were not home when I contacted them on their cell phones. Those that I met in person said they had to attend funerals, meetings, visit the sick, and do other activities. Even though they were usually very busy, it turned out that they were actually steering clear of the survey. One of them confessed to me later that: Waa ke mobile nge O nitsumi pue ye (We are using mobile [cell phones] to ‘spoil your work’, that is, to make the work more difficult).

Their unwillingness to participate was a protest against their leader, the PO. Since the PO usually gave approval for researchers to contact them, they equated participation in the research to obeying instructions from the PO, which they did not want to do. They opined that their involvement in any research has been: Be pue mi ke nyagbami (A waste of time and a nuisance). They asserted that: Wa nge pee .... wa nge munyuhi nya jeye daa ne se wa ne noko (We have been doing this.... We have been answering questions [granting interviews] all the time and we don’t
They claimed that they benefited nothing for their involvement in previous researches even though the information they provided convinced NGOs/donors and agencies to support the MKQMA. The support has always been given to ‘some people’. They claimed that ‘someone somewhere (in higher authority) makes them waste time answering questions only for that person and her family to enjoy’. It is difficult to substantiate or deny the claims of non-compensated participation, but I know from living and working in Manya Klo that between 1999 and 2004, there were several reports about researchers and NGOs who made unfulfilled promises to Manya Kloli just so they could collect data.

The notion that taking part in a survey will bring material benefits for the participant or orphans was widespread. Some queen mothers and their relatives thought the survey was a registration of orphans for support. The Department of Social Welfare, the MKQMA, and NGOs had used surveys to register orphans for social assistance programs. Consequently, queen mothers who were not sampled were unhappy that I was denying their orphans support by not including them. Some of them had even thought that the manner in which I recorded my interviews determined the fate of their orphans.

You wrote the things that [named queen mother] said on those papers [the questionnaires]. When you spoke to her son, you did the same thing; you wrote his response on those same papers, but you are writing what I am saying in a [note] book. I guess you’ll not use what I have said? He is an orphan and you should include him. He missed out on the previous registration.

Dealing with the accusations of discrimination was difficult, but even more difficult was listening to the emotional narratives of older women, orphans, and their relatives. Orphanhood is a sensitive and private matter, and so were the responses throughout the fieldwork. Remembering the dead, how they died, and being asked to narrate coping strategies after the loss of a breadwinner, were all sensitive and emotional issues. A few of the interviews and the orphans’ FGD were occasionally interspersed with pauses that lasted between a few seconds to about 5 minutes so that the participants could deal with the emotional distress that they experienced. I followed up on four children who broke down during interviews, four times each, to ensure that they did not experience any adverse effects. Personally, it was emotionally difficult to sit through and listen to the emotional stories for several months.
Due to all the circumstances described above, it took an average of five visits, several telephone calls, and reminders (through different ‘assistants’) to complete each set of 3 interviews per household. Individual interviews lasted between 30 minutes and 4 hours. Several breaks were required during the surveys to allow respondents to run errands or do chores. I had to excuse queen mothers to attend to their citizens. Although they turned some away, they still had to attend to cases like when the police arrested a citizen, mediate disputes between neighbors and families, help the sick or attend funerals, and so on. It was very difficult to reschedule interviews and there was no guarantee that a queen mother would be available for the next scheduled interviews and so when they asked me to wait for them (for up to four hours), I waited.

4.10. Analysis, results, and validation

4.10.1. Qualitative and quantitative data analyses and results

Qualitative and quantitative data analyses were continuous processes that began with data collection (Miles and Huberman 1994). I manually translated and transcribed the qualitative interviews that were conducted in Dangme into English, and reviewed them for consistency and accuracy. I was assisted by Mr. Sampson Tetteh-Ekpa, a Dangme native and employee of the district Department of Social Welfare at Odumase, and a graduate student of the University of Cape Coast in Ghana. I sorted and arranged the transcribed interviews and observation data according to emerging themes, which were identified by codes.

The responses generated from these exercises were culturally consensual (Dressler and Bindon 2000; Romney 1999); that is, ideal typical depictions of the ‘dominant commonality or prevailing patterns’ of childcare (Leininger 1991:29). Consensus does not imply wholesale agreement and conformity to customarily patterned behaviors relative to “childcare.” In fact, there were divergences in participants’ responses, but the discussions provided a plateau of agreement about the meanings and expressions of the terms in the Manya Klo context. A few of the FGD participants deviated from the consensus due to the differences in their individual experiences (see Dressler et al. 1996; Albert 1990). They concurred, however, with the view of the majority. The variations show that even though there are similarities in how the cultural
arrangements of “care” are experienced, there also are personal experiences which deviate from the shared (ideal typical) “care” patterns (Garro 2000:307-8; Weller 1987; Pelto and Pelto 1975). Overall, these variations also show that the assumptions and normative basis of “care” in Manya Klo may be in flux. I did a content analysis of all the qualitative responses.

I recognized that the consensus-building process could be hijacked or abused to serve the narrow interests of specific groups of people, especially when the terms could be associated with certain benefits. For example, traditional healers in Botswana twisted the ‘cultural definition’ of AIDS as a ‘cultural’ disease and this definition gave them monopoly over treatment (Ingstad 1990). To prevent this from happening, I validated agreements and disagreements on similar responses independently against responses by different participants across FGDs and KII.

The survey data were entered directly onto the questionnaires. The collected data were validated by a series of processes. I cross-checked every questionnaire that was administered to ensure accuracy of the responses gathered. All inconsistent entries detected were removed. I also validated the collected data by triangulation. Each set of three questionnaires administered in a household (queen mother, household member, and orphan) was cross-checked with the other and also with what was observed in the household. The data were dual coded by me and by Bimbal Nsanya, the head of the Records/Statistics Department at the Atua Government Hospital in LMK, and entered into SPSS software (v16). In the course of the data entry, every data error and missing data that were detected were cross-checked against the hard copy data. After the data entry was complete, initial thematic analysis was done. The analysis explored the links between the different themes in the questionnaires and the respondents (Strauss 1987).

A total of 156 participants from LMK and UMK were surveyed comprising 57 queen mothers\(^\text{14}\), 49 orphans, and 48 household members. With the exception of 10 queen mothers who were conveniently sampled at a two-day entrepreneurial skills retraining workshop at Asew in UMK, all the interviews were conducted in the homes of the queen mothers. The number of

\(^{14}\) Eight of the queen mother interviews were excluded from the final analysis because their orphans and household members were not available for interview
participants in the formative researches (2007 and 2008-2010) was 131. Half of the orphans in the FGDs lived with queen mothers who did not participate in the FGDs.

4.10.1. Dissemination and participants’ reactions

I shared the knowledge that I generated from the fieldwork with the people of Manya Klo and others. This knowledge translation (Santesso and Tugwell 2006) was achieved through community-based dissemination and conference presentations. The findings from the qualitative interviews that I conducted during the reconnaissance fieldwork were shared with the queen mothers and NGO/CBO executives in the MKTA. The findings were also presented at the International Conference on AIDS in Mexico City in 2008 (Drah 2008) and in Vienna (Drah and Sellen 2010).

The cultural meanings of ‘childcare’ plus observed trends in the data in the form of descriptive analysis were compiled and shared with the members of the MKQMA and their citizens on three different occasions. In May 2009, I shared insights from the formative research on the priorities of parents and the needs of orphans with the members of the MKQMA. This information was included in a funding proposal. In November 2009, I shared some of the preliminary research findings with queen mothers, elders and youths from LMK and UMK at a forum at Odumase. The aim of the forum was to identify the needs of the youths in the areas of education and livelihood skills.

The final dissemination forum during the fieldwork was held on December 23, 2009. It was hosted by the DHMT at Atua in LMK and was co-chaired by the district director of health services (LMK) and Manye Makutsu the assistant PO of the MKQMA. It was attended by forty representatives from MKQMA (LMK and UMK), health workers, women’s groups, NGOs/CBOs, Ghana Education Service, University of Ghana Medical School (UGMS), and others.

The meanings of ‘childcare’, ‘care’, ‘child’, and other terms associated with ‘childcare’ as

15The office of the DHMT is on the same compound as the Atua Government Hospital. The district director of health services and the hospital administrator invited health workers in the districts to ‘this important event’. The hospital and DHMT provided the venue including furniture and a projector at no cost.
defined by research participants were validated. The participants at the forum agreed that the meanings were accurate. The queen mothers also agreed with my portrayal of the MKQMA.

Two representatives from the University of Ghana Medical School suggested that an indepth analysis of the psychological wellbeing of the orphans be done. The DDHS and the representative from district directorate of education requested copies of the research report to their departments and the MKTA for purposes of planning and coordinating child-related programs.

Interestingly, it was after the dissemination that individuals and staff of some of the institutions who failed to respond to my questionnaires apologized for not returning the questionnaires that I sent to them. Two of the queen mothers who participated in the research after I had followed them up for six months, also apologized for making me travel so many times to their homes to have them participate in the research. They claimed that the dissemination made them realize the benefits of the study. The participants appreciated the opportunity to validate the preliminary findings. The district director of health services said:

> Usually when people come here to do research, we don’t hear anything about it. If we are lucky, we will hear something being said about the study in Accra. This is different. You have shared the research [findings] with us right here in the district.

Prior to the fieldwork, I was concerned that the orphans would be punished if they should contradict adults’ accounts about their (orphans’) lived experiences. Any contradiction might expose adults’ inability to provide for orphans and it would mean that the orphans had challenged adults’ status and power. Results from similar studies (FHI 2002a; Klaits 2005) indicate that such a challenge could have negative consequences for the orphans’ relationships with their ‘caregivers’ and for their participation in the research. In this study, the divergences in adults’ and orphans’ responses occurred, but there was no report about any orphan being punished for that.

During the postinterview/FGD briefings, adult relatives and queen mothers said they were astonished at the frank and eloquent manner in which the orphans described their living conditions. They were surprised that the orphans could tell me things that they never told their
guardians. The orphans and the adult participants expressed relief and satisfaction about the fact that they were able to talk about their lived experiences. Below is an example of (female) orphans’ reactions after a FGD.

Girl 1: We hear that you have come from ablotsi (overseas); we would like you to come back to talk to us again.
Girl 2: I am happy that I have been able to speak about some of the things that have been bothering me for a long time. I am very happy.
Girl 3: I am very excited about our conversation. You have taught us a lot.\textsuperscript{16}

\textsuperscript{16} My reaction was: “No, I didn’t teach you. I was only asking questions? You are the ones who have taught me a lot. You taught me a lot through your answers.”
Table 4:1 Summary of study objectives, targets and methods

<table>
<thead>
<tr>
<th>Objective</th>
<th>Primary Target</th>
<th>Method/ Technique</th>
</tr>
</thead>
<tbody>
<tr>
<td>To describe and characterize understandings and expressions of culturally appropriate models of crisis fostering.</td>
<td>QM&lt;br&gt;Female 25 years and above&lt;br&gt;Males 25 years and above&lt;br&gt;female PLHIV&lt;br&gt;male PLHIV</td>
<td>Cultural consensus; semi-structured in depth-/key informant interviews, FGD, free listing and ranking, phone interviews</td>
</tr>
<tr>
<td>To explore the relationships between the ideal culture care model and actual caregiving practices, and identify factors that promote adherence to the cultural ideal</td>
<td>female orphans&lt;br&gt;male orphans&lt;br&gt;adult females&lt;br&gt;adult males</td>
<td>FGD&lt;br&gt;Projective technique&lt;br&gt;free listing and ranking&lt;br&gt;KII</td>
</tr>
<tr>
<td>To assess the outcomes of fostering practices on orphans’ well-being, using context-derived indicators</td>
<td>orphans&lt;br&gt;QM&lt;sup&gt;1&lt;/sup&gt;&lt;br&gt;household members&lt;br&gt;-State institutions,&lt;br&gt;Aid agencies</td>
<td>Surveys, household census, semi-structured in depth-/key informant interviews, FGD, participatory (child/adult) learning, participant observations, documentary sources, phone interviews</td>
</tr>
<tr>
<td>To explore the relationships between the ideal cultural fostering model and actual fostering practices, and identify factors that bolster or thwart adherence to the cultural ideal</td>
<td>Female orphan</td>
<td>Unstructured interviews, semi-structured in depth-key informant, participant observation</td>
</tr>
<tr>
<td>To assess the effects of fostering practices on orphans’ well-being, using context-derived indicators</td>
<td>female PLHIV&lt;br&gt;male PLHIV</td>
<td>2 FGD with female PLHIV&lt;br&gt;2 FGD with male PLHIV</td>
</tr>
<tr>
<td>Ascertain current living conditions of PLHIV and their children and their expectations for their children</td>
<td>MKQMA, OIC, CRS, GAC, PLAN, DSW (national/district),&lt;br&gt;State institutions, Aid agencies</td>
<td>Institutional (semi-structured and unstructured) interviews, telephone interviews</td>
</tr>
<tr>
<td>To assess the effects of fostering practices on orphans’ well-being, using context-derived indicators</td>
<td>QMs health workers, education workers, NGO staff, adult females and adult males</td>
<td>Dissemination seminar (PowerPoint presentation)&lt;br&gt;Discussion</td>
</tr>
</tbody>
</table>

<sup>1</sup> This excludes 8 others that were not included in the analysis due to incompleteness
CHAPTER 5
“Childcare” Meanings and Expressions in Manya Klo

5.0. Introduction: What does “care” mean?

During the presidential elections in Ghana in December 2008 and the rerun in January 2009, the campaign slogan for the opposition candidate and eventual winner John E. Atta-Mills, was “I care for you.” At the same time, the national HIV and AIDS antistigma campaign was asking Ghanaians not to judge PLHIV, but to “take care” of them. Social workers were also concerned, through public education programs via the media and NGOs, about the decline in the “care” that fathers gave their children. The Ministry of Health (and health workers) also advised Ghanaians to “take care” of their health through the alternative health program. The Department of Social Welfare was also alarmed by the high number of unapproved orphanages that claimed to be “taking care” of orphans.

“Care” has received very little interest from anthropologists because it has been considered to be “too soft,” “feminine,” and “non-scientific” to warrant scientific analyses (Leilinger 2002) and also because anthropologists lacked interest in children (Hirschfeld 2002). The foci of “childcare” studies are diverse; so too are the meanings of the term “care.” Like other kinds of social phenomena and terms, the meanings and expressions of “care” (that is, the narratives, patterns, processes, actions and decisions, values and symbols related to care – Leilinger and McFarland 2002) refer to different things in different contexts. According to Terrell and Modell (1994), as a concept “care” is ‘unwieldy’, and, as a practice, it refers to myriad processes and activities. Even when it is used in relation to children, as in “childcare,” it still describes a wide variety of activities and contexts such as breastfeeding and nutrition (Engle and Lhotska 1999; Engle et al. 1999), socialization and education (LeVine et al. 1994) or practices that adults engage in to help improve the health condition of children in the home, community, and clinic setting (Coreil 1991).

In terms of the actors involved in providing “care,” although men play a critical role in children’s lives (Wilson et al. 2007; Engle 1997; WHO 2004), “childcare” remains a feminized field (Telfer 2004; Bock and Johnson 2008). It is regarded as the invisible activity of women or
as women’s nonwork activity, which is never factored in macro-economics or women’s unappreciated and unrewarding work (Ogden et al. 2006; see also Robson 2004 and Montgomery 2005; Piwoz and Bentley 2005).

In Manya Klo, the meanings of “care” and “caregiver” may inform how “childcare” responsibilities are assigned, how “care” relationships are created and maintained, how “care” resources are distributed, and how sanctions are applied in the event that “childcare” responsibilities are neglected. Learning about the meanings of “care” and “caregiver” could also provide insights into the constraints faced by families as they struggle to meet their obligations towards children. This has become more critical in an age where weak traditional networks of support and interdependence have reduced the ability of extended families to provide “care” for children, and even worse, for an ever-increasing number of orphans (Lund and Agyei-Mensah 2008; GAC/UNDP 2003). Currently, some families in Manya Klo depend on public funds, aid agencies, NGOs, and “good-hearted” persons for support to “care” for orphans. The benefactors and beneficiaries may not, however, share the same meanings of “care” and “caregiver.” Indeed, the meanings of the terms are blurred between them. These tensions underlie the need to establish clearly the contextualized meanings of the ideas that inform the practices for providing “care” for orphans.

Throughout the years, anthropologists (Paul 1955/1990; Foster 1976; Manderson 1998), experts on “childcare” and orphans (Foster 2002; Lugalla 2003), and child wellbeing evaluators (Fattore et al. 2007; Bray and Dawes 2007; see Brown and Corbett 2003) have all recommended the need to be knowledgeable about the environment (or social organization) of beneficiaries of interventions, and the value of their perspectives in understanding and dealing with their social problems. Unfortunately, one question that child researchers have failed to ask those who are responsible for children in different cultures is: “What is (child)care?”

Studies on fostering and orphans in Manya Klo (Goody 1982; Saah 2004; Ansah-Koi 2006) have focused on observing activities undertaken by adults for the purposes of improving child wellbeing and customary processes for circulating children. In the above studies, adult females who engage in these observed activities have been referred to as “caregivers” or “caretakers” or “carers.” The narrow use of “care” has been reified in a manner that suggests that the implied
meanings are universal, without considering the implications for cross-cultural research and practice. There is an urgent need to investigate the meaning of “care” and the assumptions and frameworks that underlie orphan interventions beyond conventional discourses and approaches.

In this section, I contest the meaning of “childcare” and the corollary term “caregiver” through the question of what “childcare” means in Manya Klo. To answer this question, I describe and analyse the meanings of the terms that are attached to (child) “care” by delineating “care” from other practices and showing what constitutes (child) “care” in two ways. First, I will explain “care” in order to know what “caregiver” means. Thus, instead of focusing on direct observations of the woman-child dyad and “care acts,” I pay particular attention to the narratives that are commonly used to describe “care” in the social context, as well as the practical manifestation of these narratives. I examine the words and sayings, such as proverbs, insults, gossip, and other expressions that are used to describe acts of “childcare” and a person regarded as a “caregiver.” Second, I explore the roles of the “caregiver” to understand what “childcare” entails. I propose that it is by knowing the “caregiver” that we can learn about her/his roles and what constitutes “care” for a child.

This approach does not rely on predetermined assumptions and approaches. It recognizes that the activities that adults engage in to improve the wellbeing of a child are determined by the specific meanings of “care.” Any explanation of “care” and “caregiver” must include all the variables that may be considered relevant in a particular social context, the obvious, the hidden, and the nuanced (Gottlieb 2004). First, I examine some of the sources of the discussions on “care.”

5.1. Sources, uses, and tensions in “care” knowledge

The concepts and discourses that are used to characterize, describe, and explain childcare practices and child development in African societies are portrayed as neutral and value-free but, in fact, these concepts are underpinned by middleclass Western values, expectations, and moral obligations (Nsamenang 1992; Kilbride and Kilbride 1990). The meanings of terms like ‘childcare’/‘caregiver’ and ‘child development’ are, therefore, problematic because they are not
based on the analysis of the broader context of childcare and the engagement of the different people who partake in childcare (Gottlieb 2004).

Child psychologists are beginning to stress the need for child research to be sensitive to the local factors that affect child development (Lamb in Nsamenang 1992:ix), but in spite of the divergences in social contexts and issues affecting children, health and rights advocates continue to apply the universalized discourses of childcare with little regard to the sensitivity of local arrangements, values, and expectations (Wilson 2006; Cowan 2001; Penn 2005:15).

An analysis of the terms ‘missionary’, ‘pastor’ and ‘queen mother’ by Purtschert (2002), shows that the meanings of terms that are used to categorize and describe social groups in colonial Ghana (the Gold Coast) were constructed by people who had very little empirical knowledge of the groups. Religious leaders based in Europe firmly controlled the creation of “meanings and sense” and then enforced the application of these meanings in local contexts through the active engagement of their local agents (Purtschert 2002:1). This colonial experience is similar to the manner in which knowledge regarding children and orphans is created by NGOs and researchers, and enforced through sponsored country or community-based programs, and often with the collaboration of state agencies.

Even though the extended family serves as the focal unit that provides material and emotional security for orphans, its obligations are either complemented or taken over by development agencies. NGOs and development agencies complement the role of the state to protect children and also to provide them with assistance (Moore 1996). The dependence on NGOs and other external agencies is, however, evidence of a flagging traditional support system and exposes the vulnerabilities of the families. Within the NGO/donor-state-extended family hierarchies, the NGOs have the ultimate decision-making power, which gives them the opportunity to superimpose their discourses and conventions on local childcare decisions. By appropriating a mixture of legal and para-legal discourses, they influence the production of categories and identities such as ‘caregiver’, ‘orphans’, and ‘children’ in ways that do not convey the exact nature of these categories and their circumstances (Goka 2006:1-5; cf. Poggie et al. 1992:10).
According to Mosse (2001), one of the most important activities of NGOs and other external agencies is that they mask their predetermined interests and agenda as ‘local knowledge’, that is, an invention of local people, while they conceal the overdetermining and gendered characteristics of such knowledge. In doing so, the agencies may criminalize childcare ideas and practices that are different from the ones they promote. Among the Ekiti of Nigeria, the socially accepted practice of giving out a child to work for and be fostered by a creditor was considered by the state to be slavery and, therefore, a criminal practice (Renne 2005). Catholic priests in Gonja in northern Ghana perceived fostering as economic servitude, against the traditional view, which considered it to be a means of building relationships among relatives (Goody 1982:252).

Beard suggests that the most effective response to the orphan crisis in Africa is to create a culturally sensitive response through the application of contextually relevant knowledge (2005:105). Unfortunately, external ideas are continually transplanted onto interventions for children in crisis, such as orphans and those engaged in inappropriate economic activities or child labor. This problem occurs because the interventions are offered under emergency circumstances, and, therefore, do not allow external agencies to move beyond the everyday discourses to examine specific childcare contexts (Nieuwenhuys 1996). As logical as the argument may be, the lack of sensitivity to contextual factors leads to policies that do not meet the needs of caregivers and limit the opportunities to improve the lives of orphans (Ogden et al. 2006).

In view of the above challenges, the analysis of “care” has focused more on applying preconceived meanings of concepts and much less on how the meanings of terms frame what people do for orphans. Any attempt to employ conventional meanings of ‘childcare’/‘caregiver’ in the analysis of orphans in Ghana, will only reproduce and even deepen the unequal power relations that create and enforce conventional meanings; the ideas of the more dominant and more powerful NGOs and state agencies overshadow the contextual realities and customs (see Mosse 2001).

Some citizens of Manya Klo recognize the significance of using terms that accurately reflect their lived experiences and, therefore, protested against the current uses of ‘care’ and ‘caregiver’. One of such people was Michael Angmortey, the director of Manya Krobo Youth.
Club (MKYC), a CBO at Abanse in LMK, and the son of an ex-divisional chief. Michael Angmortey had assisted several local and international students and NGOs to organize fieldwork in Manya Klo. Based on his experience and knowledge about Klo customs, I solicited his assistance to plan my fieldwork. During one of our meetings in October 2008, we informally discussed “childcare” and the involvement of groups such as queen mothers and NGOs. Michael Angmortey’s comments were insightful, in that they pinpointed the existence of a problematic, but taken-for-granted issue both in the research and practice of “childcare.” He was specifically concerned about how “care” was used by NGO staffs, health workers, and local leaders to describe different contexts, and yet no attempt had been made to clarify what the term means in the Manya Klo context and the implications they have on the social organization of child wellbeing.1 Michael Angmortey asked me:

If you are going to look at how orphans are fostered then you are also going to talk about ‘care’. Aren’t you? These days everybody talks about ‘care’, ‘care’ and ‘care’, but they do different things. FHI claim their [antiretroviral treatment] program was ‘care’ and support. The NGOs also say they are providing ‘care’, and the queen mothers are also providing ‘care’. When somebody gives a book or pencil, they say ‘care’. So whose ‘care’ is ‘care’? Strictly speaking this is not ‘care’. I don’t think we can even call any of these people ‘caregiver’.

This statement, to me, shows the complex landscape of “care” involving NGOs, traditional systems, and individuals all engaged in “care” activities, but with different foci in different settings. Even more revealing and more incisive is Michael Angmortey’s assertion about agencies that create meanings, their powerful status and the factors which fuel the multiple uses of “care.”

The thing is like this…. These people [the NGOs and philanthropists] have the money and the things that the people need and so why would the poor women [‘guardians’] fight over meanings of words when there is something that they can get from the person saying the word. To agree or disagree with somebody’s use of a word would not solve any problem. There is no need to argue over meanings of words. You hold your breath and get what you want. If you don’t argue with them they don’t take their things away.

1 “Care” also came up in my conversations with several other people within Manya Klo. I use Michael Angmortey’s case only as a representation of local views.
Michael also queries me: “If you are going to look at how orphans are fostered then you are also going to talk about ‘care’. Aren’t you?” This was clearly a voice of protest against a discourse that has failed to recognize the voice of the local people. This was an expression of disappointment that the use of the terms “care” and “caregiver” has not been questioned. Rather than me ‘also going to talk about “care”‘, he would prefer an investigation into the meaning of “care.” Even more frustrating for Michael Angmortey is the influence of individuals and especially NGOs in determining and enforcing the meanings and uses of terms. He suggests that the continuous use and misinterpretation of “care” has been ignored because of the unequal power relationships between the ‘haves’ and creators of the knowledge who are also the providers of resources, and the ‘have-nots’ or local people responsible for the orphans, who silently overlook the ‘misuse’ of the term because of fear of losing assistance. This dilemma is against the backdrop that “care” in Manya Klo has very specific meanings, which apparently have either been ignored or taken for granted.

The tension resulting from contesting the meanings of local terms against foreign ones as raised by Michael Angmortey is not peculiar to Manya Klo. It appears to be a growing trend in orphan “care” theory and practice. Meintjes and Giese (2006) observe that in Southern Africa, using “orphan” to describe different scenarios related to “care” generates frustrations and even suspicions of deliberately “spinning” the term for interests other than “childcare.” In Botswana, the assessment of the relevance and effectiveness of local initiatives began with individuals contesting the meanings of “culture” and its relevance as a moral paradigm for alleviating the impact of the AIDS crisis. These agitations by individuals have crystallized into a group response that is affecting policies and locally driven “childcare” initiatives.

To know the culturally constituted responsibilities that adults have towards children, we need to understand the ideas that go into these responsibilities. Based on this knowledge, we will be in the position to determine whether adults are able to meet their responsibilities to children, and to identify the factors that enable or inhibit their efforts to meet these responsibilities.

In this study, I will, among other objectives, assess the ability of queen mothers to meet their “care” obligations towards orphans. I believe that such an assessment, however, needs to be underpinned by the contextual meanings of “care” and the obligations of a “caregiver” because
we cannot measure the “childcare” activities if we fail to identify the ideas and values behind them and what they are supposed to achieve. Not to use the contextual meanings of “care” as the basis for evaluating “caregiving” is to assume that “childcare” is a homogenous term and practice. This would ignore the differences that exist among children, even those in the same country (Penn 2005). It would also mean a failure to take into account the context of pragmatic and lived social concerns within which “care” meanings and practices are negotiated (Leininger and McFarland 2006).

5.2. **What does “care” mean in Manya Klo**

In Manya Klo, “care” is inextricably linked to other concepts; so, in order to understand “care,” we have to also understand these related concepts and the practices. First, we need to know the word that is used as an equivalent of the English terms “care” and “caregiver” and what they actually mean. Second, we need to know the responsibilities of a “caregiver” and then distinguish between “care” and its constituents in order to know who partakes in these other constituents and how such participants are perceived.

5.2.1. **“Care” is hyemi**

In Dangme (the language of Manya Klo), “care” or “childcare” cannot be explained or described without reference to the person doing the “care.” The word that Kloli use for “care” is *hyemi*, which translates as ‘to watch.’ “Caring”/“caregiving” is also *hyemi*. “Childcare” is *bi hyemi*. *Bi* is child and *so bi no hyemi* literally translates as watching over a child. The literal meaning is critical to understanding the way in which the term is used in this particular context. To care for a child or, better still, to watch over a child in Klo means, first and foremost, that you have *tumi ke hewami* (absolute authority and power or rights) over that child. An adult male describes it this way:

I guess you know what it means to be responsible for the plants in your farm? When you watch over a small plant in your farm, you stand by the plant and you see it from the top
to its roots. You see everything about the plant and even the soil in which it stands. It is your duty to ensure that the plant grows to bear fruits. You also have the right to ultimately determine when to weed around it, prune it or even harvest it.

Two key points emerge about childcare in the above statement. The reference to “standing over the plant and seeing everything about it” shows that just as a farmer knows his plant so well and is able to do all the right things to ensure its growth, so too, childcare comprises everything that is done to and for a child to ensure her/his wellbeing. The “right to ultimately determine when to weed around it, prune it or even harvest it,” shows that the person “watching over a child” occupies a position of power and authority over the child. She/he is, therefore, the one who makes the decisions that affect the survival of the child. She/he is also responsible for providing all that the child requires to survive.

The emphases on the two components of care, namely the position of power and authority and the provision of the child’s requirements are, however, not the same. Although childcare includes the provisioning for a child, fulfilling this responsibility alone does not constitute care. Observational, key informant, and FGD data from the field suggest that the most important factor in ‘watching over’ a child is the absoluteness or level of power and authority that one has over her/him. It is the authority and power that oblige an adult to make the critical decisions that affect the child. In accordance with the customs, therefore, the person in whom the absolute authority is vested is regarded as the *bi nɔ hylɔ* or child caregiver. The significance of this authority far outweighs the fulfillment of any other obligations, including the provision of the material and non-material things on which the child’s physical survival depend.

5.2.2. Caregiver: a status of power and individuated authority

I have already indicated that authority over a child is paramount in identifying who *bi nɔ hylɔ* or caregiver is. Vesting authority over a child in an adult automatically establishes a care relationship between the adult and the child. Only this adult can be referred to as a caregiver, and by virtue of her/his position, the acts or activities he conducts in the interest of the child are referred to as care. No one else can be called a caregiver and no other act or activities, no matter
how vital, can be called care (hyemî). That is to say, to be a (child’s) caregiver is to occupy a specific authority and perform the roles that accompany the status.

Although in some studies this person may be referred to as the “primary caregiver”, I consciously avoided the term because it is often associated with the person considered to be directly and obviously provisioning for the child. This primary caregiver may, therefore, have nothing to do with power and authority in the strict sense of the term. Moreover, to say that someone is a primary caregiver is to assume, even if implicitly, that there is a “secondary caregiver.” The terms do not apply in the Manya Klo context.

The authority over a child is vested in one person only at any given time and it cannot be shared. Holding these rights makes it obligatory for the holder to ensure that the child gets everything that she/he requires to live. Indeed, it is not common to hear adults claim I mi ji e nɔ hyelɔ (I am her/his caregiver), and not many people call themselves bi nɔ hyelɔ or (child) caregiver because, even though they may make significant investments in the child, the authority over the child may be vested in someone else. I recall instances when I had asked permission from guardians to engage their children in discussions for purposes of data collection and I was told bi nye be (the mother [or owner] of the child is not in) or bi tse be (the father [or owner] of the child is not in). Some of the children have lived all their lives with these guardians, who were also referring to other people as “owners” of the children. Clearly, this shows that even though the child lives with the guardian, the guardian is aware that she has limited power over the child.

Apart from occupying a status of power over a child, childcare is also relational in the sense that it establishes a morally obligatory bond between the child and the caregiver. The relationship is reciprocal; the child is entitled to certain rights from her/his caregiver, which ensures his continuity and gives her/him a sense of identity and belonging, while the caregiver is also entitled to certain services from the child (Goody 1982; see Finch and Mason 1993).

Similar observations of the power relationships between ‘caregivers’ or foster parents and fostered children have been made in studies on fostering in Western and Eastern Africa (Notermans 2004; Alber 2004; Talle 2004). The full transfer of power and authority over a child to an adult or the “primary jural parenthood” has been associated with adoption and the partial
transfer of power and authority or secondary jural parenthood has been associated with fosterage (Brady 1976:7 in Isaac et al. 1982). Adoption is, however, an unknown practice in West Africa, and Manya Kloli do not practice adoption (Goody 1982:278; Goody 1976/1993). Adoption is much more of a Western arrangement for the full transfer of the rights of a biological parent to a foster parent and on a more permanent basis. Adoption also requires that a foster parent undergo formal legal procedures established by the state to ensure the transfer of parental rights (see Bowie 2004; Chase et al. 2006). The caregiving situation described here occurs at the level of the extended family and does not involve the legal procedures of the state. The transfer of absolute rights to the adults can be withdrawn in case the caregiver fails to fulfil her/his responsibilities to the child (Alber 2004). Recent internationalization (Roby and Shaw 2006) and even the Hollywoodization of the adoption of African children, however, may be altering the discourses and arrangements around the circulation of children as a way to protect their wellbeing.

5.2.3. Community responsibility/ownership of a child

The point made about vesting authority over the child in only one person at a time appears to contradict the common notion that child survival and wellbeing in the African context is a communal responsibility (Ankrah 1993; see Okrah 2003). It is the responsibility of the community to provide for a child because a child that becomes a successful adult benefits the community. This idea is found in expressions such as: ‘It takes a village to raise a child’; ‘Every child belongs to a village’; ‘Every child is our child’, and others. In Manya Klo, it is said that:

Nɔ kake ne e fɔɔ, se ma ne leɛ.
(It takes an individual to give birth to a child, but it takes a village/town to feed/train the child).

It is also claimed that: O nyɛmi bi, moho o bi. (Your sibling’s child is your child also).

Note that the key word used in the statements here is leɛ (lemi) (rearing/feeding) and not hyɛmi (caregiving). I shall soon return to the term lemi, but for now, the two statements also appear to contradict the claim that childcare authority can only be vested in one person at a time. This
apparent contradiction is no contradiction at all. The idea that the “child belongs to a community” means that the extended family or village or town has a collective responsibility in training, disciplining, and feeding the child, thus securing her/his wellbeing. In that sense, it is correct to claim that the child belongs to everybody and not to her/his biological parents only. However, the shared responsibility for a child does not confer absolute authority and ownership to these people or ‘social parents’ (Goody 1982) with a shared interest in the child’s wellbeing. Consequently, none of them can, according to the dictates of the customs, be regarded as the child’s caregiver.

The customary arrangement is that authority over the children of a deceased sibling is passed on to one individual, usually the oldest male sibling. However, that responsibility is shared with members of the extended family, even though other fictive kin may also contribute. In effect, the extended family recognizes one member as bi nɔ hyele (child caregiver), but it is fully aware that O nyemi tlomi nge o tlomi nɔ (your siblings’ burden is your burden) especially in a context where the caregiver may not have the material resources to provide for the children. One sub-divisional chief ‘Kom’ explains with an analogy:

Every child belongs somewhere, to a family, village or town, but within each village, the child has its owners. The village or town may even be too big. Let’s look at the extended family or even among siblings. There is always one sibling who owns the child; even though the other siblings can say that the child is theirs, they know very well that between them, there is the owner, and there is the owner. Remember, that the forest is very thick from the outside, but once you are in the forest, you would realize that each tree stands on its own. (Asafoatse ‘Kom’, FGD April 2009)

Indeed, in the “forest” of citizens and family members (‘owners’), there is always an individual who “stands on its own” and in her/him is vested the overall “ownership” and authority over the child. Only this individual “owns” the child, and she/he only can be referred to as the child’s caregiver. The reason why siblings or citizens can claim ownership of a child is because they partake in the activities that protect the child. The manner and the level of their participation are dependent upon the caregiver; she/he may or may not require assistance in providing for the child. On the other hand, if she requires assistance, she/he can decide whose assistance (family member, friend, NGO/CBO) to accept and which not to accept:
Manye Makutsu, a queen mother, also using the analogy of the farm, explains further the apparent contradiction in the shared responsibility and ownership argument.

It is great to have my sisters and brothers to help weed my farm, but that doesn’t mean that they are part owners of the farm. They can go to the farm and harvest my crops. They can enjoy everything on the farm. If they see animals destroy crops on the farm, they have the right to drive away the animals, but they are still not the owners of the farm. I am. (KII December 2008)

The practice of *la pomi* (literally, the cutting of the *la* cord) explains further this issue of caregiver and ownership. A child born out of wedlock is *yobi* (a woman’s child) because she belongs to her/his mother’s patriclan *we* and specifically to her/his mother’s father *nene*. The *la* is a cord with a black and a white bead tied on the wrist of the child at birth and symbolizes the child’s status as a *yobi*. The child is given a name by her/his maternal grandfather (Steegstra 2005:53-54), the owner and caregiver of the child. In the absence of the grandfather, the mother’s brother becomes the caregiver. The only way a biological father can become a caregiver is to perform the rites to cut the *la*. Without that, the biological father can never be regarded as the caregiver of the child, even if he provides all the material things the child requires while she/he lives with the mother’s father.

5.3. **Constituents of care**

To understand further the meaning of care, we need to break it down into its constituents because one does not become a caregiver merely by engaging in some of the parts. Isolating the constituents of care will help us to identify the different roles played by people other than the caregiver. It will also shed light on the shared responsibilities that may be inaccurately construed as care, as Michael Angmortey pointed out in the anecdote I related to early on.

Verhoef and Morelli (2007) suggest that practices that may be regarded as ‘care’ in Northwestern Cameroon include discipline and a sense of belonging and not just providing material needs (2007:56). This is also the case in Manya Klo where childcare has three main

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2 The *la pomi* rites are separate from marriage rites.
parts, wa mi or yi baa mi support or assistance, tssemi or socialization/training, and lemi or rearing/feeding. The boundaries between these terms are fluid and one act may be classified under the different constituents. For example, rearing a child may be part of socialization and child rearing, and socialization may constitute support to the child and to the caregiver. I now turn attention to the constituents of care in which members of the extended family and citizens of a village participate.

5.3.1. Yi baa mi or wa mi (support or assistance – acts of kindness)

Yi baa mi refers to those acts that are intended to help improve an aspect or the general wellbeing of a child. They may or may not be solicited, may take different forms, and may include providing material assistance such as paying school fees, providing meals, having the child over for holidays, and so on. It may also include nonmaterial support like advice, counselling, and moral training. In this case, providing support is more of an act of kindness and charity. The person providing this support is, strictly speaking, not under any obligation to do so. Yi baa mi is usually temporal in nature, although certain kinds of assistance may be provided for a long time. For example, an individual may pay a child’s school fees from primary to university. Family members, the generality of the citizenry, philanthropists, and NGOs/ CBOs fall under this category of ‘support providers’. Unlike caregivers, these generous contributors cannot be sanctioned for not performing their roles, even if they had ‘promised’ to support the child. They cannot be rebuked or hauled to any traditional court or family meeting to be accused of say, child neglect. Their supports to the child are also a contribution to someone else’s caregiving responsibilities and, therefore do not constitute “care” and they cannot be regarded as caregivers.

From the foregoing, it could be seen that childcare practices are embedded in specific expressions and terms, which are also loaded with meanings and expectations. This means that such expressions or terms can be used to deliberately or unintentionally achieve expected outcomes (see Heywood 2000:3-4). While an English speaker can say that she did something for a child because she ‘cared’ about that child, a Dangme-speaking person cannot make such a
claim because they do not use *hyēmi*, the equivalent of care, as easily and as often as care is used in English. An incident, which occurred in October 2009 between a group of queen mothers and a female member of Yensomu, the Toronto-based NGO in Manya Klo, will illustrate this point. The queen mothers, upon receiving the visitors from Canada, had to arrange places for them to sleep. One female member of the group went to the house of one queen mother and she apparently did not like the place prepared for her. She left the queen mother’s house to stay at a hotel with a male friend who had accompanied her. The next day, the queen mother, in the company of other queen mothers, complained bitterly to their leader, Manye Nartekie the PO, that they had been grossly disrespected and humiliated by the Canadian. They threatened never to accommodate any visitor. Friends of the Torontonian asked me to get her to apologise to the queen mothers, but she insisted that she had not been disrespectful. She described the incident as follows:

I explained to the queen mother and she understood. We even hugged each other and shook hands and even smiled. She said it was okay. She knows I care. I did all that before I left. I care so much about these kids. I send them money. I love them. I came all the way here because of these kids. I care.

Clearly, the use of the term “care” in the above incident may have been correct in another context, but was somehow misplaced in the Manya Klo context. Apart from assigning to herself a status of caregiver, which she did not occupy, she was giving a different meaning to her acts of support (*yi baa mi*) as care (*hyēmi*). To her, signs of care include physical affection, spending money, and an internal feeling state (love and empathy). To the queen mother, these characteristics, feelings, and behaviors do not elevate this Canadian woman to a position of caregiver because she has no lifelong authority over, or obligation to, the child.

Although the Torontonian’s use of the term care and positioning of herself as caregiver were inaccurate in this context, the inaccuracies did not appear to be “offensive” in any significant way. The reactions to her use of care and the evidence of ‘care for the kids’ were in the form of gossip among some of the queen mothers, elders, and onlookers present. I never heard anyone explain to her what care means in the Klo context. Among these gossips was one queen mother
whose protest was a rhetorical remark in Dangme:³ “What does she [referring to the Torontonian lady] mean by care?” Later that day I asked the queen mother to explain her remark. She responded in Dangme that:

I don’t think that lady knew what she was talking about when she said she ‘cares’ about the children…. She gives them money, and all the things that she said. If you give a child those things, we appreciate them, but you don’t take advantage of that to do all kinds of things and assume all kinds of positions that are not yours…. Just because of what you do for a child [referring to the position of a caregiver].

The queen mother’s reaction needs to be unpacked, but what is worth noting is the evidence she provides about the possible consequences of using the terms care and caregiver inaccurately. While gifts of ‘money’ and other ‘things’ may help to improve the living conditions of children, providing these support does not constitute care. The queen mother’s reaction – “You don’t… assume all kinds of positions that are not yours” – is an obvious reference to the power and authority that are associated with the position of caregiver, a position that is reserved for particular persons. Part of their displeasure stems from what she considers to be the Torontonian “taking advantage … to assume... positions.”

The lack of resistance against the inaccurate use of care is a manifestation of the power differential that exists between NGOs/sponsors and local people with regard to the creation and use of terms associated with childcare. It exemplifies the powerlessness and vulnerability of caregivers of children in crises, and shows how the material conditions of the local people shape their political positions. In this case, the material benefits that the caregiver accrues from her relationship with the sponsors limit her capacity to disagree with her benefactor. I asked the queen mother quoted above why she did not explain the use of the term to the Torontonian, and she asked me: “What can you do?” She added, however, that: “I don’t think [challenging the meaning of the term] would have changed anything.” This reaction is what Michael Angmortey alluded to early on, which is the fear that contesting the meanings of concepts may not bode well for relations between NGOs/sponsors and needy orphan caregivers. It may antagonize their

³ Her remark was loud enough to be heard by anybody that was about two meters. It appeared she was not worried because the Torontonians will not understand what she said in Dangme. She understood English.
benefactors and consequently affect orphans’ access to external support. The perceived fear of losing benefits may account for the lack of negotiation of meaning of terms.

5.3.2. *Lemi* (rearing) as a constituent of care

Even though “child-rearing” has been used to mean childcare in Manya Klo (Goody 1982) and elsewhere (Sargent and Harris 1992), rearing a child (*lemi*) in Manya Klo has a very narrow meaning. In the strictest sense, rearing a child refers to providing her/him with food for physical growth. It is the same term that is used, for instance, when Kloli talk about rearing a domestic animal. For example, a child perceived to be eating too much or asking for an extra plate at a meal may be compared to an animal being reared purposely for economic benefits: *Pe a nge le leye ne a ya jua lo?* (Is she/he being reared to be sold?)

A child that is being reared may or may not live with the one providing her/him with food (*bi lelɔ*). Again, during arguments, it is very common to hear children resist attempts by adults or their peers to control or discipline them: *Pi mo ne ji I nɔ hyelɔ* (You are not my caregiver). This implies that feeding the child also means gaining a certain level of control over her/him, and that the child her-/himself is aware.

Like the others providing support and assistance, the person providing feeding may be doing so voluntarily. Indeed, persons who feed other people’s children may tell the owners of those children *pɔtɔ mi* (I am tired) or *ba hə o bi* (come for your child), whenever their own circumstances change and they are unable to continue feeding the child. Rather than sanctioning such people who provide this assistance, they are appreciated for their role in the child’s life. This nuance is another clear difference between the caregiver and other people that may be contributing to caregiving. A caregiver cannot ‘be tired’ or ask someone else to come for the child. Providers of food and other support are fully aware of their status in relation to the children they support and they do not see themselves as caregivers. This fact is exemplified in the statement: *O nge o nye. Pe I nge pee kaa mohu o maba pee nɔmlɔ kpakpa huəse* (You have your mother.... I am only helping in order that you would in the future become a better person). In this regard, family members, fictive kin, philanthropists, and NGOs/CBOs who provide food
and nutritional and other kinds of support are engaged in *lemi* (rearing) and not *hyemi* (caregiving). These individuals and organizations do not have long-lasting control over the child.

The situation in which caregiver is viewed as a position of power creates a new dimension of the gendered aspects of childcare. It debunks the conventional notion that caregiving is women’s work. In Manya Klo, the position of family head and household head are men’s preserve; therefore, men and not women may be recognized as caregivers because men have the power and authority over the children, and for that reason the responsibility to protect orphans. On the other hand, women’s status as caregivers is only possible in cases of male absence in their households. This may well be the case in 40 percent of female-headed households in MKTA (MKDA 2007).

5.3.3. *Tsɔsemi*

I have already discussed *tsɔsemi* as part of the previous sections, but it needs to be pointed out that childcare includes *tsɔsemi* (socialization and training/discipline), which also involves *slɔmi* or giving advice and counseling. The training and disciplining of the child is a shared responsibility for members of the family and also the village or town where she/he lives.

The person who feeds the child has responsibilities of discipline and socialization. The distinction between discipline and rearing comes to the fore usually when adults say about children engaged in acts of indiscipline: *A nge me leye se a be tsɔsemi* (They are being reared, but not being disciplined). Here, too, the adults participating in the socialization process contribute to the child’s social growth, but not as caregivers because they do not have absolute control over the child.

To say that acts of support do not constitute care is not to suggest that such acts are not valued. Indeed, Kloli put a lot of emphasis on the role of these acts and the people who provide them. In fact, recognizing them constitutes an integral part of the everyday life of Kloli. *Yi baalɔ* is often heard in greetings. Customary greetings often end with recognition of the role of those whose
support make life better and without whom life could have been worse: Nye nge wayi baaye
(Thank you for supporting/sustaining us). The response is often Mawu ji wayi baalɔ (It is God
who sustains us/provide for us). Usually the one to whom this is said avoids taking all the credit
for the sustenance of others. The credit is transferred to God because, as they claim: “Human
beings are only able to share what God has given them.”

5.4. Caregiver’s obligations, qualities, and sanctions

The life of a child is perceived as a journey, and it is the responsibility of the caregiver to supply 
all the necessities that the child would require to embark on the journey. Caregivers may have
different priorities for their children (see analysis of ‘needs’ in Chapter 10). These ‘things’ may 
include paying for services which, according to one adult male, include: “You provide money 
even for their hair cut and if they have to go to the [public] toilet.” I have mentioned that the
caregiver may not be the one who actually provides the ‘things’ a child requires, but the ability 
to provide for the child reinforces the caregiver status. A subdivisional chief explained: “You
are more effective as a disciplinarian when you are able to honour all your responsibilities to the 
child.”

Aside from providing for the child, the caregiver is responsible for the major decisions 
regarding the significant transitions in the child’s life, from the cradle to the grave. Indeed, the 
power associated with the position of the caregiver could best be seen in the performance of this 
role. No transition rites can be performed without the consent of the caregiver. The rites include 
dipo (initiation rites for girls), baptism/confirmation, marriage (marrying for the males and 
giving out females to marry), child christening, divorce, and death. In the event that the child 
dies the caregiver is responsible for her/his burial and funeral rites. Although family members 
are expected to contribute to these rites, the caregiver makes the ultimate decisions.

The qualities (or competence) of foster parents (caregivers) are measured based on their ability 
to provide material and psychological support (Buehler et al. 2006), but the participants in this 
study laid emphasis on the nonmaterial qualities of the caregiver. They explained that love,
empathy, patience, good intentions, people-centeredness, and so on are fundamental qualities of
a caregiver because without these qualities, it would be impossible for an adult to be committed
to the challenging role of a caregiver. This explanation lends further evidence to the fact that
being a caregiver is not determined by the ability to provide material things for a child (see end
of this chapter for a summary of the qualities of a caregiver).

Social statuses are governed by rules, and failure to comply by the rules attracts sanctions. This
fact applies to the position of caregiver. Caregivers are severely sanctioned if they fail to protect
or improve the lives of the children for which they are responsible. They are blamed for any
negative development in the child’s life. It does not matter whether this was because other
relatives fail to contribute or that philanthropists do not honor their pledges. A caregiver who
persistently fails to meet her/his obligation towards a child may be called before the *wekumatse*
head of the family to explain her/his performance. The caregiver may be rebuked, cautioned or
supported depending upon the situation. If it is established, however, that the caregiver has
simply shirked her/his responsibilities, the child may be taken away from her/him, and she/he
will be negatively sanctioned. He will be called names such as *dikalb* (cruel, murderer, heartless
and unkind), *ahluatse* (lazy, ‘good for nothing’, irresponsible) *kpele tse* (selfish, miser), *yiwitso
tse* (wicked). She/he may also lose a certain status in society or may not be able to hold one.
She/he may not be given the position of family head, chief or queen mother, or caregiver and
may not inherit property. The principle is that a person who cannot be responsible for a child
cannot be responsible for a group of people.

Caregivers who successfully raise children to become good adults are positively sanctioned
because their hard work and sacrifice ensure the maintenance of the family line. Their
achievements enhance their statuses as they are accorded respect and are often cited as model
parents. Such caregivers are often regarded as ‘fortunate and blessed’ because they are
guaranteed support and security through assistance and remittances from the children they
fostered, even though fostered children may also inherit their caregivers.
5.5. Implications of findings for childcare research

Childcare studies have focused on observing activities undertaken by adults for the purposes of improving the wellbeing of children and identifying which adults provide the material things required by children (Heyman, Earle et al. 2007; Wilson 2006; Coreil 1991). In spite of the several uses of the term “care” with reference to child wellbeing, the term has been universally applied with the assumption that it has the same meaning cross-culturally.

Evidence from Manya Klo shows that the current focus of child research limits our analysis of childcare, the activities that it entails, the power relations associated with it, and the diverse support networks that are based on these relations. Childcare is not only a mothering responsibility, it is also a relationship of power and authority, which obliges an incumbent to ensure that orphans live under conditions that conform to the social expectations. Absolute control by a caregiver does not imply unilateralism or arbitrariness and nonconsultation with other members of the extended family in matters affecting the child. It does not also mean that the caregiver has the wherewithal to guarantee the physical, social, and psychological growth of the child. The power dimension of childcare has been overlooked (cf. Grimen 2009).

The findings of the study show that the terms used in childcare research are laden with values and expectations, and so by explaining care from the perspectives of local people, we learn about the power dimensions of the construction of the knowledge that informs childcare and the kinds of relationships that are associated with it. It also challenges how researchers and international agencies have used female household headship, observations of direct contact between women and children, the provision of material goods, as well as male absence from the households as the basis for determining caregiver and care (Chant 2003; Moore 1996).

Having identified what constitutes care, it would be possible to extend the boundaries of childcare evaluation research. For example, childcare research can measure the extent to which caregivers in Manya Klo prioritize their obligations towards children and how they are able or unable to meet these obligations. In addition to this, researchers can ascertain how children are faring using local meanings of concepts and locally generated indicators grounded in research that looks at the various facets of a child’s life and not universalized frameworks, which may
not be directly relevant to the local context. Taken-for-granted indicators such as ‘power’ would then be included in such analysis. The validity and reliability of these local indicators can then be verified by research (Leventhal and Brooks-Gunn 2003).

The findings from this study raise some questions for further investigation and analysis, especially with regards to gender and childcare. Taking into account the way in which caregiver is used in a patrilineal (Manya Klo) society, we need to explore the circumstances in which a woman can be regarded as caregiver. This issue is important because a father’s absence has been equated with ‘not caring’ and a mother’s presence with caring (Roopnarine 2004).

In terms of approach, childcare researchers need to distinguish the visible aspects of care from its hidden aspects. The evidence from Manya Klo underscores the need to expand the methods of childcare research to explore a more nuanced understanding of caregiving, beyond the direct observation of dyadic interactions between women and children, and focus on the households of poor older women. We must also question the meanings of the terms and ideas that underpin childcare analysis and practice, as focusing on predetermined interactions results in a skewed understanding of childcare.

Going back to Michael Angmortey’s assertion earlier that, ‘everybody says care’, it is obvious that the meanings as well as the values and goals of care vary with social context, but also these changing values and goals continue to shape the local uses of the term in ways that may affect ideas and practices of childcare. Like Michael Angmortey, Roby and Shaw (2006) and Goka (2006) attribute many of the changes in local care arrangements to donors and NGOs, but in spite of these influences, the contested meanings of care and caregiver have not been vigorously pursued. The differences in meanings need to be considered in order to avoid the homogenization of discourses and interventions. The differences in meanings across contexts create contradictions between what caregivers want for their orphans and the support that donors and NGOs can give to the orphans. The case of the Torontonian woman is a clear example.

Local concerns about the misunderstanding and misuse of terms related to care suggest the need to reconsider these concepts and search for new evidence that can facilitate a better understanding, all from local people’s perspectives. Michael Angmortey’s reference to the
powerlessness of local caregivers against the resources and powers of NGOs probably demonstrates the sensitivity and subtlety that characterizes the debate around the meaning and uses of these terms.

5.6. Conclusions

A clear and unambiguous use of concepts in specific contexts is necessary in childcare research. In Manya Klo, the terms care and caregiver have meanings other than what they represent in other cultural contexts. Even though certain similarities about care such as the provisioning of children could be regarded as cross-cultural, in Manya Klo the terms are also used in a very restricted sense, more than in English. Manya Kloli place relatively less emphasis on the practical acts around which many of the debates on what constitutes care and who provides care have evolved. This difference shows that understanding the meaning of terms from the perspective of the people who use them ensures that the terms are correctly understood and appropriately applied. We know now that care and caregiver cannot be understood without the power and authority inflections. The implications of these findings are many, but more significantly they raise issues about the feminization of care. For example, if power and authority are what determine care/caregiver in a patrilineal society, how then can women’s contribution to childcare be recognized? It also avoids the focus on specific acts and labelling them as care.

Michael Angmortey died in June 2009, while I was still collecting data to understand ‘care’ from the perspective of the people of Manya Klo. He was buried when I had returned to Toronto in July 2009 to work on getting ethics approval for surveys that were conducted as part of this study. He left behind three children between ages 4 and 10 years. Perhaps it was in anticipation of his demise and the orphaning of his children that made Michael Angmortey join the debates on childcare.
### Tables for Chapter 5

#### Table 5:1 Summary of what comprises care (hyɛmi)

<table>
<thead>
<tr>
<th>Care/hyɛmi</th>
<th>Yibaami/wami</th>
<th>Tsɔsemi</th>
<th>Lɛmi</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Hyɛmi = power,</td>
<td>-All forms of support/</td>
<td>-Training/</td>
<td>-Feeding/rearing</td>
</tr>
<tr>
<td>control, authority</td>
<td>assistance help; may</td>
<td>socialization</td>
<td>-May include aspects of</td>
</tr>
<tr>
<td>over a child</td>
<td>include tsɔsemi and</td>
<td>-Discipline</td>
<td>tsɔsemi i.e. socialization</td>
</tr>
<tr>
<td>-entitles child</td>
<td>lemi</td>
<td></td>
<td>and discipline</td>
</tr>
<tr>
<td>to all she/he</td>
<td></td>
<td></td>
<td>-May be done as yi baa mi</td>
</tr>
<tr>
<td>requires to live</td>
<td></td>
<td></td>
<td>(support/assistance)</td>
</tr>
<tr>
<td>-includes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>everything</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>under yi baa mi/</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>wami + lemi +</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>tsɔsemi</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Table 5: 2 Qualities of a caregiver

<table>
<thead>
<tr>
<th>Dangme</th>
<th>English</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jue jokwe he juɛmi kpakpa</td>
<td>Think well about the child</td>
</tr>
<tr>
<td>Susuŋ ni kpahi a he</td>
<td>Concerned about the well being of others</td>
</tr>
<tr>
<td>Pia nŋ</td>
<td>You encourage others</td>
</tr>
<tr>
<td>°Nɔmlɔ hene hia mo</td>
<td>Have a good motive as a basis to ensure “care”</td>
</tr>
<tr>
<td>Ye kebuami (wami)</td>
<td>Helper</td>
</tr>
<tr>
<td>Yi mi tomi kpakpa hanɔ</td>
<td>Good intentions</td>
</tr>
<tr>
<td>Nŋhe num</td>
<td>Empathetic</td>
</tr>
<tr>
<td>E suŋ nŋ sane</td>
<td>You must a be people person/ people-centered</td>
</tr>
<tr>
<td>E sane osuɔ esane loko o nyɛæ o hyɛ</td>
<td>Like a child then you can take “care” of her/him</td>
</tr>
<tr>
<td>Tsui sitomi</td>
<td>Patience</td>
</tr>
<tr>
<td>Suɔmi ma hi enɛome tsuo ase</td>
<td>Behind all of the above is love</td>
</tr>
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CHAPTER 6
“These are the Children and these are the Orphans”: Meanings of Child and Orphan in Manya Klo

6.0. Introduction

Perceptions of ‘child’ and ‘orphan’ differ from one society to another. One objective of this study is to know how orphans are conceptualized and how their needs are met. To accomplish this objective, we need to know the specific social phenomena that ‘orphan’ represent in the context of Manya Klo. My hypothesis is that these meanings influence the distribution of responsibilities for orphans and frame relationships with the orphan and between other adults regarding the orphan. The analysis of orphan must, however, begin with an understanding of ‘child’ because the meanings of the two terms are intricately intertwined and we cannot understand one without the other.

6.1. ‘Child’ – ‘orphan’ controversy in Manya Klo

During fieldwork, I witnessed queen mothers and their citizens engage in arguments about the meanings of child and orphan. These contestations never die out, they only die down. They were more common and more heated on occasions when material support such as food and school items were expected from an external agency or when such support was actually being handed out to the ‘beneficiaries’, the ones that are defined as ‘orphans’.

Since its foundation, the MKQMA have had more orphans than it can support. By the end of 2008, for example, only half of 1,035 ‘orphans’ and vulnerable children (OVC) had received intermittent support from one of three organizations: the Ghana AIDS Commission (GAC), Toronto-based Yensomu, and the Universalist Unitarian (UU) of the United Nations. This is the highest number of support in the history of the association. The competition among queen mothers to access support for their orphans was very intense. Even though the eligibility for benefits was based on the definition of ‘orphan’, there were disagreements among queen mothers and their citizens about the definition used. The lack of consensus on the meanings of
orphan, plus accusations of discrimination against some orphans led to tensions among the queen mothers.

In April 2009, queen mothers and their orphans met members of the Yensomu group at we ngua (the royal house, different from the chief’s palace). At that meeting, one queen mother who had earlier informed me that some noneligible ‘orphans’ received support at the expense of ‘proper orphans’ pointed out to me some children, saying: “These are the children and these are the orphans.” According to her, the ‘children’ were not orphans (they allegedly had living parents), and the ‘orphans’ did not have living parents. Her explanation suggested unfair distribution of supports, and multiple contextual meanings and uses of the terms ‘orphans’ and ‘children’ to refer to different layers of characteristics, relationships, statuses, and roles (cf. Durham 2004).

The disagreements about the meanings of ‘child’ and ‘orphan’ and who qualifies for support within the same social context challenge the application of a single definition with cross-cultural validity. The fact that the intra-cultural divergences are linked to access to NGO and state support, buttresses the need to urgently examine how ‘child’/‘orphan’ are conceptualized, and how a ‘child’ becomes an ‘orphan’. We also need to take into consideration how the definitions are created and how they affect social support for orphans.

Constructing and enforcing categories requires members of the community where the new categories will be applied to inevitably modify or even abandon certain patterns of their social behaviours. These adjustments in social organization may produce negative outcomes for orphans. For Manya Klo in particular, this is a very sensitive matter as its history is replete with cases where customary practices related to children have been forcefully pathologized only to be replaced by new practices, which create more social instabilities and jeopardize the status of girls. For example, it is criminal for men to engage uninitiated girls in (premarital) sex, but for more than half a century (1892-1950s) the colonial administration banned dipo initiation rites for girls, labeling it as ‘heathen’ and ‘pagan’ in order to impose Christian principles and to promote ‘civilization’. Men who employed the services of very young girls (and even impregnated them), violated the local customs, but they were innocent according to the colonial Native Customs Ordinance, which had outlawed the initiation rites. In the end, the uninitiated
pregnant girls were regarded as ‘unclean’, ‘unmarriageable’, and social outcasts by their families and, therefore, banished from their homes. Unfortunately, the Basel Missionary, whose agenda was being pursued by the colonial administration, expelled the girls for their ‘indecency’ and labeled their children ‘illegitimate’ (Steegstra 2005:137-153).

A case in Swaziland lays bare how disagreements about ‘child’ and ‘orphan’ and the struggle over resources can affect the wellbeing of orphans and the social cohesion of entire societies. Attempts by parents in a community to register their children as orphans at a basic school in order for them to access public support resulted in massive commotion. The behavior of these parents was informed (or misinformed) by the meanings of ‘orphan’ and ‘child’ as determined by ‘local experts’. The parents alleged that support for orphans amounted to discrimination against nonorphans and that young people were being rewarded because their parents had died of AIDS (UNESCO 2005). The examples from Manya Klo and the Swazi community are pointers to the fact that definitions do matter, especially in the case where they determine which orphan gets support, and which parent gets relief.

6.2. Meanings of child and orphan – sources

I have already presented the backdrop to this section in Chapter 5 regarding the sources of the meanings of terms used in childcare research. That background information is relevant here. I will add more specific data on the child-orphan meanings. I examine the local perspectives on the two concepts and how they have changed over time. I investigate the sources of the change, and how they impact the organization of support for orphans. First, I look at some of the general views on the subject.

The physical changes that occur in the body of a growing person are universal, but the social interpretations attached to these changes are culturally determined. Child (or orphan) is not, therefore, merely a physical object. It is a social and a political construct (see Schepel-Hughes and Lock 1987). ‘Child’ or ‘orphan’ is an idea or descriptive concept, ‘composed of diverse attributes such as age, size, parent, and need that give it a distinctive character. Child/orphan as a physical object and an idea are interrelated. The body of a child, like that of an adult, is
marked with identities. These identities constitute a framework that determines her/his status and structures interactions between her/him and others as well as people’s expectations of her/him (see Heywood 2000:4).

Child researches across sub-Saharan Africa show that different societies have different perspectives on what constitutes child and adult, and female and male (LeVine et al. 1994; Whiting and Edwards 1988; Njoku 1993; Nhlapo 1991; Nsamenang 1994; Oppong 1983; Popenoe 2004). The common theme in the above studies is that child is defined by indicators other than calendar years. Among the Azawagh Arabs of Niger, the age of a female child is determined by local meanings of her body and observations of the body for signs of maturity or ‘physical age’ (Popenoe 2004:41). Among the Creoles of Sierra Leone, old age or adulthood is determined by marriage; females marry early (‘well before’ age twenty) and males marry around forty years, after they have attained higher social positions (Cohen 1981:77).

Recently, however, local perspectives on orphan and child have been peppered with exogenous values and interpretations. The external influences are often channeled through ‘partnerships’ between the state as the overpowering guardian of children, and NGOs and donor agencies. Umbima (1991) asserts that the frameworks that inform interventions for orphans lack indigenous ideas and concerns. He argues that most of the legal frameworks that exist are colonial inheritances that are constantly influenced by external agencies. Similarly, Goka (2006) contend that child and orphan are defined in accordance with the dictates of the most dominant social institutions: the state, NGOs/donor agencies and researchers’ concern about modern social welfare and the idea of the child/orphan as a person imbued with (human) rights (see Schwartzman 2001; Rwezaura 1998; Wilson 2006). With their combined intellectual, political, and material resources, the jurisdiction of these institutions have grown to include creating and shaping categories of orphan and child. In the process, they have collectively diminished the role of the extended family in making decisions regarding orphans.

What constitutes orphan in sub-Saharan Africa has evolved, particularly in the last two decades, in response to the growing decimation of socially productive populations due largely to AIDS, but also to violent conflict. Consequently, there have been as many definitions of orphan as there have been researchers and communities affected by the epidemic (Audemard and Vignikin
An orphan is defined as “any child who has lost one or both parents” (UNAIDS/UNICEF/USAID 2005:3) or as “a child who has lost one or both parents to HIV/AIDS” (UNAIDS 2006a:23). The difference between the two definitions is that the first one makes no reference to AIDS. Both, however, refer to ‘loss of parent or parents’. ‘Loss’ commonly refers to ‘death’, but a parent’s prolonged HIV-related morbidity may also be considered a ‘loss’. Thus, according to Audemard and Vignikin (2006), a child is orphaned when she/he has at least one parent living with HIV or AIDS.

From the above, it is obvious that child is an integral component of the definition of orphan. Orphan is a status and condition experienced by children only. It is, however, assumed that child as used in the definitions refers to one objective social reality, cross culturally, which may not be the case. Oleke et al. (2006), Skinner et al. (2006), and Andrew et al. (2006) have argued that the definition of orphan as ‘a child who has lost at least one parent’ does not apply in certain cultural contexts. Skinner et al. (2006) argue that the definition may, in some cases, stifle local efforts to improve the lives of orphans. Bicego et al. (2003) argue that the definition is packed with too many generalizations which do not reveal the significant divergences in the wellbeing of orphans even within the same community. In their study in six districts in Uganda, Ntozi and Mukiza-Gapere (1995) show that ‘losing’ one parent does not qualify a child as an orphan. A child with a living father is not regarded as an orphan because that child is taken in by the father’s new wife or by the step mother or by other relatives.

In terms of age, different age categories of children have been referred to as orphan. Orphan may refer to a child below 14 years (Deininger et al. 2003; Ainsworth et al. 2000) and to children as old as 19 years old (Gregson et al. 2005). An orphan may be between ages 0-17, yet an adult may be anyone 15 years and above (UNAIDS 2010). McDaniel and Clark (2009) have identified an emerging group of “adult orphans” who may be as old as 40 years old, but lack support and skills to deal with the death of their parents.

In any case, defining people 18 years and older as orphans may be viewed as inaccurate in contexts where 18-year-olds are regarded as adults, even if such a categorization is for analytical purposes only. The intellectual differences about the meaning of orphan reflects the variations in contexts and disciplinary and researchers’ biases, all of which show the extent to which the
cultural aspects of childhood and orphanhood are left out in the analyses of orphans (cf. Barlow 2004).

In spite of the cultural diversities and the different interpretations about ‘the person’, homogenous ideas about child are applied cross-culturally. The paradox in universalizing the knowledge and practice of ‘child’ and ‘rights’ is that it happens at the same time that researchers acknowledge the social differences (Wilson 2006). The major drawback of the universalizing approach, however, is that it dwells on the biological characteristics and the rights of the child/orphan and ignores other contextual values, practices, and characteristics of the child/orphan. It provides very little about the gendered dimensions of childhood and orphanhood (Montgomery 2005), and ignores the child’s spiritual ties to his kinsmen, an essential component to his physical and social wellbeing (Matshalaga and Powell 2002; Gottlieb 1998; Umbima 1991). For this reason, I believe that the meanings of orphan and child in Manya Klo should be examined and its impact on orphan care practices identified.

**Meanings of child and orphan in Ghana**

Differences in meanings of child/orphan are not only found in international contexts, they also exist among different ethnic groups in Ghana (Goody 1970; Schildkrout 1973). In their studies on orphans in Manya Klo, Lund and Agyei-Mensah (2008) and Sabaa (2004) define orphan on the basis of two indicators: child as under the age of 18 and loss of parent.¹ Kuyini et al. (2009) in their study on Dagomba orphans in northern Ghana, include 19-year-olds. The Guidelines for the Operation of Orphanages in Ghana includes children “18+” years (DSW n.d.:26), even though the Constitution of Ghana states that a child is a person below 18 years. The Ghana Demographic and Health Survey (DHS) and the HIV surveillance surveys, two major sources of data for social development and HIV and AIDS programming, also refer to 15-year-olds as adults. The DHS also defines (‘foster’) children as persons ‘under age 18’ and orphans as ‘children with one or both parents dead’ (GSS, GHS, ICF Macro 2009:13). Doku’s (2008) analysis of the psychological wellbeing of OVC in Manya Klo includes persons over 18 years of age.

¹ Lund and Agyei-Mensah (2008) use the definition even though they say it is problematic.
age. The definition of adult or child on the basis of calendar age may, however, be problematic. Atobrah contends that ‘adult’ in the African context is one who is no longer living with her/his parents and has started her/his own families of procreation. Adult status, therefore, is not attained until a person is well above age 18 (2004:72).

Apart from the differences in age categories, orphan is also classified according to the number of parents’ ‘lost’. Ansah-Koi (2006) states that ‘in Ghana’, a child that has one living parent is regarded as agyanka or single orphan, whereas a child whose natural parents are both dead is referred to as agyanka prenu or double orphan (2006:557). These meanings of single and double orphans are similar to those that are universally applied by NGOs, but to assume that this Akan custom is applicable to the different ethnic groups in Ghana is to overgeneralize.

The meanings of child and orphan need to be examined contextually because of the enormous consequences that they have for interventions for orphans. The perspectives of local people may help us to observe, characterize, and describe the realities that the terms represent and how these social realities are experienced. By analysing local perspectives, we may learn more about orphans in a more meaningful way, that is, reflect the knowledge of the local context (Leilinger 1997). These outcomes can be central to interventions aimed at improving the lives of orphans (UNAIDS 2006a:17; UNAIDS 2003).

6.3.1. The Klo child: the spiritual, the physical, and the gendered

Unlike the Western concept of person as ‘individuated, detached, and independent’, the person in Manya Klo is conceptualized as a complex cultural entity, which is conveyed through myriad beliefs, practices, and social relations (Steegstra 2005:235-237). The conceptualization of the person as a partly spiritual being shapes the child’s needs, caregivers’ responsibilities, caregiving decisions, and the orphan-caregiver relationships.

Manya Kloli believe that a person originates from a place of spirits and ancestors. It is believed that a person comes into jemi (the physical world) from huanim (a spiritual world). At huanim, everybody has a spiritual partner of the opposite sex called gbetsi; the female partner is huanim
yo and the male partner is huanim huno. A person comes into the physical world with the consent of her/his gbetsi: however, the gbetsi can be hostile. In that case, a person’s kla or klawa, a spiritual entity, provides protection against the gbetsi. A person may come into the physical world as ‘herself’ or ‘himself’, or as a reincarnated ancestor. Each person is born with kla, which also determines one’s character. Unlike the gbetsi, the kla has the same sex and birthday as the person it is connected to. Persons born on the same day have the same kla. Life in the physical world is a journey and one’s sesee destiny (and personality) has been pre-determined at huanim. A person is also born with susuma2 soul. When a person dies, the kla leaves the body and continues to live as kpade ghost in gbeje the spirit world of the dead, an ancestral world which resembles the physical world with the same kind of kinship organization (Steegstra 2005:194-198). A newly born child is not recognized as a complete human being; therefore she/he is not a full member of society until it is given a name on the eighth day. Between the moment when a child is born and the eighth day constitutes a period of transition from the spiritual to the physical world.

Each spiritual component of personhood makes its own demand on the person. For example, an orphan’s kla may be angry, happy or sad. Childcare decisions are, therefore, influenced by both the physical and spiritual factors: the forces in the spiritual world including the child’s own relations, the spirits of the dead parents, and others. The frequent illness of an orphan may be due to his susuma being unhappy. The ghost of a dead parent or relative may call the soul of an unhappy orphan to the spirit world of ancestors if it considers the child’s unhappiness to be due to neglect.

There is no single definition for jokwe (child). Instead, the concept refers to different biological, social and spiritual identifiers that are also cloaked in idioms (proverbs and expressions), values, and practices related to female and male children. These descriptions more than calendar age or codified conventions determine what a child is, although more specific terms refer to the different physical changes that occur during childhood. Bi wayo or jokwe nyafiyo may refer to

2 The susuma is sometimes described in the same way as the kla. The different ethnic groups in Ghana use common terms to describe personhood. The difference in meaning of some terms is not clear as they are used interchangeably.
those between age zero and 4. A child is described as ‘a person who is not old and not strong enough to do things on her/his own’.

Child is a status that signifies need, and so children are identified by their physical, social and spiritual neediness. It refers to a young person who cannot do things for herself/himself. A child is not socially and physically competent to decide by herself/himself, she/he needs to be guided by older people. The child needs to be protected to ensure that she/he does not engage in physical activities that may harm her/him physically. A child depends on adults for food and needs to be guided to dress properly.

A child is a non-adult (‘a person who is not yet an adult’) and so one way for knowing what constitutes child is to contrast her/his characteristics with those of an adult. Adults and children may share similar characteristics and may engage in similar activities, but a child does not become an adult simply by performing tasks that are usually assigned to adults. Adult is a physical and a social status with roles that a child is incapable of performing. In other words, attaining bio-physical growth without a corresponding social maturity does not constitute adulthood. The reverse of this principle is also true. For example, a child does not give advice and is not asked for advice; rather a child takes advice from adults. Female children (girls) do not become women because they have undergone the biological processes of pregnancy and birthing. Male children (boys) do not become men because they impregnate girls.\(^3\)

Although their bio-physical states may make it possible for female and male children to engage in the behaviors and processes described above, these engagements are aberrations rather than the norm. They are considered to be too physically and socially immature to engage in those behaviors. One grandmother explains:

There are 12-year-olds [female children] that are running around … and they are having babies. That does not make them adults. They only act as adults, but they are still children. What [work] are they doing for them to be called adults? They are not

\(^3\) It is common to see pregnant early teenage girls at the Department of Social Welfare accompanied by their parents or older family members. They go to report their partners, usually older teenage and adult males who refuse to take responsibility for their pregnancies. Staff at the district office of the Commission for Human Rights and Administrative Justice (CHRAJ) also told me that they receive a few of such cases. Pregnant teenage girls are a common sight at the ante-natal clinics at the public health facilities across the MKTA.
working? They are still eating from their mother’s pot. They are not supposed to have babies in the first place. They are children.

A 14-year-old teenage girl who affords her material needs and the needs of her child without depending on her extended family is still considered to be a child. A 12-year-old female that I met at Atua is considered a child even though she lives alone and is fully responsible for providing her own needs. My key informants explained that: “Her life is not normal; she has been forced by tragic circumstances [the death of her parents] to act as an adult at an early age.” They contend that the girl’s “misfortune” does not make her an adult because there are ‘no shortcuts to adulthood’. “One does not become an adult by chance or by accident,” an older woman explained.

Apart from the general spiritual, physical, and social features that distinguish a child from an adult, female and male children are perceived differently and their transitioning into adulthood is marked by distinct processes. These differences determine adults’ caregiving responsibilities towards female and male children/orphans. In the next section, I will look at how female and male children are described as different from adults.

6.3.2. The ideal or ‘real Klo’ girl child

Female children are initiated into womanhood by undergoing an elaborate ritual known as *dipo*. Womanhood is incomplete without *dipo*, which was probably introduced by the powerful female deity Nana Klôweiki. It symbolizes the identity of the Klo woman and reinforces the significance and the uniqueness of the females in Klo society. The ritual is grounded in the Klo concepts of cleanliness and pollution, which are also linked to fertility. A girl is not supposed to be pregnant (‘become dirty by acting as an adult’) before *dipo*. Girls who become pregnant prior to being initiated are considered outcasts not fit to be married (Steegstra 2005:152). To be married is to fulfill an important requirement of womanhood and so girls do not marry.

The initiation is performed annually between March and June across the six political divisions
of the MKTA. Initiates are between 3 and 20 years.\(^4\) The climax of the initiation takes place in a span of two weekends in ten days. Here, I present very briefly a description of dipo using van Gennep’s (1960) 3 stages of ritual process: separation of the initiates from a previous social state; a transition period of becoming a new person; and the stage of, an integration phase where initiates actually assume a new identity.

*Dipo* begins with the separation of initiates from the outside world (their families) and also from their social status as children. They are kept in confinement for the entire duration of the ritual. The transition period is the longest. It is at this stage that the initiates undergo rituals that signify their putting away their old ‘girl’ identities, while undergoing rituals that would make them complete women. At this stage, they are no longer girls, but they are not yet women; rather they are “betwixt and between” (Turner 1979). The end of girlhood is marked by shaving of the hair, dressing in loin cloths, and covering parts of the body from their waist and below. The part of the body above the waist is uncovered. The period between the two weekends is marked by eating special meals and drinking special water. The girls are prohibited from drinking water from the tap, perform special dance, and sing the *klama* songs.

As is characteristic of rituals (Davis-Floyd 1994), the function of dipo is to preserve and transmit aspects of culture including the values and ideals of the pure Klo women to the initiates. In the ‘olden days’, as part of the transition period, a dipo initiate would live with a dipo priestess (adult females who lead the initiation) for 12 months (Wilson 2003:11)\(^5\) to receive training in housekeeping, domestic and personal hygiene, preparing delicious meals, and seeing to the general wellbeing of young and old family members.

The second week is the cleansing week. The highlight includes testing for pregnancy to ensure that the initiate is indeed a virgin (clean). After all the rituals have been performed, the girls are finally integrated into society as women. The final stage, *bobum* (dressing up) of the ritual is marked by the ‘new women’ dressing in colorful clothes and colorful beads. They are brought out of confinement into the public amid music and dancing to announce the completion of the

\(^4\) Steegstra (2005:5) suggests that her key informant probably was 20 years when she was initiated; other accounts show that back in the late 19th century six and seven year olds were initiated (Weiss 1878 in Steegstra 2005:107).

\(^5\) The period has been drastically reduced to about to about two weeks in some cases.
ritual and welcome them as new women.

Although the initiated are supposed to become adults after the rites, this maturity may only be symbolic and adulthood may not be immediately attained. For example, initiates who may be as young as 3 years old are not expected to marry (or start adult life) immediately after the rituals rather; they are expected to wait to mature physically and to acquire additional social and cultural trainings before getting married. Dipo is so important that in the past women who did not take part in the rituals were stigmatized and even attacked physically. Some of them were blamed for misfortunes, like the outbreak of diseases and natural phenomena such as drought (Steegstra 2005:108; see Steegstra 2006).

In spite of its importance, there has been strong opposition to dipo since the early days of colonial rule. The opposition, though began by the colonial administration and Missionaries, has been sustained by Christian Klo natives who see dipo as heathen and pagan (Narh 1998; Teyegaga 1985). As a result, not all females undergo the rituals. According to Manye Nartekie, Christians substitute baptism and confirmation for dipo. It is, however, common knowledge that Christians openly condemn the ritual, but secretly allow their female children to partake in it.

The girl domestic and entrepreneur

In addition to physical growth and initiation rituals, a female child by age 15 must be able to assist her mother in performing household chores, with very little instruction from her mother. Evidence that the girl has later on attained womanhood is seen in her ability to adeptly perform domestic chores to a level comparable to that of a married woman. The chores include, but are not limited to, supporting adults to fulfill their responsibilities towards younger siblings and older relatives and showing concern for the wellbeing of others. Also, she must be able to

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6 Families investigate if a potential bride has undergone dipo. A marriage could be cancelled if a bride to-be is found not to have undergone dipo. A married woman could be divorced if she was found not to have been initiated. Scarifications usually at the back of the hand and other parts of the body indicate who has undergone the rites and is therefore, a pure Klo woman.

7 There still is opposition to dipo as could be seen in this report in the Daily Graphic, the leading newspaper in the country: Stop condemning Dipo - DCE tells pastors
maintain a clean home and be very respectful of others and of herself (e nọ tsọ, ehe tsọ). Additionally, the girl should be able to cook delicious meals, receive visitors, and carry foodstuff and firewood on her head from the farm.\(^8\) Her ability to carry a load of foodstuffs or firewood from the farm that is equal to that carried by her mother for a number of years is proof that she is close to or has attained womanhood.

Manya Kloli are known to be very shrewd and successful traders (Wilson 1991; Field 1943). It is no wonder that two of the most popular food markets in Ghana are located in MKTA, at Agormanya and Asesewa. The growth of the markets in MKTA, may, however, be partly due to socialization practices, as much as to pure economic factors. As part of the process towards adulthood, girls are socialized to become skillful traders and astute investors. This way, they would become self-sufficient, economically independent and less dependent on their male counterparts. Consequently, girls, as they transition into womanhood are expected to acquire and display excellent trading skills and the knack for acquiring profits. Above all, a girl must be exceptionally frugal. It is from her earnings that she would buy her first wax prints (clothes) and also support her family. One older woman explained:

Esa kaa biyo etsuni. Ke yo tsuni nẹ e na sika a, esa kaa e dla sika saminya. Pi kẹ ha muẹ nọ he, se kẹ ha huọse. Huọ maaba nẹ asanẹ sika a fọ si. Ema dla sika, nẹ e ma hi tsuei kẹ pie he kone sika a hyẹ fuu.

(A female child is supposed to work…. When a woman works and makes money, she must be very frugal in her expenditures. It is not for today only. Tomorrow will come and she must have money for tomorrow too. She must make more money).

In fact the role of girls in the domestic economy was so important that every activity that they engaged in, including schooling was expected to yield economic benefits: otherwise, it was considered to be a waste of productive time (Steegstra 2005:104-105). The expectation for a girl to excel as a trader is very high. Adult females and males intimated that the domestic chores and trading are complex tasks that require a high degree of multiple skills to accomplish. Due to these demands, it is estimated that the earliest time a female could develop the physical and mental strength, plus the requisite social skills to excel at the tasks, is around 20 years of age.

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\(^8\)Adult men told me that ‘women carry heavy load and do not complain’. They asserted that: ‘As for us, we praise our women. They work so hard and we are not shy to say that. They do a lot of hard work’.
6.3.3. **Boy controls nature and the social environment**

The transition of the male child to adulthood is not marked by any grand ceremony. Research participants were more knowledgeable about *dipo* than they were about rites for boys, and this difference in knowledge is explained in terms of ‘the importance of women to the society’. Circumcision on the eight day after birth is the single most important initiation for males. A circumcised male is considered a ‘full human being’ and a ‘real Klo’. Uncircumcised males are ritually unclean and unfit to marry Klo women. Only uninitiated girls, especially those who became pregnant before *dipo* (the social outcasts), were allowed to marry from the “unclean” Akan neighbors who did not have the rule of circumcision (Steegstra 2005:204-205).

Participants’ narratives showed that like female children, male children are defined by certain bio-physical and social-cultural identifiers. Boys are, however, expected to perform tasks that bring them into close contact with the physical environment. The tasks are fundamentally intended to determine their ability to exploit and control the environment to their advantage and for the benefit of their families. A boy must be able to climb a palm tree by age 7. In fact, palm tree climbing and harvesting palm fruits were sports contests for boys (Field 1943:58). A male child must begin to cultivate crops, that is, work towards owning his own farm by age 12 years, and must be able to fire a gun (for hunting purposes) when he is 15 years old.

In addition to subduing nature, the male child must develop his oratory skills because ‘children must learn to speak as they grow’ since, as elders explained, what a person says and how he says it reflects his level of maturity, both physically and socially. Learning to speak, however, means several things. It includes using the right vocabulary, the right tone of voice and gestures. It also implies the ability to listen attentively while others speak and to speak only when there is the need to. The benefit of being a good listener is that the boy knows how to talk with elders and he can make sound contributions during discussions with his peers. They say: “A wise boy has big ears and a small mouth.” In other words, a male listens more than he speaks.

Boys are trained to be economically independent, but their training differs from that of girls and also appears to be socially more sophisticated. From about age 12 or 14 male children begin to
develop their entrepreneurial skills by learning how to profit from animals; the nanny-goat\(^9\), to be precise. The goat is considered the most difficult, most costly, and the riskiest domestic animal to keep. Domestic animals may be confined in fences, but most owners keep them by free range. Goats, even when they are confined, stray to neighbors’ farms to destroy plants and cause all kinds of damage. Arguments about whose goat caused what damage and disagreements about compensations between goat owners and farm owners could result in conflicts. Destructive goats become easy targets of retaliatory acts, which may maim or kill them, and so, some boys prefer to sell or slaughter their ‘stubborn’ goats so that they can avoid conflicts and debts.

The significance of keeping goats goes beyond just imparting the child with livelihood skills and developing his potential as a livestock farmer. The goat-rearing experience tests the level of the child’s maturity. His ability to keep the animal and have it produce more offspring may be deemed a success, but the truth is that more goats breed more problems. Dealing with the challenges associated with goat ownership requires hard work, tolerance, patience, tact, and sound judgment. Consequently, the period when he owns a goat is also the time when the members of the village assess his maturity; his overall transition towards adulthood is based on those virtues and his ability to deal independently with his problems.

If the boy is able to consistently deal with the challenges associated with owning the goat, he is considered to have attained physical and social maturity; that is, a leader and a provider. Up to 5 years success with the goat signifies transition to adulthood and evidence that the older child can successfully live with and provide for a woman and children. It shows also that he has the capacity to deal with the challenges that come with such a relationship. It is estimated that it takes a male child up to almost age 20 to attain the physical and social maturity required to perform all the physical and social responsibilities.

\(^9\) Other accounts suggest that rearing goat was forbidden because it was the animal that was sacrificed during *dipo* for the Kloweki deity. It was not until the second half of the 19\(^{th}\) century that Christians started rearing goats (Steegstra 2005:107-108)
The characteristics that identify a person as child are not located in customary practices alone. Formal education, political governance, and urbanization have all had significant outcomes for the social organization of the different ethnic groups in Ghana (Nukunya 2003), including the determination of orphan (Goka 2006). The threshold of adulthood and the end of childhood is determined locally by references to the basic level of the educational system, Middle School Leaving Certificate (MSLC), now known as junior high school. Research participants asserted that ‘only children are enrolled in basic school, even though some may well be above the normal school age. A child starts basic school (class one) at age 6 and completes by age 16. After completing basic school, she/he spends between two and three years to go through what is viewed as the last stage of the transition from childhood to adulthood; in other words, to ‘learn more home sense’. He is trained to live independently. He may be given his own farm, at least on an experimental basis. Those who choose not to farm after the training migrate to the urban areas to look for employment (Little 1973; Peil 1972).

The use of formal education to determine the stage of a person’s physical and social maturity applies to both children who went to school and those who did not go to school. It is, however, tempting to think that since more males than females go to school, formal education as an indicator of childhood might have applied more to boys than to girls.

The statutory laws of the country are superior to the customs of traditional societies such as the MKTA; therefore, the definition of child contained in the Constitution of Ghana as “A person who is below the age of 18 years” (MOWAC 1998:6; Children’s Act 1998, Act 560), takes precedence over any other definitions. This does not necessarily mean that traditional societies like MKTA cannot apply their knowledge. As I will show below, the statutory definition of child (below 18 years) and the local people meanings (below 20 years), are applied in a way that creates tensions among the local people. The external support for orphans is grounded in the legal and quasi-legal views, which ignore local perspectives.
6.4.1. The dead, the missing, and the unknown: meanings of orphan and the severity of orphanhood

The Dangme term for orphan is *ahusa* (plural *ahusahi* or *ahusa bime*). Another term is *gbosi bi* (plural *gbosi bime*), which literally means children left behind due to death. As is the case in Uganda (Ntozi and Mukiza-Gapere 1995), losing one parent in Manya Klo does not qualify a child as an orphan, even though such children are regarded as orphans among the Akans (Ansah-Koi 2006). A child is described as orphan based on one social characteristic only: *Jokwe ne nye ke e tse loo e fɔli be jemi atse jame bio ke ahusa* (an orphan is a child whose biological mother and father are dead). The emphasis on the *fɔli* biological parents is important because it draws a distinction between her/his natural parents and the many social parents. A child who has lost one parent is not an orphan because she/he has not been ‘left behind’: rather, she/he has a surviving parent and an extended family, most likely to be the maternal grandfather or mother’s brothers, which fills in for her/his dead parents. Although ‘child’ is mentioned in the definition, there is no reference to age because it is assumed that the context (as explained above) is known.

The meaning of orphan in Manya Klo has, however, been in flux in the last decade or so. We, therefore, need to embed the current meaning of orphan in the wider social environment and the times that influence the change. Contrary to conventional definitions that make reference to death or very ill parents (Audemard and Vignikin 2006), current perspectives on orphan in Manya Klo may have nothing to do with death or illness. In addition to the death of both parents (the ‘true Klo meaning’), an orphan is also defined (by the MKQMA) as a child whose parent or parents may be alive, but is ‘unknown’ or ‘missing’. The reference to missing parents is explained by the peculiar historical circumstances that have led to the orphan crisis. In the 1980s and 1990s, many children were brought from the Ivory Coast either by single parents, mostly mothers, or with no parent at all. Some women came back pregnant, but not with their partners. Most of the known single mothers died later. Until this day, it is not known if the unknown natural parents are alive or not. The phenomenon of missing parents is still prevalent today, even in the case of children born within Manya Klo. Extended family members often say ‘fifty-fifty’ meaning that there is a fifty percent chance that an unknown parent is dead and a fifty
percent chance that the parent is ‘alive somewhere’ and may return some day to her/his child. In the face of this uncertainty, it is assumed that such parents are dead, even though it appears some of the children may, in fact, be victims of abandonment.

Analyses of surveys from 40 sub-Saharan African countries by Monasch and Boerma (2004) show the number of parents lost correlates with the severity of orphanhood. Even though they show no data on children orphaned due to missing parents, their data indicate that double orphans (those whose two parents are dead) are more affected than those who have one living parent (single orphans). The qualitative data from this study corroborate that finding, and more. There was consensus among research participants that orphanhood was experienced differently and that some orphans are ‘more orphaned’ than others. The children classified as orphans in accordance with the local meaning (death of both parents) are the ‘most orphaned’, followed by those with missing parents. The ‘least orphaned’ children are the single orphans or those with one surviving biological parent. One female FGD participant explained:

The child whose mother and father are dead mourns twice. She mourns her mother and she mourns her father. She experiences double the pain that is experienced by the child who has one living parent.

Severity of orphanhood is not only measured in terms of the death of parents only. Older women assert that a child with an unknown or missing parent is an orphan because the psychological and material conditions of that child may be worse than those of a double orphan whose parents, though dead, were known. The explanation given during an FGD with adult women was that:

It is more painful and more difficult to say that a parent is missing than to say he is dead. A child whose parents are ‘missing’ is worse off than a child whose parents are dead because the dead parents at least have relatives that we can fall on for help. How do you trace a man you do not know? We do not know the missing man…. He cannot be traced. His relatives are not there to support the child or lend a hand to those who are supporting the child. (Adult women’s FGD)

Measuring the severity of orphanhood is important because it helps caregivers, their families, and the community as a whole to prioritize the beneficiaries of very limited support.
6.4.2. The state, NGOs/donors, caregivers, and the changing of meanings of orphan

Until about the year 2000, crisis fostering barely grabbed the attention of child researchers across West Africa (see Isiugo-Abanihe 1985; Goody 1982; Goody 1976/1993). Elderly females and males who participated in the current study intimated that prior to the outbreak of AIDS in Manya Klo, the population of orphans was very small. Aside from the low incidence of crisis fostering, Manya Klo was a major food-producing area and many of the citizens were economically very successful (Field 1943). The extended family, therefore, had the resources to support orphans, and ensured continuity in their physical and social development. The elders added that orphans were in many cases a hidden population known only to the extended family. Under these circumstances, there was no need for external support and concerns about the meaning of orphan. Recent changes in meanings of orphan and the general organization of support for orphans is attributed to the growing influence of NGOs and state agencies.

The influence of external organizations over policies and conventions on children and orphans across Africa has increased tremendously in the past two decades (Rosenberg et al. 2008). In Ghana, there has been a shift of responsibilities for orphans from the extended family to NGOs/donors and state agencies. Unfortunately, the ideas that inform the performance of these responsibilities by NGOs are different from those used by the local communities. The influence of child-centered NGOs (Coalition for the Rights of the Child) and donors like the United Nations Children’s Fund (UNICEF) is felt through their involvement in formulating and implementing policies and guidelines, that define child and orphan, determine the ideal living conditions and rights of children, and assign responsibilities for child wellbeing, all ‘in the child’s interest’. The policies and guidelines include the Early Childhood Care and Development Policy (MOWAC 2004), Guidelines for the Operation of Orphanages in Ghana (DSW n.d.), The Children’s Act 1998, Act 560 (MOWAC 1998), and National Policy Guidelines on Orphans and other Children Made Vulnerable by HIV/AIDS (GAC, MOWAC and MMYE 2005).

The NGOs and state agencies view the local meaning of orphan, based on the death of two parents, as too narrow and not reflective of the situation of certain categories of children. Orphan is, therefore, defined in Ghana’s National Policy Guidelines on OVCs as: “a child who
has lost either or both parents to HIV/AIDS or to any other cause” (GAC, MOWAC and MMYE 2005:39), and ‘child’ is defined as below age 18 (the stress on AIDS can be ignored). Even though the policy is based on the fostering experiences of the queen mothers, this definition is not mutually constructed as it drifts away from the meaning that is used in MKTA context. Unfortunately, caregivers and NGOs/state agencies do not engage in negotiating meanings. The policy definition also implies that child is an age experience and ignores its gendered dimensions (Montgomery 2005). Nevertheless, the implementation of this and other definitions empower the agencies to assume roles of fictive kin, acting on behalf of orphans and their caregivers and at the same time monitoring the conditions of orphans.

Criticism of the local meaning of orphan does not only come from external agencies. The queen mothers are the most vocal critics of the local meaning of orphan. Manye Nartekie, the PO, and other queen mothers opined that the local meaning is too narrow, and applying it would unfairly deny support to many children, especially those with one surviving parent. They argue that the death of a parent is a traumatic experience that automatically exacerbates the neediness of a child. Due to concerns about fairness and nondiscrimination, the MKQMA has modified the local definition or, better still, adopted the NGO/state definition of orphan as ‘a child who has lost either or both parents’. Manye Nartekie explains:

In this [MKQMA] program, we see ‘orphan’ differently from what is known in our custom. An orphan is a child who has lost one parent. If your mother is dead you are an orphan, if your father is dead, you are an orphan. If it is one of your parents… or both parents that are dead, you are an orphan.

Manye Nartekie makes an emotive but rational argument that the burden of responsibility on single parents makes it pertinent that they be supported. She thinks that registering children of widows and widowers as orphans allows such parents to have some relief and provides their children with opportunities. She states:

Many children are living with single parents [mothers or fathers]. Unfortunately, most single parents are unable to provide for themselves, let alone for their children. Apart from that, the death of one parent causes a lot of pain and stress to the living parent and the child, which may expose parent and child to a lot of problems. We don’t want our children to be worrying all the time and so we see every child that has lost one parent as an orphan.

Some queen mothers were more pragmatic than emotional and philosophical. They were not
particularly concerned about whether the definitions were fair or discriminatory. For them, the NGO definition is a conduit for transferring part of the caregiving burden unto the external agencies. They therefore abided by the dictates of the NGOs in order to secure their personal interests, rather than engage in debates about meanings of concepts. One queen mother asserted that:

You [as a caregiver] need help and you have the chance to get more help…. The people [NGOs/donors] say bring more children…. What do you do? You send more children. You don’t lose anything.

Although the narratives of Manye Nartekie and other queen mothers suggest that they independently determine the definitions and discourses that they employ in the orphan program, the classification of orphans is actually determined through intellectual, political, economic, and other transactions that are conducted outside of their socio-political and geographic context (cf. Poggie et al. 1992:9). For me, the views expressed by the queen mothers, especially Manye Nartekie, on the limitations of the local definitions, has been crystallized from about two decades of interactions with NGO executives, advocates, donors, and state agencies and through participation in national and international forums on children.

It is undeniably true that the material capital of NGOs/donors is a critical source of influence in their relationships with groups such as the MKQMA. In the words of a queen mother: Nọne de ne ni nge ne a boṣ tue. Pi nọ ne noko be o de. (You listen to the person with the means [the resources] and not the one with the empty hands). Although the CBOs-donors/sponsors relationships are by no means equal, they are reciprocally beneficial, again even if unequally so. CBO will exploit every opportunity to access funding from NGOs (Kamanzi 2007), while NGOs/donors will also find means to promote child-related issues, nationally and globally, through their funding (Dunn 2004:1).

External agencies in Ghana rely on local partners to enforce their ideas and values (Purtschert 2002). In doing so, the agencies and their partners tend to employ common discourses, but often mean different things when they use these discourses. Also, discourse commonality tends to hide the tensions between them (Whitfield 2003). Rather than negotiate the meanings of terms like orphan used by their donors, queen mothers reproduce the discourses, because doing so
apparently does not antagonize the donors and, more importantly, it suits their own immediate interests, which are to offload part of their responsibilities onto the external agencies. When the MKQMA implement programs, they apply the definitions used by the NGOs and thereby incorporate them into the local discourses on orphans. Through their power and influence as torchbearers in community mobilization for orphans, the queen mothers, in the long term, give credibility and legitimacy to the ideas, values, and emotions of the NGOs in the society.

6.5. Implications of implementing external meanings

The degree of involvement of NGOs/donors in community-based interventions and the level of influence that they wield in the affairs of orphans is correlated with certain local factors. The most significant factor is the weakening capacity of extended families to support orphans. There have been claims by researchers in the last two decades (Bicego et al. 2003; Ankrah 1993; see Abebe and Aase 2007) that the extended family and other traditional support systems in Africa have absorbed the growing number of orphans. Orphans in Manya Klo lack the basic necessities in life because the extended families are themselves so impoverished (Steegstra 2009; Lund and Adjei-Mensah 2008).

In spite of criticisms by Skinner et al. (2006) and Oleke et al. (2006) that the universal definition of orphan lacks sensitivity to local contexts and that it over-generalizes the situation of orphans, the definition continues to be the basis for gathering and applying data on orphans. In Ghana, these analyses (GAC/UNDP 2003) provide the bases for national policy for orphans (GAC/MOWAC/MMYE 2005). The universal application of the state/NGO/donor definition does not necessarily make the local meanings obsolete. In Manya Klo, the two somewhat antithetical perspectives coexist as a dual frame of reference, which results in a contradiction that both the external agencies and their partners, the queen mothers, are unable to resolve. The

10 A typical example was in 2002, Family Health International (FHI) signed sub-agreements with MKQMA and five other NGOs in Manya Klo to do HIV/AIDS prevention education. Staff and peer educators of the NGOs, including non-literates started using terms ‘psychosocial support’, and acronyms like ‘PMTCT’, ‘VCT’, and ‘OVC’ because they had become part of the AIDS vocabulary and everybody engaged in AIDS work appeared to use them; they did not actually know what those terms and acronyms mean.
18-year-old person may be an adult or non-adult depending on the reference employed; she/he is an adult legally, but a child socially.

The contradiction and tension in the meanings become more evident as adults draw upon different meanings to either support their claim for support for orphans or to protest the claims by others. The attempts to deny other people of support defeats the ‘egalitarian principles’ (Caldwell and Caldwell 1991) of the interventions. There are allegations that the targeting of orphans is discriminatory as non-orphans tend to benefit at the expense of orphans. When I asked caregivers and their family members about the best strategy to distribute the scant resource among the many orphans, they threw away the principles of equality and nondiscrimination, which they had previously proffered in support of the NGO definition of orphans. They contended that single orphans are the ‘least orphaned’ and, therefore, the ‘least needy’. Double orphans are the ‘most in need’. Some argued that, in line with Klo customs, 20-year-olds should be considered eligible for support, because their exclusion is ‘unfair’ and ‘discriminatory’. The third argument is that even though 18 to 20-year-olds are regarded as children and orphans in the local context, ‘according to the laws [statutory and NGO definitions] they are adults; therefore, the law must be allowed to work’.

Using 18 years as the age at which adulthood begins disadvantages persons defined as orphans. A beneficiary of the MKQMA who attains 18 years is considered as an adult and her/his support is cut. The cessation of support to girls in particular is a big challenge to their caregivers, because they are not regarded as adults in the local context. The consequences of girls in HIV endemic areas dropping out of school cannot be over emphasized. According to Nyambedha, Wandibba and Aagaard-Hansen (2001) the lack of schooling may affect the wellbeing of the girls and their future children. Manye Nartekie confirmed that female orphans between 18 and 20 years are likely to drop out of school or apprenticeship and become pregnant due to the lack of support. The PO of Plan Ghana, at Asesewa, added that girls who dropped out are forced to work to support their families, and they even befriend adult males in exchange for economic favors. Manye Nartekie told me that the extended families are supposed to support 18-year-old girls either to learn a trade or to continue their schooling to avert premature pregnancies and other social vices. The irony about this situation is that it was the lack of extended family
support that compelled the girls to fall on the MKQMA. As of December 2009, Opportunities Industrialization Center (OIC) Ghana, an NGO, was supporting six girls to pursue vocational training. This very rare support was given on condition that the girls would only pursue vocational training and would not become pregnant.

The premature cessation of support to (locally defined) orphans demonstrates the gulf between the symbolic importance of human rights to social interventions and the fulfillment of those rights (Gruskin and Ferguson 2009). The promises, or rather the expectations envisioned about using NGO/donor meanings open local people’s eyes to the weaknesses in their own meanings. Unfortunately, and contrary to their expectations, the relationship with NGOs does not translate into increased resources for orphans, which means that external meanings become sources of frustration.

The application of the statutory definition of child has even more negative outcomes for orphans not only in terms of what they receive as support, but also in terms of the new roles that come with the attainment of adulthood. Many of their citizens remain children culturally, but adults legally. Age 18 has been adapted in the traditional politics, which means that an 18-year-old is allowed to directly participate in political activities. A non-adult (person below 18 years) cannot work and cannot be engaged in making political decisions, but an adult (18 year old) must partake in communal labor and can be sanctioned for not doing so. She/he has to make financial contributions to the family and to the village or town, pay funeral donations, and make other communal contributions. These responsibilities are in spite of the fact that she/he might have dropped out of school or apprenticeship due to the lack of financial support.

As mentioned above, the implementation of externally generated meanings creates new agents or enforcers and their corresponding social relations (Purtschert 2002). The current role of queen mothers creates a new social order that moves away from the situation where male elders set the rules that govern social behaviors to one in which women (queen mothers) become influential in adopting externally created social categories. Male elders assert that the growing influence of external agencies in the affairs of orphans has turned their roles as elders, parents, and custodians into peripheral ones. One elder complained that: “These days everybody says what [the NGOs] say, nobody knows what we say.”
It may be argued that the difference between the NGO and local definition is ‘only’ two years (18 and 20), but two years is a long period in terms of what can happen to orphans who drop out of school or trades apprenticeship in a context of high HIV prevalence. It also undermines the strategy which sees such children as windows of hope that must be protected against the cycle of violence that could make them even more susceptible to HIV infections than their parents’ generations (GAC 2010; UNAIDS 2006a).

6.6. Summary and conclusions

The Manya Klo concept of a person as a cultural entity makes an orphan much more complex than the body-mind binary, employed by external agencies. Anthropologists and international health experts emphasize the need for local meanings to inform the planning of interventions that aim to improve lives. Anthropologists (Good 1994; Paul 1955/1990) also stress the importance of local meanings of health and illness in ensuring that health services address the unmet needs of people in their own contexts. Unfortunately, this type of analysis has not been extensively explored in studies on orphans.

HIV and AIDS in Ghana are associated with the proliferation of terms that are drawn on to describe or explain diverse problems associated with the pandemic. The resources that are provided to avert the pandemic depend upon how the problem is conceptualized (Farmer 1996). The terms and definitions also frame the way people perceive and react to orphanhood. Although the definition of problems may be portrayed as an academic activity (Fawcett and Downs 1992), it is evident from this study that non-and low-literate people may appropriate these discourses as a strategy to seek the interest of the orphans, thereby reducing the burden of their responsibility.

In Manya Klo, child/orphan is not just a physical being below 18 years. It represents specific spiritual, physical, and social phenomena. She/he is an embodiment of several attributes and values, all of which determine, among other things, her/his identity, needs, relationship with others, expectations from members of the society, and what is expected from her/him. Unfortunately, recent analyses of orphan treat child as a monolithic concept that represents a
single objective age-related experience of children. As a result, interventions for orphans do not adequately address the gender differences regarding how female and male children grow physically and mature socially, and how these differences impact their lives, in case they become orphans. Also ignored is the spiritual aspect of an orphan’s life.

The close link between child and orphan requires that we link context-specific knowledge about child to discussions about orphans. In doing so, we will avoid the temptation to overgeneralize our knowledge about orphans. This will provide solid intellectual bases for policies and programs to mitigate the impact of HIV and AIDS on orphans and their families.

Local and external meanings and arrangements will continue to coexist. In fact, the role of external agencies in determining the wellbeing of orphans in small communities will increase rather than diminish. The tension will also prevail as local people pick and choose meanings that suit their interests and boost their access to resources. The asymmetrical power relations between local groups and NGOs/donors place the latter in a position to impose their values and interests on local communities. Definitions matter and they need to be negotiated at the community level (cf. Carr and Mpande 1996). External agencies need to be more sensitive to customary arrangements, values, and expectations and even negotiate meanings of the terms that they employ. The use of a new definition must be accompanied with a plan to deal with the challenges that may come with it.
CHAPTER 7
Manya Klo Queen Mothers and the Manya Krobo Queen Mothers Association: The Social History of a Women-led Community-based Group

7.0. Introduction

The roles of older women in providing for Africa’s orphans have received a lot of attention both within and outside the continent. Consequently, there have emerged international NGOs such as the Stephen Lewis Foundation, which focus on providing material assistance to older women-headed households with orphans (Landsberg-Lewis 2007). These efforts are laudable, but the intense focus on grandmother-headed households, by scholars and NGOs, means that there is less effort to learn about other women-initiated and women-led groups that are supporting orphans (Foster 2002; FHI 2005b).

In addition to the economic challenges of orphanhood, specifically the impoverishment of their households, we need to examine the structures that receive and channel resources to orphans. We must examine and know the historical circumstances from which they emerged, how they are constituted, how they accumulate and share resources for caregiving, as well as how they assign responsibilities for care for orphans. Learning about how these groups work and knowing the challenges they face is critical to understanding the ideas that are behind the services for orphans, and may provide insights into how challenges related to organizing help for orphans through women-initiated community groups could be addressed so that the lives of orphans could be improved.

In this chapter, I describe the historical background of the institution of queen mother as integral to the political development of Manya Klo and the Manya Krobo Queen Mothers Association (MKQMA). I present their leadership and mothering roles and the changes that have occurred in these roles. The analysis is placed within the larger context of women’s struggles in Ghana. Even though they are historically, socially, and functionally linked, queen mother as a political institution and status, and the MKQMA are not the same. This social and historical background is germane to understanding the nature of the institutions, the contemporary transformations that have occurred within the institution of queen mothers, the structure of the MKQMA, and the
role of the queen mother as a caregiver. There is the tendency among researchers and aid organizations to portray all women’s groups that work with orphans as altruistic caregivers without the benefit of the histories and objectives that underpin their foundation and operation, as well as other interests that may affect their caregiving roles.

7.1. Historical background to the queen mother in the political system of Manya Klo

7.1.1. The social and political context

The ‘traditional’ political system of the MKTA is embodied in chieftaincy, which includes the Manye (queen mother¹). The title ‘queen mother’ in Ghana is a colonial concept, which was probably first used by Rattray (1923/1969) in his writings on the Ashantis during the colonial era. Rattray used the term based on the understanding (from his informants) that the stool of the ohema (the female ruler) of Ashanti ranks higher than that of the ohene, the male ruler (1923/1969:81-82). ‘Queen mother’ means different things in different societies. Among the matrilineal Ashanti, she could be the biological mother of the king. This is also the case in the Edo kingdom of Benin, where the Iyoba (queen mother) is the mother of the Oba the chief (Kaplan 1993:55). In Manya Klo, such a relationship does not exist.

The most powerful political figure in the Manya Klo state used to be a female priestess known as Kloweki (Steegstra 2005). This was before British colonialists forced the Akan traditional political system on Manya Klo (Wilson 1991:62). Manya Klo became a British protectorate in 1849 and in the bid to impose their control over their territories, the colonial administration created centralized political systems to replace existing ones (Field 1943). The system of governance where several priestly patriarchs (jemeli) represented diverse interests was unsuitable to the colonial administrators, who preferred centralized systems of the Akans and the Gas, where one leader acted on behalf of towns and villages (Field 1940).

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¹ Officials of agencies working with the queen mothers told me that the female leaders are protesting the title ‘queen mother’. They want to be known simply as ‘queens’, because queen mother ‘refers to someone else’. They have also been referred to as “women chiefs” (Brydon 1996) and ‘female chief’ (Farrar 1997).
Akan chieftaincy was introduced to Klo by Akan refugees from Denkyira and Akyem, who sought refuge on the Klo Mountains in the second half of the eighteenth century (Steegstra 2005:79-80). However, it was the British colonialists who actually established it as the political system of both Manya and Yilo Klo. According to Wilson (1991), the colonialists’ action was based on the assumption that Manya Kloli had the same centralized political system as their Akan neighbors. Odonkor Azu was made the overall leader of Manya Klo (62). Colonial records suggest that Odonkor Azu was already consulted by his fellow Kloli and was serving as a leader of sorts. Field (1943) writes that by the early part of the nineteenth century, Klo men were already seeking his assistance in their land acquisition negotiations with the Akans. The position of the leader of the centralized political system (the paramount chief) later became known as the Konoc (Konor) during the reign of Sakite, Odonkor Azu’s successor. Like the Ashantis (Stoeltje 2005; see Fortes 1960), the lineage is the basis for the organization of the new political system of Manya Klo.

The position of queen mother was a latter addition to the Manya Klo chieftaincy. According to Obeng-Asamoa (1998), the third Konor Emmanuel Mate Kole, installed her cousin Juliana Sackitey as the first queen mother Yewie a Manye (Queen mother of young women). It is not known when this happened, but Juliana Sackitey was believed to have lived from 1873-1944 (Steegstra 2009:110). Some have suggested that the position of queen mother was added because it was a popular practice among the Ewes and Gas in southern Ghana (Steegstra 2005).

The existence of the chief and queen mothers in the same political organization (as among the Igbo of southeastern Nigeria) represents a parallel “dual political system” in which gender differences are recognized (Okonjo 1976; see Manuh 1988). This means that representation and the hierarchies in the political systems are based on gender. Gender differences determine how leadership responsibilities and power are distributed among chiefs and queen mothers. Females and males are governed separately, but women have the additional responsibility for children (Okonjo 1976). The reorganization of the political system by the colonial administration deepened further the domestic roles of females, even as leaders.
7.1.2. *Becoming a queen mother*

Queen mother is an ascribed status with clear rules of eligibility. The position is occupied only through the patrilineage; that is, by daughters of male members of the lineage. Slaves and strangers cannot become queen mothers. In some lineages, the position is rotated among eligible families. If there is no suitable candidate, the position may be ‘loaned’ to another family within the lineage. The position returns to the original family after the death, destoolment or prolonged illness of the ‘borrowed’ occupant. ‘Stool lending’ is unpopular these days because reclaiming the position has often times resulted in protracted conflicts.

According to the queen mothers, elders, and chiefs that I interviewed, the potential queen mother must possess a long list of ‘fine qualities’ all of which describe *Klo yo kpakpa* ‘an ideal Klo woman’. The point about the qualities is that they emphasize “the woman’s place” in society regardless of her power and influence (see Pellow 1978). She must be a woman who values the etiquettes and courtesies which enhance the images of her husband, family, and lineage. The qualities include personal and interpersonal skills, intelligence, and a high level of sexual morality. The candidate must have virtues such as humility and patience. She must be people-centered, exhibit a high level of interest in communal activities such as communal labor, and be an excellent communicator. She must be well-versed in customary ways of speaking: *E le munyu tumi saminya*. For example, she must use *e yo* “Please leave and come back later,” instead of *e ku*2, “Get out of here!” Even though wealth and social connections may be unspoken criteria for selection, they would be irrelevant if the candidate does not possess the qualities of an ‘ideal Klo woman’. These days, formal education may be included as an important criterion, but it used not to be. Rarely would a candidate be selected who does not exhibit any of the above qualities, as when a very young girl at age nine was enstooled as Manye Lako of Yohe. In this case, the selection was based on her potential rather than her lived experience.

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2 The literal translations of these figures of speech are: *E ku* is ‘masculine’ or rude or impolite. *E yo* is ‘feminine’ and represents polite and respect
The virtues that define an ideal or real Klo woman (humility, patience, submissiveness, ideal woman, and so on) may become a means of social control that blocks efforts to articulate deviance and protestations. An incumbent internalizes the social values imparted upon the position and it regulates her behaviors as she strives to maintain her identity as a highly valued member of society. In my view, this weakens the capacity of the queen mothers to initiate change, especially if the change process would require them to confront their superiors. There is the fear of being labeled ‘rebellious’ and acting contrary to the values that sets them apart from other women (see Chapter 11).

After the candidate has been selected through a secret investigative process, her parents are informed for them to ‘offer their daughter to the lineage’ and support her enstoolment. The female elders (weku yi) and family heads (weku matsene) mentor the candidate. She may attend traditional meetings, run errands for elders, and is taught oratory skills. When the candidate is considered ready to be enstooled, she is dressed in white calico as a mark of her approval by the elders. She is kept indoors for about one week and given lessons on leadership. At the end of the seclusion, she is ‘outdoored’ to the lineage amid drumming and dancing. White clay is smeared on her body as a seal of approval.

Enstooling a queen mother may not be a smooth process. Prior to her enstoolment, the eligibility of Manye Larkwor of Abordorny of the Akwenor division was questioned on the grounds that she did not reside within Manya Klo and she was an illegitimate member of the eligible family. She was enstooled only after a high court in Koforidua, the regional capital, had ruled in her favor.

7.1.3. The position of the queen mother in the traditional political hierarchy

The se ‘stool’ of a queen mother (or chief) is the symbol of power (Field 1965). The paramount queen mother of Manya Klo did not possess a stool until she was elevated in 1982 by the paramount chief (Obeng-Asamoah 1998). To have a stool signifies that the incumbent or occupant “has her own power” and that she possesses the requisite qualities to occupy the position and must be recognized as the legitimate leader (Stoeltje 1997:42). The stool also
represents the people over whom she rules. Any reference to the stool is a reference to her and the lineage she represents. A queen mother has a stool name (the name she assumes when she is enstooled). This is different from her personal name or title. These days, male academics in particular would like to add their titles (‘Dr’, ‘Professor’) to their stool names. Some even maintain their personal names and titles as their stool names.

Generally, the position of the queen mother is symbolic and also political. Among the Pabir of northern Nigeria, the queen mother is a ceremonial head, whose true power lies in her ability to foment opposition against the king (Cohen 1977). Among the matrilineal Akan people, the queen mother in Ashanti (Busia 1951) or Akwapem (Gilbert 1993) could determine who becomes her chief and may even destool a chief. In the past, some like Yaa Asantewa of Ejisu in Ashanti led armed resistance against British colonial rule (Mensah 2010). In view of the powers of the Akan queen mothers, there have been debates about whether the queen mother’s powers are equal to or greater than that of the chief (Farrar 1997:584), but among the patrilineal Manya Klo, queen mothers do not have the level of power that their Akan counterparts have.

The queen mothers are organized along the six lineages, Piengua, Manya, Susui, Dorm, Akwenor, and Djebiam, under the centralized authority of the paramount queen mother, Manyengua. The current one is Nana Mamle Okleyo (Figure 1). She was enstooled in 1983. Each of the six lineages constitutes a political division wetso (plural wetsoi3 or ‘Family Tree’). A lineage comprises towns and villages. Below the Manyengua are divisional queen mothers wetsonyemey, representing each of the six lineages. Below each of these are subdivisional queen mothers Manye. The Manye has jurisdiction over a specific town in LMK plus a number of Dademanye, queen mothers of huza, and farming villages/cottage in UMK. The number of Dademanye under a Manye depends upon the number of huza that have been established by the members of her lineage. The subdivisional Manye has the power to enstool a Dademanye.

3 Some, like Huber (1963/1973) may not agree with designation of the group as lineage. According to Huber wetso is made up of different kinds of kinship groups under one name that may not be defined as a lineage (25).
The dualism of chief-queen mother means that power is constantly shifting and negotiated (and lost) between them (Stoeltje 2033:3-5). In theory, the Klo queen mother and her chief are placed on the same level of the hierarchy, but the parallel ordering of female and male political positions and the complementarity of roles do not amount to equal powers. The chief has superior powers and controls the activities of the queen mother. Development activities undertaken by the queen mother must be sanctioned by the chief. Queen mothers derive their status from their chiefs, the same way that wives may draw their status from their husbands (see Little 1972:256). With the exception of Manyengua, a queen mother may be addressed by the title of her chief. For example, Manye Koryotsu is the queen mother of Kpongunor and divisional queen mother of Akwenor, but she may be referred to as Asafoatse Tettey (Etti II) Manye, meaning the queen mother of Asafoatse Tettey Etti II. Such an appellation then attaches the identity of the queen mother to that of her chief, but more importantly reflects her position within the hierarchy.

The Manye title is protected by rules that preserve the exclusiveness of the institution. It is an offence to address a traditional leader by the wrong appellation, and a queen mother cannot ascribe to herself a title she does not have. For example, a female without a royal stool cannot use the title “Manye” regardless of her wealth and social influence; to do so would amount to usurpation and threatens the power hierarchy. This point needs to be emphasized as it raises questions about control over the affairs of women and determines who can effect change in leadership in the current organization of the MKQMA (see Chapter 11).

Each queen mother has a team of administrative staff made up of a seyelo deputy or ‘assistant queen mother’, an okyeame linguist (spokeswoman), and a ma na (‘grandmother of the town/village’), a wise old woman who advises the queen mother. Another important position for females is the weku manye, the female head of the family or lineage.

The political hierarchy is important in managing the current orphan program. Under the orphan program each queen mother is responsible for identifying orphans under her jurisdiction and registers them with the queen mothers.
7.1.4. The mothering role of a queen mother

Queen mothers and chiefs play important roles in the development of their communities by acting as agents for government policies (Boaten 1992). The roles of the queen mother are embedded in the concept of ‘woman’s place’ in society. The position may be described as a “personification of motherhood” (Rattray 1923/1969:85). Among the Igbo of Nigeria, her title, Omu means mother, and she is nne omumu or omunwa, the one who bears children (Okonjo 1976:48). Like all other women, queen mothers deal with domestic issues such as providing for children, the aged and men; socializing girls, and economic production for domestic consumption (Okonjo 1976; Greenstreet 1972:351). The mothering role is so important that a stool may be solely dedicated to fertility (Field 1965).

Mothering is both symbolic and literal, but it is also a nebulous responsibility. It is very hard to delineate what constitutes mothering. The title ‘Manye’ embodies the role of the queen mother. She is the nyε mother of the ma town/village. Her role is manε hyεmi, to ‘look after’ or ‘take care’ of the village/town. The queen mother is the ‘caregiver’ of her citizens in the sense that she has absolute power and authority to make decisions about the things that affect their lives. Her primary responsibility is to women and children.4 It is in the context of this gendered division of labor that the queen mothers’ responsibility for orphans can be located. Being a caregiver to orphans, therefore, is in fulfillment of a customary obligation. The director of Social Welfare at LMK describes the queen mothers’ role in relation to orphans in the following way:

4 The following reaction by a queen mother to a story about a pastor who claimed that he cursed a child he allegedly had out of wedlock demonstrates further the mothering role of Ghanaian queen mothers: “We are mothers for all and so when we heard the news we were very shocked at how a pastor could curse an innocent child…. [We] will discuss how best we can help the child”. Obinim is a fake pastor - Kennedy Agyapong http://www.ghanaweb.com/GhanaHomePage/NewsArchive/artikel.php?ID=216184 Accessed August 12, 2011.
They are the mothers of all the deprived children in the traditional area. When all the doors of opportunities and hope for survival are closed, queen mothers are expected to do everything they can to ensure that the children are safe. They are a refugee camp for all the children. A queen mother sees to the needs of the child. If she is overwhelmed, she knocks on other doors. They say, Klo bi me, ke ma pee ke? [They are Klo children. What can I do?] They cannot throw the children away and so they have to provide for them.

The Manye protects marriage, the institution which guarantees the continuity of the lineage. Like her Ashanti counterpart (Stoeltje 1997), she attends ceremonies related to marriage, birthing, and the *dipo* initiation rites for girls. She performs rituals related to these life courses and also keeps track of all her children, especially girls. In her court, she adjudicates ‘women matters’ that is, matters related to paternity, child maintenance, and resolving disputes that may threaten the stability of families. She imposes fines on the guilty and awards compensation to the innocent. Weightier matters involving resources (land and royalties) go to the chief’s court (Farrar 1997).

Adomako Ampofo (2004) contends that the only way that researchers could meet the theoretical and practical needs of women is to employ analytical frameworks which take into account men’s perspectives on women’s issues, particularly on those issues that also affect men, such as child bearing (and one may add childcare and political leadership). She asserts that there is, unfortunately, an aversion to male inclusion by researchers and development agencies in interventions that seek to improve the lives of women because including men is viewed as perpetuating their domination over women (130-131). Aubrey (1997/2003) also observes that for the past two decades, NGOs have committed their resources to targeting women only with the assumption that it is the most effective strategy to raise their standards of living (Aubrey 1997/2003:5). In contrast to the above views and strategies, the queen mothers perform their mothering obligations without the strict gender bias. They are more accommodating of men’s issues. This approach to leadership, therefore, challenges the ‘women-only’ theoretical and programmatic assumptions of their donors and funding agencies, and researchers.

Although the queen mother’s primary responsibility is to women and children, they provide support to men because, they say, men’s circumstances affect women and children. They help men to lease land for farming, to get jobs or to send their children to school, including to the
University. When a man who had a physically disabled son at one of the public universities was unfairly dismissed from his job as a market sweeper, Manye Maku of Kpong had to fight for him to get his job back. This example, and there were many others, suggest that there is the need to re-evaluate the women-only paradigms for improving women’s (and children’s) social conditions.

In spite of the complexity and enormity of their mothering role, the queen mother is not allocated any resources. She is supposed to use her position and influence in her town to generate the resources she needs to enable her to fulfill her customary responsibilities. As a leader, she is assessed based on her contribution to improving the lives of the members (and non-members) of her lineage.

Queen mothers are differently endowed. While they all appeared to be struggling with their finances, a very few of them are able give their money as loans (without interest) to their citizens, mostly women, to trade with. On the whole, however, due to the lack of material resources, the work of the queen mother is concentrated on activities that ‘money cannot do’ or the typical mother’s work. This involves making themselves more accessible to their people and exploiting their limited political and social networks. They visit the sick, older women and children, report issues affecting children’s education and health to local government authorities, check on children’s school attendance, and persuade or even force parents and extended family members to assume responsibilities for neglected children. Through these activities, they learn about the conditions in the households with orphans, and also provide information to households about available social services.

7.1.5. How do queen mothers perform their duties?

Contrary to the notion that queen mothers rule in accordance to specific job descriptions or systems of rulership (Stoeltje 1997) there are divergences in leadership styles based on the geopolitical (village or town) context and the skills and innovativeness of the queen mother. In spite of the negotiation (or struggle) for power between chiefs and queen mothers, the chiefs in Manya Klo allow the queen mothers to independently determine the most effective way to
govern and respond to the needs of her people. They do not have to apply any set of rules. I suspect that chiefs have allowed the queen mothers the freedom to govern because that freedom still does not give the queen mothers control over any resource like land or taxes and not because the chiefs generously cede political power.

Manye Maku has used her ‘freedom’ to create a unique system of leadership at Kpong. Kpong, according to the hypothesis of Middleton (1979), cannot be defined as a ‘hometown’. It is not associated with any of the six lineages of Manya Klo. The inhabitants maintain their loyalties to their towns of origin, as well as the norms and practices of those places, rather than to the customs of Manya Klo (see Middleton 1979:252-256). It may be described as a multiethnic and transnational town. Its population of 15,000 is made up of Kloli, Ewes, Akans, and migrants from different parts of West Africa, especially Nigeria, Togo, and Niger. It has been an important town for strangers and traders. In the early nineteenth century, its commercial success attracted both traders and invaders such as the Ashantis (Steegstra 2005:81).

Manye Maku has created a subpolitical system that hinges on delegating her authority to appointed or elected female and male leaders of the various ethnic groups. The leaders are the intermediaries between her and their people. The highest decision-making body in the town is a governing council of sorts headed by Manye Maku. It is made up of the ethnic leaders, plus other female representatives who represent specific interests of women and children. The leaders (females and males) seek her counsel on intra- and inter-ethnic matters. She states that her approach has engendered direct participation of the citizens in development activities and also enables them to find solutions to some of their problems. I was particularly impressed by the respectful manner in which males consulted her and took her counsel very seriously.

In another scenario, Manye Adjo of Atua has instituted an annual levy of one cedi (₵1 about US$0.75) per citizen of 18 years old and above to raise money for development activities. Occasionally, a queen mother may receive gifts of cash and foodstuffs from her citizens and relatives. She may also receive court fines. Those who refuse to pay fines risk losing the influential assistance of the queen mother and her chief in the future. Unfortunately, the sources of support altogether yield very little.
Social and political institutions are dynamic and so is the position of the queen mother. It has been affected by political and economic changes in Ghana. In order to reassert their leadership positions, to improve their lives and to strengthen their capacity to deal with social problems, the queen mothers have transformed their traditional status. This metamorphosis is historically grounded in the general struggles of Ghanaian women, which can be traced to the precolonial period. The queen mother as described above is very distinct from the queen mothers association even though the former is part of the latter. In the following section, I examine the historical events that led to the emergence of the MKQMA as part of a larger movement of women’s activism in Ghana.

7.2. Queen mothers and women’s movement in Ghana

7.2.1. Queen mothers and women’s movement in precolonial and colonial Ghana

In spite of the contribution that queen mothers make to their towns and villages, not much has been done to strengthen their positions. National politics (outside the realm of chieftaincy) in the colonial and postcolonial eras contributed to the steady decline of the influence of women, and an exponential increase in their responsibilities (Deku 2005). For example, the colonial authorities pushed politically powerful women such as the Klowεki priestess of Manya Klo and the Omu of Igbo, Nigeria, into the political doldrums by either abolishing their positions or by placing them under newly created more powerful male positions (Steegstra 2005; Okonjo 1976:47). Oddly enough, even Ashanti men noticed the disregard for women. They said to Rattray:

The white man … have dealings with and recognize only the men; we supposed the Europeans considered women of no account, and we know you do not recognize them as we have always done (Rattray 1923/69:84).

Since political power and trade are interlinked, women’s role in economic production was severely affected by their weak political status. For example, land titles were offered to men, but women were denied access to the most important means of production in the agrarian economy (Deku 2005; Adomako Ampofo 2001).
Colonial rule resulted in rapid urbanization and urbanism. Access to education improved, migration was intensified, and agriculture was more mechanized. Education, employment, income, and (national) political networks became the new determinants of social status. With these developments, kinship ties became less significant for social mobility. Traditionally ascribed female positions such as queen mother became less relevant to national politics, even though kinship ties remained very important in women’s struggle for survival in the cities. Women needed greater challenges than purely domestic roles, and they sought new roles independent of the influence of their kinsmen and traditional leaders. In the cities, networks and associations were quickly replacing kin groups as avenues for social mobility for women (Little 1972).

The associations that emerged were based on class (economic, occupations, religion, ethnic, and others). The lowest on the social strata was the market women’s association, which ranked at par with ‘illiterate inhabitants’ (Little 1972:276). Each association aimed to address specific problems related to women. The religious groups included the Anglican Mothers Union which aimed to “uphold the sanctity of marriage” (Greenstreet1972:354). The diners club, in which membership was restricted to rich European and African women was concerned about imparting women with ‘fine female skills’ such as how to receive guests, enter a room, dance, and so forth (Little 1972). Women’s groups became so popular that an umbrella organization, the Ghana Assembly of Women, was established to help address issues affecting women (Allah-Mensah 2007:252). The original goals of these associations either changed or were altered to deal with the changes in the country.

Women’s groups became actively involved in the struggle for independence. Ironically, the lowest ranked group of ‘market women and illiterates’, emerged as the most influential in the anticolonial struggle. They contributed immensely to the political organization of the Convention People’s Party (CPP), which led the country to independence in 1957. In 1948, market women embarked on a strike and refused to sell. Their actions spurred on several other women to organize and rally behind the leaders of the independence struggle (Donkor 2009).

Women’s contributions to national politics were acknowledged and rewarded through affirmative action. They were given political appointments based on their competencies. The
National Council of Ghana Women (NCGW) was formed in 1960 as an umbrella organization to coordinate the activities of the growing number of women’s groups and was inaugurated by President Kwame Nkrumah. In that same year, the Representation of the People (Women Members) Bill of 1960 was passed to specifically increase women’s participation. Subsequently, ten women were elected to parliament in June 1960 (Allah-Mensah 2007:252-253). In spite of the above gains, women were treated as pawns in the game of party politics. They were helping elect men into political positions rather than helping themselves to attain political power. Women’s representation in parliament fell from 12 in the First Republic (1960-1966) to 2 in the Second Republic (1969-1972) (Greenstreet 1972), and 5 in the Third Republic (1979-1981).

It is obvious that the political relevance of the queen mothers was overshadowed by women activists and the new elite. Throughout the independence struggles and after, queen mothers remained glued to their traditional roles while the growing interest in national politics diverted attention away from them. Their citizens migrated to the cities and formed new groups to enhance their own statuses and, therefore, paid allegiance to new social groups, mostly nonethnic based. Queen mothers were unable to transform their roles to cope with the new changes. As their significance declined, and their leadership became more of symbolic, their influence and leadership responsibilities decreased. On the other hand, the problems that they would have to deal with increased. Urbanization and migration led to poor social amenities, neglect of kinsmen and growing rural poverty. In the end, not even the Akan queen mothers, whose regions are endowed with natural resources (gold, timber and others), were able to support their work (Stoeltje 2003:8-12).

The myriad challenges that afflicted women in the colonial period persisted in the postcolonial era, and so was the need for women to participate in the political processes that make the decisions that affect them. One ‘empowerment strategy’ that has been used to achieve women’s participation in politics is to set up political institutions (Nkansah 2009). Unfortunately, the participation of queen mothers in this process has been inconsistent, and the participation is at the behest of international agencies such as the Department for International Development (DFID) of the United Kingdom and other civil society groups (CSOs), which see political participation as a gateway to greater involvement in other aspects of social life (Abdulai
This assertion reiterates Mikell’s claim that efforts to advance the cause of women is influenced by the need to access foreign assistance rather than a commitment to improve their livelihoods and rights (Mikell 1995:21).

The lack of government capacity to deal with social and health problems related to women and children in contemporary Ghana, such as HIV and AIDS and the growing number of orphans, has seen the re-emergence of the institution of queen mothers as agents of development (Fayorsey 2003). The ‘rediscovery’ of queen mothers and revitalization of interest in their roles has partly been due to their own struggles, and to the efforts by feminist activists, NGOs, and state institutions; interestingly, it is at a time when Ghanaians, and in fact Africans, are questioning the relevance of chieftaincy in development (Awuni 2010; Stoeltje 2003:3). Nevertheless, the formation of the MKQMA represents an era in women’s struggle and a period when queen mothers ventured outside their domestic spheres of influence.

7.2.2 Women’s movement in the 1980s and the formation of the MKQMA

Ghana’s political economy in the 1980s was characterized by massive structural adjustment programs, which resulted in the state’s withdrawal of several social services. It was, however, an era that engendered direct grassroots participation in politics (Freund 1998:249-260) and the resurgence of women’s activism (Allah-Mensah 2007:258). Unlike the previous women’s struggles which alienated them, the queen mothers exploited the political climate to their advantage.

The formation of the MKQMA in 1989 by Nana Mamle Okleyo marked one juncture along the long trajectory of women’s struggle for power and leadership. In the 1980s, institutions of power were subjected to scrutiny and citizens demanded accountability from their leaders (Shillington 1992). For women, leadership was vital because, as Little (1972) observed earlier on, the positions of leaders of women’s movements empowers them to advance their status, and to improve the status of other women. The struggle that eventually resulted in the MKQMA was also an attempt to shift the focus of national politics from urban women to traditional female leaders.
According to Nana Mamle Okleyo, the need to reorganize and reorient the queen mothers in the late 1980s was urgent because ‘they had relaxed and were not performing their responsibilities’. Furthermore, queen mother had become a ceremonial position as occupants of the position, like other women, migrated or ‘fled’ the harsh economic conditions of astronomical prices of food, lack of jobs, and the limited opportunities for social mobility. Some queen mothers were absentee rulers; they lived in the cities and showed little enthusiasm in their roles by returning to their towns and villages during the annual Ngmayem festival, funerals, and other ceremonies. Although this behavior is also common among chiefs in other parts of the country (Stoeltje 2003:6), its impact on the already weak women’s leadership was more severe.

In addition to the concerns of the queen mothers, the conditions of women and children increased the urgency for a common forum for queen mothers to be formed. Manye Nartekie, a women’s activist in the 1980s and 1990s, articulated these conditions in a strong feminist tone. She described the life of women prior to the foundation of the MKQMA as ‘dark days’. She pointed out that the biggest challenge about AIDS in Manya Klo is not female sex work, but the poor fundamental values about women and the chronic lack of social, political, and economic opportunities that kept women in perennial suppression. It was extremely difficult to empower girls through schooling when the objective of their socialization is restricted to becoming an ideal Klo woman. Manye Nartekie explained that, before the MKQMA was formed, women lacked empowerment opportunities and queen mothers never got the recognition that they deserved. They were treated as second-class citizens and their sphere of influence was limited to the domestic context. Girls were either not sent to school or dropped out so that they could undergo the dipo initiation rites and marry. Above all, women waited on men’s instructions before they took initiatives to address their problems. She argued that these and other factors compelled young women to migrate and later engage in sex work so that they could provide for themselves and support their families.

5 From this point on, I use ‘the MKQMA’ and ‘the association’ interchangeably.
6 In the colonial period young girls were pulled out of school to undergo dipo. Most of them probably never returned to school (Steegstra 2005:103)
In addition to these well-articulated objectives, the queen mothers had access to essential political ingredients, such as links with the government and access to influential citizens who shared their ideals (Robinson and Friedman 2005). They had access to Ghana’s first lady, Nana Konadu Agyemang-Rawlings, who shared in their cause. Agyemang-Rawlings’ husband, Jerry Rawlings, was the head of the Provisional National Defence Council (PNDC) military government (1981-1992). Aside from her political influence and position as leader of the 31st December Women’s Movement (DWM), an NGO, she was an advocate for women’s grassroots political mobilization and participation, and economic emancipation (Shillington 1992). In particular, she urged queen mothers across the country to organize for collective action (Stoeltje 2003:13-14).

African feminist scholars criticize the activities of the first lady as exploiting marginalized women’s conditions for political gains (Adomako Ampofo, et al. 2004:688), but the queen mothers say the first lady’s role was an important boost to their cause. They intimated that Agyemang-Rawlings encouraged them to actively mobilize their communities to form groups because it was only through that means that they could gain formal recognition and take part in decisions that affected them. These ideas of focusing on social rights and economic prosperity were in consonance with the agenda of the women’s movements (Fallon 2003) and it resonated with the queen mothers. It added fuel to the urgency for them to come together. The route to economic and social empowerment was unfortunately clogged by male resistance.

The chiefs denied the queen mothers direct participation in proceedings at the National House of Chiefs, which is the highest decision-making body of Chieftaincy. Membership in that House and its subnational Houses (Regional Houses of chiefs and Traditional Councils) gives chiefs a great deal of influence in national politics (Farrar 1997:593). Without membership in the Houses of Chiefs, queen mothers did not have the political weight to push their agenda and their decisions. Even though some, like the Akwapim queen mothers, were allowed in the lower Traditional Council (Kaplan 1993:9), the majority of them, such as the Ashanti queen mothers, complained that they were stuck in their domestic roles and in the shadows of chiefs (Stoeltje 1997:66). Admission into the House of Chiefs and Traditional Council was, therefore, an important issue on the queen mothers’ agenda.
In view of the above circumstances, queen mothers needed to reassert their positions, create and share common resources (material, and nonmaterial including networks), fairly distribute these benefits, work together to improve the living conditions of women and children, and to speak with a single political voice. In effect, they had to harmonize their individual interests into one. This was a departure from the system where each one of them independently sourced support and used it according to her priorities. Conspicuously missing from the list of objectives was orphans. It shows that the aim for queen mothers to bond together under a single body was their welfare-oriented shared interest of self-development, not orphans and not AIDS. This point is important as it would be useful in understanding the tensions and conflicts that may bedevil a system of support for orphans which depends on the charity of women leaders.

In 1989 the MKQMA was formed amidst mounting challenges, but with great expectations. Fourteen years later in 2003, it was registered with the Registrar General’s Department and the Department of Social Welfare as an NGO. This transformation of a purely traditional political system was an unusual, but significant, development. The implications for becoming an NGO were many. With the ‘NGO’ tag, the queen mothers joined the humanitarian industry and they could collectively venture outside their jurisdictions to interact with international NGOs and ask them for financial and technical assistance. The NGO tag also reignited their long-held hopes of being recognized for their work in villages on the hills and in the valleys and draw attention to the plight of women and children. They also hoped that they would have a common pool of resources from which they could draw to bring their shared interests to fruition.

Operating as an NGO creates a situation that reverses the roles of chiefs and queen mothers and alters the power relations between them. It is the responsibility of chiefs to look for and provide queen mothers with resources for them to perform their mothering duties (Stoeltje 2003:8). In Manya Klo, men are more involved in fostering decisions when they have access and control over lineage (and personal) resources (Goody 1982:152-153). This means that aside from queen mothers taking on the role of chiefs as creators of resources for childcare, chiefs would be less involved in making decisions about queen mothers’ activities because they do not have control

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7 Steegstra (2009:112) states that the association was formed in 1995 and inaugurated in 1998. She may be referring to when it actually began to work.
over the resources. As an NGO, queen mothers would directly seek, control, and utilize whatever support they got in accordance with the wishes of funding agencies and not to the dictates of chiefs.

While there is no certainty as to the kinds of resources that will be generated by the queen mothers, it is certain that the resources will be shared among the members of the association. In view of that, group membership becomes a very contentious topic among queen mothers. As they say, those who create wealth, share it.

7.3. Emergence of new structures of membership and leadership

The size of the MKQMA is a very contentious matter. The MKQMA records indicate that there are 371 members, out of which 71 are in LMK and 300 in UMK. The members (not the leadership) however, believe that 300 is a bloated figure because not even a third of that number has shown up at any event. There is a probable explanation to this contested issue. There are over 260 communities⁸ (towns and villages) in UMK (GSS, GHS, Macro, et al. 2004 in MKDA 2006). Each of these communities apparently has a queen mother, and so 300 could be an accurate figure. Having said that, I would like to add that, the most active members of the MKQMA have been the 71 queen mothers in LMK. In 2008, the MKQMA embarked on a series of training activities to ‘bring all queen mothers in UMK on board’. In 2009, they were included in a project between the MKQMA, the DHMT of UMK, and Plan Ghana to monitor maternal health in their communities. As a result, the size of the active members in the organization might have improved.

Apart from the size, the composition of membership and the criteria for membership are also contentious. Not all the members of the association are stool queen mothers; that is, represent political divisions within the traditional area. Membership consists of female leaders of different social groups which include *jua manye* market queen, *sipim manye* ‘clan organizer’, *do manye* ————

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⁸ The DHS of 2003 gives the 260 figure. I am assuming that there may be others, which might not have been not included in the survey.
queen of dance group, *djase* queenmaker, *weku manye* female family head, and *seyelb* deputy (stool or non-stool) queen mother. The varied use of ‘queen mother’ by women’s groups is gaining currency in Ghana especially among market women’s groups, despite protests from the traditional leaders (Clark 1999). Many of the stool queen mothers that I interviewed contend that the MKQMA should exclusively be for them. Membership is held as long as one remains a ‘queen mother’, which in most cases means a lifetime, without an option to opt out. Several queen mothers, however, maintain a very passive membership status.

The leadership structure of the MKQMA reflects and reinforces the gendered dualism of the political system and the subordination of female roles to the authority of males. It also shows that chiefs continue to control the affairs of their female counterparts even though the Constitution grants them equal status (Abdulai-Gafaru 2009:265). Figures 7.2 and 7.3 depict two different scenarios: a ‘structure’ and an ‘administrative structure’. This differentiation is very important because it shows that the authority pattern behind the organization (Figure 7.2) is different from the one that runs it daily (Figure 7.3). It also shows the challenges inherent in the NGO-ization of traditional institutions, as it creates new power structures. The resulting power structure, which may be described as a hybrid, is neither a traditional system nor a bureaucracy. I will examine in detail the character of the administrative structure of the MKQMA and the challenges associated with it in Chapter 11. Below, I present a brief description of the leadership of the MKQMA.

As the supreme leader and father of the state, the Konor is the overall head of the MKQMA and he is ultimately responsible for everything that happens in the association (Figure 7.2). He approves of every activity. He also approves of and signs agreements between the MKQMA and donors/funding agencies. He is not, however, responsible for the routine administrative work.

The day-to-day administration is the responsibility of the program officer (PO), Nana Mamle Okleyo, but at age 85 and almost blind, she has delegated her position to her assistant Manye Nartekie (Figure 7.3). Manye Nartekie is a *Manoyam manye* or ‘development queen mother’ not a stool queen mother. ‘Development queen mother’ (or chief) is a symbolic status. It is a recent

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9 The position is also referred to as the program manager or the program coordinator.
addition to the traditional political system meant to co-opt capable individuals other than stool leaders to facilitate development. It is often conferred on individuals in appreciation or in anticipation of their contributions to the community. Different lineages or communities may bestow the title on natives, other Ghanaians or foreigners, including philanthropists, NGO staff, and researchers (Steegstra 2005). Rulers at any level of the political hierarchy may choose to honor an individual with the title. At least two Canadians, one female and one male have received these honours in Manya Klo, but with different levels of significance.

Even though the MKQMA has an administrative structure (Figure 7.3), which suggests clear patterns of organizational behavior, this does not happen in practice. The organizational structure is more complicated and fragmented than the diagram suggests. The structure may be likened to a chameleon that changes in response to the needs of the leaders. It may comprise different positions at the same time. NGOs and funding agencies may add on to it for the sake of their project. The Unitarian Universalist at the United Nations (UU) has a six-member board of directors and other staff for its “Every Child Is Our Child in Manya” (ECOCIM). Plan Ghana has a project officer working with the MKQMA to manage its maternal health project.

Most of the positions except for the PO are temporal. The PO creates and fills positions with candidates as and when these positions are needed. These positions may be filled by members or non-members. In the next section, I look at the key achievements of the MKQMA since its establishment.


Calgary woman honoured as African Queen mother http://search.yahoo.com/r/_ylt=A0oG7h3cHiZOqj4A9vFXNyoA;_ylu=X3oDMTE2cDUxbW0wBHNIYwNzcgRwb3MDMjY29sbwNhYzIEdnRpZANTTUUwMzI6MjE3SIG12ogg13q8/EXP=1311142716/**http%3a//man yakrobo.blogspot.com/feeds/posts/default%3forderby=updated Accessed May 23, 2011.
7.4. Work and achievements of the MKQMA

‘A light shining in the dark’: Initial challenges and reawakening

Community-based initiatives across sub-Saharan Africa are finding it extremely hard to organize and mobilize without economic or technical assistance from international NGOs (McNeil and Malena 2010:195). Thus, turning community women’s ideas like those of the queen mothers into pragmatic life-changing solutions requires more than their having common interests, indeed, it requires resources that are mostly provided by NGOs (Aubrey 1997/2003).

Soon after the MKQMA was born, there were signs that it would require external assistance to keep itself afloat. The energy and the sense of urgency which gave birth to it evaporated and the shared interests alone could not hold the members together. The economic cooperation that they needed so badly never materialized and the welfare agenda barely took off. Even before they could pay their contributions into the welfare project, there were mutual suspicions and mistrust about the fairness in distributing the benefits in the future. In the end, the welfare project collapsed ‘due to lack of interest’.

A decade after its foundation, the MKQMA needed another external catalyst to revive it. In 1999, the district director of health services (DDHS) of the then Manya Krobo District, Dr. B. Opare, began HIV and AIDS information sessions for six queen mothers and pressed upon Nana Mamle Okleyo to rally the queen mothers to deal with the increasing number of AIDS-related illnesses and deaths. This was followed in 2000 by the HIV and AIDS education project with support from FHI. Other organizations, like Catholic Relief Services (CRS), followed with their own interventions. The role of FHI in the growth of the MKQMA cannot be overemphasized. It provided transportation support for the queen mothers to attend monthly review meetings at the MKQMA office and another monthly review meeting with NGOs, local government, and other agencies. The key highlights of the HIV and AIDS activities include information sharing; home visits; referrals for HIV counseling, testing, and clinical services; and adherence counseling for patients on ART treatment (FHI 2006). It is, however, the orphan project that has earned the queen mothers national and international recognition (RoG 2005).

Every queen mother identifies orphans under her jurisdiction, and investigates the veracity of
reports of orphanhood. She assesses the living conditions of the orphans and then registers her/him with the MKQMA. It is also the responsibility of the queen mother to look for assistance for the orphans that she identifies. Some of the 1,035 orphans\footnote{I did not have access to the official records of the children and so I do not know the proportions of the ‘orphans’ and ‘vulnerable’, but I do know that there were orphans who were not registered with the MKQMA. This means the number of orphans may be more than the records of the MKQMA may show.} registered with the MKQMA have benefited from school requirements, health insurance, and food donations.

It is not just the high HIV prevalence and AIDS mortality that has made the queen mothers attractive to donors, I believe. Their unique positioning as traditional leaders, their colorful durbars, and the fact that they showcase women’s empowerment, are attractive too. Also, their gorgeous ceremonial regalia and appearing to be in good spirits, contrary to pictures of older women surrounded by several orphans, might have attracted national and international interests to their AIDS programs; in the words of one critic, “they fascinate foreigners”.\footnote{This is from my personal conversation with Dr. M. Price in Tema in February 2009.} Their images have adorned publications and websites (see Ritzenthaler 2005), and several media events. Some NGOs, such as the Toronto-based Yensomu, even sponsor durbars to be organized for them as a form of entertainment.

The addition of HIV, AIDS, and orphans to the objectives of the MKQMA, reordered the priorities of the association. Queen mothers’ concerns about their own living conditions became a low priority. The successes achieved by the MKQMA are, therefore, all AIDS-related as shown in the list of ‘partnerships’ and ‘collaborations’ with donor/funding agencies, NGOs, and academic institutions in Ghana and across the globe (Table 7.1). Nana Okleyo and Manye Nartekie describe the achievements as ‘light’ and ‘liberation’. The symbolism derives from the emblem of the MKQMA, which is a light (star) shining in a dark background. They explain that the MKQMA is the star, the light of liberation and progress, which has helped women to emerge from the dark times of lack of empowerment and, tragically, HIV and AIDS. They assert that the association has helped to enhance the status of women and it has given them a voice to express their concerns. ‘Women’, according to Manye Nartekie, ‘do not have to look up to men for their needs to be met. Girls go to school and compete with boys’. She claims that:
The focus is on us [queen mothers and women]. We needed the [political] attention and we have it. The position of the queen mother as an important political leader has been strengthened. Now [we] spearhead the modification of traditional practices which have stalled the progress of women and children…. We have moved away from the way things used to be.

The self-assessment by the PO may all not be borne by the facts and women may not have moved too far away from the old order. Her claims can be understood because there is the tendency for an NGO to claim more credit than it actually deserves (Bennett, Boerma et al. 2006). School dropout rates remain very high (GSS 2005a)\(^\text{14}\) and the political voice that seemed to matter the most has not been heard as queen mothers remain at the lower rung of traditional politics. They are not recognized as members of the Manya Krobo Traditional Council (MKTC), the highest decisionmaking body in the MKTA, and most of the structural barriers that hindered their progress seem to be firmly in place. Women ‘wait’ on men and they wait on NGOs and funding agencies to get solutions to their issues. Also, the list of successes does not reveal anything about the management of the orphans’ project and the objectives of the shared interests and whether they have been met or not. The claims of success, therefore, must be examined against the experiences of the queen mothers’ dual roles as decision makers and beneficiaries of the MKQMA.

In Chapter 11, I examine the situation of the association in detail and how membership, leadership, decision making, and the extent to which the attainment or nonattainment of the objectives of the association has affected the strength of the MKQMA and the situation of orphans. The analyses of the challenges confronting the association have been limited to lack of material resources to provide for orphans (GAC/UNDP 2003; Lund and Adjei-Mensah 2008). We need to examine the conditions of the queen mothers and how they are able or unable to provide for the orphans.

\[^{14}\text{A recent media report quotes one political leader saying the dropout rates are alarming. See ‘Lower Manya Krobo to combat falling standards in BECE’ }\text{http://news.myjoyonline.com/education/201004/44723.asp }\text{Accessed April 15, 2010.}\]
7.5. Summary and conclusion

In this chapter, I have shown that the queen mother and the MKQMA are products of different, but related, historical, political and social circumstances. These circumstances, especially AIDS and orphanhood, have drastically shaped the mothering role of the queen mother. The establishment of the MKQMA is evidence that the position of queen mother is dynamic and can be adapted to meet the challenges associated with contemporary social and political changes.

The struggles of the queen mothers for power and recognition are intertwined with the struggles by Ghanaian women for them to be recognized as equal participants in the political processes, through which the decisions that affect them and their children are made. Unfortunately, the focus of women’s struggles has been skewed towards formal national politics to the neglect of the traditional political institutions where the influence of the queen mother is situated. The lack of capacity by the state to deal with social problems, particularly the orphan crisis, has reignited interest in the mothering roles of queen mothers and the MKQMA.

The history of the MKQMA shows that the primary objectives that underlie its foundation have been de-prioritized perhaps to the detriment of the survival of the group. The objectives were for the association to serve as a common forum for economic empowerment, to build a welfare and cooperative scheme, to empower queen mothers as leaders, and, finally, to help address the needs of women and children. These priorities have been overshadowed by concerns about AIDS and orphans. The focus on AIDS has generated a lot of national and international interest in the MKQMA as a local innovative coping mechanism to an extraordinary crisis. Consequently, the MKQMA has been narrowly portrayed by researchers and donor agencies as an orphan support network. The lack of support or attention to the queen mothers’ quest for personal improvement constitutes a major stressor.

Although queen mothers have consistently and coherently articulated their grievances, they have never been able to independently operate, that is, without external supports. The association depends on NGO and state support to determine its programs and resources for survival. Its failure to self-sustain the much needed welfare scheme is a case in point.
The successes of the MKQMA are expressed in terms of cooperation and partnerships with national and international organizations and improvement in the lives of females, women’s ability to speak about their problems, and schooling by girls. There is, however, the temptation to overstate the achievements of the MKQMA and minimize its challenges, even if inadvertently. The MKQMA has been fraught with conflict due to the creation of leadership structures plan are different from the hierarchical authority within the Manya Klo chieftaincy. Aside from that, there are disagreements about the criteria for inclusion and exclusion. Who is qualified to lead it? Who is eligible to be a member? The source of the discontent and conflict is the failure of association to meet its original objectives. External support may ease the orphan burden, but it appears that the queen mothers needed much more than that.
Tables and Figures for Chapter 7

Figure 7: 1 Hierarchy of political organization of queen mothers

Source: Fieldwork 2009
Figure 7: 2 Structure of the Manya Krobo Queen Mothers Association

Source: MKQMA 2008

*Her full title is Deputy Paramount Stool/Development Queen Mother of Manya Krobo
**DQM = Divisional queen mother
***CQM = Community (sub-divisional) queen mothers

Figure 7: 3 Administrative Structure of the Manya Krobo Queen Mothers Association

Source: MKQMA 2009
Table 7: Major achievements by the Manya Krobo Queen Mothers Association 2000-2009

<table>
<thead>
<tr>
<th>Dates: From - to</th>
<th>Organization/ Agency</th>
<th>Type of support/ partnership</th>
<th>Beneficiaries/ target group</th>
<th>Cost/Key achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000-2004</td>
<td>Family Health International/ Impact (USA/Ghana)</td>
<td>HIV prevention</td>
<td>Queen mothers and people of Manya Klo</td>
<td></td>
</tr>
<tr>
<td>2001-2001</td>
<td>UNAIDS (Switzerland)</td>
<td>Income generation</td>
<td>10 young women</td>
<td>Cost = ₵33,280,000 Trained 10 young women in tie &amp; dye/batik, soap- and bead-making</td>
</tr>
<tr>
<td>2002-2005</td>
<td>Family Health International START (USA/Ghana)</td>
<td>HIV&amp;AIDS prevention, care and support</td>
<td>Queen mothers, youth, PLHIV, people of Manya Klo</td>
<td>Contributed to community-based communication activities 16 5,891 PMTCT = (441 +); HIV+ deliveries at health facility = 426 VCT = 8,460 clients Home-based care = 779 PLHIV Referral = 2,000+ clinical services Information on caregiving =24,000+ Assisted 66,118 people Condom distributed - 66,000 VCT referral = 3,000</td>
</tr>
<tr>
<td>2002-2008</td>
<td>Ghana AIDS Commission (Ghana)</td>
<td>Educational support</td>
<td>400 OVCs</td>
<td>Cost = ₵100,000 (2007-2009) 400 OVC School uniforms, school sandals, bags, stationery, pens &amp; pencils, chalk, vacation class</td>
</tr>
<tr>
<td>2002-2002</td>
<td>UN Gender System Program- Ghana</td>
<td>Micro credit</td>
<td>40 young women</td>
<td>Cost = ₵30,228,650 -Managerial skills for 40 young women -Micro credit for 40 YW</td>
</tr>
<tr>
<td>2002</td>
<td>British Broadcasting Corporation (BBC)</td>
<td>Documentary with focus on children in Africa (positive stories)</td>
<td></td>
<td>The project was abandoned in January 2003</td>
</tr>
<tr>
<td>2003-2004</td>
<td>UNDP- Ghana</td>
<td>Leadership training in community enhancement</td>
<td>Female community leaders</td>
<td>Women leaders trained =2 (1QM &amp; 1 adolescent,</td>
</tr>
<tr>
<td>2003-2008</td>
<td>RIING – UG/ U of T, &amp; co (Ghana/ Canada)</td>
<td>Nutrition research</td>
<td>Pregnant women and newly born babies</td>
<td>3 field assistants supported RIING</td>
</tr>
</tbody>
</table>

15 Source: Unless otherwise indicated the data in this table were extracted from MKQMA files and reports
16 Source: FHI 2006
<table>
<thead>
<tr>
<th>Dates: From - to</th>
<th>Organization/Agency</th>
<th>Type of support/partnership</th>
<th>Beneficiaries/target group</th>
<th>Cost/Key achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003-2008</td>
<td>Catholic Relief Services (USA/Ghana)</td>
<td>Food</td>
<td>OVCs</td>
<td></td>
</tr>
<tr>
<td>2004-going</td>
<td>Opportunities Industrialization Centre (OIC), (USA/Ghana)</td>
<td>-Food/Farming -Vocational and technical training -Capacity building in nutrition</td>
<td>OVCs</td>
<td></td>
</tr>
<tr>
<td>2005-going</td>
<td>Unitarian Universalist (ECOCIM)- (USA/Ghana)</td>
<td>Care and support-Every Child Is Our Child In Manya</td>
<td>OVCs</td>
<td>160 OVC in 3 communities 2007/09 = €21,694.00 -School requirements (school uniform, shoes, stationery -Health insurance</td>
</tr>
<tr>
<td>2007-going</td>
<td>Yensomu Youth Development (Canada)</td>
<td>Care and support</td>
<td>OVCs</td>
<td>30 Orphans -Health care, educational requirements and assorted gifts</td>
</tr>
<tr>
<td>2009-going</td>
<td>Global AIDS Awareness Group - GAAG, University of Calgary, Canada</td>
<td>-Applied research -Support sales of handicrafts</td>
<td>MKQMA</td>
<td>-students on exchange (for research) -piloted project to sell QM handicrafts in Calgary</td>
</tr>
<tr>
<td>2009-going</td>
<td>Plan Ghana, DHMT (USA/Ghana)</td>
<td>Maternal health</td>
<td>Pregnant women/new mothers</td>
<td>Monitoring pregnant women (?)</td>
</tr>
</tbody>
</table>

Source: MKQMA 2009
CHAPTER 8
Demographic and Household Characteristics of Queen Mothers

8.0. Introduction

Research on orphans in sub-Saharan Africa has been focused on the extent of the social disequilibrium that it has caused to social systems, usually conveyed through large-scale statistical data on the number of adult deaths and the growing number of orphans. Such a focus alerts us to national challenges, but it does not improve our knowledge about the quality of life of orphans, their guardians, and the other members of their households. Also, guardians are often lumped together as a homogeneous group of poor or marginal grandmothers, with very limited access to social services to improve their living conditions. Such presentations do not provide us the benefit of specific details about the heterogeneity among caregivers, the different ways they manage the burden, and the extent to which they cope.

Ghana provides a specific example. In Ghana, a few studies have been conducted on orphans. Much of what is known about orphans is based on broad national surveys such as demographic health surveys. These highlight a few indicators like orphans in school and orphans living in urban and rural households (GSS, GHS and Macro 2009). Data on specific communities are often mixed with national survey data (GAC/UNDP 2003). The population-based estimates do not reveal how community-based efforts affect lives of orphans and their caregivers. With regard to the queen mothers in Manya Klo, only very few details have been provided about their household characteristics. Steegstra (2009), Lund and Agyei-Mensah (2008), and Ansah-Koi (2006) provide limited insights into the personal characteristics of the queen mothers and the challenges that they face. The rural/urban differences between queen mothers have not been highlighted in these previous studies. We need to know the nature and context of caregivers’ living conditions especially as these conditions affect their ability to provide for orphans.

In this section, I present the personal and household characteristics of the queen mothers who care for orphans in MKTA. I describe the physical and social conditions in which they live and perform their roles as caregivers. I focus on their ages, marriages, formal education (or level of schooling), religious background, and their sources of livelihood. I also look at the composition
of their households and their access to utilities and sanitation. In doing so, I present the similarities and divergences between households and queen mothers’ experiences, by highlighting the structural (rural-urban) differences that exist between them.

8.1. Caregivers’ characteristics and support for orphans

Strategies for supporting orphans are contextualized; that is, they are determined by factors such as value systems, goals of parenting, and availability of both human and material resources. Since the largest proportion of the assistance for orphans is provided within their households, we need to focus our research lenses on the conditions in the households that have these orphans. As Hewlett (1991) concludes from his analysis of data on 57 preindustrial populations, it is the social and demographic features of a social group that determines the childcare practices that it adopts (also LeVine et al. 1994).

Studies on orphans in low and middle income countries badly hit by HIV and AIDS in sub-Saharan Africa (Monasch and Boerma 2004; Ssengonzi 2007) and Asia (Safman 2004), show that orphans live in households with very poor demographic features. A greater proportion of the orphan burden in these countries is borne by older women who are also heads of impoverished households, are predominantly single, with very low or no formal education, and without stable sources of income. A previous study in Ghana found that 66 percent of orphan ‘caregivers’ were 45 years or older (GAC/UNDP 2003:30).

The poor demographic characteristics of the households negatively affect the willingness of potential guardians to accept responsibilities for orphans. Howard et al. (2006) observe that even though 98 percent of women in Zimbabwe are willing to foster orphans, their willingness is frustrated by their poor economic situations. Freeman and Nkomo (2006) also show that up to 71 percent of fathers in South African households express their readiness to take in orphans, but they are unable to do so due to financial constraints.

Poor guardians who accept responsibility for orphans are unable to consistently provide for the orphans. Miller et al. (2006) show that in Botswana, most households with responsibility for
orphans also provide assistance to extended family members. The additional responsibility over- 
stretches household resources and exacerbates their poor conditions, even within income- 
earning households. The consequences for living in households with poor demographic 
characteristics is that orphans are saddled with problems such as malnutrition, lack of education, 
and trauma. Their guardians are most likely to suffer stress and other health risks due to the 
burden of care responsibilities (Howard et al. 2006). According to Wutich (2009), female 
household heads may pay less attention to their own needs as they risk their lives to provide for 
other members of the household.

Household characteristics are not the same, nor are the older women mediating care. Abebe and 
Aase’s (2007) findings in Ethiopia indicate that the demographic and structural differences 
between rural and urban households, plus the cultural values attached to children, determine 
how adults support orphans. Funkquist, Eriksson and Muula (2007) show that orphans in rural 
Malawi are more disadvantaged than orphans in urban areas and are less likely to access social 
interventions. Rural orphans experience food insecurity and are more likely to drop out of 
school. Regardless of its structure, however, the attitudes within households may shape fostered 
children’s experiences and access to resources (Azu 1974 in Verhoef and Morelli 2007).

Due to the challenges faced by guardians, researchers and organizations recommend that more 
resources be provided to the older women. Very little is known, however, about the conditions 
in Ghanaian households within which these resources, if made available, would be utilized. The 
need to provide financial assistance to guardians, and most importantly to initiate locally 
relevant structures to identify and assist orphans, calls for a focus on the household to 
understand the conditions that prevail in them and how they affect caregivers’ ability to provide 
for orphans. Learning about caregivers is also a form of assessment of family capacity to assist 
orphans (UNICEF 2005/6:8).

The Chapter is divided into three major sections: the characteristics of queen mothers, 
livelihoods and assets of queen mothers, and the characteristics of the queen mothers’ 
households. The data are based on surveys conducted with 49 queen mothers and 48 adult 
members (age 25 years and above) of their households. Additional data were collected through
focus group discussions (FGD), key informant interviews (KII), and unstructured interviews with adult females, males, and queen mothers.

8.2. **Demographic characteristics of queen mothers**

8.2.1. *Age, place of birth, and residence*

The average age of the queen mothers is 56 years 7 months (Table 8.1). The age range is 65 years. The oldest is 92 years and the youngest is 27 years old. The majority 72 percent are above 50 years, more than one-third or 38.8 percent are above 60 years, and only 10 percent are below 40 years. In 2008, the population of Ghana comprised only 5 percent ‘older’ people that is, above 65 years (GSS, GHS and Macro 2009:11). An estimated 25 percent of queen mothers are more than 65 years, which is 500 percent of the national estimate of older people. The average age of 56 years and 7 months is almost the same as the national life expectancy, which is 57 years (UNDP 2009 in World Bank 2010). ¹ This means that 44.9 percent of queen mothers are above the life expectancy, and more than one-third (34.7 percent) are older than the pension age of 60. They are older than grandmother guardians in other parts of sub-Saharan African whose average age is 50 (Ssengonzi 2007). The age structure, as I will show later, has significant implications for queen mothers’ livelihoods.

With an average age of 47 years and 8 months, the adult members of queen mothers’ households are younger than the queen mothers. The oldest household member is 91 years and the youngest is 18 years. Less than half (45.8 percent) are between 50 and 91 years.

Different factors may account for the old age of the queen mothers. Although young women and even preteen girls may be enstooled as queen mothers, the position is largely perceived as a preserve of older women. Older women are considered to be the repositories of customary knowledge and practices related to women and children and are, therefore, more qualified to perform the mothering role of a queen mother. The other explanation is that the position is held

¹ “Life expectancy at birth indicates the number of years a newborn infant would live if prevailing patterns of mortality at the time of its birth were to stay the same throughout its life” (UNDP 2009 in World Bank 2010).
for a life time, as long as the incumbent is of sound mind and does not engage in any gross misconduct. Young women appear not to be interested in taking over from older queen mothers because they claim that ‘it is too much work and will waste time’. Consequently, older queen mothers, like the 92 year old Manye Dora, are maintaining their positions even though they say that they are ‘tired’.

There is relatively little mobility among queen mothers. They have mostly lived in the same towns or villages in which they were born. All of them were born in Ghana, and 98 percent of them within the MKTA. Only 2 percent were born outside of the MKTA. About two-thirds of all queen mothers have lived in the same town or village for between 30 and 50 years, or more (Table 8.2). Slightly over a third of them have lived in the same village or town for between 5 and 29 years, and they are likely to have lived in the same house. Even though some of the literate ones like Manye Nartekie and Manye Larkwor have at certain points in their lives lived and worked outside the MKTA, these were short periods. They said it was like they ‘never went away’ because they maintained regular contacts with their relatives and returned on most weekends.

The fact that all the queen mothers were born and live in their hometown is an interesting one. Since women’s traveling and living outside MKTA has been associated with sex work and AIDS, it is unclear if that is used as a hidden criterion for selecting a queen mother; however, maybe that is sheer coincidence.

8.2.2. Marital status of queen mothers

Based on her analysis of Ashanti queen mothers, Stoeltje contends that the position of queen mother and that of the wife are irreconcilable; the queen mother is supposed to be served, but as a wife, she must serve. It is almost impossible for her to rule effectively and attend adequately to her marital responsibilities at the same time. As a result, those who did not marry before their enstoolment may not marry at all since divorce and remarriage are not viewed favorably, especially in the case of queen mothers (Stoeltje 2003:12).
In spite of the seeming incompatibility of the roles of the queen mother/wife, 98 percent of the queen mothers surveyed were married or never married (Table 8.3). Currently, less than half (47 percent) are married. A high 43 percent are widowed, 6 percent are divorced, and 2 percent are separated. Husbands are usually older (and sometimes much older) than wives, and so husbands might have died earlier due to old age. This may also explain the high proportion of widows and single parents (51 percent) comprising the widowed, divorced, and separated. The proportion of widowed queen mothers (43 percent) is very high compared to 6.2 percent in the rest of the Manya Klo population (GSS 2005b:14).

The marital status of the queen mothers is significant because it reveals the variations in their statuses; for example, there are those who are caregivers (that is the married), but not heads of households, and there are those (widowers and single parents) who are caregivers and also heads of households. This distinction is important so that we do not assume that all adults with responsibilities for orphans are heads of households. It is also significant because marital status and household headship are often intertwined with access to resources (economic, decision making, and structures of power) and agency. Having an adult male in the household improves women’s access to land and other economic resources. It has been observed that Ghanaian households headed by married women are best off, followed by those headed by divorced women. Those households that are headed by widows fare the worst (Moore 1996:59-60).

The majority of queen mothers (63.3 percent) are or used to be in monogamous marriages and 18.4 percent were in polygynous marriages, with each one comprising two wives. Another 18.4 percent did not state the type of marriages they were in. I did not ask any questions relating to their views about polygyny, but the reaction of the 40 year old queen mother of Nyakumase when I asked if she was the only wife of her husband suggested an aversion to polygyny. She responded loudly and with excitement, “It is just me. I am the only wife.” When I asked her about her excitement, she responded: “Who wants another woman in her marriage, these days? It is all trouble, trouble all the time.”

Polygyny may not have been very common in the past as the above queen mother’s reaction may suggest. Even though in the past, Kloli have always encouraged having big families to help with farm work, they did so without necessarily engaging in polygyny. Men would encourage
their daughters to have children without getting married; that way, they would have both their daughters and grandchildren live with them to assist on their farms. This practice, according to Field, reduced the need for multiple wives as a means to having more children (Field 1943:58-61). On the average, the queen mothers have 4.06 biological children, and a range of 0-11 children.

8.2.3. Religious background of queen mothers

The 2008 DHS (GSS, GHS and Macro 2009) indicates that 75 percent of Ghanaians are Christians, but there are more Christian females (78 percent) than males (72 percent). Sixteen percent of the population is Muslim, but there are more Muslim males (17 percent) than females (15 percent). Among Manya Klo queen mothers, however, the overwhelming majority (98 percent) are Christians, with only 2 percent being Muslims (Table 8.4).

Almost two-thirds (64.8 percent) of all queen mothers are protestant Christians; most of them are Presbyterians, who constitute 43.8 percent of all Christians. The Catholics make up 18.3 percent, and the Methodist and Anglican make up 2.1 percent each. As pointed out early on (Chapter 2), the Presbyterian Church has had a great deal of influence on the political and social development of the MKTA through the royal family and especially around Odumase, the traditional capital. Its educational and missionary influence explains the high following that it enjoys among Manya Kloli.

The Christ Apostolic Church has the largest following among the spiritual/charismatic churches with 10.4 percent. Members of the Church of Pentecost totaled 8.3 percent, Baptist 2.1 percent, United Christian 8.3 percent, and the Assemblies of God 4.2 percent. All the churches have their branches in both the LMK and the UMK. The churches are important sources of social support in times of need and queen mothers encourage their orphans to actively engage in the church activities. Religion plays a crucial role as a coping mechanism for queen mothers in dealing with the stress of caregiving. When I asked queen mothers about whom they talked to whenever they had a problem related to children, 6 percent said they talk with their pastor or church member and 8.2 percent pray to God.
8.2.4. *Educational background of queen mothers*

Formal education is considered to be one of the important human development indicators by the United Nations (World Bank 2010). Among many advantages, formal education (i.e. schooling) helps to improve women’s skills as providers of children’s nutrition (Engle, Menon, et al. 1997). Education empowers Ghanaian women to participate in political decision-making processes (Deku 2005), and also to access economic resources (Robertson 1984).

The largest proportion of queen mothers (41 percent) has no formal education (Table 8.5). The second largest group 30.6 percent consists of those with some basic education (Junior High School\(^2\) -JHS- or the Middle School Leaving Certificate -MSLC). The statistic on basic schooling is actually lower because drop outs make up 40 percent of the MSLC group. The highest level of education attained by a queen mother is General Certificate of Education (GCE) Advanced Level (2 percent). Other secondary school qualifications are GCE Ordinary Level (2 percent) and vocational and commercial school (2 percent). More than 14 percent of queen mothers did not respond to the question about their educational background.

Aside from what is presented in Table 8.5, the queen mothers in an FGD in November 2009 included a trained teacher and a nursing school drop-out. However, like their colleagues in the survey, the majority of queen mothers in the FGDs had either completed or dropped out of basic school.

There are structural differences in the levels in caregivers’ levels of schooling. Those in the rural district (UMK) have much less schooling than those in the urban district (LMK). Seventy-five percent of all those who have never been to school are in UMK, while 75 percent of all those who went to basic school (MSLC and JSS) are in LMK. Three out of 5 queen mothers that have secondary education are in LMK, which has more and better educational facilities than UMK. All the early missionary basic and secondary schools were established in LMK and so people in LMK had more access to education than their counterparts in the rural UMK. The lack of educational opportunities in UMK is part of the reason it was created as a separate district to improve the

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\(^2\) The JHS was introduced in 1987 as part of educational reform in place of the MSLC.
development of the area. Most of the queen mothers, however, did not consider the lack of facilities as a problem. They blamed their lack of formal education on their parents who preferred to send male children to school, while girls stayed at home to be groomed into ideal women. Due to the heavy influence of the Basel Missionary at Odumase, girls who grew up close to the royal family like Manye Nartekie, were sent to school, especially if their fathers ‘saw the light’.

The low level of formal education has been a bane to queen mothers’ efforts to enhance their status and to access support for orphans. They are likely to face discrimination based on their lack of schooling. Konor Sakite II blames the lack of literacy skills for the inability of queen mothers to access several technical resources in the form of trainings, workshops, and conferences, some of which are vital to their work with orphans. Nonliterate queen mothers may also be the target of discrimination from their male counterparts. One paramount chief remarked at an international conference for chiefs that contemporary chieftaincy (which includes queen mothers) is not for ‘the illiterate’, but for the ‘well-educated’ who contribute to improving the living conditions of their people (Awuni 2010). Public officials and NGO staff I spoke with in MKTA complained about ‘the language problem’, that is, the queen mothers’ inability to speak English, which ‘makes communication difficult’. The citizens say they are embarrassed to see queen mothers who cannot speak English appear on television or speak on radio.

8.3. Livelihoods and survival: Trading off social status with economic roles

Although the correlation between foster parents’ economic status and orphans’ wellbeing is common knowledge, it is not very well known how foster parents survive in an era of AIDS (Desmond and Gow 2001). In this subsection I illustrate how, in the face of an increasing orphan burden, women of high social standing negotiate the survival of their households by overlooking their reputation to endure unpleasant circumstances.

Due to their weak incomes, orphan caregivers constantly juggle between their livelihoods and caregiving responsibilities (Kidman et al. 2007). In Botswana, guardians forego their income so that they can meet the health needs of their orphans. Three quarters of caregivers are unable to meet their wards’ teachers because doing so will result in loss of income. Others could not
engage in additional jobs because they had to spend time with their orphans (Heymann, Earle, Rajaraman, et al. 2007). Goody observes that in Manya Klo and other places in Ghana, people of higher statuses attract children in need of fostering because their positions are associated with material possessions (Goody 1982:65). The positions of the queen mothers might have turned them into targets as caregivers, but whether they have the resources to support the orphans can only be ascertained by looking at their livelihoods.

As mentioned earlier, one-third (34.7 percent) of the queen mothers are older than the pensionable age of 60. Despite their ages, however, 93.9 percent were actively engaged in economically productive activities. They described themselves as ‘self-employed’. Being self-employed does not always mean that they engage in businesses that they own. It also means that they self-determine when, where, and how to apply their skills and strengths.

Only 2 percent had retired from working in the formal sector and 4.1 percent were unemployed (Table 8.6). Aside from their low education which makes it difficult for them to be employed in the formal sector, the demands of formal employment appear to be incompatible with queen motherhood. Manye Nartekie was the domestic bursar of Universal College, a private secondary and commercial school at Somanya, and Manye Larkwor used to work in Accra the national capital. Manye Larkwor said she basically spent her salary traveling between Accra and Odumase. She eventually had to quit her job to devote more time to her duties as queen mother.

Investigating the stability of the jobs that queen mothers engaged in is important because it will help us to understand the divergences in their access to income and differences in household conditions. Those who are employed throughout the year would be more secured financially than those who are employed during certain times in the year. In Table 8.6, 80.4 percent of queen mothers said they worked throughout the year, and 17.4 percent worked at certain periods of the year.

Trading is the most common economic activity that they engage in (Table 8.7). It employs 42.9 percent of all queen mothers. Almost the same proportions of rural and urban queen mothers are traders. This is no surprise since young females are trained to be astute traders. The commonest commodities traded are food crops, which are either harvested from their own farms or are
purchased directly from farmers and then sold at the Asesewa market in UMK, the Agormanya market in LMK, and at other satellite markets in the MKTA.

The second major sector of employment is farming, which is basically the cultivation of food crops and to a lesser degree livestock. The population of farmers is, as would be expected, is concentrated in the rural area, which has 78 percent of all farmers, with just 22 percent in LMK. Although Manya and Yilo Klo are known for their beads trade, only 8.2 percent queen mothers trade in beads. Manye Narki Gome explained that beads trade is capital and labor intensive, two resources they do not have.

The proportion of those who are employed throughout the year is high and reassuring, however, the statistic hides their economic insecurities and the unstable nature of their livelihoods. Some of them do not have the physical capacity to endure the long hours of work that could earn them decent incomes. When I asked participants in an FGD how they could be working throughout the year, Manye Osuom replied: “Look at us. We are very old and we don’t have jobs. Some of us can’t even work. We are old.” Aside from being frail, most of them did not have stable jobs.

The inability of adults in needy households with orphans to work outside of their homes exacerbates the level of poverty and the poor conditions in those households (Heymann, Earle, Rajaraman, et al. 2007). The situation in Manya Klo is not very different as some of the queen mothers claimed that income from a single job cannot sustain their households, yet they have to stay home and take care of their children. Nearly half (44.8 percent) of queen mothers said they have second jobs. The majority of those with second jobs (16 percent) farming and trading (14.3 percent) (Table 8.7). Again, most of the farmers are in the rural UMK. It is common for Manya Klo women to maintain more than one source of income. As Manye Osieku of Sokwenya put it: Yo tsuwe ni kake a woman has more than a single job. The critical point about women keeping more than one job is the physical exertion and the emotional trauma that they experience as they eke out a living from these jobs.

The position of the female leader is surrounded by rituals and taboos, which may limit her

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3 Some of the queen mothers had more than two jobs, but I restricted their responses to two.
4 Incidentally, I found the statement inscribed on a kiosk in Somanya in the neighboring Yilo Krobo.
opportunities to engage in economic activities (see Steegstra 2005:76-80). Among other things, she may not engage in activities that could compromise the dignity of her position. On the other hand, her privileges as a mother include appropriating the labor of her citizens; for instance, she could get their assistance to work on her farm. This privilege is, however, hardly offered them these days as the citizens also struggle to find their own means of livelihood. The burden of orphan care, the lack of stable income and support limits the survival options of the queen mothers, thereby compelling them to trade off the prestige and dignity of their positions with their economic roles. They engage in economic activities that either lower their status or are injurious to their health.

Farmers who were successful in one season may become less successful in another season and may be forced to subsist by becoming farm hands for their more fortunate colleagues (Sawyer 1988 in Adedeji 2001:7). For queen mothers, being engaged in the low position of a farm hand may lower their esteem and prestige. Manye So Dede (not her real name) is about 65 years old and maintains a small farm that is not big enough to feed the members of her household, which includes 2 orphans. She used to cultivate a bigger farm, until five years ago when her fortunes changed and she no longer had the means to do so. The alternative survival strategy for Manye So Dede is to work a second job as apaa a farm laborer. She ‘helps’ those of her citizens who need extra hands on their farms. I asked her if being a laborer did not tarnish her image as queen mother. Her response was: Ke ma pee ke? What can I do? I asked two male elders and two queen mothers about the hypothetical implications of a queen mother working as a laborer. They were of the view that it is embarrassing and undignifying, but it did not violate any norm. While the indignity may generate the income for the household, that behavior could have very negative psychological impact on the queen mother. Ssengonzi (2007) observes that Ugandan women in similar conditions report emotional, health, and nutritional stressors.

8.3.1. Older women, livelihoods, and dying to ‘stay healthy’

Fostering alters the life course of older women. The conventional life course of women comprises a linear trajectory: growth-fulltime child caregiving-retirement. Unlike other women,
however, the life course of older women fosterers is contingent and, as a result of fostering is cyclical: growth-non-retirement-fulltime child caregiving (Bledsoe 2001:57-58). As the life cycle of young female adult becomes shorter, the older generation (with a prolonged life cycle) reassumes the role of child rearing (Livingstone 2003b). Adult fosterers lose their retirement and have to cope with worsening poor conditions due to their roles as orphan fosterers (Nyambedha et al. 2003; Guest 2002).

Some queen mothers would not agree with my assertion that they go through physically exacting and emotionally traumatic conditions to maintain multiple sources of income. Some of them sounded more open about the fact that they are overburdened by the number of orphans (and other fostered children) they had to provide for. Manye Narki Gome of Takpom said she is ‘too old to keep working like a young girl’, but she has ‘too many mouths to feed and cannot stop working’. Others, for inexplicable reasons, conceal the pain that they go through as they struggle to ensure the economic survival of the members of their households. Manye Dora used encouraging words as a veneer to cover up her trauma. She claimed that working all the time kept her busy, healthy, and younger. As heartwarming as this may sound, after more than 20 visits to Manye Dora, I found that she was not keeping healthy. She was overworking and overstressing herself in order to cope with her cyclical life course and lack of retirement. She does much more than I could do in a day.

Manye Dora, the queen mother of Nuaso in LMK is about 92 years old. She does not know exactly when she was enstooled, but it was before the overthrow of Ghana’s first president, Osagyefo Dr. Kwame Nkrumah, in 1966, which suggests that she was enstooled at least more than 40 years ago. According to her, when she was a young girl, she would run errands for the then Konor because she was very smart, very beautiful, and wellliked. She could also afford the best Dumas (wax prints-fabrics-with African designs, but made in Holland) and knew how to dress. The framed black-and-white pictures of her youthful days hanging on the wall on her veranda (and ‘office’) are, though faded the clearest testimonies of a once young and beautiful

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5 She does not know her age, but she claims that when she was a young girl running errands for the Konor and elders at the palace at Odumase, the current paramount queen mother Manyengua Nana Okleyo (now 85 years old) was ‘just a little girl’. Based on her narratives, I estimated her age to be 92.
woman who ‘enjoyed life’. Today, however, she does farming full time, cracks palm kernels with her bare hands on stones, prepares and sells herbal medicine part-time, and, on top of all that, she is a queen mother. In a single day, she could go to her farm, prepare and sell herbal medicine, and go round the neighborhood in search of dry palm kernels to buy. She would also crack the kernels, and then, as a queen mother, she would have to resolve conflicts, visit the sick, and see orphans.

The orally administered herbal medicine that Manye Dora prepares is for jaundice and different kinds of asla (fever). One morning in May 2009 at about seven o’clock, I met her in the neighborhood of Nuaso Newtown where I stayed, which is about one kilometer from her house. She had just finished selling the herbal medicine that she had prepared the previous evening. She said she was hurrying home to give her granddaughter Amanyeyo money to go to school, and then she (Manye Dora) would continue to her farm. Her farm is located on the hills to the north of her house. Based on the description that she gave me, I reckon that she travels about one kilometer up the hill to get to her farm. Once, when I told her that I would like to accompany her to her farm, she looked away immediately without uttering a word. Her eyes were fixed at something on the ground for about 30 seconds. I suspect she was looking at my feet. Then she spoke: “Climbing the hills is a lot of work. You cannot climb the hills.” I laughed. In my mind, it was funny that a 92-year-old great grandmother would say that I could not climb a hill that she climbs. I thought the walking I did in a day and doing interviews was more than walking up the hill to her farm.

One day in June 2009, Manye Dora informed me that a queen mother I wanted to interview had come to town. She lives and works in Kumasi, the second largest city in Ghana. As we walked the gentle slopes towards the queen mother’s house, which is located on the road that leads to Manye Dora’s farm, she pointed out to me the location of her farm on the hill. At that time, I was exhausted and panting for breath. Then I thought she may be right after all. I may not be able to climb the hill the 92-year-old woman climbs several times in a week. In any case, that would have been the climbing. Actual farm work of at least 3 hours would have followed.

Sometime in July 2009, and four weeks had passed since I last saw her, she asked me: “Where have you been? You would have come to meet my funeral…. I was so ill that I thought I would
die.” Immediately, I suggested to her that she was doing too much work. For once, she seemed to agree with me. There was no debate about my response. Instead, she replied: “What can I do? There is nobody around here to help. [Amanyeyo] has to go to school.” This statement contradicted her claim that she maintained multiple energy-sapping jobs just to stay healthy.

It is unclear to me why such an old woman would mask her stress and pain with the veil of exercise and healthy living. Leaders are socialized to be strong, independent, and self-sufficient even in the most challenging situation. Being economically independent also means being able to make independent choices and decisions, as a leader and as a foster parent. Perhaps the desire to convey that sense of independence and authority might have motivated queen mothers like Dora to hide their stressors. This situation may not be unusual. Etienne (1979) observes that economically self-sufficient female fosterers among the Baule of Cameroon have the privilege to make independent decisions over the children they foster.

The examples of Manye Dora and the ‘laborer queen mother’ show how income and employment (indicators of wellbeing) affect queen mothers (UNDP 2010). The livelihoods of the two queen mothers also show that there are several subindices related to income and employment that may be difficult to measure statistically. An in depth understanding of the employment status of caregivers requires that researchers look beyond quantitative measures to examine the specific employment-related traumatic experiences that they go through since their conditions, as has been illustrated, affect the lives of orphans.

8.3.2. Livelihood – assets and modes of acquisition

Caregivers are faced with finding the resources to fulfill their responsibilities to orphans. In northwestern Tanzania for example, relatives disposed of their assets to support parents of the orphans who eventually died (Rugalema 1998). In Manya Klo (see Chapter 2) some of the queen mothers also disposed of their properties for similar reasons. Against this backdrop, I investigated the kinds of assets that they owned that may generate income for them either directly by bringing in cash or indirectly by providing some services or support that they would have paid for. Their multiple and unprompted responses are presented in Table 8.8.
Over two-thirds (69.4 percent) of queen mothers had either a landed or moveable asset. More than half (56 percent) of those who had assets owned land. These plots of land vary in sizes from a few square feet to a few acres. More than a quarter (27.4 percent) owned a house and almost 12 percent owned a farm. Almost all queen mothers (94 percent) said that their moveable assets included what I call ‘queenly regalia’. This includes all the expensive beads, gold and silver jewelry, and clothes that they use to adorn themselves to reflect their positions. The queenly regalia were largely family properties, but also included some personal acquisitions. Over 14 percent own ‘businesses’, 2.9 percent owned a sewing machine, and 38.2 percent owned assets, but did not specify what kinds.

Land is the most important asset owned by kin groups. For over two centuries, Manya Kloli expanded their territorial boundaries through the buying of fertile land from their Akan neighbors from close to the south-eastern coast to the forest zones of middle Ghana (Hill 1963/1997; Wilson 1991). In spite of the wealth of land that they accrued, the title to land was held by men, mainly because it was men who purchased the land. Throughout the nineteenth century and up to the first half of the twentieth century, Klo men acquired land solely as individuals and so there was nothing like family or clan land. Although the original owners passed their plots on to their male children (Field 1943), today, some of these lands have become lineage or family properties.

According to Nana Okleyo (and other elders), as a patrilineal society, the customs of Manya Klo allow men only to inherit land and other landed properties, but as caretakers, on the behalf of their families or lineages, and not in their individual capacities. The real owners of these properties are the living members of the kin group, the unborn and even the dead. Consequently, a caretaker cannot bequeath family or lineage property to his children or to any individual or group without the consent of all the other owners or their representatives. Women did not hold right to land for the simple reason that men have primary responsibilities for the wellbeing of their families. Men’s control over the communal resources enables them to fulfill their customary responsibilities. The implication is that men are required to provide the resources for women, in this case queen mothers, to support orphans.
Investing land rights in males has been blamed for the impoverishment of Klo women (see Lund-Agyei-Mensah 2008; Adomako Ampofo 2001), but the fact that queen mothers have titles to landed assets suggests that the customary procedures for inheriting such properties are changing. Women may not only own land, they may also pass it on to their children (Table 8.9).

Almost two-thirds (64.7 percent) of all those who had land said they acquired it through direct inheritance from their fathers. None of them inherited land or a house from a female relative. Seven out of the 9 queen mothers who owned houses had inherited them; only two had built their own houses. All the land owners claimed that the plots they inherited were their fathers’ personal properties. This clarification was very important because, as mentioned earlier, land title was invested in a group and not in an individual. The explanation was to establish that their claims of title did not violate customary procedures. All the business owners have acquired their businesses all by themselves.

8.3.3. Landed properties as sources of household income

The assets generate extra income in different ways. Those who own houses live in them and so they did not have to pay rent. The farmers cultivated their own land and did not have to lease land. Land owners lease their land to farmers either for a fee or for a share of the harvested produce. Sharecropping agreements may take one of two forms. The produce may be divided in two equal parts or abunu between the farmer (lessee) and her/his land owner. Alternatively, the produce may be shared in three equal parts or abusa, one part for the land owner and two for the farmer. The land owners monitor closely the farming activities that are carried out throughout the farming season because some lessees are said to be unscrupulous; they complain about poor harvests even when they have good harvests, thereby denying the land owners’ their dividends. Sometimes the queen mothers visit the farms unannounced. During harvest periods, the land owners go to the farmers to collect their share of the produce. Some of the farmers may even pay drivers to deliver sacks of foodstuffs to their land owners in LMK. These supplies boost household food security. The extra income from land is, however, falling.
Although the strict gendered basis for circulating land is changing, the constant fragmentation of land in order to pass it on to subsequent generations means that the economic value of the land owned by each individual grows smaller. The sizes are also too small to attract any kind of external investments. The small land size coupled with the nonaffordability of inputs like farm implements, bush clearing, and planting and harvesting fees affect efforts to maximize the profitability of land.

Being a queen mother imposes a huge financial burden on the incumbent. At every occasion (funerals, durbars, marriage, courts, and so on), and even in their homes, a queen mother is expected to dress in a manner that befits her status. She has to attend the ceremonies and perform the relevant rituals because her role at each ceremony embodies the significance of her position and affirms her identity as uniquely Klo (Steegstra 2009; see Stoeltje 2003:3). The problem is, however, that the queen mothers’ clothes are not always ordinary. The need to ‘look like a queen mother’ is a huge stressor. Manye Makutsu explained:

> You don’t have to look good, but you have to look like a queen mother at any time. Everyday there is an invitation to attend an event. You have to put on clothes like a queen mother. If you don’t dress well you are in trouble. We have to have the right [fabrics and jewelry], all the time. You can’t be wearing the same cloth to different events. We buy our own clothes.

Their adornments comprise expensive fabrics, scarves, different kinds of jewelry (beads, gold, silver ornaments), ablade sandals, and royal umbrellas, among others. The dress code constitutes a major burden for many. Different queen mothers told me about one queen mother of a named town who was seriously contemplating giving up her position because she claimed she could not cope with the pressure of meeting the clothing requirements.

The solution, according to Manye Makutsu is that: “Some of us occasionally borrow jewelry from our families before we are able to attend meetings and other public activities.” Others rent the clothes from their neighbors, fellow queen mothers or ‘professionals’ for a fee. Those who own some regalia spend less money on adornments and may occasionally generate income by

6 See Appendix 1 (Plate 8) for how queen mothers are supposed to dress during for special events.
renting their own regalia. Occasionally, queen mothers would exchange clothes with their colleagues only for an event, so they would not have to rent them and pay cash.

8.4. **Household characteristics: population and housing**

HIV and AIDS researchers like Foster (2002) and Miller et al. (2006) have focused on the structure of the household and the conditions that prevail within them because the household is considered to be a microcosm of the larger society. The manner in which a household is organized to deal with AIDS reflects the general response to the epidemic. Also, the prevailing conditions within a household would determine the kind of support that an orphan receives.

From the above, I have provided data on the personal characteristics of the queen mothers. In the following sections, I present a few facts about their households. I focus on the composition of the membership, their access to social amenities, and the manner in which they are organized.

8.4.1. **The orphan burden: household size and composition**

The census data I gathered on 44 households (24 rural and 20 urban), suggest that overall, children outnumber adults in the households (Table 8.10). More than half (57.3 percent) of all the members of the households are children. In the rural UMK, children make 56.4 percent of households, against 58.2 percent in the urban households. With regard to orphans, 69 percent of all children in rural households, and an astonishing 85.8 percent in urban households, are orphans. The higher proportion of orphans in urban households is partly due to the rural-urban movement of children to live with their relatively more endowed relatives and to have access to support.

The statistics are much higher than the national averages and may be indicative of a much bigger impact of the AIDS pandemic than previously thought. In Ghana, 8 percent of children (under age 18) are orphaned; of these 8 percent in urban and 7 percent in rural areas. Also, 20 percent of all urban children are fostered against 16 percent of rural children (GSS, GHS and
The MKTA and national statistics show that more orphans live in urban areas.

In Table 8.11, I have stratified the types and numbers of people that constitute the households surveyed as well as the rural-urban differences. The households are mostly three generational comprising the queen mothers, their children (or nephews and nieces), and their husbands or wives and their children. A few of the families are four generational including the queen mothers’ living parent or parents.

The average household size is 9.75 persons, but the average size of a rural household is 11 persons, which is larger than those in the urban areas with 8.5 persons. Each of these averages is more than double the national average of 3.7 persons. The national average size of a rural household is 4.0 persons and that of an urban household is 3.4 persons (GSS, GHS and Macro 2009:12).

The average number of children in each household is 5.6, but there are rural-urban differences. The average number of children per rural household is 6.2 and that of the urban household is 4.9. On the average there are 4.27 orphans per household, but the rural average of 4.3 is slightly higher than the urban average of 4.25 orphans. From Table 8.12, it is obvious that much of the burden queen mothers bear as caregivers is attributable to the high number of orphans.

8.4.2. *Quality of housing*

The questions regarding the housing arrangements, types of housing, and the kinds of ownerships or occupancy were asked adult members of queen mothers’ households. Almost all the queen mothers (87.5 percent) live in houses owned by their families. Four percent, however, live in rented houses. Only 6.3 percent live in their ‘own houses’; that is, houses built with contributions from them, their husbands, and their children (Table 8.12). Prior to building their own houses, all the queen mothers lived in their family houses.
Most of the family houses in LMK were at least a century old, but the houses in the rural areas are more recent. The rural and urban houses have similar culturally-determined architecture that also reflects aspects of the social organization of the family. They are rectangular compound houses with several rooms and with one or two main entrances. They were designed this way so that family members of different generations could live in close proximity to each other and under one patriarch. Even though family members could move out to start their own families of procreation, the family house belongs to all the members and they are expected to occasionally return. The queen mothers share the family houses with other adult members of their families and their children.

Just 8.3 percent of rural queen mothers and their families lived in separate buildings on the same compound. These houses are located on farmlands and require a wide area of space, which explains why it is not common in the urban areas where houses are more crowded.

The most common building materials are mud bricks. Most of the old family houses in the urban areas are built of mud bricks, but they have cement plastering. A few of the mud brick buildings in the rural areas are also plastered with cement. In both the rural and urban areas, houses are roofed with corrugated metal sheets.

The type of flooring and roofing materials in a house is a reflection of the household status as well as the extent to which its members are exposed to or protected against the vagaries of the weather and other health hazards (GSS, GHS and Macro 2009). There is a one-third split of households with similar floors. Slightly more than one third (35 percent) of households had their floors covered with cement, 31 percent with mud only, 27 percent had floors that were part cement and part mud, and just 6 percent had tiles as flooring material.

The average number of rooms per household is 4. With an average household size of 10 persons, it means 2.5 people share a room. This distribution may seem like a fairly decent access to housing, but family houses in the urban areas are very crowded during the annual Ngmayem festival, funerals, and other festive occasions when family members return home. The overcrowding, however, lasts a few days to a few weeks. The lack of sleeping space in certain parts of UMK increases the vulnerabilities of young people (not excluding orphans) to unsafe
sexual behaviors and other vices. The PO of Plan Ghana in UMK intimated that the lack of adequate sleeping place compels young people to sleep outdoors (within the compound of their homes) or with their friends outside their homes. Some young girls who leave their homes under the pretext of sleeping in their neighbours’ or ‘friends’, end up sleeping with male sexual partners. The PO described the situation in the following statement:

You have parents living with their older children in single rooms. The children become aware of their sexuality and do not want to be seeing their parents’ nightly activities. The children live in their parents’ house, but leave to go and sleep outside with neighbors or just outdoors in their homes.

### 8.4.3. Household access to water and sanitation

So far, I have presented the background information on the queen mothers and I described the physical structures in which they live. Next, I look at the households’ access to four key amenities. Household access to amenities determines their social and economic status, and influences the choices that the members make (UNDP 2010).

There is a strong correlation between access to clean and safe drinking water and the health status of members of a household. The lack of clean and safe drinking water in parts of northern Ghana contributes to the prevalence of guinea worm and other water borne diseases in that area (WHO 2009). Aside from physical illnesses, Wutich (2009) suggests that ‘water insecurity’ results in psychological problems such as anger, worry, and tension between household members, due to disagreements about how to use water efficiently.

Table 8.13 shows the main sources of drinking water for the households. Overall, 90 percent of all households obtain their drinking water from improved sources: that is, a source that is physically safeguarded (WHO 2010). Over 56 percent of all households have access to piped water. Of this total, 23 percent have piped water either inside their building or a standpipe located on the compound, and 23 percent obtain their piped water from a neighbor’s house. Eight percent rely on the Volta Lake and other smaller streams and 21 percent of households get their drinking water from boreholes. The boreholes are mostly in the rural communities and
have been built with support from NGOs, most probably by Plan Ghana. Although none of the respondents mentioned rain as their sources of drinking water, households do harvest rainwater.

Water supply in the MKTA could be described as a paradox. Water is pumped from the station at Kpong in MKTA to the industrial and port city of Tema, parts of Accra, and the Eastern region. I stayed at Nuaso, which is about three kilometers from the water pumping station and yet, people in my neighborhood had to wake up at dawn to fetch water because that was when water flows in their taps. Several of the homes at Nuaso had taps, but water hardly flowed through them. In 2009, Mr. Samuel Ofosu Ampofo, the Eastern regional minister, announced at the durbar of the Ngmayen festival that water supply would improve because pipelines were being constructed to supply water to parts of the region including towns and villages in MKTA.

The irregular supply of tap water affects households in many ways. They spend more money to buy water from vendors. To reduce their expenditures on water, the households rely on sources such as wells and the lake for all domestic uses, and so the tap water is reserved for drinking only. Others rely on the more expensive ‘pure water’, which is ‘filtered’ water in plastic sachets. The other effect is that children spend a lot of time looking for water. It is very common to see children bearing pots of water along the main road linking UMK and LMK. Aside from the physical toll on children and the extra strain on household budgets, the lack of water endangers the health status of the members of the households, and for the queen mothers, their inability to provide water for their families may cause them emotional stress (Wutich 2009).

Access to decent sanitation is a vital indicator of wellbeing. Good toilet facilities help to improve the quality of health and physical wellbeing of households. It also prevents the loss of lives. According to the WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation, good sanitation prevents 1.5 million global child deaths due to diarrheal diseases and safeguards progress in education, health, and other related areas (WHO/UNICEF 2008). The World Bank’s report indicates that poor access to toilets and poor sanitation results in premature deaths, increased morbidities, and loss of economic production. The majority of the victims of the effects of poor sanitation are women and children in poor households (World
In Ghana, it is estimated that 87 per cent of the population does not have access to improved household toilets. The socio-economic impact of this on households could be serious. In 2009, diarrhea diseases accounted for 4.3 percent of all illnesses in urban MKTA (LMK), making it one of the top ten out patient (OPD) cases (LMK DHMT 2010).

In Table 8.13, we see the types of toilet facilities that are accessible to the households. The majority (58.3 percent) accesses a pit latrine and 37.5 percent use the Kumasi ventilated-improved pit (KVIP). Two percent of the households rely on public toilets and a similar proportion did not state the type of toilet that it uses. Regardless of the type, however, all the toilet facilities used by the households in the survey are not ‘improved’ by WHO/UNICEF standards because they are shared. An improved facility is one that is not shared between households (WHO/UNICEF 2008). This means that the toilet facilities at the disposal of the households are not the kinds that promote good health and general wellbeing.

8.4.5. Access to health services

In spite of several efforts by government to improve the health services for Ghanaians, for example through health insurance schemes and expanded immunization programs, meeting household health needs remains a challenge. The qualitative data suggest that orphans are generally healthy. Queen mothers in FGD and others told me that the children were generally healthy: ‘We are really grateful to God that they don’t often get sick’. Table 8.14 shows the common health problems within the households and the measures that are taken to restore health. The most common health problem in almost two-thirds of the households (64.6 percent) is malaria. This is nearly twice the total of recorded malaria cases (34.6 percent) in MKTA. The other health problems are body and waist pain (16.7 percent), and headaches (4.2 percent), which are blamed on physical exertion and stress; ‘working and thinking too much’.

7 Media reports on a survey said to be conducted by the Environmental Health and Sanitation Directorate (EHSD) of the Ministry of Local Government and Rural Development (MLGRD) http://news.myjoyonline.com/health/201101/60169.asp Accessed January 28 2011

8 This is based on 2010 data from LMK.
Medical pluralism is very common in Ghana. It offers individuals multiple access to different health systems and services, but it is also a challenge as the efficacy of some of these systems are not proven. The majority of the households surveyed, however, reported seeking health care from a professional provider; that is, from either a public or private health facility. Close to one-third said they rely on a pharmacist or a chemical seller. In practice, this proportion would include those who self-medicate. They self-diagnose and then get what they think will relieve their pain. What is considered to be efficacious is very relative. During a visit to Manye Kuah, her husband told me he had been ill for about two weeks. Manye Kuah complained that he had refused to go to the hospital. He had instead relied on his own atsaka\(^9\) or concoction of water, pain killers and Omega Oil (liniment for aches and pain). On the bottle of the Omega Oil is the bold warning: FOR EXTERNAL USE ONLY. He claimed that ‘his medicine’ was better than the doctors’ prescription. In any case, the choice of source of health care is largely determined by factors such as the perceived efficacy of the treatment, cost, convenience, religious affiliation, and acceptance of health insurance.

In spite of the claim by research participants that they rely heavily on professional providers, it is also known that most Ghanaian households rely on traditional medicine (Dove 2009). Indeed, the qualitative data indicate that patronage of the traditional medicine may be higher than the survey suggests. One queen mother, for example, said her household relied mainly on herbs: “When they [the children] get sick, I know the herbs that will cure their ailments. I prepare the herbs and give it to them. I don’t take them to the hospital.”

8.4.6. Main sources of lighting and cooking fuel

The major source of lighting for most households in Ghana is the Akosombo hydro-dam. Nearly two-thirds (64 percent) of all the households rely on power from Akosombo as their main source of lighting, and almost a third (31 percent) rely on kerosene and gas lamps. Like the

\(^9\) Atsaka (‘mixture’) refers to a self-prescribed cocktail of pain killers, anti-biotics, multi-vitamins, and malarial tablets, which are taken at one time. The cocktail is believed to be an effective treatment for ‘fever’. Ataska may also refer to concoctions such as described above.
drinking water supply, the electricity supply is highly erratic (Table 8.15). The fact that the household members indicated that Akosombo is their main source of electricity does not mean that they actually have regular access to it. For example, households have their electricity supplies cut due to the nonpayment of bills to the Electricity Company of Ghana. Once power is cut it is difficult for most households to get it back because the reconnection fee, which is a penalty for nonpayment, may be even higher than the actual bill owed. In spite of the skyrocketing costs of utilities, the household members claimed that the electricity was still cheaper than the other sources of lighting. The use of electricity in the households is very much regulated to the extent that children may be crowded into small spaces to study or play in the evenings. They are not allowed to turn on more lights than necessary because to allow them more space would mean providing them with more lighting. In Nuaso and some of the villages in UMK, for example, the alternative source of light for children is the street lights where they gather to study.

The majority of households (68.8 percent) depend on wood and less than one-third (29.2 percent) rely on charcoal as their main sources of fuel for cooking. Wood is easier to get especially in the rural environment and so the households spend less money on wood, even if they spend anything at all. The urban households also depend on charcoal and fuel wood, but they mostly have to buy them. The effect of over-relying on wood and charcoal is rapid deforestation due to the cutting of trees for fuel and for the making of charcoal. Akateng in UMK is a leading producer of charcoal. Unfortunately, one of the common attitudes towards the liquefied petroleum gas (LPG) as an alternative fuel for cooking fuel is that it is very expensive and dangerous.

8.4.7. Household expenditures and access to assistance

Here, I examine the kinds of expenditures in queen mothers’ households. The households differ in terms of their levels of incomes, networks of assistance, and the quantum of assistance that they receive from their networks. Rather than have estimates of household incomes, which people were reluctant to discuss anyway, I present in Table 8.16 estimated proportions of the
total incomes (from all sources) that were spent on different categories of ‘things’ within the household.

Household expenditures are focused on six core areas; food, health, clothes, rent (housing), schooling, and psychosocial support. Almost two-thirds (65 percent) of total household income is spent on food and children’s education alone. The biggest proportion of the household income, a mean 42 percent, is spent on food, and 23 percent on school-related items. Nearly the same proportions are spent on health (9.4 percent) and clothes (9.5 percent). Queen mothers and household members told me they spent relatively less on health because ‘the children are very healthy most of the time’. In actual fact they also rely on herbs, which they do not buy and therefore do not factor into the household expenditures. As pointed out earlier, most of the queen mothers live in family homes and so only an average 2.8 percent income is expended on rent. The smallest expenditure is on psychosocial support, which includes a wide range of activities and services such as money for church collections, and paying for services that help children or family members deal with grief and emotional breakdown.

The wide gaps between the maximum and minimum expenditures raise a few questions. Why did one household spend up to 65 percent of its total income on food, when another spent just 10 percent? Why would a household spend 60 percent of its income on education, when another household spent only 2 percent of its income to pay for education? The answers to these questions vary. The differences in expenditures may be indicative of differences in the levels of inter-household incomes and networks of assistance, or perhaps a reflection of the differences in household sizes. It may also be due to differences in household priorities.

The period in which the survey was conducted (September – November) may explain the high expenditure on education. The new school year starts in September, and so from August until the end of the school term in December, parents and guardians are saddled with several kinds of school-related costs, such as studies fees and others.10

10 In the next chapter, I provide more details on the kinds of levies/fees that parents pay for their children’s education.
The findings on the expenditures reveal significant changes in Manya Klo society. Seven decades ago, domestic expenditures were concentrated on funerals, religious festivals, marriage, and litigation. Much less was spent on food, housing, and clothing (Field 1943:62).

Households with orphans often require additional assistance to supplement their budgets (GAC/UNDP 2003:34). The Ghana DHS of 2008 indicate that only 1.1 percent and 7.4 percent of households with orphans and vulnerable children had access to external support in 2006 and in 2008, respectively (GSS, GHS and Macro 2009).

In view of the kinds of expenditures that were made in the households, coupled with the economic situation of queen mothers, I enquired if the households had any assistance from two main sources, the extended family and NGOs (Table 8.16). In the three months preceding the surveys, the proportion of households that received food assistance from extended family members (10 percent) was the same as those that got assistance from NGOs. About one-fifth (22 percent) of households received schooling assistance in the form of uniforms and stationery from NGOs for the orphans. Only 14 percent of households had similar assistance from extended family members. Also, 22 percent and 12 percent received clothing assistance from NGOs and extended family members, respectively. Only 4 percent of households received psychosocial support from extended families. It is quite surprising that in spite of the emphases placed on the negative psychological consequences of parental death on children by NGOs and child experts, no NGO provides psychosocial support to the households.

A ranking of the support from the two sources reveals a similar trend in the manner support was channeled. The largest proportions of support from the NGOs and extended family were made to education, followed by that for clothes, health care, and food. Although extended family support to the households may be small, the sum of the support was greater than the support from any single NGO.
8.5. **Summary and conclusions**

My objective for this chapter was to describe in more detail the characteristics of the queen mothers and the conditions in their households. The data were intended to supplement existing ones. I have presented the demographic characteristics of the queen mothers and the physical environment in which they live as well as the people they live with. I have also explained that the queen mothers maintain multiple sources of income, even though that may constitute a health hazard to them. The data presented show that the queen mothers as mediators of orphan care have very poor social and economic indicators and some indicators of poor human capital. They are old, single, have little or no literacy skills, have multiple menial jobs, and tend to have very little assistance from their extended families. The differences in the levels of education attained have not had any significant impact on their livelihoods since both the literate and nonliterate engage in the same means of livelihoods.

The implications of the poor demographic features are many. With regards to their ages, the queen mothers are older than orphan caregiving grandmothers in other parts of sub-Saharan Africa. Unlike other grandmothers, the queen mother’s main responsibility is not to orphans and to their households, but to serve as mothers to entire towns and villages. The latter position, and the demands associated with it, increases the enormity of the task they bear as caregivers.

Being old (above the pension age) and having little or no literacy skills mean that the livelihoods skills of queen mothers were limited to manual and menial jobs in the informal sector. Being self-employed allows them to have more flexible work schedules. The flexibility of the informal sector also allows them to perform their customary political roles and to spend more time with their orphans. Unfortunately, the informal sector does not offer them any guaranteed support in terms of pensions, social security or any other form of postretirement support. They lose income when they take time off work.

The poor income levels, coupled with the large household sizes results in high household expenditures, which then limit the survival options of the members. Expenditures are focused mainly on food and school requirements, while sanitation facilities remain poor.
The structural differences between households are significant. The rural households have poorer demographic characteristics, but also carry a slightly heavier burden than urban households. The nature of the circulation of orphans is such that many of them are migrating to urban households, thus shifting the burden from rural to urban households. There are better educational facilities in the urban areas and more urban-based relatives or queen mothers are willing, but not necessarily able (financially), to foster orphans.

In spite of their differences, both rural and urban households require assistance from NGOs to supplement their budgets because the support that they receive from the extended family is so small and inconsistent. Although the gender prohibitions relative to inheritance have been relaxed, the economic value of the inheritance that is bequeathed to women is too scanty to cause any significant change in the economic fortunes of the queen mothers.
Tables and Figures for Chapter 8

Table 8.1 Ages of queen mothers (n = 49)

<table>
<thead>
<tr>
<th>Age group (years)</th>
<th>Q-mothers =N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-29</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>35-39</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>40-44</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>45-49</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>50-54</td>
<td>12</td>
<td>25</td>
</tr>
<tr>
<td>55-59</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>60-64</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>70+</td>
<td>12</td>
<td>25</td>
</tr>
</tbody>
</table>

Mean 56 years 7 months  
Minimum =27 years  
Maximum =92 years  
Source: Fieldwork 2009

Table 8.2 Period Queen mothers stayed in the area

<table>
<thead>
<tr>
<th>Length of stay (years)</th>
<th>Q. mothers =N</th>
<th>Q. mothers =%</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-9</td>
<td>2</td>
<td>4.1</td>
</tr>
<tr>
<td>10-14</td>
<td>2</td>
<td>4.1</td>
</tr>
<tr>
<td>20-24</td>
<td>7</td>
<td>14.3</td>
</tr>
<tr>
<td>25-29</td>
<td>6</td>
<td>12.2</td>
</tr>
<tr>
<td>30-34</td>
<td>6</td>
<td>12.2</td>
</tr>
<tr>
<td>35-39</td>
<td>3</td>
<td>6.1</td>
</tr>
<tr>
<td>40-44</td>
<td>8</td>
<td>16.3</td>
</tr>
<tr>
<td>45-49</td>
<td>5</td>
<td>10.2</td>
</tr>
<tr>
<td>50 + y</td>
<td>10</td>
<td>20.5</td>
</tr>
<tr>
<td>Total</td>
<td>49</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Fieldwork 2009
Table 8.3 Marital background of queen mothers (n = 49)

<table>
<thead>
<tr>
<th>Marital status</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>47</td>
</tr>
<tr>
<td>Divorced</td>
<td>6</td>
</tr>
<tr>
<td>Widowed</td>
<td>43</td>
</tr>
<tr>
<td>Separated</td>
<td>2</td>
</tr>
<tr>
<td>In a relationship</td>
<td>2</td>
</tr>
</tbody>
</table>

**Type of marriage**

<table>
<thead>
<tr>
<th>Type of marriage</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monogamous</td>
<td>63.2</td>
</tr>
<tr>
<td>Polygynous</td>
<td>18.4</td>
</tr>
<tr>
<td>No response</td>
<td>18.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: Fieldwork 2009

Table 8.4 Queen mothers’ religious affiliation and Christian denomination

<table>
<thead>
<tr>
<th>Religion</th>
<th>Queenmother N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christian</td>
<td>48</td>
<td>98</td>
</tr>
<tr>
<td>Moslem</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>49</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

**Christian denomination**

<table>
<thead>
<tr>
<th>Protestant/Orthodox</th>
<th>Queenmother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic</td>
<td>9</td>
</tr>
<tr>
<td>Presbyterian</td>
<td>21</td>
</tr>
<tr>
<td>Methodist</td>
<td>1</td>
</tr>
<tr>
<td>Anglican</td>
<td>1</td>
</tr>
<tr>
<td>Christ Apostolic</td>
<td>5</td>
</tr>
<tr>
<td>Pentecost</td>
<td>4</td>
</tr>
<tr>
<td>Baptist</td>
<td>1</td>
</tr>
<tr>
<td>United Christian</td>
<td>4</td>
</tr>
<tr>
<td>Assemblies of God</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>48</strong></td>
</tr>
</tbody>
</table>

Source: Fieldwork 2009
Table 8.5 Queen mothers’ levels of formal education

<table>
<thead>
<tr>
<th>Level of formal education completed</th>
<th>Total QM=N</th>
<th>QM by district</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>20</td>
<td>5 15</td>
<td>40.8</td>
</tr>
<tr>
<td>Primary</td>
<td>1</td>
<td>0 1</td>
<td>2</td>
</tr>
<tr>
<td>MSLC(^{11})</td>
<td>15</td>
<td>11 4</td>
<td>30.6</td>
</tr>
<tr>
<td>JSS</td>
<td>1</td>
<td>1 0</td>
<td>2</td>
</tr>
<tr>
<td>GCE O’ Level</td>
<td>3</td>
<td>1 2</td>
<td>6.1</td>
</tr>
<tr>
<td>Voc/commercial</td>
<td>1</td>
<td>1 0</td>
<td>2</td>
</tr>
<tr>
<td>GCE A’ Level</td>
<td>1</td>
<td>1 0</td>
<td>2</td>
</tr>
<tr>
<td>No Response</td>
<td>7</td>
<td>5 2</td>
<td>14.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>49</strong></td>
<td><strong>25 24</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: Fieldwork 2009

---

Table 8.6 Queen mothers’ employment status

<table>
<thead>
<tr>
<th>Status</th>
<th>Q. mother =N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-employed</td>
<td>46</td>
<td>93.9</td>
</tr>
<tr>
<td>Retiree/Pensioner</td>
<td>1</td>
<td>2.0</td>
</tr>
<tr>
<td>Unemployed</td>
<td>2</td>
<td>4.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>49</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

**My employment is:**

<table>
<thead>
<tr>
<th></th>
<th>Q. mother =N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Year round</td>
<td>37</td>
<td>80.4</td>
</tr>
<tr>
<td>Seasonal</td>
<td>8</td>
<td>17.4</td>
</tr>
<tr>
<td>No Response</td>
<td>1</td>
<td>2.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>49</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: Fieldwork 2009

\(^{11}\) Six did not complete MSLC.
Table 8.7 Livelihoods of queen mothers

<table>
<thead>
<tr>
<th>Main economic activity</th>
<th>District/Q. mothers</th>
<th>Total QM = N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LMK N = 25</td>
<td>UMK N = 24</td>
<td></td>
</tr>
<tr>
<td>Farming</td>
<td>4</td>
<td>14</td>
<td>18</td>
</tr>
<tr>
<td>Trading</td>
<td>11</td>
<td>10</td>
<td>21</td>
</tr>
<tr>
<td>Beads seller</td>
<td>4</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Food vendor</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Seamstress</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Retiree</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Unemployed</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Minor economic activity

|                       | LMK N = 25          | UMK N = 24   |         |
| Farming               | 1                   | 7            | 8       | 16.3    |
| Trading               | 2                   | 5            | 7       | 14.3    |
| Beads seller          | 2                   | 1            | 3       | 6.1     |
| Transport             | 1                   | 1            | 2       |         |
| Laborer               | 1                   | 1            | 2       |         |
| Herbalist             | 2                   | 2            | 4       | 4.1     |
| No second job         | 17                  | 10           | 27      | 55.2    |

Source: Fieldwork 2009

Table 8.8 Assets owned by queen mothers

<table>
<thead>
<tr>
<th>Own any asset?</th>
<th>Yes = N</th>
<th>Yes = %</th>
<th>No = N</th>
<th>No = %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>34</td>
<td>69.4</td>
<td>15</td>
<td>30.6</td>
</tr>
</tbody>
</table>

Type of asset

<table>
<thead>
<tr>
<th>Type of asset</th>
<th>Yes = N</th>
<th>Yes = %</th>
<th>No = N</th>
<th>No = %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Farm</td>
<td>4</td>
<td>11.7</td>
<td>30</td>
<td>88.3</td>
</tr>
<tr>
<td>Land</td>
<td>19</td>
<td>56</td>
<td>15</td>
<td>44</td>
</tr>
<tr>
<td>House</td>
<td>9</td>
<td>27.4</td>
<td>25</td>
<td>72.6</td>
</tr>
<tr>
<td>Business</td>
<td>5</td>
<td>14.7</td>
<td>29</td>
<td>85.3</td>
</tr>
<tr>
<td>Queenly regalia</td>
<td>32</td>
<td>94</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Sewing machine</td>
<td>1</td>
<td>2.9</td>
<td>33</td>
<td>97.1</td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
<td>38.2</td>
<td>21</td>
<td>61.8</td>
</tr>
</tbody>
</table>

Source: Fieldwork 2009
Table 8.9 How did queen mothers acquire assets?

<table>
<thead>
<tr>
<th>How was property acquired</th>
<th>Q. mother = N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inherited</td>
<td>22</td>
<td>64.7</td>
</tr>
<tr>
<td>Purchased</td>
<td>9</td>
<td>26.5</td>
</tr>
<tr>
<td>Lineage property</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>Built it (house)</td>
<td>2</td>
<td>5.9</td>
</tr>
<tr>
<td>Total</td>
<td>34</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Fieldwork 2009

Table 8.10 Composition of queen mothers’ households

<table>
<thead>
<tr>
<th>District</th>
<th>Household = N</th>
<th>Household Population = N</th>
<th>Adults = N</th>
<th>Children = N</th>
<th>Orphans = N</th>
<th>Orphans: % of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>UMK-rural</td>
<td>24</td>
<td>264</td>
<td>115</td>
<td>149</td>
<td>103</td>
<td>69</td>
</tr>
<tr>
<td>LMK-urban</td>
<td>20</td>
<td>170</td>
<td>71</td>
<td>99</td>
<td>85</td>
<td>85</td>
</tr>
<tr>
<td>MKTA</td>
<td>44</td>
<td>434</td>
<td>186</td>
<td>248</td>
<td>188</td>
<td>188</td>
</tr>
</tbody>
</table>

Source: Fieldwork 2009

Table 8.11 Household characteristics: population size

<table>
<thead>
<tr>
<th>Household members</th>
<th>Structure: Rural/urban</th>
<th>Households = N</th>
<th>Household: Total size</th>
<th>Mean size</th>
</tr>
</thead>
<tbody>
<tr>
<td>All members</td>
<td>UMK – rural</td>
<td>24</td>
<td>264</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>LMK – urban</td>
<td>20</td>
<td>170</td>
<td>8.5</td>
</tr>
<tr>
<td></td>
<td>Rural/urban</td>
<td>44</td>
<td>434</td>
<td>9.75</td>
</tr>
<tr>
<td>All children</td>
<td>UMK – rural</td>
<td>24</td>
<td>149</td>
<td>6.2</td>
</tr>
<tr>
<td>(below 18 years)</td>
<td>LMK – urban</td>
<td>20</td>
<td>99</td>
<td>4.9</td>
</tr>
<tr>
<td></td>
<td>Rural/urban</td>
<td>44</td>
<td>248</td>
<td>5.6</td>
</tr>
<tr>
<td>All orphans</td>
<td>UMK – rural</td>
<td>24</td>
<td>103</td>
<td>4.3</td>
</tr>
<tr>
<td></td>
<td>LMK – urban</td>
<td>20</td>
<td>85</td>
<td>4.25</td>
</tr>
<tr>
<td></td>
<td>Rural/urban</td>
<td>44</td>
<td>188</td>
<td>4.27</td>
</tr>
</tbody>
</table>

Mean household sizes:
Total MKTA = 9.75
Rural (UMK) = 11
Urban (LMK) = 8.5

Source: Fieldwork 2009
Table 8.12 Physical household characteristics: Types of occupancy and dwelling

<table>
<thead>
<tr>
<th>Type of occupancy (n = 48)</th>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Own</td>
<td>3</td>
<td>6.3</td>
</tr>
<tr>
<td>Rental</td>
<td>2</td>
<td>4.2</td>
</tr>
<tr>
<td>Non-rental-family house</td>
<td>42</td>
<td>87.5</td>
</tr>
<tr>
<td>No Response</td>
<td>1</td>
<td>2.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of dwelling</th>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single family house</td>
<td>18</td>
<td>37.5</td>
</tr>
<tr>
<td>Rooms in compound house</td>
<td>26</td>
<td>54.2</td>
</tr>
<tr>
<td>Separate buildings on same compound</td>
<td>4</td>
<td>8.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of building material</th>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mud/Mud bricks</td>
<td>31</td>
<td>64.6</td>
</tr>
<tr>
<td>Cement</td>
<td>16</td>
<td>33.3</td>
</tr>
<tr>
<td>No Response</td>
<td>1</td>
<td>2.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of flooring material</th>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mud only</td>
<td>15</td>
<td>31.3</td>
</tr>
<tr>
<td>Cement only</td>
<td>17</td>
<td>35.4</td>
</tr>
<tr>
<td>Tile only</td>
<td>3</td>
<td>6.3</td>
</tr>
<tr>
<td>Part Cement/part mud</td>
<td>13</td>
<td>27.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of roofing material</th>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corrugated sheets</td>
<td>47</td>
<td>97.9</td>
</tr>
<tr>
<td>Asbestos</td>
<td>1</td>
<td>2.1</td>
</tr>
</tbody>
</table>

Average rooms per household = 4
Most rooms per household = 11
Least rooms per household = 1

Source: Fieldwork 2009
<table>
<thead>
<tr>
<th>Type of water source</th>
<th>Source of drinking water</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Improved source</strong></td>
<td>Indoor plumbing</td>
<td>2.1</td>
</tr>
<tr>
<td></td>
<td>Inside standpipe</td>
<td>6.3</td>
</tr>
<tr>
<td></td>
<td>Private outside standpipe</td>
<td>14.6</td>
</tr>
<tr>
<td></td>
<td>Neighbor’s pipe</td>
<td>22.9</td>
</tr>
<tr>
<td></td>
<td>Vendor’s standpipe</td>
<td>10.4</td>
</tr>
<tr>
<td></td>
<td>Borehole</td>
<td>20.8</td>
</tr>
<tr>
<td></td>
<td>Well (no pump)</td>
<td>12.5</td>
</tr>
<tr>
<td></td>
<td>Lake, river, stream</td>
<td>8.3</td>
</tr>
<tr>
<td><strong>Non-improved source</strong></td>
<td>No Response</td>
<td>2.1</td>
</tr>
<tr>
<td></td>
<td>Pit latrine</td>
<td>58.3</td>
</tr>
<tr>
<td></td>
<td>KVIP</td>
<td>37.5</td>
</tr>
<tr>
<td></td>
<td>Public toilet</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>No Response</td>
<td>2</td>
</tr>
</tbody>
</table>

Source: Fieldwork 2009
### Table 8.14 Household health problems and health seeking behaviors

<table>
<thead>
<tr>
<th>Common health problems</th>
<th>Household (N = 48)</th>
<th>Household= Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever/Malaria</td>
<td>31</td>
<td>64.6</td>
</tr>
<tr>
<td>Gastro intestinal/diarrhea</td>
<td>4</td>
<td>8.3</td>
</tr>
<tr>
<td>Body/waist pains</td>
<td>8</td>
<td>16.7</td>
</tr>
<tr>
<td>Skin/respiratory Infection</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Coughing</td>
<td>2</td>
<td>4.2</td>
</tr>
<tr>
<td>Headache</td>
<td>2</td>
<td>4.2</td>
</tr>
</tbody>
</table>

#### Where household members seek health

<table>
<thead>
<tr>
<th>Where household members seek health</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Private hospital/Clinic</td>
<td>4</td>
<td>8.2</td>
</tr>
<tr>
<td>Public hospital/clinic</td>
<td>18</td>
<td>37.5</td>
</tr>
<tr>
<td>Missionary hospital/clinic</td>
<td>3</td>
<td>6.3</td>
</tr>
<tr>
<td>pharmacist/Chemical (drug) store</td>
<td>14</td>
<td>29.2</td>
</tr>
<tr>
<td>Traditional healer</td>
<td>7</td>
<td>14.6</td>
</tr>
<tr>
<td>Self</td>
<td>1</td>
<td>2.1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>2.1</td>
</tr>
</tbody>
</table>

#### Reasons for seeking health services

<table>
<thead>
<tr>
<th>Reasons for seeking health services</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>It is effective</td>
<td>20</td>
<td>41.7</td>
</tr>
<tr>
<td>Best/only health facility</td>
<td>6</td>
<td>12.5</td>
</tr>
<tr>
<td>We are Catholics</td>
<td>1</td>
<td>2.1</td>
</tr>
<tr>
<td>Cheaper</td>
<td>6</td>
<td>12.4</td>
</tr>
<tr>
<td>Because of NHIS</td>
<td>3</td>
<td>6.3</td>
</tr>
<tr>
<td>Faster</td>
<td>7</td>
<td>14.6</td>
</tr>
<tr>
<td>More accessible</td>
<td>2</td>
<td>4.2</td>
</tr>
<tr>
<td>No response</td>
<td>3</td>
<td>6.3</td>
</tr>
</tbody>
</table>

Source: Fieldwork 2009

### Table 8.15 Household sources of lighting and fuel for cooking

<table>
<thead>
<tr>
<th>Main source of lighting</th>
<th>Household =N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electricity</td>
<td>31</td>
<td>65</td>
</tr>
<tr>
<td>Generator</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Lamp (kerosene, gas)</td>
<td>15</td>
<td>31</td>
</tr>
<tr>
<td>No Response</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

#### Main sources of fuel

<table>
<thead>
<tr>
<th>Main sources of fuel</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Wood</td>
<td>33</td>
<td>68.8</td>
</tr>
<tr>
<td>Charcoal</td>
<td>14</td>
<td>29.2</td>
</tr>
<tr>
<td>No Response</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Source: Fieldwork 2009
Table 8.16 Household expenditures and sources of external support in last 3 months

<table>
<thead>
<tr>
<th>Type of expenditure</th>
<th>Mean income = %</th>
<th>Proportion of income Max = %</th>
<th>Min = %</th>
<th>HH assisted by extended family = %</th>
<th>HH assisted by NGO = %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>41.5</td>
<td>65</td>
<td>10</td>
<td>10.2</td>
<td>10.1</td>
</tr>
<tr>
<td>Housing/rent</td>
<td>2.8</td>
<td>30</td>
<td>5</td>
<td>6.1</td>
<td></td>
</tr>
<tr>
<td>Clothes</td>
<td>9.5</td>
<td>25</td>
<td>2</td>
<td>12.2</td>
<td>21.5</td>
</tr>
<tr>
<td>Health</td>
<td>9.4</td>
<td>50</td>
<td>1</td>
<td>10.2</td>
<td>18.3</td>
</tr>
<tr>
<td>Education</td>
<td>23</td>
<td>60</td>
<td>2</td>
<td>14.3</td>
<td>22.4</td>
</tr>
<tr>
<td>Psychosocial</td>
<td>0.15</td>
<td>5</td>
<td>0</td>
<td>4.1</td>
<td></td>
</tr>
</tbody>
</table>

Source: Fieldwork 2009
CHAPTER 9
Through the Eyes of the Child: Social Characteristics of Orphans

9.0. Introduction

Support for orphans constitutes one of the heaviest burdens of the AIDS pandemic. It has been suggested (Panter-Brick 2001) that the most effective way to solve children’s problems is to understand their situations from their perspectives. This demand is backed by the UN Convention on the Rights of the Child (UNCRC) principle that children are individuals with rights and must be allowed to participate in decisions that affect them, and their views must be taken seriously; that is, factored into decisions that affect their survival. Ghana was the first country to ratify the UNCRC in 1990.

In Ghana, the 1992 Constitution, the Children’s Act 560, the national policy for OVC, and the National Plan of Action for OVC, among others, aim to realize the goals of the UNCRC (and the Millenium Development Goal) regarding the importance of the child and the need for her/him to be part of matters of that affect her/him. According to Lansdown and Karkara (2006), adults become more knowledgeable about children’s lives when children are availed the chance to speak about their struggles to survive and the possible abuses and threats of abuses that they face. So providing children spaces to voice their experiences is beneficial to the children and to the adults who are supposed to protect them (690).

Unfortunately, however, just a few studies on orphans (FHI 2002a; Decosa 2009) have actually sought the views of children about their living conditions. Most of what is known about orphans is based either on the perspectives of adults who are responsible for them or on researchers’ observations of orphans’ experiences. Adults’ perspectives may, however, be divergent from the views of fostered orphans’ and this may have consequences for the wellbeing of the orphans. As an example, the discourses and meanings on illness and treatment of fostered Yoruba children differ from those of their parents. These differences cause delays in providing the children’s health needs (Oni 1995).

Only a few studies have been carried out about orphans in Ghana, and only a fraction of these studies either provide very limited information directly gathered from the orphans about their
fostering experiences (Lund and Adjei-Mensah 2008; Kuniyi et al. 2009) or adults’ accounts and researchers’ observations of how adults organize assistance for orphans using traditional institutions (Streegstra 2009). Others (Goody 1982; Goody. 1976/1993) have looked at the customary processes of fostering in general and the socio-economic factors that influence fostering.

In this section, I present data on the demographic characteristics of orphans. I examine orphans’ knowledge about themselves and about their circumstances. Such a presentation will provide us an alternative approach to understand orphans, other than learning about them solely through the eyes of adults. The chapter is divided into five subsections: orphans’ social characteristics looking at their age, sex, gender, and rural-urban distribution; the classification of orphans; living arrangements (who they live with and their relationships with their caregivers); the effects of the death their parents on their lives; and their views on HIV and AIDS.

The data is based on surveys I conducted with 49 orphans, 49 queen mothers, and 48 adult members of their households, and a census of 44 queen mother-headed households (data on 5 households are excluded from the analysis due to incompleteness). Additional qualitative data were collected from FGD, semistructured interviews, and informal conversations with the participants. I use the adults’ data only to the extent that they help to explain the data provided by the orphans.

9.1. The size of the orphan problem

The exact number of orphans in Manya Klo is not known. The records of the MKQMA show that 1,035 children have been registered as ‘orphans and vulnerable’ and so this number does not reflect the actual number of orphans. Besides, I know orphans in MKTA who were not registered with the MKQMA. Also, the 1,035 figure needs to be revised as it has been on the records since 2008.

As of 2003 the Eastern region, which includes MKTA, had 11 percent of Ghana’s population, but 25 percent of orphans (GAC/UNDP 2003). Considering that there is a strong correlation
between HIV prevalence and orphanhood, it could be suggested that the number of orphans in Manya Klo is due to AIDS (GAC/MOWAC 2005:7). To estimate the extent of the orphan problem, I elicited the views of queen mothers and adult members of their households through a survey. Out of the 97 people surveyed, 87.6 percent said there has been an increase in the orphan population in the past 2 years. Only 12.4 percent said they had not observed an increase in the number of orphans (Table 9.1).

The perceived increase in the number of orphans is explained with reference to personal and family experiences due to the stress of providing support to orphans. Manye Makutsu asserts that: “We have always had orphans with us, but this time there are too many of them.” It is generally said that in Manya Klo, every family has had at least one of its members (‘a rep’, according to an adult male) migrate to Abidjan. The import of this statement is that every family has had a member die of AIDS and leave behind a child. A subdivisional chief attested to this situation:

There are many orphans here. You will find them in every home. In every house that you go, there is at least one person who has [AIDS]. We have them in our homes, and so every house has an orphan. I have two of my sister’s children, two of my brother’s and two of another sister. That is… six. I have six orphans in my own house. That is just one house.

In spite of the apparent consensus among the citizens that the orphan crisis is worsening, it is difficult to determine the number of orphans or the level of increase. In view of this gap in the data, I established a baseline by conducting a household census on orphans (below 18 years) in 44 towns and villages across LMK and UMK. The census results (Table 8.10) suggest that 57 percent of all household members are children and an astounding 77.4 percent of all children are orphans. This means that an astonishing total of 188 orphans lived in the 44 households (Table 9.2). There were rural-urban differences with the households in the rural areas bearing a little bit more of the orphan burden than those in the urban areas. The largest orphan households were located in two villages in UMK, Legosu Sisi and Dawatrim with 11 orphans each. The largest orphan household in LMK was at Akwenor with 9 orphans. Two households in the villages of Asaseyi Yiti and Karbo Odumase had 2 orphans each, which is the least in a rural household. The smallest orphan household in LMK was at Nuaso with 1 orphan.
The high averages of orphans per household may be due to the role of the queen mothers as ‘mothers of all children’. As observed earlier by Goody, citizens who hold offices are more likely to foster children and foster more children than those who do not hold offices (Goody 1982:165). The mothering role of queen mother means that their households are imagined as abodes of succor (not necessarily in material terms) for orphans in and outside their families. Officials of decentralized state institutions such as the DSW send neglected children and orphans to the queen mothers, on the assumption that living with a queen mother will, among other benefits, boost an orphan’s access to support.

Some people, including the district director of the DSW at LMK, are, however, skeptical about some of the claims of parental death. He thinks that the increase in the number of orphans is partly due to individuals exploiting death as a means to access social goods and services. He explains his skepticism and frustration about the lack of capacity to validate claims of orphanhood that he thinks could be false:

> It seems like everybody is dead in some families. You ask family members about a child’s parents and they will tell you *e gbo* [she/he is dead]. You ask about the uncles and aunts too, *e gbo*, the grandparents, *e gbo*. I don’t think [members of] the immediate and extended families are all dead. I think some may be lying about relatives or partners dying. Unfortunately we do not have the resources to investigate many of these cases.

### 9.2. Social characteristics of orphans

#### 9.2.1. Sex, age, and places of birth

The sex and age backgrounds of orphans in the survey are presented in Table 9.2. More than half (54.3 percent) of the orphans in the survey were females and 45.7 percent females. The mean age is 9 years. The mean age of the female orphans is 8 years and 8 months, and that of boys is 9 years and 4 months (Figure 9.1). The 6-year-olds were the least represented (6.1 percent) followed by the 7-year-olds (8.2 percent) and 11-year-olds (10.2 percent). The majority (75 percent) were between ages 8 and 10.
In terms of ethnic distribution, 96 percent of the orphans were Dangme (Klo), 2 percent were Ewe, and 2 percent were Hausa. This reflects the ethnic distribution in the MKTA, which is predominantly Dangme. It also shows the coverage of the work by queen mothers. Although the primary targets of the queen mothers’ orphan program are children of Manya Klo, the association occasionally takes in children from the neighboring Asuogyamang district and beyond. Besides that, individual queen mothers may assume some responsibility for nonnative children who live under their jurisdiction.

In 2003, 21.2 percent of all OVCs in the Eastern Region were born outside Ghana, against a national average of 6.3 percent (GAC/UNDP 2003). The majority (92 percent) of orphans in this study were born in Ghana. Only 8 percent were born in the Ivory Coast. Almost all of those born in Ghana (93 percent) were born in their home region, Eastern. Only 2 percent were born in the Brong Ahafo, which shares borders with the Ivory Coast and is home to what is believed to be a sizeable number of migrant farmers from Manya Klo. Five percent of orphans did not know where in Ghana they were born (Figure 9.2). The predominance of orphans born in Ghana suggests the dwindling significance of the Ivory Coast as the source of HIV infections and orphans in Manya Klo. Also, when we consider the age group targeted by this study (6–11 years), it is obvious that most of the orphans were born after the migration to the Ivory Coast had subsided.

9.2.2. Religious background of orphans

Religion plays an important role in the social organization of the household in Ghana. In a context where misfortunes are explained in magico-religious terms, religion provides a backdrop for interpreting death, disease, and illness, and consequently helps to determine appropriate health-seeking behaviors within households (Kirby 1997). Recently, however, researchers are beginning to analyze the impact of religion on the survival of children. A study by Gyimah (2007) suggests that Ghanaian children of Christian mothers have a higher chance of survival than those of mothers who adhere to Islam and Traditional religions; that is, if socioeconomic factors like formal education are not taken into account. Very little evidence,
however, exists about the extent to which orphans participate in religious activities and their motivations for doing so.

Like their caregivers, the orphans belong to three major religions: Christianity, Islam, and Traditional religion (Table 9.3). Only Christians (98 percent) and Muslims (2 percent) took part in the study. Even though the number of charismatic churches (7) was almost double that of the old ‘orthodox’ denominations, the latter has more than double (63.3 percent) the members of the former (28.4 percent). The orphans’ denominational memberships reflect those of their caregivers, even though orphans and their caregivers may also belong to different denominations.

Religious tolerance and coexistence is very high in Ghana, and this seems to be the case in Manya Klo. Although the families of the orphans are mono-faith, either Christian or Islam, there were two instances, one each in the survey and the qualitative research where an orphan and his caregiver belonged to different faiths. Nine year old Salifu practiced his Islamic faith in a household that is deeply Presbyterian. Children in the household reminded him to say his prayers. He occasionally accompanied the other children to the Zimmerman Presbyterian Church on Sundays because he said: “The house is boring when everyone leaves [for church].”

I used the frequency of the orphans’ Church/Mosque attendance as a measure of their participation in religious activities (cf. Land et al. 2001). The results show that orphans take active part in religious activities (Table 9.4). A high 87.8 percent of orphans go to church regularly, 10.2 percent go sometimes, and 2 percent go to the Mosque often. The high level of involvement in religious activities confirms the importance of religion in their lives.

Like their caregivers, religious activities are a means by which orphans offset some of the myriad challenges that they face. They said that they communicated with God through worship and ask him to do for them the things that they could not do by themselves. Over a third of the orphans (36.6 percent) said they went to Church often to listen to the Gospel (Table 9.4). Others (18.4 percent) went to church so that their lives would be blessed and guided by God, and more than a quarter (26.5 percent) simply wanted to worship and praise God. Through participation in religious activities, they found good health, forgiveness, happiness, and wisdom. Terkuor, a 9-
year-old female orphan who took part in an FGD at Atua intimated that the songs she sings at church make her “happy and strong.” For 9 year old Nyarko: “The word of God enables me to make progress in school…. It opens my mind.” At age 10, Mercy knows where to find her comfort. She goes to church whenever she is sad (not only Sunday service) because the word of God makes her happy and gives her courage.

Interestingly, all the benefits that orphans derive from religion are nonmaterial. The functions of religion as shown by orphans in this study, validates the continuous lack of attention or capacity by caregivers to deal fully with the psychosocial problems experienced by the orphans (Wolff and Fesseha 2005; Makame, Ani and Grantham-McGregor 2002). It reflects the chasm that exists between identifying orphans’ psychosocial problems and taking steps to improve them.

9.2.3. Orphans and schooling

Matshalaga and Powell (2002) recommend that assistance provided to families with orphans must include support for school requirements because schooling is vital for orphans’ development. It is an avenue for them to gain self-respect and confidence through gainful employment and also reducing their vulnerability to abuse and HIV infection. Fortunately, all the orphans who took part in the survey were attending school (Figure 9.3). This proportion of orphans in school is higher than the national figures for orphans (88.9 percent) and non-orphans (85.8 percent) (GSS, GHS and Macro 2009).¹

The overwhelming majority (91.8 percent) of the orphans are in public schools with just 8.2 percent in private schools. Basic public schools are cheaper under the national Free Compulsory Universal Basic Education (FCUBE) program. A few queen mothers, like Manye Korkor, however, prefer to enroll their orphans in private schools even though they complain that ‘the fees are killing us’. Manye Korkor contends that the quality of learning in private schools is better than in public schools. At stake, however, is a bigger concern than the quality of education. As a caregiver, the type of school the child attends is seen as a measure of her

¹ The DHS indicator measures for orphans between ages 10 and 14.
commitment to provide for the child. The pressure on caregivers to do more than they could actually afford is common. Some of them worried about the fact that they may be accused of neglecting the orphans if they (the orphans) are seen to be lacking anything.

In spite of the striking differences pointed out between the private and the public schools, the orphans themselves appeared to be unconcerned about the public school versus private school competition. They all said they liked their schools. Terkuor was excited about her current school because a year ago, she was living in Ohiaminkyi, a village in UMK from where her grandmother had brought her to Madaam in LMK. There were only a few people in the village and she had to walk a very long distance to school. Her new school has a large population and is close to her home.

It has been shown across sub-Saharan Africa (Ainsworth et al. 2000; Monasch and Boerma 2004; Evans and Miguel 2007) that the death of parents impacts negatively on children’s school attendance. Monasch and Boerma (2004) analyse data from 40 sub-Saharan African countries and show that orphans are 13 percent less likely to be in school than nonorphans. Evans and Miguel (2007) show that AIDS deaths reduce children’s participation in primary school in Kenya. The data presented in Table 9.5 show that death of a parent in Manya Klo has varying levels of negative effect on orphans’ education. The cross tabulation of the ages and the level of schooling show that more than two-third of the orphans have lost school years; that is, they lag behind in their schooling due to the death of their parents.

Only 30.6 percent of the orphans in the current study do not lag behind in their schooling. Each orphan has lost an average of 1.3 school years. The youngest orphans, the 6-year-olds, are all in P1, the appropriate class. The time lost in schooling, however, increases with age. The highest losses are recorded among older orphans of ages 9, 10, and 11; they have lost 17, 21, and 13 years respectively. None of the 11-year-olds is in P6 as they should be. Instead, 1 is in P2, 1 in P3, and the remaining 3 are in P5. The 5 orphans have together lost 13 school years, a mean loss of 2 years and 6 months. Of the 17 orphans who are 10 years old and are supposed to be in P5, two of them are in P2, five are in P3, another five are in P4, and only five are in P5. Each of the 10 years old has lost a mean 2.1 school years.
Children are enrolled in school at age 6 (perhaps due to the FCUBE policy and the fear of being prosecuted for denying the children their schooling), but they begin to drop out after the first year. The loss of school years is attributed to non-school attendance due to premortality morbidities and poverty, both of which are exacerbated after the death of the parents or caregivers. Except for a few who were taken in by relatives or queen mothers shortly after the death of their parents, most of the orphans had to wait on the extended family to decide the best fostering arrangements. This waiting period was marked by non-attendance. Eight-year-old Korle described why he did not go to school for one year:

    After my mother died, I stopped going to school. I was in the house all the time, while my friends went to school. I did not have a school uniform. One day my grandmother came to visit us. She told me she was taking me away and that I will not return [to the village]. She said I will live with her and attend school. I came here and started school again. I love my school. (November 2008)

Korle’s situation is common among orphans. Parental death often results in nonpayment of different school levies. Stephen at Kodjonya in LMK had to repeat P3 because he could not pay the printing fee\(^2\) equivalent of US$1.4 in June 2008 and, therefore, did not write the end of year examination.\(^3\) Some orphans had to repeat their classes due to nonavailability of vacancies into their actual classes, and others do not perform very well in their placement tests because they have been out of school for so long. It is usually orphans from the rural areas that seek admissions in the urban schools.

\(^2\) This is the fee school children pay to have their examinations typed and printed on paper instead of teachers having to write them on blackboards. The pupils pay before they were allowed to write the tests.

\(^3\) When I presented this example at the dissemination of findings in December 2009 at the conference hall of the district health administration (LMK), the officer who represented the district director of education said it was wrong for the child to be denied the chance to write the examination and it is worse to have him repeat the class. The queen mothers present attested that it is a very common practice for teachers to send pupils home for non-payment of levies. The district director of health services expressed her displeasure about the case. The education officer told the gathering the matter would be investigated. I do not know the outcome of the investigation.
As pointed out by Matshalaga and Powell (2002) earlier education and career are closely linked. Education improves the chances of orphans to get meaningful employment. I also enquired about their future aspirations, specifically finding out about their career goals.

There was a lot of excitement in all the four FGDs when I told the orphans: “Now, we are going to talk about the future. We are going to talk about the work that we would like to do when we become adults.” Immediately, their eyes sparkled. They were excited. They giggled and laughed. They whispered and murmured to each other. Some raised their hands to speak even before I could finish introducing the topic and telling them how we were going to carry on with the discussion. Each one of them, including those who had hitherto been quiet, was eager to share their dreams. The excitement increased as the discussions went on with the children listening and poking fun as they took turns speaking. Although the discussion was conducted in Dangme, 7–year-old Emmanuel at this point dared to be different. He started in English: “When I grow old, I will be….” The loud laughter that greeted the bold, but unexpected, switch from Dangme to English did not allow him to finish his statement. He refused to continue, even though he stated later on in Dangme that he would like to be a lawyer.

Career choices varied, but they were also highly gendered (Table 9.6). Only female orphans would like to become nurses (18.4 percent), traders (2 percent), and dressmakers (2 percent). The future president, policeman, soldier, driver, and mason were all males. The gender-based choices are also seen among those who took part in the FGDs. Among other professions, the males would like to be pilots, astronauts, engineers, and actors, and the females, hairdressers and journalists.

Overall, the females in the survey were more likely to venture into the predominantly male professions such as doctors (4.1 percent), lawyers (2 percent), accountants (2 percent), and pastors (2 percent). More females (12.2 percent) than males (8.2 percent) would like to be teachers. Two percent of the females did not know what they would like to do and 4.2 percent of the males did not respond to the question. The career choices of the children reflect the social and economic changes that have occurred in the society and the growing importance of
schooling. By the end of the first half of the twentieth century, children in Klo wanted to be carpenters, clerks, and cocoa buyers (Field 1943).

In his study of widows in Botswana, Klaits (2005) asserts that asking questions about lost relatives requires the respondent to engage in ‘remembering’ before they could answer questions. He states that this could be hazardous to both the interviewer and respondent. This assertion was validated during the FGD about careers. Although the discussion was not on death per se, the responses demanded by the question inadvertently brought to mind memories of an unmet need, which they probably would have preferred not to be reminded of.

The excitement and energy that characterized the discussion about future professions in the FGD vanished the moment I asked the orphans if they could realize their career goals taking into account their present circumstances. They were very silent as soon as I asked the question. The giggles, laughter, and whispers ceased immediately. The eyes that glistened with excitement now glistened with tears. They were reluctant to respond to the question. In the girls’ group, Emelia (10 years) and Diana (9 years) passed their hands across their faces, apparently to wipe tears. The rest lowered their heads and did not look into my eyes. Obviously, they were initially excited about their hopes and imaginings of becoming, as they said, “somebody in the future.” They were, however, saddened by their awareness that their present circumstances cast dim shadows on their imagined bright futures.

The discussion resumed after about five minutes of encouraging words by my counselor and me, but it was more subdued for the next ten minutes. Their responses were insightful. They demonstrated that they were aware of the kinds of investments that needed to be made in order for them to achieve their career goals. They also gave insights into how they might use their agency to achieve their goals. They knew at this early stage of their lives that their careers were directly linked to their academic opportunities. Unfortunately, their current living conditions might prevent them from attaining the relevant education. They had their plans about how to overcome the challenges. Nine-year-old Bernard, in my view a pragmatist, said he would be a driver because he does not need to stay in school for a long time. He thinks that if he ended his education at the basic level and took up driving, he would not have to deal with the hardship of
keeping himself in school. Bernard set his career goal (maybe too) low, but he did so based on his present circumstance. He explained:

> After JHS [basic school], I will become a driver. Even if I don’t go to school after JHS, I can still be a driver. I don’t have to go to school after JHS [to become a driver]. Every day when I have to go to school there is a problem [related to money]. When I become a driver, I will earn money….

Unlike Bernard, however, some of the worried orphans remained determined. They set their goals higher. Nine-year-old Soyo wants to be a doctor. She does not have anyone to pay her fees, but she does not want to worry about fees. Instead, she wants to focus on working hard and making progress at school. Like Soyo, Papa who is 8 years old said he will keep working hard even though he knows that his grandmother (a queen mother) cannot afford all his fees from now until he qualifies as an engineer. Kingsley (8 years) is determined to support himself.

In articulating their fears about the future, the orphans were also aware that they needed external assistance to complete school, but made no reference to NGOs. Those in the FGD intimated that some adults, kin and nonkin, have “promised” to support them if they should successfully complete secondary school. They did not appear convinced that the support will come. Mami claimed that, “somebody in Kumasi says he will help me to become a nurse.” Others have also received similar promises, all of which seem impractical when their current primary schooling appears to be in jeopardy.

### 9.3. Sources and classification of orphans

#### 9.3.1. Where do orphans come from? Pathways to orphanhood

After presenting the demographic characteristics of orphans, we now need to find out where they have come from to live with their present caregivers. ‘Where do orphans come from?’ may be answered from two different, but related, angles. The first answer is about processes; that is, how orphans become members of queen mothers’ households, and by extension, how they become beneficiaries of the support that is provided through the MKQMA. The second answer relates to the geographical and, to a lesser extent, the ethnic origins of the orphans.
The answers to the above questions have been scattered throughout this dissertation, but I will add that the stories of Teye Kake, Kporbi, and Dede (Vignettes 1, 2 and 3), below, show that orphans come from different geographical areas and through different means. The Konor told me in December 2008, prior to his annual Christmas party for OVC’s, that most of the orphans enrolled by the MKQMA come from the LMK, but my census data shows that there may be more orphans in the UMK. Three female orphans in the FGDs were brought from outside Ghana. Korkor was sent from Togo by her Togolese relatives and Mamle and Nokobi came from the Ivory Coast. Occasionally, children from neighboring districts (nonnatives) are brought to the MKQMA by the DSW, philanthropists, and family members.

Queen mothers with the support of their chiefs and citizens identify the orphans in their villages and towns. To avoid abuses of the program, Manye Nartekie, the PO of the association, investigates further the parental background of the child to ensure that only the eligible orphans are enrolled. Being eligible means the child is less than 18 years of age and has lost at least one parent. Manye Nartekie explains: ‘We know some of the children and their situations, but there are others that we don’t know’. The MKQMA also collaborates with the school authorities to identify orphans through the school system. Teachers are among the first people to be informed about the death of a parent and are, therefore, in the position to attest to the claims of orphanhood.

Although the orphan situation in MKTA is mostly due to AIDS, the focus on AIDS may be hiding other factors such as maternal deaths and abandonment by nuclear and extended families, which are contributing to the growing number of orphans. The full impact of other (non-AIDS) causes of orphanhood may not be known, but they need to be considered in any situational analysis. For example, the staff of the district welfare department spoke about ‘rampant dumping’ of children around their office. To them it is as if ‘any parent who abandons a child is asking the Department to take the child’. The district welfare officer describes one scenario:

A child was dumped close to our office in December 2008. Fortunately a social worker knew the child and so we were able to contact her parents. They refused to take the child, the grandmother also refused to take her, and so the child was sent to the Osu Children’s Home [in Accra]. The ‘mothers’ at Osu took the child for an HIV test and she
tested positive. Apparently the parents conspired to dump the child, and so they were unconcerned about what happened to her. She died while she was at the Osu.

The following vignettes show other non-AIDS related pathways to orphanhood that I witnessed at different periods between September 2008 and December 2009.

**Vignette 1**

**Teye Kake: The boy with the missing mother**

Teye Kake was only three weeks old when a social welfare officer (and district focal person for HIV and AIDS) brought him to the project officer of the MKQMA. The biological mother abandoned Teye Kake a few days after he was born. Teye’s father assumed the mothering role. The child was malnourished and very sick after he had been fed Jago powdered milk (not baby’s milk) for 2 weeks. The case of Teye Kake and the father was reported to the social welfare office by a concerned neighbor. The social welfare officer concluded that the father was incapable of performing the ‘natural’ mothering responsibilities for a 3-week-old baby and so she sought the support of the MKQMA to help the baby.

After several weeks of health care and good nutrition, Teye Kake’s condition improved. He is now a very healthy baby. No extended family member has visited him. The queen mother’s sister, an old woman of about 65 years, acts as Teye Kake’s mother. In March 2009, he celebrated his second birthday.
Kporbi: the survivor
Kporbi’s mother died while giving birth to Kporbi. Even though she lived in LMK, she traveled to her huza, in UMK, a few weeks before Kporbi was due. She went into labour, in the village, but the local TBA could not deliver the baby. In the course of the delivery, she went into a coma. A spiritualist revived her and then delivered the baby, but the weak new mother went back into a coma. She was transported to the St Martin’s Hospital, but she died a few hours later. On the same day (Sunday) that the woman died, Ademi, her twenty–year-old son, contacted the PO of the MKQMA to look for support for the newly born baby. The older boy said an old woman advised him to contact the PO.

The District Social Welfare Officer was informed about the case, and the child was sent to the MKQMA. The child’s family said they needed urgent help for the baby and would come for him after six months. The PO took the child in and agreed to personally support him for six months, but because she was so busy, she asked her sister in Somanya to move in with her in Odumase to assume responsibility for the newly born baby. She nursed the baby for nine months instead of six because at the end of the sixth month, the baby’s family said they were ‘not ready’. They could not afford the baby food and the other support that the PO was giving the baby. At the end of the ninth month, the baby was given back to Ademi and their aunt.

The PO cautioned the family that she would monitor the child’s progress. She informed them about what they needed to do for the child in terms of food, health, and so on. The child had been fed baby milk at the PO’s, and she gave them money to buy one tin of baby food to take along (costs about US$7.5). She knew that the family could not afford the baby milk, and the additional tin that she had asked them to buy could be the child’s last, but she said: “I cannot do more than I have done for them with my own money.”
Vignette 3

**Dede: the abandoned wanderer**

Dede is 11 years old. She was born out of wedlock. Her father died when she was about 6 years old. Her mother, in accordance with Manya Klo custom, refused to give Dede to her father’s kin, in spite of many attempts by the father to get Dede. After the death of her father, Dede was abandoned by her mother with whom she was living in Accra. Her mother asked her to go back to her father’s relatives. Dede’s paternal relatives refused to take her. She lived for a brief period with an aunt in Ashaiman (near Tema). She too threw her out after a few months. Dede went to her maternal relatives in Odumase, but they too threw her out and accused her of being a witch and mad. Dede wants to go to school, but her maternal relatives want her to learn a trade.

A concerned woman and neighbour to Dede’s maternal relatives took Dede to the PO of the MKQMA. The concerned woman wanted the PO to talk to the maternal relatives to take the child. The PO could not have Dede live with her because she, the PO, had ‘some serious disagreements’ with members of her extended family regarding Dede’s late father. Familial considerations are critical in determining which child received which support. The PO allowed Dede to spend the night with her, hoping to figure out what to do with her the next day.

9.3.3. ‘Home’ and ‘outside’: types of orphans

The classification of orphans is based on the contextualized meanings and interpretation of orphan; the number of parents that a child has lost, including those that are missing. More than three quarters, 77.6 percent, of orphans have lost their fathers and 59.1 percent have lost their mothers (including 4.1 percent whose mothers are missing) (Table 9.7). By these statistics, 36.8 percent more children had lost their fathers than mothers. Adult females and males attributed the high proportion of paternal orphans to rampant male deaths due to the stress men go through as they struggle to provide for their families. They also blame juju, which is ‘put on’ men when they engage in promiscuous or criminal behaviors.

Figure 9.4 suggests that there were 22.4 percent maternal orphans, while twice as many children (44.9 percent) are paternal orphans and 32.7 percent are double orphans (lost both their mothers
Manya Kloli are known to have very warm attitude towards ‘strangers’. In the past, they even provided shelter for Akan ethnic groups that were escaping from attacks by the Ashanti. In spite of their warm attitudes, however, they also had strict criteria for accepting strangers in their society. These include circumcision, patrilineal inheritance, the Dangme language, and dipo initiation rites for girls (Steegstra 2005:76). Kloli are very proud of their language and customs (in a positive way) in a manner that distinguishes them from other ethnic groups such as the Akim and Akwamu (Field 1943:61). It appears that these criteria for inclusion into Klo society are being surreptitiously applied to orphans. Orphans are classified as ‘home’ (Klo) or ‘outside’ (‘strangers’) based on whether their two parents were ‘pure Klo’. This classification was revealed in an FGD with sub-divisional chiefs (Asafoatseme) in Odumase in April 2009, but it is shared by other Klo citizens that I spoke with. It is, however, an unspoken and controversial distinction. For me, it is critical because it could be a potential basis for discriminating against some orphans.

According Asafoatse XX⁴ (a sub-divisional chief), the home orphan is one whose parents were both natives of Manya Klo. The home orphan has ‘pure Klo blood’ because her/his parents’ blood is not ‘mixed’. On the other hand, the ‘outside’ orphan has ‘mixed blood’ based on her/his mixed ethnic parentage. An orphan with an unknown or missing parent is also described as an outsider because the Klo-ness of the missing parent cannot be guaranteed. Place of birth is unimportant in this classification. If an orphan is born outside Manya Klo (or Ghana) to two known Klo natives then she/he has ‘pure Klo blood’ and is, therefore, a home orphan. In the same vein, an orphan born within Manya Klo, but to one nonnative parent is an outsider.

Each category of orphan – ‘home’ and ‘outside’ – is associated with certain behavioral characteristics. It is this practical manifestation of the categories that, for me, is critical because of the potential of it constituting a basis for differential treatment of orphans. The outside orphans are said to be more difficult to control and more difficult to discipline because,

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⁴ I use the letters to represent the names of the sub-divisional chiefs to protect their anonymity. The letters do not suggest the initials of the chief. Some of the issues they discussed with me and presented elsewhere are considered very sensitive in the politics of Manya Klo.
according to Asafoatse P: “Their blood is different. It is not Klo blood.” The outsiders are regarded as bad influences on the home orphans because the latter tends to emulate the bad behaviors of the former. Asafoatse MN blamed his niece’s truancy on the child’s blood:

My little sister’s daughter has different blood. Her blood is not Klo blood and so she behaves differently from the other children. She does strange things; she does not dress properly and she does not respect. Now the other children are beginning to copy her behaviors. (FGD, April 2009)

The home-outside categories were also used in some households, albeit in less obvious ways. Some queen mothers and other families that I visited described some of the orphans in their households that were ‘born elsewhere and brought here’, though not within the hearing of the children.

9.4. Living arrangements

9.4.1. Relationship with caregivers

It is often suggested that orphans in sub-Saharan Africa are either supported by women or they are on their own. Subsequently, in addition to the roles played by women, the roles of orphans (children, youth, and adolescents) as heads of households with responsibilities for themselves and for even younger children have received attention from researchers (Richter et al. 2008; Thurman et al. 2006; Robson 2004; Foster et al. 1995). Children’s, (including orphans’) competencies to influence decisions that affect them have also been recognized (Lansdown and Karkara 2006). Very little is known, however, about men’s contribution to the wellbeing of orphans. We do not know if men have orphans in their households, even in a patrilineal society like Manya Klo, where men are most likely to hold the position of authority in households.

The data in Table 9.8, which were collected on households headed by queen mothers, suggest that almost all the orphans in the survey (90 percent) said they were related to the queen mother by blood (mother, aunt, grandmother) or through marriage (step mother). Another 14.3 percent live with queen mothers as their fictive kin; that is, as ‘mothers’ to their citizens. Only 6.1 percent of orphans live with the queen mother through their relation with a male; that is, as
father (2 percent) or grandfather (4.1 percent). On the average, each orphan in the survey has lived with a queen mother for 4 years and 9 months. The minimum period is below one year and the maximum is 11 years or since birth.

The predominance of women in fostering orphans may not, however, be as high as is suggested if we look at households other than female headed ones. In the qualitative study, more orphans reported living with male caregivers than with female caregivers (Table 9.8). Close to two-thirds (61.5 percent) of all orphans lived with male relatives: father 5.1 percent, father or mother’s brother 41 percent, grandfather 5.1 percent, and older brother 10.3 percent. Those who reported living with females lived with: mother 5.1 percent, grandmother 15.4 percent, and queen mother 18 percent. This suggests a greater influence of men in fostering orphans than has been previously reported (GAC/UNDP 2003; GSS et al. 2004).

### 9.4.2. Living with living parents and circulation of orphans

The death of parents compels orphans to live with queen mothers so that their need for protection, among other needs, would be met. Conversely, when a child has a living parent, it would be expected that that child would live with her/his single parent. Unfortunately, very few orphans live with their living parents. Even then, they are more likely to live with their living mothers than with their fathers. Of all the orphans that are living with queen mothers (Figure 9.5), 40.8 percent have living mothers, but less than half of that proportion (45 percent) actually lives in the same household as their mothers. Also, 24.5 percent of all orphans have living fathers, but none of them lives with their father. When I asked the single orphans why they did not live with their living parents, they responded that their parents’ ‘whereabouts is unknown’, ‘had traveled’, ‘lives elsewhere’, or that they are ‘not being responsible’.

The lack of support from living parents increases the burden of support. One of the customary arrangements for coping with the burden of fostering is to circulate orphans among relatives from time to time, depending on the abilities of extended families to take in the orphans. Only 28.6 percent of orphans have remained in the homes in which they lived with their parents. The majority (71.4 percent) of orphans have had to move (that is, change residence) at least once due
to the death of their parents. For 67.3 percent of orphans, their current home is the second (the first since the death of their parents) and for 4.1 percent it is their third home (the second since their parents died). Those who had moved twice after the death of their parents did so because the second parent or the caregivers who took them in after the death of their parents also died (Table 9.9). Derek, an 8-year-old male orphan shared his experience:

I lived with my mother, but she died. After she died there was nobody… I could live with in the village and so I went to live with my father and step mother, but my father died too. So now I live with my grandmother [queen mother]. (FGD – November 2008)

Death is not the only reason orphans change residence. Amanor, a 9-year-old male orphan, had to live with his maternal grandmother (a queen mother) because of the abusive treatment meted out to him by his step mother after the death of his natural mother. He told me that: “At first, I was living with my father and step mother, but my step mother was so cruel to me and so my father asked me to go and live with my grandmother.” Adult women and queen mothers blame abuses by step mothers on men.5 They said the men were not doing enough to protect the rights of their children; ‘they close their eyes to the abusive behaviors of their wives’.

There were variations in the experiences of the orphans regarding their circulation between different homes. Generally, the adults do not disclose to the orphans the reasons for their relocation. Orphans were sent to their relatives under the pretext of spending school vacations, only to be asked to stay. The lack of explanations to the orphans is deliberate because death is considered too complicated for children to comprehend.

Eight-year-old Awo lived with her mother in UMK. After the death of her mother, her grandmother invited her to visit. Two months later her grandmother told her she (Awo) would not return to the village and so she remained in LMK. Nine-year-old Larko also came from UMK to spend school holidays with her aunt. When school reopened, her aunt asked her to remain with her in LMK. Tetteh is also nine years old. He recalls that two years ago his uncle called him and said: “We are going somewhere. You will not return. You will live there and

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5 It is not every step-motherhood that is due to polygyny. Some men married after the death of their wives.
attend school.” These experiences also suggest that children in rural areas were more likely to move south to the urban LMK than the reverse happening.

9.5. **Effects of parental loss on orphans**

9.5.1. **Knowledge of orphans about parental background**

It has been suggested that orphans suffer psychological problems such as depression, guilt, and fear due to the death of their parents (Cluver and Gardner 2007). The psychological impact of parental loss may be worsened if orphans suffer discrimination, poverty, and have reduced access to schooling (Foster 2006). The evaluation of psychological condition of orphans, however, has often been based on the perspectives of adults (caregivers and researchers). We are often not told about orphans’ views about the kinds of relationships that they have with their parents and how the cessation of those relationships affect them. Against this background, I asked the orphans about their parents. A staggering 88.9 percent of maternal orphans say they do not know the cause of their mothers’ deaths and 86.5 percent of paternal orphans say they do not know the cause of their fathers’ deaths (Figure 9.6). Parental deaths were attributed to malaria and other ‘illnesses’ that were not named. Only fathers were reported to have died through motor accidents (driving is a very popular profession among males, and accidents due to unsafe driving are very common). In the queen mothers’ survey, 25 percent said they suspected that the orphan’s parent had died of AIDS, and 8.3 percent suspected that the orphans might be HIV positive.

Adult females and older children, especially females, are often regarded as the ones who provide support to the relatives with AIDS (Foster 2006; Gilborn et al. 2001). In this study, female and male orphans have experience providing support to their very ill parents and did so at very early ages, and sometimes did so all by themselves without assistance from any adult. Orphans in the FGDs recall vividly some of the events that led to the death of their parents and the roles that they played. Teitsu is an 11-year-old male. His father fell very ill when he (Teitsu) was 6 years old. He was alone with his father and there was no one to cook for him. Their only means of survival were occasional gifts of money from his father’s brothers. He was in charge
Hogbayo is 9 years old. She remembers that her father was ill for a long time. One day in 2006, when she was 7 years old, she accompanied her father to the toilet, which was about two hundred and fifty meters away from their home, and waited for him a few meters away from the toilet. Suddenly, ‘something happened’ to her father and he screamed and so Hogbayo went home to call her mother. The father was taken to a traditional healer. He remained at the healer’s shrine until the healer revealed that the father would soon die. On that revelation, he was sent back to their home, where he died a few days later.

9.5.2. Problems associated with parental death

The death of parents affects the mental health of orphans (Wood et al. 2006; Atwine et al. 2005). In many resource-constrained countries, this impact of parental death and other related factors are often neglected (Foster 2006:700). To ascertain how orphans have been affected by the death of their parents, I asked them to describe the changes that have occurred in their lives since their parents died. More than two thirds, 68.5 percent, said they did not know how they have been affected by the death of their parents, and 13.5 percent said the deaths of their parents have not affected them (Figure 9.7). These responses must, however, be examined within a context where some orphans were likely to have lost their parents when they were very young or might have barely lived with their parents to experience a meaningful parent-child relationship. Those who said they have been affected by their parents’ demise listed psychosocial effects. Three percent said they went to church less often, 5 percent said they have no friends, 3.2 percent said they missed their parents, and 5.5 percent said they were unhappy.

I also asked the orphans about the ‘things’ that they worried about. This question was intended to elicit additional information because they had indicated (Figure 9.7) that they did not know how they have been impacted by the death of their parents. The responses presented in Table 9.10 are my categorization of their open-ended responses. About a quarter of them said they worry about school-related problems such as school uniform, transport, fees for extra classes, stationery, and others. The least of their worries are food, clothing, and money. They also worry
about being discriminated against due to their status as orphans (2 percent), being insulted (8.2 percent), and missing their parents (8.2 percent).

The proportions of ‘Don’t know’ responses (12.2 percent) and ‘No response’ (16.3 percent) (Table 9.10) are high. I would like to consider these totals as problematic because they suggest that the orphans do not have the space to articulate their problems.

9.5.3. Dealing with worries by relating to parents’ items

Child experts (FHI 2005b) have observed that one coping strategy used by orphans when they are worried is to develop a close association with certain physical objects or properties that belonged to their dead parents. They substitute these objects for their parents and relate to them as if the objects were human. Only 38.8 percent of the orphans surveyed had an object like a picture, letter, clothes or farm by which they remember their parents. Almost half (44.9 percent) said they do not have any property of their parents’ and 10.2 percent did not know if they have any property of their parents’ (Table 9.11). Queen mothers and male elders suggested that some of the orphans may have properties, but they may not be aware about them. In accordance with the system of inheritance, an older member of the extended family takes custody of a property instead of a young child until that child is old enough to take possession of the property that has been bequeathed to her/him. Although there was no known case of relatives grabbing the properties bequeathed to orphans, stories are often told about dead relatives who sold their properties to raise money for health care. This may affect the value of whatever is left to the orphans.

Of those who had any items from their parents, 26.3 percent said they look at them when they are sad, 36.8 percent when they feel lonely, and about a third or 31.6 percent, when they want to be with their parents. Marko has his father’s batakari (a loose local garment) safely kept in his cupboard. He recently took it out, wore it, and took a picture with it. He quickly wrapped the garment in a plastic bag and returned it to the cupboard. These days, when he is sad and lonely, he looks at his picture with the batakari, which reminds him of his loving and hardworking father. He is 11 years old and he wants to emulate his father’s work ethic. Amanyeyo has her
mother’s picture and a dress that her mother gave her. When she was leaving the village to come
and live with her grandmother at Nuaso, she left the dress, but carried the picture. She said her
mother’s picture reminds her of the good mother she once had: “Things have never been the
same since my mother died,” she said.

9.5.4.  Happy times…?

It appears that the lives of the orphans are not all gloomy. They have their happy times too, even
if these times are few and are for short periods only. I asked them how they felt about their lives
at the time of the interview. Table 9.12 suggests that 90 percent described themselves as
somewhat happy. As many as 43 percent intimated that they were very happy, 24.5 percent said
they felt happy, and 20.4 percent said they were somewhat happy. Six percent said they were
sad and 4.1 percent were very unhappy.

There is a correlation between how orphans feel and the extent to which they are able to deal
with the issues that they worried about (Table 9.11). More than a quarter of them felt very happy
because they do not go hungry, 16.3 percent were happy because they went to school, and 8.2
percent because they had clothes to wear (Table 9.13). What is significant here is that a quarter
of them claimed that their happiness had to do with the good relationships that they have with
their caregivers. In other words, they were happy because they are treated well (see Chapter 10
for more on this).

Not all orphans are happy. Some of them are unhappy because they are insulted (6.1 percent),
miss their parents (2 percent), are beaten by their guardians (4.1 percent) or they are unable to
afford school-related levies (4.1 percent). Throughout the field work I heard several queen
mothers threaten to beat orphans for all manner of misbehaviors such as not helping with
household chores, not going to school or not having a bath, but I never witnessed a queen
mother beat an orphan.

Although the statistics from the survey suggest that the majority of the orphans were somewhat
happy, the responses from the formative research were mixed. I asked the orphans: ‘How do you
feel about your lives?’ The following reactions to the questions suggest that the survey participants may not necessarily be reflecting the reality of their situation. The following reactions by two FGD participants indicate feelings other than what were suggested by the survey participants:

Girl 9: I am not happy…. It is hard… for me to explain. (She stops speaking, her eyes are teary.)
Girl 10: Life is very difficult. (She speaks without raising her head. She sobs and then stops speaking with her head still bowed.)

Additional responses elicited through projective techniques also suggest that some of them appeared not to be happy with the kinds of relationships that they had with their caregivers. I asked each of the children in the FGD to pick an object that best represented their caregiver and then explain their choice. The three types of caregivers, according to my interpretation of their descriptions, are: the kind, the kind but fearful, and the fearful.

The kind:
Girl 7: Looks like an old woman. She is kind-hearted.
Girl 8: She looks strong, stable, reliable, and friendly. She likes people.

The kind but fearful:
Boy 9: It doesn’t look like a kind creature. It looks like it will always be screaming, yelling, and scaring those around her.
Boy 8: It looks very calm, but it will tear you into pieces if you provoke it.

Fearful:
Boy 10: Mine [that is, caregiver] would be a goat because she quarrels a lot. She quarrels with all the people in the house. Whenever she is quarrelling, I feel so embarrassed and so I go to sleep.
Girl 11: She will be a dog. She really barks. She will scream when she doesn’t have to. She insults me a lot. She thinks I am too slow and I spend a lot of time to finish my work in the house.
Girl 10: Mine … is a chicken. The slightest mistake you commit is like you have attacked her chicks. She will beat and yell insults at you.
9.6. Orphans’ perceptions about HIV and AIDS

An analysis of the situation of orphans in an HIV endemic area will be incomplete if it does not include the views of the orphans on aspects of the pandemic, especially when orphanhood is directly linked to AIDS. Sexual intercourse between heterosexuals is the major source of HIV transmission in Ghana. Records indicate that young people in Ghana have sex early and are, therefore, being exposed to the virus at an early stage. An estimated 8 percent of females and 4 percent of males in Ghana had penetrative sex before age 15 (GSS, GHS and Macro 2009:265). Preventing new HIV infections among orphans, therefore, provides ‘a window of hope’ to protect them against the very conditions that decimated their parents, and to break the cycle that reproduces orphans (GAC 2010).

HIV prevention education has been an important component of the work of queen mothers in the past decade. Their objective is to have orphans (and all young people) delay the age at which they become sexually active. The MKQMA, the district assembly, and NGOs such as Plan Ghana provide information and education on HIV to children in-school and youth out-of-school. In spite of these efforts, many adults, including parents living with HIV (PaLHIV), in this study think that children do not understand what it means to have an HIV-positive parent.

I asked the orphans about whether parents with HIV should inform their children about their sero-positive status. The majority (71.4 percent) said parents should inform their children about their HIV-positive status, but 16.3 percent thought otherwise, while 6.1 percent did not know whether children should be told, and 6.1 percent did not respond to the question (Table 9.14).

According to 67.4 percent of the orphans, when children know about their parents’ sero-positive status, they would learn from their parents’ experiences and avoid being infected. Less than 5 percent said it would help children prepare emotionally to deal with their parents’ conditions, and 2.3 percent said it would help children prepare practically; that is, to learn how they could be of help to their parents. Seven percent did not know the impact that knowing their parents’ status could have on them, and 18.6 percent declined to respond to the question (Table 9.14).
9.7. Summary and conclusions

The objective of this chapter was to present an analysis of the situation of a crosssection of the orphans enrolled in the MKQMA orphans’ project. The presentation is based mostly on the orphans’ own knowledge about themselves. I have estimated the magnitude of the orphan crisis and pointed out how orphans are distributed across the MKTA, and also pointed out the differences in the orphan burden between the rural north and the urban south. The movement of orphans is, however, unidirectional, from the rural to the urban areas. This suggests that those in the rural areas may be exposed to more vulnerabilities than their colleagues in the urban areas, but it also suggests that the problems about orphans in the urban areas may be increasing. The very high proportions of orphans in both urban and rural households could have very serious repercussions as their caregivers may be overwhelmed by the sheer numbers. The lack of material assistance partly accounts for orphans relying heavily on religion in the hope that divine intervention will provide them the material and psychosocial progress and satisfaction that they lack.

Previous studies have not provided quantitative measures of the number of orphans in the queen mothers’ households. The large number of orphans that are found in these households is astounding. This means that the orphan crises may be much more significant than previously discussed and the conditions of orphans may be worse. Clearly, one impact of parental demise is seen in the number of years that orphans lag behind in education. The years lost in schooling is also due to other factors, such as the nonaffordability of different fees demanded by school authorities.

Orphans are not a homogeneous group of children. Among other categories, orphans are also classified as ‘home’ and ‘outside’ based on whether their parents are/were Manya Kloli. The significance of the home/outside categories is the tendency to associate them with positive and negative behaviors. Such a dichotomy could be a recipe for stereotyping and discriminating against orphans. Placing orphans, including those of the same household, into such fixed groups adds a new dimension to orphan classification and needs to be explored further.
There are several issues that affect their wellbeing, beginning at the time when their parents were sick, through their deaths, to when the orphans are moved among relatives and nonrelatives. These experiences are best expressed by the children themselves; however, determining the issues that affect the orphans requires asking different kinds of questions to enable them to better articulate these issues. They are aware of their vulnerabilities and their awareness is already affecting their life choices. Some of them think that a profession that requires the shortest duration of schooling was the best way out of hardship.

The HIV prevention messages appear to be making an impact on the children who think that they should be informed when their parents test positive for HIV, because that information will help them to protect themselves and also help their parents. Indeed knowing a PLHIV serves as a deterrent for other people and encourages them to stay uninfected.

The findings from this chapter show that the loss of parents is experienced differently by the orphans. Given the chance, children can contribute important data that will inform decisions and practices that affect their lives. A better understanding of these effects is best achieved when the views of the orphans are elicited from them directly and not through adults. The orphans’ ability to pinpoint their problems could be a very useful way to knowing and addressing their needs.
Table 9.1 Adults’ perceptions on increase of orphans in the last 2 years?

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Queen mother</th>
<th>Household</th>
<th>Total=N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>42</td>
<td>43</td>
<td>85</td>
<td>87.6</td>
</tr>
<tr>
<td>No</td>
<td>7</td>
<td>5</td>
<td>12</td>
<td>12.4</td>
</tr>
<tr>
<td>Total</td>
<td>49</td>
<td>48</td>
<td>97</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Fieldwork 2009

Table 9.2 Rural-urban distribution of orphans in Manya Klo

<table>
<thead>
<tr>
<th>Area</th>
<th>Household =N</th>
<th>Total=N</th>
<th>Female =</th>
<th>Male =</th>
<th>Orphan = %</th>
</tr>
</thead>
<tbody>
<tr>
<td>UMK</td>
<td>24</td>
<td>103</td>
<td>52.4</td>
<td>47.6</td>
<td>100</td>
</tr>
<tr>
<td>LMK</td>
<td>20</td>
<td>85</td>
<td>56.5</td>
<td>43.5</td>
<td>100</td>
</tr>
<tr>
<td>MKTA</td>
<td>44</td>
<td>188</td>
<td>54.3</td>
<td>45.7</td>
<td>100</td>
</tr>
</tbody>
</table>

Rural orphans = 54.8%  Rural mean 4.3
Urban orphans = 45.2% Urban mean 4.25
MKTA mean (orphan per household) 4.27

Source: Fieldwork 2009

Figure 9.1 Age characteristics of orphans

Source: Fieldwork 2009
Figure 9.2 Orphans’ country and region of birth

<table>
<thead>
<tr>
<th>Country</th>
<th>Region in Ghana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ghana</td>
<td>92</td>
</tr>
<tr>
<td>Ivory Coast</td>
<td>8</td>
</tr>
<tr>
<td>Eastern</td>
<td>93</td>
</tr>
<tr>
<td>Brong Ahafo</td>
<td>2</td>
</tr>
<tr>
<td>Don't Know</td>
<td>5</td>
</tr>
</tbody>
</table>

Source: Fieldwork 2009

Table 9.3 Religion and Christian denomination of orphans

<table>
<thead>
<tr>
<th>Religion</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christian</td>
<td>98</td>
</tr>
<tr>
<td>Muslim</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Christian denomination</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic,</td>
<td></td>
</tr>
<tr>
<td>Protestant/Orthodox</td>
<td></td>
</tr>
<tr>
<td>Presbyterian</td>
<td>43</td>
</tr>
<tr>
<td>Methodist</td>
<td>6</td>
</tr>
<tr>
<td>Roman Catholic</td>
<td>10.2</td>
</tr>
<tr>
<td>Anglican</td>
<td>4.1</td>
</tr>
<tr>
<td>Charismatic, Spiritual</td>
<td></td>
</tr>
<tr>
<td>Pentecost</td>
<td>14.3</td>
</tr>
<tr>
<td>Apostolic</td>
<td>2</td>
</tr>
<tr>
<td>Assemblies of God</td>
<td>2</td>
</tr>
<tr>
<td>Church of Christ</td>
<td>2</td>
</tr>
<tr>
<td>Baptist</td>
<td>2</td>
</tr>
<tr>
<td>United Christian</td>
<td>4.1</td>
</tr>
<tr>
<td>Christ Apostolic</td>
<td>2</td>
</tr>
<tr>
<td>No response</td>
<td>8.2</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Fieldwork 2009
Table 9.4 Participation in religious activities

<table>
<thead>
<tr>
<th></th>
<th>Orphans =N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>I go to church/the mosque:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often</td>
<td>43</td>
<td>87.8</td>
</tr>
<tr>
<td>Sometimes</td>
<td>5</td>
<td>10.2</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>49</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Why I go to church/mosque

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Listen to the Gospel</td>
<td>18</td>
<td>36.7</td>
</tr>
<tr>
<td>Find blessings/guidance</td>
<td>9</td>
<td>18.4</td>
</tr>
<tr>
<td>Worship and praise God</td>
<td>13</td>
<td>26.5</td>
</tr>
<tr>
<td>Seek forgiveness of sins</td>
<td>3</td>
<td>6.1</td>
</tr>
<tr>
<td>Seek good health</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Find happiness</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Ask God for wisdom</td>
<td>2</td>
<td>4.1</td>
</tr>
<tr>
<td>Don't know</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>49</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: Fieldwork 2009

Figure 9.3 Types of schools attended by orphans

Source: Fieldwork 2009
### Table 9.5 Orphans’ age and class

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Expected class</th>
<th>Actual class</th>
<th>Orphan = N</th>
<th>Orphs. in expected class</th>
<th>School years lost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>P1</td>
<td>P2</td>
<td>P3</td>
<td>P4</td>
<td>P5</td>
</tr>
<tr>
<td>6</td>
<td>P1</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>P2</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8</td>
<td>P3</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>9</td>
<td>P4</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>10</td>
<td>P5</td>
<td>0</td>
<td>2</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>11</td>
<td>P6</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>N=</td>
<td>12</td>
<td>9</td>
<td>10</td>
<td>13</td>
<td>5</td>
</tr>
<tr>
<td>Percent</td>
<td>24.5</td>
<td>18.4</td>
<td>20.4</td>
<td>26.5</td>
<td>10.2</td>
</tr>
</tbody>
</table>

Source: Fieldwork 2009

### Table 9.6 Dream professions of orphans

<table>
<thead>
<tr>
<th>Profession</th>
<th>Female = %</th>
<th>Male = %</th>
<th>Total = %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pastor</td>
<td>2</td>
<td>6.2</td>
<td>8.2</td>
</tr>
<tr>
<td>Teacher</td>
<td>12.3</td>
<td>8.2</td>
<td>20.4</td>
</tr>
<tr>
<td>Doctor</td>
<td>4.2</td>
<td>6.2</td>
<td>10.3</td>
</tr>
<tr>
<td>Engineer</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Nurse</td>
<td>18.5</td>
<td>18.4</td>
<td>18.4</td>
</tr>
<tr>
<td>Dressmaker</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Lawyer</td>
<td>2</td>
<td>6.2</td>
<td>8.2</td>
</tr>
<tr>
<td>Policeman</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>President</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Mason</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Driver</td>
<td>4.1</td>
<td>4.1</td>
<td>4.1</td>
</tr>
<tr>
<td>Footballer</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Trader</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Soldier</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Accountant</td>
<td>2</td>
<td>6.2</td>
<td>8.2</td>
</tr>
<tr>
<td>Don't Know</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>No response</td>
<td>4.2</td>
<td>4.2</td>
<td>4.2</td>
</tr>
<tr>
<td>Total</td>
<td>47</td>
<td>53</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Fieldwork 2009
Table 9.7 Parental statuses of orphans (single orphans)

<table>
<thead>
<tr>
<th>Parent</th>
<th>Status of parent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dead</td>
<td>Living</td>
</tr>
<tr>
<td>Mother</td>
<td>55.1</td>
<td>40.8</td>
</tr>
<tr>
<td>Father</td>
<td>77.6</td>
<td>22.4</td>
</tr>
</tbody>
</table>

Source: Fieldwork 2009

Figure 9.4 Types of orphans

Source: Fieldwork 2009

Table 9.8 Orphan-guardian relationships (survey & formative research)

<table>
<thead>
<tr>
<th>Guardian</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>4</td>
<td>8.2</td>
</tr>
<tr>
<td>Father</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Aunt</td>
<td>16</td>
<td>32.7</td>
</tr>
<tr>
<td>Grandmother</td>
<td>16</td>
<td>32.7</td>
</tr>
<tr>
<td>Grandfather</td>
<td>2</td>
<td>4.1</td>
</tr>
<tr>
<td>Queen mother</td>
<td>7</td>
<td>14.3</td>
</tr>
<tr>
<td>Step mother</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Don't know</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Orphan-guardian relationship -Formative study

<table>
<thead>
<tr>
<th>Guardian</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>4</td>
<td>8.2</td>
</tr>
<tr>
<td>Father</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Aunt</td>
<td>16</td>
<td>32.7</td>
</tr>
<tr>
<td>Grandmother</td>
<td>16</td>
<td>32.7</td>
</tr>
<tr>
<td>Grandfather</td>
<td>2</td>
<td>4.1</td>
</tr>
<tr>
<td>Queen mother</td>
<td>7</td>
<td>14.3</td>
</tr>
<tr>
<td>Step mother</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Don't know</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Source: Fieldwork 2008 & 2009
**Figure 9.5** Single orphans living with living parent

![Bar chart showing the percentage of orphans living with living parents by gender of surviving parent: 40.8% with a mother living, 18.4% with a father living, and 24.5% with both parents living.]

Source: Fieldwork 2009

**Table 9.9** Number of homes orphans lived in

<table>
<thead>
<tr>
<th>Homes = N</th>
<th>Orphans = %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>28.6</td>
</tr>
<tr>
<td>2</td>
<td>67.3</td>
</tr>
<tr>
<td>3</td>
<td>4.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Mean number of homes = 1.71
Mean stay = 4 years 9 ms
Minimum = below 1 year
Maximum = eleven years

Source: Fieldwork 2009
Figure 9.6 Cause of parents’ death

![Bar graph showing the cause of parents' death with percentages for different causes and different genders.]

Source: Fieldwork 2009

Figure 9.7 Orphan views on effects of parental loss

![Bar graph showing the effects of parental death on orphans' views with percentages for different effects.]

Source: Fieldwork 2009

Table 9.10 Things orphans worry about

<table>
<thead>
<tr>
<th>Type</th>
<th>Orphans worry about</th>
<th>Orphan = %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Material/physical</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School</td>
<td>24.5</td>
<td></td>
</tr>
<tr>
<td>Health condition</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Clothing</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Money</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Non-material</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(psychosocial)</td>
<td>Discrimination</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Insult</td>
<td>8.2</td>
</tr>
<tr>
<td></td>
<td>Death of parent</td>
<td>8.2</td>
</tr>
<tr>
<td></td>
<td>Nothing</td>
<td>20.4</td>
</tr>
<tr>
<td></td>
<td>Don't know</td>
<td>12.2</td>
</tr>
<tr>
<td></td>
<td>No response</td>
<td>16.3</td>
</tr>
</tbody>
</table>

Source: Fieldwork 2009
### Table 9.11 Significance of personal items left by parents

<table>
<thead>
<tr>
<th>Response</th>
<th>Orphans=</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have an item of my parents’</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>19</td>
<td>38.8</td>
</tr>
<tr>
<td>No</td>
<td>22</td>
<td>44.9</td>
</tr>
<tr>
<td>Don't Know</td>
<td>5</td>
<td>10.2</td>
</tr>
<tr>
<td>No response</td>
<td>3</td>
<td>6.1</td>
</tr>
<tr>
<td>Total</td>
<td>49</td>
<td>100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Orphans=</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>I look at the item when:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am sad</td>
<td>5</td>
<td>26.3</td>
</tr>
<tr>
<td>I feel lonely</td>
<td>7</td>
<td>36.8</td>
</tr>
<tr>
<td>I want to be with my parent</td>
<td>6</td>
<td>31.6</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td>5.3</td>
</tr>
</tbody>
</table>

Source: Fieldwork 2009

### Table 9.12 How does child feel now?

<table>
<thead>
<tr>
<th>How orphan feel now</th>
<th>Orphans %</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel very happy</td>
<td>43</td>
</tr>
<tr>
<td>I feel happy</td>
<td>24.5</td>
</tr>
<tr>
<td>I feel somewhat happy</td>
<td>20.4</td>
</tr>
<tr>
<td>I feel sad</td>
<td>6</td>
</tr>
<tr>
<td>I feel very unhappy</td>
<td>4.1</td>
</tr>
<tr>
<td>No response</td>
<td>2</td>
</tr>
</tbody>
</table>

Total 100

Source: Fieldwork 2009

### Table 9.13 Why orphans feel the way they do (unprompted)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Orphan=N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I don't go hungry</td>
<td>14</td>
<td>28.6</td>
</tr>
<tr>
<td>I have clothes</td>
<td>4</td>
<td>8.2</td>
</tr>
<tr>
<td>I go to school</td>
<td>8</td>
<td>16.3</td>
</tr>
<tr>
<td>I am treated well</td>
<td>12</td>
<td>24.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason</th>
<th>Orphan=N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I don't get what I need</td>
<td>2</td>
<td>4.1</td>
</tr>
<tr>
<td>I can't afford school</td>
<td>2</td>
<td>4.1</td>
</tr>
<tr>
<td>I am beaten</td>
<td>2</td>
<td>4.1</td>
</tr>
<tr>
<td>I am insulted</td>
<td>3</td>
<td>6.1</td>
</tr>
<tr>
<td>I miss my mother</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Total 49 100

Source: Fieldwork 2009
Table 9.14 Should parents with HIV or AIDS tell their children?

<table>
<thead>
<tr>
<th>Parents must talk AIDS</th>
<th>Orphans = N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>35</td>
<td>71.4</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
<td>16.3</td>
</tr>
<tr>
<td>Don't Know</td>
<td>3</td>
<td>6.1</td>
</tr>
<tr>
<td>No response</td>
<td>3</td>
<td>6.1</td>
</tr>
<tr>
<td>Total</td>
<td>49</td>
<td>100</td>
</tr>
</tbody>
</table>

When parents talk about their status:

<table>
<thead>
<tr>
<th></th>
<th>Orphans = N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children can prepare emotionally</td>
<td>2</td>
<td>4.7</td>
</tr>
<tr>
<td>Children can prepare practically</td>
<td>1</td>
<td>2.3</td>
</tr>
<tr>
<td>Children can avoid being infected</td>
<td>29</td>
<td>67.4</td>
</tr>
<tr>
<td>Don't Know</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>No response</td>
<td>8</td>
<td>18.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>43</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
CHAPTER 10
Identifying and Meeting Orphans’ Needs

10.0. Introduction

What are the needs of orphans? Who or what conditions determine those needs? What do orphans say they need? Why would physically frail and economically disadvantaged women continue to struggle to provide for orphans? What contributions do orphans make to their own wellbeing? These are the questions I address in this chapter.

In the preceding chapters, I presented the contextual meanings of care and caregiver. I described the responsibilities of a caregiver towards an orphan, and analyzed the demographic characteristics of queen mothers as caregivers. Following this, I examined the contextual meaning of child/orphan, and the social characteristics of orphans. I have also explained that the caregiver may not be the one who provides things required by an orphan to live a meaningful life. This background is critical to answering the above questions. Local conceptions of orphan caregiving and the meanings of orphanhood may influence the outcome of local assessments of orphan need. The socio-demographic features of the caregivers may, in turn, affect their ability to fulfill their perceived obligations to the orphan.

In this chapter, I first examine how the needs of orphans are described and determined generally, and then examine the situation in Manya Klo. Outsider knowledge on the needs of orphans can be gleaned from several sources, but it is mostly available through the lenses of older women, academia, and donor agencies. To understand the factors that determine caregivers’ choices, and their ability to meet the needs, we need to know exactly how Manya Kloli explain the normative needs of orphans. In doing so, we will be better positioned to compare caregivers’ expectations against those of orphans. We can also learn about the agency of orphans in determining the things that affect their lives and, above all, find more effective ways to improve those lives.
10.1. Caregivers’ motivation to provide for orphans in Manya Klo

10.1.1. The value of children and orphan caregiving

Scholars have often turned to the theory of value of children or VOC to answer two questions: Why do people have children? and Why do people provide the needs of children? The VOC theory simply posits that having children and providing them with their needs is a choice that is shaped largely by social and economic factors. Children are considered as a critical component of domestic economic production and the more children there are the higher the economic yields (Sam 2001). The theory is based on analysis of agrarian societies to explain why people choose to have large families. People have large families so that they can have the labour force to cultivate large farms (see MOWAC 2005; Amanor 2001:19-20; see Li et al. 2008; Gupta 2005:126; Nsamenang 1992).

The above assumption holds true in many societies, including Manya Klo. VOC helps to explain the economic significance of children to domestic production, but it ignores the beliefs, the meanings of child/orphan, the personal motivation of the caregiver, and other factors that may impact the economic value of children. It does not explain why people have children or assume responsibility for orphans when it is obvious that it costs more to take on such a responsibility, especially in households with very poor economies (Sam 2001:6). Finally, in applying the VOC theory to orphans, we need to examine one important issue, and that is why people assume responsibility for children whose parents have died, and not just ‘why people decide to have children’.

Huber (1963/1973) observes that Klo children are an important pool of farm labor. The economic value of children in Manya Klo influences their circulation among relatives and nonrelatives. According to Field (1943), male children were needed to help in cultivating palm oil, and female children for processing palm nuts, palm oil, and palm kernel oil extraction for export (58-61). In addition to farming, female children take up additional responsibilities by supporting their parents to raise younger siblings and engage in other economic activities to help to improve household incomes (Goody 1982).

Recently, however, the value of children as farm labor force has dwindled due to the loss of
farm land and low incomes from agricultural production. In fact, the palm plantations are no
more and a majority of farmers in Manya Klo are subsisting (Amanor 2001:19-20; MKDA
2007). The current struggles by caregivers and the extended family in finding resources to
provide for orphans is further indication that instead of serving as a source of labour for older
generations, orphans or children generally have, rather, become a source of extra work for
adults, thereby denying the older generation their retirement and social security.

10.1.2. Caregiving as religious ‘cultural responsibility’

If caregivers provide for orphans in times of economic hardship, then the value of the Klo child
may be more than only economic. The value of children is shown in the conceptualization of
childlessness. In Ghana, children are regarded as (noneconomic) valuable assets and a blessing
from the ancestors, which every adult must have. Having children, therefore, enhances the status
of a parent because the respect accorded a woman, for example, depends on the number of
children she has (Kaplan 2003). On the other hand, childlessness, whether by choice or due to
physiological dysfunction, is considered to be a curse by the ancestors. The barren woman (or
man) may be accused of exchanging her fertility (‘killed the children’) for material wealth or
witchcraft. Barren women, therefore, are subjected to more abuse than other women, even by
their fellow women1 (Aidoo in Armah 1969: x).

The noneconomic value of children in Manya Klo was explained by Okyeame Sackitey. He
described the prestige associated with children in the society: “Children are our pride. You earn
a lot of respect if you have children.” According to one male elder, “For us, a child is more
valuable than all the riches in the world. When you are in need, money cannot help you, you
cannot talk to money.” External factors such as Christianity have also impacted the religious
significance of children. According to Christians like Manye Matseyo of Kordunya, it is the
obligation of a Christian parent to be responsible for her children. She stated that:

1 The other group of women who suffer is the ‘foolish’; those who rely entirely on their husbands for survival
(Armah 1969:x).
Giving birth is part of God’s plan. We, therefore, are responsible to God. The extent to which we are able to honor our obligation to our children reflects the value we put on them, and the extent to which we obey God.

Children contribute to improving the lives of older people in ways that have been taken-for-granted. Older (pensioned) men, for example, play with younger children, and even discuss matters with them. During an FGD with male elders over 65 years old, the grandchildren of one discussant, two boys and two girls between ages 4 and 6, kept running to him, and whispering in his ears. The old man, obviously enjoying the actions of his grandchildren intimated that: “It is fun listening to them. It gives me something to do. I have people to talk to, and I have people who look up to me.”

Having children is an honor, but raising them to become successful adults is regarded as more honorable. This means that the prestige and respect given to a parent depends on her/his ability to protect her/his children and provide their needs (Kaplan 1993), or what Okyeame Sackitey describes as: “the ability to fulfill the honorable cultural obligation” of parental responsibility to children. Providing children with their needs is, therefore, an acknowledgement of their total value not only as objects that could be exploited for economic benefits only.

For queen mothers, supporting orphans is part of a customarily instituted political responsibility, as much as it is part of their responsibilities as members of a lineage or family. Their status as leaders is assessed based on their performance as caregivers, regardless of whether the orphans are kin-related.

10.1.3. Caregiving as reciprocal social security

Although adults explained their obligations towards orphans as ‘cultural’ and ‘natural’, they discharge those responsibilities fully aware of the consequences of not honoring them. In other words, the principle of reciprocity underlies parental responsibilities towards children. A child is expected to reciprocate her/his caregiver. A parent who has efficiently discharged her/his caregiving responsibilities and has raised a successful child is guaranteed a safe and secured ‘retirement’ through assistance from the children in the future. This principle of reciprocal
social security is expressed in a popular proverb: “Parents provide for children for them to grow their teeth, and children provide for their parents for them to lose their teeth.” The import of this saying is that it is the duty of a parent to prepare a child (through caregiving) to take up her/his place in the physical world. The child in turn helps the parent to age gracefully and to move on to the spirit world of the ancestors in dignity. A good caregiver is honored with funerary ceremonies that befit her/his achievement (Nketa 1955/1969). It is believed that kind caregivers are immortalized by their actions: “Good name is never forgotten.” On the contrary, adults who neglect their children (and the childless) are often reminded: “Who will bury you, if you don’t take care of your child?”

A child who becomes a successful adult does not only reciprocate his parents, he is an asset to her/his community. Manye Nartekie asserts that: “A child that has benefited from the generosity of other people becomes an adult who appreciates the need to support others.” The added advantage, according to queen mothers in an FGD, is that giving children what they need keeps them away from social vices and gives the lineage a positive image.

The reciprocal nature of caregiving and supporting children in need makes the situation of childless adults more precarious; they do not have the security that is guaranteed parents. It is possible, however, for the childless to improve their future security by fostering children of their relatives (Kaplan 1993; Little 1972). When this happens, fostering serves as a source of friendship and support and helps to strengthen kin relations (Nsamenang 1992:149). Manye Nartekie told me about a childless queen mother who fostered an orphan from another family and later bequeathed her possessions to the foster child.

10.1.4. A pact with the spirits

As explained in Chapter 6, children (like everyone else) in Manya Klo are connected to spirit worlds; the spirit world from which they originate huanim, and one to which they will return gbeje. The spiritual nature of orphans is very important. It shapes the responsibilities of the caregiver and her/his relationship with the orphan, and the relationship of the two with the spirit
Among the Akans, for example, the father gives his *ntoro* (spirit) to the child, which helps to shape the child’s ‘personality’ and character (Aidoo 1985).

A child is a bridge between the living and dead (Sarpong 1974 in Sam 2001:9). The orphan as a *kpade bi* child of a ghost/spirit (dead parents), belongs to the physical world and also to the spiritual world of the parents. As a result, they are imbued with a special importance. The caregiver role, therefore, establishes a relationship between the living and the dead. Consequently, the caregiver’s responsibility to the orphan is also in service to and in honor of the dead. According to Manye Nartekie and Manye Kuah, and others, it is believed that the ghosts of dead parents watch over their children and protect them against physical and spiritual harm, including abuse. In this vein, there is the ‘need’ to build good social relations with orphans, because neglecting them may be tantamount to a violation of the rituals of the spirits and maybe a deity (*wɔ*). The consequence for violating a deity could be death (Steegstra 2005:164). Providing for the orphan fulfills the pact with the ghost and avoids any form of spiritual punishment.

Although orphans are not known to have much agency in the decisions about their lives, their agency is expressed in ways that may escape the attention of researchers and development agencies. As partly spiritual beings, orphans have ‘spiritual agency’, which is expressed mostly through demands made by the *kla* or *susuma* soul. A child may depart to the spirit world if its *kla* is unhappy with the care that it is receiving in the physical world. The *kla* may request that her/his parents’ ghost take her/him away to the spirit world, where it is believed that her/his concerns would be fully met (cf. Gottlieb 2004). An orphan’s prolonged sadness may be interpreted as her/his desire to join her/his dead parents in the spirit world.² If a caregiver neglects an orphan, the ghost of the child’s parent may ‘take the caregiver out of this life’.

The desire to avoid the social, spiritual, and psychological consequences of being a failed caregiver puts caregivers under enormous pressure. Children have little regard for guardians who are unable to provide for them. The disrespect towards a failed caregiver is said to be worse

² Two orphans I became friends with, a female and a male, died during the fieldwork. The male drowned in a stream and the female died from a boil on her head. Neither death was linked to ghosts.
when the child is forced to assume responsibility for her-/him-self. Adults also worry about self-guilt in case they are unable to provide for an orphan. Such an orphan may feel that she/he has been neglected so that the caregivers could provide for their biological children, or that they are being discriminated against because their parents have died. Indeed, these concerns were precisely the feelings that were verbalized by the orphans when I asked them how they felt in case their caregivers were unable to provide for them. Emily said: “If our parents were alive, they would have done the things for us,” and Nyarko said: “I feel very sad…. She will do it for her own child.” Some of them, however, appeared to be more sympathetic towards their caregivers. Gladys (age 9) said when she does not get the things she asks for, she believes that: “Maybe they don’t have the money to do things for me.” Nonetheless, failing to fulfill parental obligation could be a health hazard, as a queen mother explained: “It is very stressful not to be able to give your child what she needs. It makes you sick; you are always sick.”

10.2. Determining the needs of orphans – general

Orphans across sub-Saharan Africa have been described as needy and vulnerable, and caregivers are expected to provide the ‘needs’ of orphans, but exactly what are these needs? Opinions differ about the nature of orphans’ neediness. The disagreements are due to the fact that ‘child needs’ are usually not defined with reference to any contextual framework. Instead, they are founded on a universalized childhood model which is based on age and cognitive qualities. This framework ignores the differences and inequalities between children in different cultures, and the goals and priorities of parents and guardians (Yngvesson 2004:216; Chin 2001:131).

The current trend in orphan research seems to validate the above criticisms. The needs of orphans are predetermined and prioritized based on frameworks derived from quantitative and adultcentric global indicators that assess the capacity of families and community-based initiatives (Fattore et al. 2007; Foster and Williamson 2005). In the global texts, children’s needs are defined as: “The conditions of living necessary for the child’s development” (UNCRC Article 27, 2), or conditions which enable children/orphans ‘to live productive lives and make choices that allow them to lead long and healthy lives that they value’. These conditions include
psychological support, clothing, shelter, (good) nutrition, health and social services, protection from abuse, violence, inheritance, among others (UNDP 2010). Others highlight the challenges encountered by households with orphans or children and adult women and present these challenges as needs (Oleke et al. 2005; see Weissberg et al. 2003:1-3).

Orphans’ needs are also quantitatively determined by comparing their living conditions to those of non-orphans; thus, the lives of non-orphans become the standard for measuring the quality of the lives of orphans. For example, when compared to non-orphans, orphans are less likely to be enrolled in school, and if enrolled they are less likely to be consistently engaged in the learning process, and therefore less likely to do well academically (Jackson 2009; see Ainsworth et al. 2000). In Ghana 85.8 percent of orphans between ages 10 and 14 years were in school in 2006, against 88.9 percent of non-orphans in the same period (GSS, GHS and Macro 2009). Fostered children (including orphans) are more likely to have poor nutrition (Castle 1995; Bledsoe et al. 1988) and they are less likely to be vaccinated against childhood diseases (Richter et al. 2004).

Apart from comparing orphans to non-orphans, researchers highlight the potentially negative physical and psychological impact due to lack of social services or exposure to structural weaknesses such as poor schooling, residential instability, and violence on children (Leventhal and Brooks-Gunn 2003). These scholars would argue that poor nutrition increases orphans’ susceptibility to infections (Bhaskaram 2002), or, that the sexual activeness of teenage girls and boys in KwaZulu Natal in South Africa is reduced with increased schooling (Jackson 2009). The lack of schooling limits the chances of orphans to break free from poverty, and the opportunities for social mobility (Parker and Short 2009). Others (McDermott 2006; Nyamukapa et al. 2008) stress the need for orphans to have access to health care, HIV prevention, treatment, and health care services in order to eliminate their vulnerability to the same conditions that led to the death or incapacitation of their parents.

On the other hand, Cluver et al. (2007) and Foster (2002b) argue for a shift of focus from the physical needs of orphans to their psychological needs resulting from the traumatic experiences

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3 Weissberg, Walberg, O’Brien and Kuster 2003:3-4) contend that any attempt to improve the wellbeing of children must be based on a thorough application of objective quantitative (not qualitative) measures.
in dealing with their parents’ illnesses and deaths. Simms et al. (2000) assert that children in foster care (including orphans) do not receive proper psychological evaluation and they are less likely to receive emotional and psychological care. The basic argument made in studies that assess the psychological impact of orphanhood is that the death of a parent triggers or exacerbates certain psychological stressors. For example, orphans are more prone to harm, such as suicidal tendencies, and so there is an urgent need to focus attention on their psychological development (Atwine et al. 2005; Wood et al. 2006; Wolff and Fesseha 2005; Makame et al. 2002).

The biggest challenge in the above approaches is that they predetermine and prioritize needs based on theories that are not ‘culturally appropriate’ and are likely to result in ineffective interventions (Beard 2005:105). The psychological solutions recommended for orphans are also grounded in western ideas, values, and practices, which ignore the role of local practitioners, such as traditional healers, in dealing with the myriad psychosocial problems associated with AIDS orphanhood (Kayombo et al. 2005). They are selective in focus, in that they concentrate less on solutions that cannot be measured quantitatively, in accordance with the preconceived institutional objectives (Fattore 2007; cf. Donaldson and Field 1998; see Weissberg et al. 2003:3-4).

The focus on individual predetermined needs does not engender broader contextual analysis of the situation of orphans and understanding of caregivers’ struggles to enable orphans to live ‘meaningful lives’. Each of the needs identified is important, and each researcher maintains that the needs they have identified should be urgently provided. Instead of highlighting specific needs, Nyambedha et al. (2003) suggests implicitly that emphasis must be placed on the broader understanding of ‘care’, which includes giving orphans education, health, and food and fulfilling other aspects of ‘care’. This implies that we analyze the wider social relations and factors, including the beliefs and practices in which childcare is embedded (Montgomery 2005; Renne 2005).

In all the ongoing debates, there is no mention of the perspectives of the caregivers. We do not know what caregivers know and say about the needs of their orphans. Very little is known about extended family support to households, and much less about orphans’ perspectives. Contextual
conceptualization of needs may shape parental responsibilities, just as parental responsibilities may reflect societal values of parenthood (Montgomery 2005). It is not known how caregivers, in the midst of abject scarcity of resources (Chapter 8), determine which needs to provide. Prioritization is very critical especially when, as we have seen, the household capacity is overstretched and expenditures are tightly controlled.

10.2.1. Identifying, describing, and prioritizing the needs of orphans

During the first part of the formative research in (June – August) 2007, I conducted semistructured interviews and FGDs with 30 community advocates, made up of adult females and males, queen mothers, health workers, and male elders. I asked them to explain ‘child need’ (jokwe hiami ni). The definitions included: “The necessities of life…, the things that will improve the child’s physical and social growth.” Nihi nejokwe hia bøne pe ne ny ëne e wa – (All the things that a child requires to live – adult males). The consensus was that the needs of an orphan (ahusabi hiami ni) are the same as the needs of any other child, but orphans require much more of certain ‘things’ than non-orphans. The needs of orphans were identified as: food, education, clothing, comfort, protection, love, shelter, and health. The participants’ definitions of orphans’ needs are presented in the textbox below.
Box 10: 1 Child need as prioritized and defined by study participants in Manya Klo.

| Food: A good meal, that is, “a balanced diet” and “eating three times a day.” |
| Health: Includes children not reporting sick all the time, being able to access appropriate health facilities when need be, having health insurance, and promoting the orphan’s psychosocial wellbeing. |
| Shelter: “A place for the child to lay his head” (to live) and “a place to sleep.” According to Auntie Connie, a trained teacher and member of Manye Nartekie’s household, shelter is not only about whether the orphan has a physical place of abode or lacks such a place (homeless). It is about ensuring security and safety of those who inhabit such a place. She opines that “what is available must be clean, secure to prevent rape [of girls] and theft. Sleeping places must also be well ventilated, with non-leaking roofs, have comfortable beds or mats.” |
| Clothes: This refers not only to the garments or attires that orphans put on their bodies, but also to the condition and appropriateness of what they wear. It also refers to the hygienic conditions (cleanliness) and the general appearance of the orphans. |
| Education: There are three kinds of education that were referred to in the study: formal education (schooling), apprenticeships, and ‘cultural training’/socialization. Asafoatse ZT states: “The child must be trained to know his roots, his culture and identity.” In this chapter, I focus on formal education (schooling). |
| Psychosocial need: ‘Psychosocial’ is a very complex term, and it means different things to different people. It is a composite term that encompasses nonmaterial/nonphysical needs such as: emotional stability, comfort, religion, protection against evil spirits, happiness, anti-stigma and discrimination, peace of mind, confidence, advice, love, and others. |

After listing and explaining the needs, the participants ranked the different needs on a scale of 1 to 6, with 1 being the highest priority score and 6 the least score (Table 10.1). The needs in order of priority were: food, shelter, health, clothing, (formal) education, and psychosocial support (emotional/spiritual/religious, stigma, and so on). They claimed that psychosocial need is the most important, but they ranked it the lowest (Drah 2008). One subdivisional chief explained that: “Some needs [that is, psychosocial] are important but not important.” I explain this contradiction later on in this chapter.

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4 “Psychosocial support is defined as providing the possibility of individual disclosure of feelings and emotions and expressions of personality (Psycho) combined with influenceing the social environment to reintegrate affected children into their usual setting and encourage broader understanding of their specific situation” (Dunn 2004:2).
In 2008-2009, I repeated the listing and ranking of needs with the objective to identify any changes in the priorities and to examine the causes of the change. I altered the listing and ranking technique. The participants freely listed the needs and I scored and ranked the needs in the order in which they were listed. I hypothesized that they would list the needs in order of importance. The validated responses (Table 10.2) show that with the exception of the NGO, there was a consensus that psychosocial need was the highest priority, as was the case in 2007. This intensifies the contradiction of the least ranked need (psychosocial) being the most important. The difference between the two tables, therefore, is that Table 10.1 is based on what caregivers would prefer to do for orphans based on their assessment of the conditions of orphans and the caregivers’ social and economic status. Table 10.2 is what the orphans actually need.

The determination of orphans’ needs has recently been influenced by state policies. According to the National OVC Policy, the needs of an orphan are “basic social services” that affect the survival of orphans or the “necessities of life” such as the right to health, education, and shelter (GAC/MOWAC 2005). It does not appear that the state prioritizes the needs of children, but certainly there seems to be more health and education programs targeting children. In spite of public and NGO influences, setting priorities for orphans remains in the hands of caregivers.

10.2.2. Priorities of orphans’ needs: adults’ perspectives

We know from the foregoing that the needs of orphans are contextually determined. What is prioritized and provided to the orphan depends on certain key factors. In the next section, I examine these factors in detail. I analyze the contradiction between how a highly prioritized need may not necessarily be the one that is provided.

Wood et al. (2006) have observed that orphan caregivers lack the capacity to identify and address the psychological needs of orphans. Caregivers and adult females in this study, however, recognized that psychosocial needs are the most important for orphans. They prioritized emotional stability over other material needs: “Comfort the orphan and give them extra attention” (Table 10.2). In Ghana, males are socialized to be courageous, dominating, and to display power and authority. Those who express emotions and pain are considered ‘feminine’
(Adomako Ampofo and Boateng 2007). It is, therefore, revealing that adult men, too, prioritized protection, love, and happiness of orphans over other needs. The PaLHIV prioritized psychosocial need based on their negative personal experiences of stigma and discrimination.

The psychosocial need is articulated as emotional and religious/spiritual wellbeing. This reflects the duality of the child/orphan as partly spiritual and partly physical/social. One queen mother stated that the most important thing that a caregiver must do for an orphan is to “commit her/him into the hands of God” (for protection against physical and spiritual harm). Her colleague added that: “Orphans need [spiritual] deliverance.” Two queen mothers attributed the survival of some orphans in their households to good spiritual protection. Two evidences of the significance of spiritual protection to orphans are below:

Queen mother 1: You live in a house with a child who is never sick, yet he is not growing well. He talks about strange things in his sleep. These are signs that there is something wrong with him, spiritually.

Queen mother 2: I have a twelve-year-old boy living with me right now. He had a cutlass wound when he was six years old. Until this day, the sore hasn’t healed…. What do you think is happening?

Although the need for spiritual protection for all children is common in Ghana, it appears the peculiar situation of orphans increases the urgency for such a need to be met.

Aside from the spiritual/religious factors, needs may be prioritized based on personal and economic costs; the higher the cost, the higher the priority attached to the need. The caregivers and adults explained that psychosocial wellbeing is very important to the child, but it ranked low because they incur minimal financial cost in providing it. They said they were more concerned about the material needs, which affect the physical survival of the orphans. In their view, the impacts of unmet material needs on the child are more conspicuous to outsiders than the impact of an unmet psychosocial need. The physical appearance of an orphan conveys a lot about whether the caregiver is providing her/him with food and clothing. This may cause the caregiver to lose prestige in the society. The image of a hungry or shabbily dressed orphan

5 The domestic budget shows that least expenditure is on psychosocial wellbeing and this is provided by the least proportion of families (see below)
conjures the image of one who is ‘not living well’; a proof that a caregiver has failed to honor her/his responsibilities, but people hardly notice the unmet psychosocial needs of orphans.

Weissberg et al. (2003) contend that only quantitative indicators must be used to measure children’s wellbeing. It is well known (from the definition of ‘needs’), however, that quantitative analysis of religious/spiritual wellbeing does not adequately capture critical activities such as spiritual protection. Many of the tasks referred to as psychosocial, like advice, counseling, and spiritual protection through prayers involve costs which are taken for granted by both experts and caregivers (Drah 2008). “We do not count the cost,” one Asafoatse insisted.

I have mentioned that economic cost is an important factor in ranking needs, but this assertion may not apply in all situations. Physical survival and other factors may also be important. For example, schooling is considered very important, but very costly, yet the participants ranked schooling low (Table 10.1 and 10.2). The role of schooling in alleviating the condition of orphans has been highlighted by different researchers (UNDP 2009; Evans and Miguel 2007). The PaLHIV shared in the importance of schooling, and argued that their children could avoid being infected with HIV if they remained in school for a long period. They were, however, worried that the children’s schooling may be jeopardized by lack of finances, and stigma and discrimination associated with ‘AIDS orphans’.

The NGO staff agreed with the views of the PaLHIV on schooling. The NGO priorities, as explained by the POs of Plan Ghana and the Catholic Relief Services (CRS) Ghana, reflect the NGO-sponsored discourses about formal education. They contend that schooling is the utmost priority because it is the most effective panacea to the challenges faced by orphans. The PO of Plan Ghana stressed that: “If a girl child stays in … and completes school, she will become more assertive and independent. She will make more informed decisions.” Her counterpart at CRS agreed, and added that schooling improves orphans psychosocial wellbeing:

If children are supported to stay longer in school, at least up to [junior high], they are able to develop their skills to negotiate safe sex. They will avoid several problems including HIV infection and make more informed choices. They feel good about the fact that they can go to school.
The caregivers and other participants do not share in the high priority that the NGOs put on schooling due to the challenges that they face in ensuring that their orphans access education. Results from a national survey show that parents’ inability to provide school supplies lead to children’s unhappiness with school. According to the survey, over two third (68.3 percent) of children in MKTA were dissatisfied with school and blamed the lack of books and school supplies (GSS 2005). It appears that the factors that caused dissatisfaction with school still persist. Even though caregivers recognize that schooling is valuable, they complained constantly about high costs, constituting a mean 23 percent of total household expenditure. This is in spite of efforts by the government to remove financial barriers to basic public education. The cost of basic public school is high due to hidden fees charged by the schools, like water and electricity bill, compulsory extra classes, watchman or security fees, computer fees, and printing fees, among others. The pupils also send tissue papers, soap, and other items to school at the beginning of the school year. These demands are separate from their school supplies (bags, uniforms, shoes, and stationery). Caregivers complained that they were always indebted to the schools and they have to beg the teachers to not send the orphans away.

In view of the numerous difficulties, one would expect that caregivers and adults would rank schooling very high. None of the caregivers listed schooling as a top priority. They stressed again, that the survival of the child is more important than her/him going to school. Their shared opinion was that: ‘The [orphan] must be alive and well before she can go to school to be taught’. They stated that keeping the child in school reduces her/his chances of physical survival. This position sharply contradicts the NGO staffs’ emphasis on education as a set of skills and abilities that will enable an orphan to live a secured life.

In spite of the priority attached to it, it appears that the educational programs are not making the positive impact espoused by the NGO staff. The PO of Plan Ghana lamented that teenage pregnancy in Asesewa is on the rise, even among young female members of the special football club, who are regarded as models and referred to as ‘schooled, supported and protected good.

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6 According to the Children’s Act, 1998 (Act 560) Section 8, education is a right, and there are programs for school feeding, free uniforms, and supplies of exercise books, but with very limited coverage.
7 On many occasions, I met orphans (and non-orphans) who had been sent home for non payment of ‘fees’.
girls’. The officer, however, insists that the situation of girls could have been worse without the stress on schooling. In the view of the queen mothers, however, the challenges with the girls’ club illustrate the importance of survival over schooling.

The fact that orphans ‘must be alive and well’ before they could go to school means that food is their paramount material need. Although a mean 42 percent of household income is spent on food, the high priority of food is not due to its economic cost, but to its critical value to the physical survival of the child. The adults argued that the emphasis on material survival does not mean that caregivers neglect their psychosocial responsibilities. They maintained that there is a link between the material and psychosocial needs: by providing material needs the orphans’ psychosocial needs would be addressed, but addressing the psychosocial needs would not make any obvious impact in the child’s physical wellbeing. The link between providing orphans’ material needs and their psychosocial wellbeing cannot be denied. Evidence from South Africa (Hearle and Ruwanpura 2009), however, suggests that orphans’ psychosocial needs must be seen as separate from their material needs, because there is the tendency to ignore psychosocial needs merely as subsets of material needs.

10.2.3. Orphans’ perspectives on their material and psychosocial needs

Orphans may be involved in decisions that affect their lives, and their perspectives may differ from those of their caregivers (FHI 2002a; Watkins and Fisher 1993). Unfortunately, orphans are often portrayed as victims, and their needs are presented based on the perspectives of their caregivers and experts (Chase et al. 2006). Acknowledging the agency of orphans in articulating and determining their needs is a critical step towards understanding their problems and identifying more appropriate responses to the problems (Simms et al 2000).

Aside from the caregivers’ perspectives, I asked the orphans to independently list their needs by responding to two open-ended questions: What are the things that you need? What would you like Manye (the queen mother/caregiver) to do for you? Their responses are presented in Table 10.3. I believe that we must not weigh the significance of orphans’ views on their needs with
reference to statistics only, that is, by the proportions that express the need, but rather by the urgency, desperation, and emotion with which they present those needs.

The perspectives of the orphans reveal divergences in their priorities and those of their caregivers and the NGOs. Orphans, like the adults, placed a great deal of emphasis on their psychosocial needs. The major difference between adults’ and orphans’ perspectives is that the adults recognize the psychosocial need, but focus more on the material needs. The orphans speak of the psychosocial need with more urgency and seem to worry less about the material needs.

In the next section, I examine the material and psychosocial needs of the orphans. What I here describe as ‘needs’ may also be regarded as ‘special challenges’. According to the Ghana Well-Being Indicator Survey, 44.8 percent of children between ages 6 and 17 in Manya Klo who did not attend school attributed their absence to expense/cost, and 17.4 percent claimed that ‘school is useless’ (GSS 2005:31). The views expressed by the orphans in this study suggest that school may still be ‘useless’. Like the adults, orphans do not see schooling as a high priority.

The ‘uselessness’ of schooling could be explained with reference to the current living conditions, in addition to the different hidden fees presented above. Almost 41 percent of orphans in the survey said that their most pressing material needs are school related, and that their living conditions were not conducive for schooling. They echoed the responses of their caregivers, claiming that schooling is possible and fun only when they have food and school supplies. The PO of CRS stated that she had seen orphans who were: “Too hungry to concentrate on their studies.” In addition to this, the orphans mentioned that their friends made fun of them when they go to school in ‘patchy-patchy’ uniforms (torn uniforms that have been patched up). Those without shoes and bags were laughed at, and some were ridiculed for wearing old shoes and using old bags. A few of the orphans that I knew did not attend school regularly due to some of these problems.

Data from Manya Klo and other regions in Ghana (Perez-Escamilla et al. 2009; Drah 2009), and across sub-Saharan Africa (Matshalaga et al. 2007; Foster 2000) show that food insecurity is a major problem to orphans and their families, especially those affected by AIDS. Families of
AIDS orphans in Ghana rely on food rations from international NGOs like the CRS to supplement household supplies (Drah 2009). Caregivers in this study mention food as a very important need, but the orphans attached much less urgency to food. Only 4.1 percent mentioned food as a priority need, probably because the caregivers, in spite of the difficulties they face, are able to provide adequate food. It could also be that food insecurity may be of concern, but these orphans were more worried about needs other than food. Other material needs/problems are clothes (4.1 percent), and a plea to the caregiver to ‘stop beating me’ (12.2 percent). FGD participants were concerned about their health. They needed: “Someone to take care of us when we are not well.”

So far, I have looked at the way orphans articulate their material needs. I turn now to their perspectives on their psychosocial needs. Identifying and addressing the psychological needs of orphans across sub-Saharan Africa remains a big challenge mostly because adults do not discuss the psychological effects of parental death with their orphans and orphans may not report such problems (Waseff and Abebe 2005; Atwine et al. 2005; see Li et al. 2008). Assessments of the psychological conditions of orphans in Manya Klo (Doku 2008) suggest that they have emotional problems due to the loss of their parents. Unfortunately, these problems are not being addressed.

More than one-third (36.6 percent) of orphans mentioned a psychosocial need as their priority. The most pressing of psychosocial problem is ‘insult’. More than one-fifth (22.4 percent) of all orphans said they want their caregivers to desist from abusing them verbally (“stop insulting me”). Watching and listening to insults was a huge dilemma, emotionally and ethically. I always wished that they did not occur, yet once they started I wished that I could intervene and stop them. At the same time, I wanted the insults to continue so that I could hear the kinds of words and expressions to which the orphans were subjected. The abuse is also perpetrated by other

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8 ‘Chop money’ is the housekeeping money that men give to their wives or partners. ‘Chop’ is also a synonym for ‘food’ and it is also used as a verb, ‘to eat’. In this case, the orphans are referring to money for food at school.
9 Beating a child might not necessarily constitute abuse.
10 The proportion could be higher (59.1 percent) if we included those that said: Nothing (6.1 percent), Don’t Know (8.2 percent) and No response (8.2 percent). I would like to see these responses as psychosocial cases in the sense that it is problematic if orphans do not to know their needs or do not know how to express them.
members of the household, and sometimes the caregivers are unable to stop the other adult members.

Some of the insults that I heard included painful reminders of traumatic experiences, which the orphans perhaps needed not to be reminded of. There were negative references to their dead parents, and to periods when one orphan had no one to live with and was literally scavenging in her neighborhood. I heard caregivers threaten to send orphans ‘back to the village’ or to ‘wherever they had come from’. One caregiver’s message to her orphan was straightforward:

I will take you back to the village… go and live like you used to…. I will send you back and you will show me how you can go to school. Remember when you used to loiter in the neighborhoods and there was nobody to do anything for you? (Queen mother, LMK August 2009)

Two percent of the orphans in the survey and some of the FGD discussants said they want their caregivers to stop threatening to send them back (to their families). Three female orphans who were victims of the insults told me on separate occasions that they were hurt, but they were more worried and scared of being sent back to the village. Religion was an important coping mechanism against the insults. When they were hurt by insults and threats, they relied on their faith. The reaction of one female FGD discusssant was simply: “God is taking care of us.” In August 2009, one female victim told me that she has been praying that the threat of being sent back would not be carried through. Their faith apparently worked. By the time I left Manya Klo in January 2010, all the orphans were still living with their caregivers and they were still attending school.

Some of the caregivers and adult household members realized that the children were hurt by the insults, but they said they used the words deliberately, as tools for exercising power over the orphans. To insult is not considered to be a potential case of psychological abuse. They argued that hurtful words were more effective in producing positive behavioral change in the orphans because the orphans would not like to hear those words repeated to them. In their view, the insults were better than beating the child. Beating, depending on the severity may be abuse, but insult is never considered to be abuse.
There were other psychosocial problems apart from the insults. Orphans attach a great deal of importance to the memories and artifacts from their dead parents, but they do not want to be reminded of their parents through insults and other negative and hurtful means. More than 8 percent said that they want their caregivers to love them, 8 percent did not know what to ask from their caregivers, and 8.2 percent did not respond to the question.

10.3. Who provides orphans’ needs?

Determining the need of an orphan or what is best for her/him and actually meeting that need are two different issues. Studies have shown, based on the analyses of older woman-foster child interactions, that women are largely responsible for fostered children and orphans across West Africa (Castle 1995; Decosas 2009). A similar situation is found in Ghana (GAC/UNDP 2003; Lund and Adjei-Mensah 2009).

We know from the foregoing, however, that among Manya Kloli, the adult who interacts more frequently and closely with the orphan and may provide her/his needs may not necessarily be the one that the society regards as the caregiver. Caregiver is a status of power and may not be linked to the ability to provide the needs of an orphan. Against this backdrop, it is important that we distinguish the caregiver from the provider of the needs.

The data suggest that the caregivers (queen mothers) are also largely responsible for providing the needs of orphans, but they receive support from relatives in their household. The data is revealing, but not surprising in that the manner in which the needs are provided confirm the caregivers’ accounts that they prioritize those needs, which contribute directly to the physical growth of the orphan and, therefore, make a positive impact on the caregiver. This means that the psychosocial needs are, indeed, less likely to be met.

Figure 10.1 suggests that almost 90 percent of queen mothers have primary responsibility for providing orphans with food. Another 71.4 percent were responsible for providing shelter and

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11 What is being protested is not the kind of education that informs a child about a dead parent. The orphans are asking that the insults should not include painful reminders (or references) to their dead parents.
clothes; however, those providing shelter have more assistance from their spouses and family members (12.2 percent) than those providing clothes (8.2 percent). In terms of schooling, 69.4 percent of caregivers have primary responsibility, with just 4.1 percent being assisted by their spouses or family members.

Even though all the caregivers identify psychosocial needs as the most important, only a few of them and their family members provided those needs. The proportion reduces drastically in comparison to those who said they provided orphans’ material needs. Only 18.4 percent of caregivers said they provided psychosocial support, including 8.2 percent of religious support (e.g. money for ‘collection’ or offertory at church). Interestingly, only 2 percent each of spouses or family members support psychosocial need.

10.3.1. Orphans’ contribution to household expenditure

The economic value of children as farm labor force may have fallen, but children continue to make contributions to the household budget, and thus, to their own maintenance (Niewenhuiys 1996). According to the Ghana Wellbeing Survey, children in Manya Klo contribute a high 16.4 percent to household income (GSS 2005). In this study, the majority of caregivers claimed that orphans do not make any contribution towards meeting their needs, but others acknowledged orphans’ contributions through labor and money. The evidence shows that orphans are not just recipient of support by adults, but they are aware of their living conditions and, therefore, contribute to their survival through engaging in economic and non-economic activities. Their monetary contribution is mostly through selling after school and on weekends.

Figure 10.2, suggests a pattern in orphans’ contribution. The proportion of households that reported orphans’ financial contribution increases with those needs that cause more financial stress: food and schooling, the biggest economic stressors, received the biggest financial contributions of 12 and 14 percent, respectively. Ten percent of households reported orphans contribution to clothing. Children usually purchase used clothing on market days at very low prices. They also give gifts of cash from family members or other adults to their caregivers to buy them clothes.
Only 4 percent of households reported orphans’ contribution to psychosocial need. This may be expected because it is the least likely of needs to be addressed. The low investment in psychosocial needs may account for more orphans dependending on prayers to counter verbal abuses, including threats of being sent away, and other challenges. The dependence on faith could also be a psychosocial (spiritual) contribution that is not considered by their caregivers.

Orphans like 8-year-old Ademi are aware that their incomes are vital to their households. I asked Ademi if he would stop selling in case he is asked to. His response was: “I won’t stop. We [the household] depend… on it and I am able to go to school because of the money that I bring home.” It is very common for children to skip school (or ‘fall sick’) on market days (Wednesdays in LMK, Fridays and Tuesdays in UMK) to engage in selling or work as porters, sometimes with the knowledge of their parents. The orphans, their caregivers, and family members denied that the orphans engaged in commercial activities during school hours, and I did not see any of the orphans sell during school hours. Interestingly, 20 percent of households reported orphans’ contribution as childcare. This statistic is low, because most of the households did not have infants. The orphans were usually the youngest members.

10.4. Some orphans may not be fostered nor assisted

The phenomenon of orphan-headed households in Ghana has not been documented, but evidences from this study show signs of the factors that have led to this situation, in Zimbabwe, for example (Foster et al. 1997). From the foregoing, it may be assumed that all orphans in Manya Klo get assistance from either the extended family or the queen mothers, but not all children may be fostered. In spite of the program and the apparent advantages of orphans living with families, there still are children who live on their own with very little or no support.

I have indicated in Chapter 6 that a 12-year-old female orphan and FGD participant lived alone at Atua, and was solely responsible for her needs. The young girl looked very weak, could not speak loudly, had sores on her skin, looked very pale, and appeared to have lost much of her hair. The neighbours suspect that she was infected with HIV from birth, even though nobody had taken her to test for the virus. She was brought from the Ivory Coast, where she lived with
her parents. Her neighbors claim that ‘Good Samaritans’ in the Ivory Coast helped to trace her home at Atua. Everybody who spoke about her did so with what appeared to me as deep empathy. Ironically, nobody had taken her in or had any responsibility towards her. She survives by running errands for people in the neighborhood.

I also described in Vignette 2 (Chapter 9) the case of ‘Dede the wanderer’ who was abandoned by both her maternal and paternal families. In Chapter 5, I made reference to the fact that the PaLHIV had expressed fears that their children would be abandoned after they (the PaLHIV) had passed. This fear was based on what they claimed to be the experiences of orphans who have been neglected. These cases, plus other narratives by the research participants, suggest that there could be many more cases of abandonment.

Apart from poverty, the general breakdown of traditional mechanisms of support, and the high number of orphans, there are social, personal, structural, and behavioral factors (see Goody 1982:151) that may explain the reasons orphans live without any kind of assistance even in a society where every child is claimed to ‘belong to someone’. An orphan may be neglected due to *sa man sa*¹²; that is, as punishment for the bad behavior of her/his dead parents. Even babies may be neglected if there are grounds to believe that their deceased parents were not on very good terms with other people or had refused to help others when they could have done so.

The personal character of the orphan determines if she/he would be fostered or, if fostered, the kinds of support she/he will receive. As mentioned earlier, the relationship between an orphan and a caregiver is reciprocal. In exchange for the support that they receive, fostered children must be obedient and must serve the foster parent (Bledsoe 1990). Asafoatse GB explains:

> A child that would become someone’s responsibility must be submissive in order for the parent to perform her/his caregiving role. Some children are not submissive and they cannot be disciplined.

A truant and incorrigible orphan may be abandoned. One elder asked: “What is the benefit for being responsible for a child who is incorrigible and disrespectful.” Manye Makutsu gives a

¹² This may translate roughly as kharma.
metaphorical example of disobedience and incorrigibility: “You cannot walk and I am willing to carry you, but you tell me my armpit smells badly. I will let you go and I keep my smelling armpit.”

One linguist who was previously fostered shared his experience. He explained that whether an orphan will be fostered or not is not determined solely by the foster parent’s willingness to foster, but also by the ability of the child to reciprocate the parent’s kind gesture. Although times have changed, he believes that the reciprocal relation remains very critical. He explained:

[Fostering] is not as free as we think. You must respect elders and you must be willing to give up something, if indeed you want to get help from others…. I remember in our days, it was not only people from your family who would help you through difficult times. Some elders took care of children who belonged to other families, but they did so because the children were very respectful and submissive. I had a similar experience. (Okyeame, October 2009)

Results of the 2008 DHS suggest that 75 percent of women and 79 percent of men between age 15 and 49 are willing to support a family member with HIV in their own household (GSS, et al. 2009). In addition to the impressive statistic, previous evidence suggests that children infected or affected by HIV and AIDS in Manya Klo are not stigmatized nor discriminated against (Drah 2003). These data suggest a positive environment for PLHIV and orphans. Unfortunately, it appears that the stigma against PLHIV is still prevalent and that might cause some orphans to be denied assistance from the extended family. The following case of a single mother with HIV comes to mind. She states:

My relatives took my children in when they got to know that I was very ill, but as soon as they knew that I was HIV-positive, they returned all the children to me. Until this day, none of them has bothered to find out where the children are and how I am faring.

It is also suggested that there is a lack of motivation on the part of extended family members to expend their resources on children other than their biological ones. Manye Nartekie believes that the lack of support for orphans is partly due to the shifting priorities of the members of the extended family:

Some of the parents can afford to provide the needs of their children, but they don’t see that as their topmost priority. They spend their money on other things such as funeral clothes. Besides, times are so hard and most people would prefer to spend on their
children. When you talk to them, they will ask you: ‘Why spend so much on a child that is not your own?’

10.5. Summary

This chapter has been devoted to analyzing the factors that influence the determination of orphans’ needs and responsibility for providing them. In so doing, I have improved upon current conceptual and analytical frameworks by adopting a multidimensional perspective on ‘needs’. Instead of focusing on specific predetermined needs, I have undertaken a broader analysis of different needs and how they are interrelated. The results show that there are three key actors who determine the priorities of orphans’ needs: the caregivers, the recipients of care (orphans), and those who assist caregivers (NGO/external agencies). The findings suggest that there are two major types of needs, material and psychosocial, although the priorities of the actors differ. Caregivers prioritize physical survival of the orphans, the NGOs prioritize a secured future, and the orphans are more concerned about improving their psychosocial conditions, especially their relations with their caregivers. The adults and NGOs do not consider the perspectives of the orphans when they set their priorities.

The lack of economic resources hinders the ability of caregivers to provide all the needs of orphans and forces them to prioritize physical survival over psychosocial wellbeing. It is assumed that by satisfying the child’s material needs her/his psychosocial wellbeing would improve. These findings contradict those of earlier studies, which suggest that caregivers do not have the skills to identify orphans’ psychological needs.

The needs of an orphan are influenced by the conceptualization of the child as a physical, social, and a spiritual being. In spite of the economic hardships, caregivers are motivated (and pressured) to provide for the orphans due to different social and personal factors. The value of the child; the benefits of being a good caregiver, including a potentially secured future in the form of support from fostered children; as well as the spiritual value of orphans, as a link between the physical and the spiritual world of the dead, the general moral system regarding
caregiving, and the stigma associated with child neglect, all compel caregivers to honor their responsibilities towards orphans.

Although Manya Kloli differentiate between the provider of the needs of an orphan and the caregiver, the majority of the caregivers in this study are also the providers of orphans’ needs, with some assistance from members of their families. Orphans make economic and other contributions to the household budget, even though some caregivers may ignore such contributions.

Not all orphans may be fostered. Poverty, stigma, and the preference of natural children over social children by extended family members mean that some orphans are left without support. Also, the extended family and other members of the society may or may not support an orphan depending upon the orphan’s personal and behavioral characteristics, such as the lack of respect and unwillingness to reciprocate the kindness of the foster parent. The past behaviors of an orphan’s parents may influence her/his chances of being fostered. An orphan whose parents refused to help others or or did not have good relationships with their siblings or neighbors, is less likely to receive support from other adults.
### Tables and Figures for Chapter 10

**Table 10.1** Priorities of orphans’ needs (listed and ranked by participants)

<table>
<thead>
<tr>
<th>Need</th>
<th>Mean score</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>1.23</td>
<td>1</td>
</tr>
<tr>
<td>Shelter</td>
<td>2.76</td>
<td>2</td>
</tr>
<tr>
<td>Health</td>
<td>3.0</td>
<td>3</td>
</tr>
<tr>
<td>Clothing</td>
<td>3.56</td>
<td>4</td>
</tr>
<tr>
<td>Education</td>
<td>4.56</td>
<td>5</td>
</tr>
<tr>
<td>Psychological/Emotional (includes spiritual need)</td>
<td>5.18</td>
<td></td>
</tr>
</tbody>
</table>

Source: Drah 2008

**Table 10.2** Needs of orphans in the order in which they were freely-listed by study participants in Manya Klo – 2008/2009

<table>
<thead>
<tr>
<th>Order &amp; score</th>
<th>Adult/QM females</th>
<th>Adult males</th>
<th>Chiefs</th>
<th>PaLHIV</th>
<th>Orphans</th>
<th>NGO staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Psychosocial</td>
<td>Psychosocial</td>
<td>Health</td>
<td>Psychosocial</td>
<td>Health</td>
<td>Education</td>
</tr>
<tr>
<td>2</td>
<td>Food</td>
<td>Food</td>
<td>Food</td>
<td>Education</td>
<td>Psychosocial</td>
<td>Health</td>
</tr>
<tr>
<td>3</td>
<td>Clothes</td>
<td>Clothes</td>
<td>Clothes</td>
<td>Food</td>
<td>Education</td>
<td>Food</td>
</tr>
<tr>
<td>4</td>
<td>Education</td>
<td>Shelter</td>
<td>Shelter</td>
<td>Health</td>
<td>Education</td>
<td>Shelter</td>
</tr>
<tr>
<td>5</td>
<td>Health</td>
<td>Education</td>
<td>Education</td>
<td>Clothes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Shelter</td>
<td>Health</td>
<td>Psychosocial</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**My ranking of freely-listed orphan needs**

<table>
<thead>
<tr>
<th>Need</th>
<th>Psychosocial</th>
<th>Food</th>
<th>Health</th>
<th>Education</th>
<th>Clothes</th>
<th>Shelter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>11</td>
<td>12</td>
<td>18</td>
<td>20</td>
<td>14</td>
<td>18</td>
</tr>
<tr>
<td>Mean</td>
<td>2.2</td>
<td>2.4</td>
<td>3.33</td>
<td>3.5</td>
<td>4.5</td>
<td></td>
</tr>
<tr>
<td>Rank</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

Source: Fieldwork 2009
### Table 10.3 Orphans’ perspectives on what they want

<table>
<thead>
<tr>
<th>What orphans need?</th>
<th>Household N = 49</th>
<th>Household Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Material/Physical</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide things for school</td>
<td>10</td>
<td>20.5</td>
</tr>
<tr>
<td>Stop beating me</td>
<td>6</td>
<td>12.2</td>
</tr>
<tr>
<td>Food (Give me ‘chop money’)</td>
<td>2</td>
<td>4.1</td>
</tr>
<tr>
<td>Clothes (Buy me clothes)</td>
<td>2</td>
<td>4.1</td>
</tr>
<tr>
<td><strong>Psycho-social</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stop insulting me</td>
<td>11</td>
<td>22.4</td>
</tr>
<tr>
<td>Should love me</td>
<td>4</td>
<td>8.2</td>
</tr>
<tr>
<td>Help me get help – MKQMA</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Do not threaten to send me back</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Do not tell me about my father</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Nothing</td>
<td>3</td>
<td>6.1</td>
</tr>
<tr>
<td>Don't Know</td>
<td>4</td>
<td>8.2</td>
</tr>
<tr>
<td>No response</td>
<td>4</td>
<td>8.2</td>
</tr>
</tbody>
</table>

Source: Fieldwork 2009

### Figure 10.1 Caregivers and relatives as providers of orphans’ needs

Source: Fieldwork 2009
Figure 10.2 Orphan’s contribution to household expenditure

Source: Fieldwork 2009
CHAPTER 11
Queen Mothers as Caregivers: The Challenges of a Women-led Community Initiative

11.0. Introduction

Throughout this dissertation, I have highlighted problems that directly and indirectly impact the performance of the general mothering roles of queen mothers, and their roles as orphan caregivers in particular. Among other challenges, queen mothers would like to be recognized for their roles in national politics and within the traditional political structure. I have also shown how their weak social demographic and household features impact negatively their ability to provide even the basic necessities for orphans, and to fulfill their obligations as ‘mothers’ of villages and towns. In this chapter, I will examine in more detail the challenges faced by queen mothers as members of the MKQMA, and with the responsibility to protect orphans.

Assessment of orphan support programs in Kenya (Umbima 1991), South Africa (Desmond and Gow 2001), and Ghana (Tuakli-Ghartey 2003) show that support for orphans in formal settings is more costly than in community settings. These assessments contend that the community-based or traditional models are more efficient and cost effective. They are in tandem with childcare practices across Africa and, therefore, are more beneficial to the psychological and physical development of orphans. As a result, there has been persistent stress on the need to concentrate resources on the community-based initiatives like the MKQMA.

Studies on orphans in MKTA (GAC/UNDP 2003; Ansah-Koi 2006; Lund and Agyei-Mensah 2008; Steegstra 2009) show that MKQMA is not insulated against the challenges that plague community initiatives for orphans. Findings from these studies, which are mostly based on the narratives of the PO and a few queen mothers, indicate that lack of material resource (such as school requirements, food, and health care) is the major challenge faced by caregivers. These findings are important because the lack of resource affects the general wellbeing of orphans.

On the other hand, if the survival of orphans depends upon the stability of community structures, and more specifically on women-led community-based initiatives, such as the MKQMA, which mobilize and distribute resources to the orphans and their families, then it is
perhaps more important that we focus on finding more effective and efficient means through which these initiatives can discharge their responsibilities in order to strengthen their stability and prolong the survival of the orphans.

In this vein, an analysis of the challenges of the MKQMA must include a more critical examination of issues that affect the survival of the group. For example, how does the quasi-formal character of the MKQMA (a traditional institution that is also a formal organization – NGO), plus the leadership structure and membership affect queen mothers’ responsibilities for orphans? Also, to what extent does the association meet the aspirations of its members? What are the perspectives of the citizens regarding the MKQMA? How do all these factors affect the stability of the MKQMA and ultimately the wellbeing of the orphans? Since the association acts on behalf of orphans in households across villages and towns in MKTA, we need to examine its challenges from the perspectives of its members, and also the people it represents.

11.1. Challenges of the MKQMA

11.1.1. Membership and the politics of numbers

Community-based groups depend upon their size to build strong networks for cooperation and to maintain their legitimacy and influence. Their survival, however, depends on the intra-group solidarity and the active participation of the members; the impact of the group is felt through the active engagement of its members (Pratten 1996; see Purkayastha and Subramaniam 2004). Size, therefore, may be an indicator of the effectiveness and influence that of a group within a social setting.

With 371 members across towns and villages, the MKQMA is considered to have a strong and ubiquitous influence critical to mobilizing communities to improve the living conditions of orphans. The association has been portrayed as a homogenous group of like-minded individuals harmoniously seeking the wellbeing of orphans (GAC/UNDP 2003; Steegstra 2009). There is however, the tendency for researchers to exaggerate the intra-group solidarity in women’s
groups in Ghana and to ignore the conflicts that exist among them (Bledsoe 1978:297; also Mikell 1995).

In spite of its omnipresence and successes, the MKQMA may not be as thriving and as formidable due to internal disagreements about its size and other conflicts that threaten its stability. Most of the queen mothers in LMK disputed the size of their association. They insisted that there are only 71 members (stool queen mothers of the 6 political divisions).

The pressure on NGOs (and community-based groups) to provide quantitative evidence of success may force them to make inaccurate claims (Bennet et al. 2006). Most of the queen mothers in LMK contend that the obsession with quantitative evidence accounted for the deliberate inflation of the size of the association (by the leaders) to please NGOs and funding agencies. This they believe will ultimately boost the chances of the MKQMA to get more funding. They also think that the high figure is a ploy to divert attention from the declining popularity and effectiveness of the MKQMA, and its failure to serve the interest of the members. One queen mother asked rhetorically: “Who are the 300 queen mothers [from UMK] and who counted them?” Another queen mother alleged that:

> Our number has been bloated just because some people want to boost their ego; somebody knows that anybody who sees the figure will say, “Eh! Somebody is working hard to grow the association”. Everybody will say it is great to see all these people working together.1

The import of the above statement is that the high figure creates the impression that the MKQMA is numerically stronger, which may not necessarily be the case.

In addition to size, there were strong disagreements about the quality of membership. The *se manyeme* stool queen mothers (or ‘proper queens’) vehemently opposed the inclusion of non-

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1 This type of narrative, which is filled with innuendos, gossips, analogies, and even sarcasm, is very common with this politically sensitive group. The issues discussed here are considered to be very sensitive because they touch on the performance of people in important positions in the Traditional Area. These could have implications for the respondent, the person being discussed and also for me as a researcher (see Lee 1993). Under the circumstance, it was more important for me to know to whom the speaker was referring, without asking her to name anyone; in such situations people, not just leaders, speak to the Wind, and do not make direct references to people or events. To encourage the discussion, it is more prudent not to probe identities of the persons that are being referred to in such statements. Doing so raises suspicions, especially when a pen, paper, and an electronic voice recorder are in sight. With my knowledge about the community, there was no need for me to ask for names.
stool queen mothers such as market queens and others like the dance group leaders as members of the association; a phenomenon they blamed on the loose application of ‘queen mother’.

Against the backdrop of their weak political and poor socio-economic status, one would have thought that it would be politically strategic and economically prudent to include other ‘queens’, especially the market queens, and to use their economic and political influence to ease the burden of caregiving. Market queens play critical roles in the production, pricing, and distribution of goods and services, especially food (Lyon 2003:11). The stool queen mothers, however, insisted that ‘queen mother’ as in ‘Manya Krobo Queen Mothers Association’ refers strictly to them and not to any other kinds of female leaders. They protested that associating the title with different kinds of positions belittles their status and integrity, lowers their image, and diminishes the significance of their roles. This view was shared by chiefs and elders.²

Stool queen mothers blamed the ‘open-to-all’ membership on the nonenforcement of the customs and practices which govern their position. They argue that the two (stool and non-stool ‘queen mothers’) are different social and political statuses and operate in distinct spaces. They referred to their position as unique with clear rules for attainment and clear mandates, as representatives of lineages, and argued that those mandates could not be shared or transferred.

The stool queen mothers also claim that they have lost interest in the MKQMA because it has been hijacked by ‘outsiders’ (ineligible members) who exploit legitimate members to serve their personal interests:

> You cannot be running around, going through all the troubles every day.... Running errands in the Sun… and when you attend meetings you see people who are not supposed to be there telling you what you should do. I don’t think we [stool queen mothers] can just get up and join any group and become their leaders.

The tension between those who consider themselves as ‘the real queen mothers’ or ‘real members’ and those that they think should not have been included in the MKQMA, is due to

² Some of the research participants argued that using ‘queen mother’ to describe women’s positions in different groups is indicative of the lack of vocabulary to describe such positions. Others, however disagree saying that leaders of women’s groups were, until recently, known as lam hic l3 (leader) and not as Manye.
more than the quest to maintain the sanctity and image of women’s positions within the traditional political institution, as some queen mothers argued. The reactions of the stool queen mothers against what they see as an invasion of their space and dilution or even usurpation of their power and influence must be viewed against the significance of the MKQMA to queen mothers, both as leaders and caregivers.

Membership in community-based groups enhances women’s social status (Werbner 2004). It provides them with opportunities to build material relationships and participate directly in decision-making and other activities. It helps to strengthen ethnic-based social relations (Pratten 1996:59). It also boosts their access to support through a network of members who may also have access to other resources that could be exploited to their advantage (see Purkayastha and Subramaniam 2004).

Although community- or family-based caregiving schemes for orphans have been described as more effective, their success depends very highly on external support (Desmond and Gow 2001; Tuakli-Ghartey 2003). In the case of the queen mothers, the lack of education and other determinants of social mobility, reduces their chances for self enhancement and limits their access to resources. This then makes their dependence on external sources 3 even more critical. External support, however, tends to be unreliable, (irregular and inadequate), yet the competition for the often nonexistent resource is usually very intense. Any attempt to restrict admission into the association is seen as a means to reduce the competition and to improve access to resources for orphan caregiving.

I asked the queen mothers about what would happen in case there was no external support for the households that received them. The responses show a high dependency on and hope for external support, which has become an integral part of how support for orphans is organized. Almost four-fifth (78 percent) of caregivers said external assistance is needed to improve the lives of orphans and their caregivers. A whopping 77.6 percent said without external support, living conditions of the orphans would be worsened. The rest said orphans will worry (2 percent), have less food (8.2 percent), engage in child labor (2 percent), drop out of school (12.2

\[\text{\textsuperscript{3} Support from sources other than extended family, which includes NGOs, donors, and the state.}\]

percent), have a difficult life (16.3 percent), live in misery (6.1 percent), and that the burden on caregivers would increase (8.2 percent). Less than a quarter (22.4 percent) said ending external support to orphans will not have a negative impact on the orphans.

11.1.2. Legitimacy, leadership, and group stability

Disagreements about membership have serious implications for leadership and group stability. Most of the perspectives on the leadership and tensions have to do with the position and person of the PO, Manye Nartekie. Her membership and position in the association are seen as contentious anomalies. The transformation of the traditional positions of queen mothers into the quasi-formal MKQMA has created an authority pattern, which modus operandi partially conforms to, but significantly deviates from that of the traditional political system. As is characteristic of external NGOs (see Goka 2006), the leadership structures of the MKQMA (as a NGO) have been imposed on and undermine the traditional political hierarchy. The resulting dislocations create tensions between the leaders of the association and the members who think that their traditional positions have been negatively affected. This situation has a negative impact on leadership of both the association and the traditional hierarchy.

Cohen (1981) observes that the influence of women depends on their hierarchy: the higher their status the greater their influence (76). Unfortunately, this theory would not apply to the traditionally high ranking queen mothers in the MKQMA, because the leadership structure of the association turns the traditional political hierarchy on its head. According to the members, ‘it turns proper leaders [stool queen mothers] into ‘ordinary people’ and ordinary people into leaders’. High ranking queen mothers within the traditional hierarchy, such as divisional queen mothers, are subjected to the orders of less superior- and non-queen mothers, like the PO, who occupy higher positions in the MKQMA, because they (the divisional queen mothers) do not hold any position in the MKQMA. The new structures, therefore, jettison the hierarchical ordering of positions inherent in the political system, which serve as checks on the powers of both subordinates and superiors.
The traditional political system thrives on seniority, hierarchical ordering of positions, and the strict use of appellations, among other characteristics. It is an offence to take on a wrong title or to address an office holder by the wrong title. The members see the PO as an ineligible (non-stool queen mother) member and her elevation to the most powerful position as ‘hijack’. None of the stool queen mothers (the ‘true members’) holds a position of significance. The PO has been accused of elevating herself at public functions as ‘deputy paramount queen mother’ or ‘Manye Nartekie I’, and at the same time denigrating her superiors (‘make them appear small’).

According to Purkayastha and Subramaniam (2004), the absence of clearly defined rules for membership and the little differentiation of roles provide opportunities for leaders of community groups to exercise a great deal of control over the rest of their members (8-9). The MKQMA has no set of guidelines for creating and occupying positions. Its organizational structure is not fixed. It is like a pendulum swinging between what appears to be a dual system, partly bureaucratic and partly traditional. As and when necessary, the leaders pick and choose the features that suit their needs. In terms of positions, only that of the ‘PO’ has survived the life span of the association. The rest of the positions are created by the PO, who allegedly fills them with her loyalists, most of whom, like her, are non-stool queen mothers and people outside of the association. Respondents in the survey said they held positions such as secretary, account signatory/program assistant, trainer, and organizer-volunteer. Each of these positions was assigned by the PO.

Different organizational charts show different positions at different times. They include: PO, assistant PO, second project coordinator, accounts officer (a male), and storekeeper (a male). Another chart had project coordinator, assistant project coordinator, deputy project coordinator, accountant, and a field officer/store keeper. Aside from these positions, funding agencies may create additional structures within the MKQMA to ‘oversee’ the implementation of their projects. The Unitarian Universalist at the United Nations in New York (UU) has an advisory and supervisory board of directors for its “Every Child Is Our Child in Manya” (ECOCIM) project. It is made up of the PO (as head), the deputy PO of the MKQMA, a medical practitioner, the District Director of Education (LMK), the ex-district focal person for HIV and
AIDS (LMK), and a development officer. None of the holders of these positions is a stool queen mother (MKQMA 2009).

Again, due to their physical frailties and the many responsibilities that they bear, one would expect that queen mothers would be encouraged to depend on other people to help run the association. Unfortunately, they claimed that they were excluded from the decisions about creating and filling positions, and that the PO creates and terminates positions at will, even without notice to the incumbents. One queen mother explained:

You never know when she will not need your services. Today it is this person…. The next day it is that person. You don’t know why there is a new person. The worst of it is that you cannot ask. It is a big problem. Things are done properly in other associations, but not in this one.

The members also accused the PO of deliberately ignoring traditional authority and single-handedly taking over the association under the pretext of establishing a more efficient system of management. The following conversation ensued when I asked queen mothers in an FGD about their positions in the MKQMA:

QM 1: We do not have any positions in the association.

QM 2: We have the positions in the association which are supposed to be filled by different persons, but that arrangement does not work.

QM 3: This is not an association…. We have one person who acts as the director, the secretary, the treasurer, and everything else. She is everything.

QM 4: If we are supposed to have certain arrangements for leadership and the arrangements don’t work, it means we don’t have it. You cannot say that we have those positions. They simply do not exist.

Another queen mother opined that she and her colleagues were been exploited by their leaders. They are treated as laborers capable of running errands, but incapable of holding leadership positions. Manye Keke (pseudonym) complained that:

It is not right…. The notion that some people work and others lead. It is wrong for anybody to think that we are the ones who must do the work; but when it comes to filling positions and giving incentives, they say, “Ooh, these people cannot lead. They have not been to school. They cannot read. They cannot write” …. You might as well take your association and do your work.
11.1.3. *Literacy, leadership, personal interests, and missing voices*

Literacy is considered to be a critical tool for human development (UNDP 2010). Literate female adults can improve their lives by learning more skills from members of their social network (Eklund et al. 2003). In West Africa, literate females have played critical roles in improving the lives of nonliterates (Cohen 1981). In the colonial and postcolonial era, literate women of the Gold Coast (and Ghana), imparted their housekeeping and livelihood skills to nonliterate women (Little 1972). With literacy skills Ga women improved their access to livelihood opportunities in the formal and informal economy (Robertson 1984), and their leadership skills (Deku 2005). In spite of its advantages to women, the extent to which literacy can be employed by women in positions of power to frustrate efforts of women with responsibility for orphans has not been examined.

Members of women’s groups come from diverse backgrounds, but the groups are often dominated by the interests of the ‘elites’. This elitist domination creates conflicts between the members (Mansuri and Rao 2004; Cohen 1981). According to Cohen, elitism in women’s groups is maintained by the leaders who allocate to themselves unique characteristics and skills (such as literacy), which they consider indispensable to the group and to the entire society. These claims of uniqueness, even if they are unacceptable to the majority of the population, may be nurtured and maintained by those who benefit from them (Cohen 1981:1-2).

The ‘elites-others’ dichotomy based on the possession of literacy skills is present within the MKQMA. The nonliterate members were of the view that the association is a group in which the literates use their literacy skills to exploit those who could not read and write. The nonliterate asserted that they have been alienated from decision making because of the domineering behaviors of the literates. One nonliterate member complained that:

> In this association, it is those people who can read and write that are in control. They are the leaders. They decide what will happen today and tomorrow. As for us [nonliterates] we follow them.

The Konor’s reaction to this view was that:
Leadership of the association is chosen depending on which queen mothers have the strength, the skills, the knowledge, and the ability to do the job.

The Konor’s statement suggests that there was an equal opportunity for all queen mothers, yet he stressed ‘skills’, which he later explained to mean literacy, as a key criterion for selecting queen mothers for leadership positions. Moreover, only the PO determined what constitutes ‘the ability to do the job’. This, therefore, gives credence to perceptions that literates control the association. Generally, the queen mothers disagreed with the Konor’s assertion that there was equal opportunity and a set of criteria for engaging queen mothers with literacy skills. In fact, only 4.1 percent of queen mothers in the survey said the lack of literacy skills is a major problem to the association.

Besides, the actions of the PO revealed a real gap between literates and nonliterates and how they perceived each other. She asserted that the lack of literacy skills makes it difficult to communicate some of the major issues to the queen mothers. Although she was aware that she was accused of financial malfeasance, she still refused to inform her colleagues about the situation regarding beads she had been accused of not accounting for. Her explanation was that:

They are [illiterates]. They do not understand such issues. The issues are too complex for them to understand. When you tell them about these things they just listen. They don’t say anything. Even if they say anything at all, the things they say cannot be taken seriously. I discuss the important issues with the paramount queen mother.

The literates, (and nonleaders), however, reject the blanket assertion that all literate members are ‘elitist’ and ‘exploiters’. They contend that poor leadership not low literacy is the bane of the association. They blame their leaders for refusing to make the most of the wealth of skills within the association to promote their common interests. In one FGD with queen mothers, which included teachers, they described the ‘curse of being a literate member’, which is that their literacy was their ‘misfortune’. They have been excluded from making decisions that affect the MKQMA as ‘punishment’ for using their enlightenment and empowerment to be too critical of their leaders much more than the nonliterates (*Wa hie ni ami pe nihi ne aye school*). As literates they could read, understand and, when necessary, oppose ideas that they think would not serve their common interests. This empowerment, they claim, makes their leaders ‘uncomfortable’,


and so they prefer working with ‘the submissive and easy-to-manipulate nonliterates’. Manye Noko (not her real name) explained further, stating that:

The problems in the association are not due to our inability to read and write. We [FGD participants] are more educated than some of the people who are running around all over the place as our leaders. Here [pointing to fellow FGD participants] you have a teacher, a business woman…. It is simple. There is someone who is not interested in working with literates. [Literates] are too smart to stoop to someone else’s personal interests. [The literates] can read and understand everything in the books. They prefer working with those who cannot read and write so they can use them. They have deliberately pushed out anyone who can stand up to them.

The queen mothers have become severe and unrelenting in their criticisms of their leaders. These self-criticisms stem from the awareness of the significance of their roles as mothers. They were more concerned about their obligations to their people and how they are perceived by them, than they were about their loyalty to the MKQMA. The queen mother is an embodiment of truth and very important values; therefore, any dent on her character affects her people (Stoeltje 2003:3). In sum, the sullied image of a queen mother who denies her children their needs, as alleged by the citizens, violates the tenets of motherhood and the ideals that mothers represent. It is indicative of failure at the mothering role (Kaplan 1993; see Mikell 1997).

Almost all the queen mothers who participated in the qualitative study had made or heard some allegations of corruption and exploitation against the association, but they fuel rather than quell the allegations. They regard the allegations as ‘serious and shameful’, and are worried that the citizens do not make any distinction between queen mothers, ‘culprits and victims’:

Adeo ka bla wo tsuo…. Ake manyemë tsuo wa ngë dja. Edzi hëmsi puemi.

They [the citizens] accuse all of us…. They say all the queen mothers are the same. It’s a shame’.

Others were worried because of the immorality and criminality implied by their accusers; ‘it is a sin to take what belongs to the orphans’, but they too accused the PO of exploitation. She does not render any account on the beads and batik, tie and dye fabrics that are made and sold by the MKQMA, mostly to visitors, who are made to believe that the proceeds (from their sympathetic buying), would be used to provide for orphans.
Aside from the allegation of corruption and exploitation, I asked the queen mothers in the survey to name ‘the biggest challenge facing the MKQMA’ (Figure 10.1). The four major problems were the lack of transparent and skillful leadership (16 percent), lack of interest by both the queen mothers and the citizens (20 percent) in the work of the MKQMA, lack of financial support/income for members (33 percent), and lack of incentive for members (10 percent). These responses echo the agitations that led to the formation of the MKQMA. So clearly, the MKQMA was not fulfilling the aspirations of its members.

11.1.4. Community perceptions about MKQMA and participation in the orphans’ program

Aside from internal conflicts, there were challenges related to citizens’ participation in the protection of orphans, which might have affected efforts to nurture their support for orphans. Increasingly Ghanaians, and indeed the people of sub-Saharan Africa, are demanding transparent, accountable, and responsible governance, as well as their active engagement in decision making in national and traditional politics (McNeil and Carmen 2010; Ray 1996). Recently, these demands on traditional leaders have increased as citizens have become more critical of them, and question their role in social development (Awuni 2010).

Community-led programs are more likely to be sustainable and effective when their leaders are more accountable to their citizens (Mansuri and Rao 2004). According to Matshalaga and Powell (2002), the longevity of an orphan program, whether community initiated or externally induced, depends mainly on the level of support and participation that it receives from the citizens. High community participation helps to build networks of support that cushion the efforts by caregivers. Through such networks, extended families are encouraged to take on more responsibilities for orphans. Community participation may also help to improve infrastructure and financial assistance to orphans (Richter et al. 2004). Active engagement of citizens in decision making encourages them to actively contribute to running the group and gives them the space to provide feedback, which informs decisions. Above all, the legitimacy and existence of a group that is based on the needs of a community depends on the quality of the services that it offers to the citizens (cf. Purkayastha and Subramaniam 2004).
Traditional political leaders, including queen mothers, are expected to facilitate grassroots participation in decision making. As a result, they play important roles in mobilizing communities for activities that promote social improvement (Mikell 1995). Community participation is important to the MKQMA in particular because the association depends on a traditional political system that derives its legitimacy and relevance from the citizens and not only from its members. As an AIDS/OVC group, the MKQMA operates under the guidelines of the National Strategic Framework (NSF), which determines the objectives and strategies for AIDS activities. Central to the NSF, and more so to the national OVC policy, is community-centered, socially contextualized approach in which the roles of the family as the basic unit of support and citizens’ participation are paramount (GAC, MOWAC and MMYE 2005; GAC 2005).

Contrary to their avid goal of advancing social improvement, NGOs and CBOs in Ghana have been perceived as stifling development by adopting poor management practices and misapplying resources (Abbey et al. 2010:72-73). The NGO-ization of the queen mothers has affected the citizens’ perception of them. They are ambivalent. They see the queen mothers, first as members of an NGO, and as traditional leaders. They respect them as traditional leaders, but are suspicious and distrustful of them as members of an NGO. Indeed, the general reactions of adult females and males depict a high level of apathy to the work of the MKQMA.

The MKQMA is viewed as exploiting the misery of orphans for personal gains. They receive many things from ‘White people and people from Accra’ on behalf of the orphans, but the greater proportion of the things received are not given to the orphans. Some of these complaints were made to the registrar of the Manya Klo Traditional Council (MKTC), the highest decision making body in the MKTA. She summarizes the allegations in the following statement:

[The citizens] think that the queen mothers are using the AIDS problem to enrich themselves. They believe that the queen mothers receive a lot of funds from the NGOs. You know, they see all the White people who come here and they think the White people and the government give the queen mothers a lot of money and they do not know what all those monies are used for.

Adult women claim that contrary to what the citizens are made to believe, the association only serves the interest of some queen mothers and their children. They alleged that some children
are used as bait to attract donations for the benefit of these beneficiary queen mothers and their children:

[Queen mothers] tell the children to wear their best clothes or very clean school uniforms so that they could use them as exhibits for people from Accra. They take pictures and use them to get things like school uniforms and food. The children don’t get anything. They coach the children to say things to foreigners. One child told us that she was asked to say that she received support [from the MKQMA] when she has not seen anything.

Participants in the qualitative research blamed the lack of support for orphans on corrupt practices and the lack of a fair distribution system, but not the lack of resources. Adult females and males criticized queen mothers severely because they had seen orphans who were invited to the offices of the MKQMA, apparently to receive ‘something’, but they returned home degu empty handed. They contend that the queen mothers ‘take care of their own orphans first and then give the leftovers to other children’. They attributed the differences in orphans’ wellbeing to unequal access to support from the MKQMA. This inference was also a source of conflict among queen mothers. In view of these accusations, some adults warned orphans in their households never to honor invitations by the MKQMA because it was be puem waste of time.

The PaLHIV do not trust the queen mothers either. They do not think that queen mothers will do anything for their children in the event of their demise. One PaLHIV said she does not like the MKQMA because her niece (an orphan) was denied assistance. She explained that:

An orphan in my family was thrown out of the program because she wanted to go to [senior high school] and the queen mother [that is the PO] insisted that she went to a vocational school instead.

Even the kindest gesture by the association was received with mistrust. On Valentine’s Day 2009, the MKQMA, with support from United Way, organized a durbar in honor of OVC at Asesewa in UMK. In the view of an adult male onlooker:

[The queen mothers] are here doing this thing so that people will think that they are good. They are doing it for their selfish benefits. They will take a lot of money after they have finished.
Another adult female asserted that: “[the queen mothers] claim that everything that they do is about the orphans, but they still benefit from the work with the children.”

The perspectives of the citizens’ reveal their frustrations with the MKQMA. The bases of the frustrations and the circumstances that fuel them must, however, be critically examined. The NGOs predetermine how their resources are expended and the MKQMA merely acts upon the instructions of the NGOs. The decision to support only orphans in vocational schools was made by OIC Ghana not by the MKQMA. The notion that visitors brought gifts to orphans may be incorrect. The fact that White people or people from Accra took pictures, may not mean that they left behind gifts for the orphans. In fact, some of the visitors that I met at the MKQMA office and at the house of the PO actually went away with gifts of beads and fabrics.

The PO is aware of the accusations against the MKQMA in general and against her in particular, but she dismisses them as baseless. In her opinion, the popularity of the MKQMA in the media, and the hosting of foreign visitors and government officials have been equated with increased access to support for orphans. She explained that:

   Our people don’t know the support we get and how we use it. Because they see White people come to us they think we get money from each one of them. Some organizations put our information on the internet4 and we don’t get anything from them. They don’t give anything to the queen mothers.

In my view, the lack of open communication between leaders like the PO and the members and the citizens, plus the lack of space for the members and citizens to freely express their views and to acquaint themselves with the activities of the MKQMA, fuel the negative perceptions and suspicions against the queen mothers. An aggrieved individual may seek redress from the courts of a queen mother, or report a queen mother to other queen mothers. It is, however, unclear how a citizen could litigate or seek redress against all queen mothers in the MKQMA.

11.1.5. *The partners and the challenges of the MKQMA*

The inability of governments across sub-Saharan Africa to improve living conditions and promote self-reliance has resulted in different kinds of symbiotic partnerships between NGOs, states, and local communities to complement efforts at meeting the demands of citizens (Aubrey 1997/2003:5). The role of NGOs in addressing social and political challenges has increased their influence in governance. They are perceived as having the capacity to generate pragmatic means to assess and address problems of social development, and at the same time create innovative ways to promote grassroots participation (Holland 2007). With regards to orphans, NGOs can help to identify the needs of their caregivers, and determine the roles of the state and NGOs in supplying those needs (Hudson et al. 2004).

Partnerships between NGOs and small communities may however, be fraught with contradictions. NGOs proffer maintenance of social institutions, yet the panaceas they promote and the practices they adopt may challenge or even destabilize indigenous institutions and structures of power. They may also encourage community participation, but at the the same time, use existing structures to impose their ideas and objectives on local people in a top-down fashion (Gow and Vansant 1983; see Aubrey 1997/2003). In Ghana, the growing influence of NGOs allows them to influence local decisions (Dawuni 2010; Abbey et al. 2010:77). In view of these realities, the analysis of the tensions between members of the MKQMA and also between the MKQMA and the citizens must take into account the influences of their ‘partners’ (donors, NGOs, state agencies).

Purtschert (2002) observes that in the course of their partnership with local communities, external agencies (missionaries) metamorphose from ‘foreign’ to native, and consider themselves more knowledgeable about the local environment than the indigenes. The external agency’s ‘expert local knowledge’ becomes the basis for diagnosing and solving local problems. This restricts the agency of the local people and forces them to perceive themselves through the lenses of the external experts (and their local agents), regardless of the negative consequences.

The partners’ perspectives in relation to the situation of the MKQMA are the same as the leaders’ perspectives of themselves. On the other hand, queen mothers (members) and citizens
also share similar (negative) views. The partners, however, suggest that their views are more accurate. They agree with the leaders that the MKQMA needs ‘people who can communicate in English’. They see the PO as ‘the only one moving the MKQMA’ due to her literacy skills. They argue that low literacy rate among the members inhibits the delegation of duty, a claim that is an implicit justification of the PO acting without the consent of other queen mothers. They even try to set the criteria for qualification for the position of queen mother, stating that a candidate must at least attain a high school diploma. Such candidates can suit their interests; they can ‘read and understand reports, grasp issues, implement activities, plan ahead, and make use of training opportunities’. The Konor and the PO share this view.

Contrary to the negative views held by the queen mothers and the citizens about the MKQMA, the partners such as Plan Ghana, OIC Ghana, and the District Health Management Team (DHMT), see the leadership of the MKQMA as ‘efficient and well organized’. The positive reactions by the partners should be expected because the status quo obviously serves their interests. The ubiquity of the queen mothers, plus the authority that they command as community leaders make them an important group for mobilizing communities for promoting social interventions and NGO interests. The MKQMA provides unique opportunities for NGOs to reach their targeted populations quickly and at less cost. Health workers at UMK indicated that more children access health services when their parents receive health messages through queen mothers. This has economic advantages. Queen mothers rarely receive any remuneration because their roles are considered to be part of their traditional responsibilities. The media focus on the MKQMA indirectly affects the partners.

The tensions within the MKQMA may not be problematic to their partners, due to the tendency for the partners to close their eyes to such differences or even exploit them to improve the implementation of their programs (Mansuri and Rao 2004:2). It is more convenient to navigate the status quo to the agency’s advantage than to promote efficient institutions (Mosse 2001). For this reason, the situation in the MKQMA has been maintained through discourses and practices, which reinforce inequalities and accentuate the disharmony among queen mothers, and the tensions between queen mothers and their citizens.
The partners’ views on the challenges within the MKQMA are partly due to the lack of understanding of the nuanced power relationships within and outside the association. Contrary to the notion that African women lack agency and are perpetually subjected to male dominance (Mensah 2010), the behaviors of the partners, as shown above, indicate that women leaders have power that can be used to improve their living conditions. The partners, however, suggested that the power of the PO is due to the docility and submissiveness of the members, and the lack of resistance to traditional authority. This notion is supported by the theory that women’s groups with little experience in mobilizing their members, lack self-confidence and self-esteem. They also tend to have a weak capacity to challenge their leaders and are consequently more susceptible to exploitation (Purkayastha and Subramaniam 2004:8-9).

The above explanations are, however, indicative of a misdiagnosis on the part of the partners regarding the challenges within the MKQMA. They do not fully explain the power relationships between traditional authorities, nor do they distinguish respect for authority from resistance to authority. In traditional politics (especially in the patrilineal society where female leaders are not as powerful as their matrilineal counterparts -Stoeltje 1997), power is challenged in very subtle ways, which may only be uncovered by the informed observer. Without a careful analysis, it is possible to misinterpret rebellion as respect. It appears that acts of resistance by queen mothers have been misinterpreted as respect and have perhaps unknowingly formed the bases of partners’ support for the status quo to the displeasure of the members and the citizens.

The partners attribute the effectiveness of the MKQMA to the industriousness of the PO, and the members’ ‘deep respect for traditional authority’. They attribute the lion’s share of the success to the ‘organizational skills, efficiency, and the powerful status’ of the PO. The director of health services in UMK claims that they ‘depend on her strong leadership and ability to get things done’. He stated that the ‘powerful’ status of the PO and the ‘high level of respect she commands’ among her peers derives from the traditional political organization. The PO’s leadership style is described as ‘commanding loyalty’, although the queen mothers and citizens see it as exploitative and lacking accountability.

The ‘powerful status’ of the PO, as claimed by the partners, needs to be examined further. The means for demanding accountability from and/or resisting traditional authority are different
from conventional means used in formal politics (see McNeil and Malena 2010:192). Except in cases of extremely disgraceful behavior, it is highly unlikely that citizens will openly confront traditional leaders, the way they would public officials and politicians. It is extremely rare for traditional leaders to confront each other publicly. The spaces for protest against chiefs and queen mothers are more limited. Among the Akwapims, for example, it is only the queen mother who has the authority to publicly rebuke the chief and even destool him (Purtschert 2002). Manya Klo queen mothers do not have this kind of power, and so their resistance is less obvious.

The relationships between queen mothers, on the one hand, and between queen mothers and chiefs on the other, are moral and power relationships, in which either party is rarely openly critical of the other (Stoeltje 2003). Their utterances and actions are calibrated to reflect their statuses and the values and virtues they represent. The customary expectations of queen mothers are that they should be ideal women, virtuous, gentle, patient, and so on. For this reason, they are very polite and decorous towards each other in public spaces. Indeed, the greatest virtue of the queen mothers is for them to maintain their customary roles and perpetuate their virtues even under the most difficult circumstances. This expectation weakens their capacity to openly resist their leaders. In the case of the MKQMA, any open confrontation with the PO or any leader she appoints is tantamount to undermining the authorities of the Konor and Manyengua, the de jure leaders. The consequences for doing so could be very severe. This explains why none of the queen mothers aired their frustrations in public. Open resistance is, however, not the only weapon of disobedience to traditional power.

What may pass as respectful behavior could, in fact, be loaded with resistance and disrespect, and may easily escape the lens of the casual observer. It is such situations that the partners misconstrue as reverence for traditional leaders. One subtle protest is through the use or nonuse of appropriate appellations. The members openly refer to the PO as ‘Auntie Esther’ or ‘Mama Esther’ (Esther being her first name), instead of ‘Manye’ queen mother. Their refusal to refer to her as ‘Manye’ is a rejection of her position as ‘queen mother’ and leader of the MKQMA. It is also an indirect protest against the highest authorities (Konor and Manyengua) who appointed her. This situation does not bear the claim of ‘deep respect for authority’ within the MKQMA.
In the next section, I will show the other forms of resistance and the impact they have on the MKQMA and the lives of orphans. They include refusal to abide by the instructions and nonparticipation in group activities.

11.2. Effects of challenges on stability of MKQMA and survival of orphans

11.2.1. Effects of intra-organizational conflicts on the organization of support for orphans

The ability of community-based women’s groups to implement their activities depends on three important strategies: ‘information sharing, reducing opportunistic behavior, and facilitating collective decision-making’ (Grootaert 1999:6 in Eklund et al. 2003:2). In addition to these strategies, such a group also needs a leader who is very highly regarded by her colleagues, and has the ability to mobilize them for collective action (Lyon 2003:20). This includes unfettered space to air their opinions, even if the opinions are opposed to the views of the leaders (Purkayastha and Subramaniam 2004).

We know from the foregoing that the above features and strategies do not characterize the MKQMA, which is rather saddled with conflicts. The literates/nonliterates and stool/non-stool dichotomies, poor communication between leaders and members, and mutual suspicions, deepen existing differences and constitute recipes for repelling members and discouraging them from participating in the activities of the MKQMA. Due to these problems, the members have further alienated themselves from the PO. Any queen mother (stool or non-stool) who assists her by running errands or doing any work is accused of partaking in exploiting and siphoning the association’s resources for personal gain. This situation affects the functioning of the association and has implications for the orphans whose wellbeing depends on the stability of the association. Unfortunately, this isolation, which burdens the PO with work has been misconstrued by the partners as a mark of her strong leadership.

The extent to which a member participates in the activities of a group is correlated with the benefits she derives from the group (Eklund et al. 2003). The claims that membership of the MKQMA has yielded very little dividends is evident in the dramatic reduction in the number of
active members. As of January 2009, active membership was limited mostly to 30 queen mothers whose orphans were receiving monthly cash support from Yensomu. The support for orphans is used as a bait to lure members to meetings and other events; the agendum often include ‘message for caregivers’, even if the meeting originally had nothing to do with orphans. In spite of this, the majority of the queen mothers in LMK stay away partly because they do not ‘get anything from the meeting’. Others absent themselves because they do not recognize the PO as their legitimate leader, and refuse to take instructions from her. Some members would attend meetings or partake in activities only if they were instructed by Nana Mamle Okleyo. On two occasions, I was her courier and sent invitations to two queen mothers.

The Registrar of the MKTC attested that the unity, urgency, and fervor that used to characterize the activities of the MKQMA have waned. The influence that the queen mothers wielded over their citizens has also reduced:

I can say that their numbers… the vim and enthusiasm with which they attended meetings and did other things have reduced dramatically in the last few years. They used to attend meetings in their numbers…. These days you will be lucky to get a handful of them.

When queen mothers do not participate in the activities of the MKQMA, they contribute to worsening the conditions of the orphans. Queen mothers identify orphans, and facilitate their access to support through the MKQMA. Without queen mothers the orphans may not be identified, and they may not be reached with available interventions. On four different occasions, I heard different queen mothers refuse to go round their communities to inform orphans and their families about food rations provided by OIC, Ghana. They claimed that, ‘the orphans will survive without the food support’ or that they could travel to the collection points all by themselves. This reaction is partly in view of the fact that they did not want to be instructed by the PO (even when she is not directly involved in the distribution of the food). Also in these associations, those who do not contribute in generating resources or supporting other members may not receive support from their members (see Lyon 2003:16). They, therefore, did not want to be accused of being ‘active only at harvest times’. One queen mother’s reaction was that: *Pi kpe ɔ niyeni ne ma ye. A ngɔ a niyenii* (I do not feed on the
association’s food. Let them take their food). In this case, the orphans who ‘feed on the association’ suffer the consequences of the caregivers’ refusal to be involved in the association.

Aside from not assisting orphans to get support, the members are indifferent to the manner in which the association is run. One queen mother protested in frustration: “I don’t have anything to do with the association and so they can choose to run it in any way that they want to.”

11.2.2. Effect of the composition of the MKQMA on the status of queen mothers and orphans

The composition of the MKQMA impacts negatively the political status of the queen mothers. The generally weak political and economic status of Ghanaian women has been blamed for forcing some of them to adopt difficult coping strategies including sex work. The queen mothers, on the other hand have had to trade their high status for lowly jobs in order to provide for their orphans. The weak status of queen mothers and their lack of voice in political decisions persist decades after they were articulated as grievances to support the foundation of the MKQMA to enhance their status.

Cohen (1981) observes that women leaders in West Africa tend to create and maintain structures and practices, that mimic the oppressive structures in the larger society; that is the structures that restrict their participation in decision making, and limit their political and social choices (77). After decades of protests and advocacy against the oppressive structures that denied them access to political power and other resources, and after more than two decades of the foundation of the MKQMA, the weak political position of queen mothers within the traditional political system has changed very little. The current weak status of the MKQMA may be described as partly self-aggravated in the sense that it is partially due to their actions (and inactions). They have stalled efforts to enhance their political status (to access political power and influence the decisions about their leadership roles and children), because they ostensibly want to secure the stability of the MKQMA.

The Chieftaincy Act 759 Section 57 of 2008 limits membership or representation at the traditional council to stool queen mothers (the paramount, divisional, and subdivisional queen
mothers). The MKTC, therefore, does not recognize the MKQMA because it includes non-stool queen mothers. The stool queen mothers are unable to claim their constitutional positions at the MKTC, because their status has been tied to that of the association. The reality is that admitting the stool queen mothers into the MKTC will have serious repercussions for the non-stool queen mothers. The non-stool queen mothers argue that the law is discriminatory, and caution that implementing it will cause the association to disintegrate, an outcome they say will not bode well for caregivers and orphans.

To understand the weak political status of the queen mothers, however, we must look outside of the quest for unity as claimed by the non-stool members. In my view, the current situation serves the interests of the leaders without stool. They will lose their positions if the association is granted the legal recognition. This situation shows the double-edged nature of the MKQMA as it is sandwiched between its formal NGO status and traditional features. The stool queen mothers want their traditional and constitutional statuses to be recognized, but the leaders want to maintain the NGO status because it legitimizes their power.

A further weakness of the MKQMA is that it does not officially partake in MKTC meetings. Even though it has been granted an ‘observer’ status at the MKTC since 2004, this, according to the Registrar, is ‘due to the generosity of the Konor’. Unfortunately, the generous gesture does not guarantee the MKQMA the constitutional backing that they and queen mothers all over Ghana have fought for in the past many decades. The MKQMA is represented at the MKTC meetings by non-stool queen mothers (led by the PO). This arrangement, according to the stool queen mothers, undermines their authority and, therefore, exacerbates the tensions in the association.

The weak political status of the MKQMA affects orphans. An improved legal status at the association at MKTC would have empowered queen mothers, by placing them at par with the chiefs, even if symbolically. This will boost their recognition at the more powerful Regional House of Chiefs, and possibly increase male (and chiefs’) direct engagement in issues related to orphans, children, and women.
11.2.3. *Effect of lack of local participation on organization of orphan care*

Experiences from Botswana, Lesotho, Namibia, South Africa, and Swaziland, show that stronger collaborations between community groups, government agencies, and NGOs promote sustainability of community-initiated programs for orphans. These partnerships create checks and balances, which invariably improve transparency and efficiency in the use of scant resources (Rosenberg et al. 2008; see Mansuri and Rao 2004). Donors and funding agencies rely on different approaches in ensuring that their “targeted gift” (Livingstone 2003:216) reaches their beneficiaries. One approach for tracking resources is to encourage local participation in community initiatives, that way; the group leaders become more accountable to the community. The World Bank’s evaluation of community-led programs shows that the ones that are sustainable and effective are those in which leaders are more accountable to their people. Such organizations are also seen as more credible, more open, and more efficient (Mansuri and Rao 2004; see Purkayastha and Subramaniam 2004).

In Ghana, the national multisectoral approach for HIV and AIDS programming, including those for orphans, encourages partnerships that comprise different members. Partnerships at the community level promote broad-based participatory monitoring of the programs (GAC 2006; GAC 2010). The multisectoral approach has become critical at a time when individuals are suspicious of groups that receive money from external agencies⁵ (Abbey et al. 2010:73). For funding agencies, it is important because their credibility is tied to the credibility of the groups they support.

Unfortunately, aside from occasional symbolic invitations to events, the local government (district assembly) and traditional council do not play any significant role in the affairs of the MKQMA. The two institutions, therefore, cannot be said to function as checks on the MKQMA and ensuring that it is accountable to the citizens and to their donors. The association does not

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⁵ Authorities at the GAC and others have stressed the need to account for resources for HIV programs. Most of these concerns are carried out in the media. See an example: HIV and AIDS render 160,000 children orphans in Ghana [http://www.ghanaweb.com/GhanaHomePage/health/artikel.php?ID=208447](http://www.ghanaweb.com/GhanaHomePage/health/artikel.php?ID=208447) Accessed May 16, 2011
submit reports to the district assembly nor to the MKTC, yet they request the support of the MKTC whenever the need arises.

The weak role of the district assembly and MKTC, plus the lack of information on the management of MKQMA increases suspicion about the association’s mobilization and use of resources. This may be affecting its credibility. The Registrar of the MKTC explains how:

I receive letters from agencies asking me to send them reports on the queen mothers [Association]. A few days ago, I got a letter from the Ghana AIDS Commission; they were requesting a report on the queen mothers. I guess the Commission assumed that we were functioning the way that we should …and that the queen mothers are under the [MKTC]. No! I have no clue what they do. I hear a lot about them taking care of children. That’s it.

One queen mother explains that failure to meet the expectations of the citizens’ accounts for the low recognition that their citizens accord them. She states that:

We are not getting anything for our work as queen mothers. Nothing! We get nothing and we give them [the citizens] nothing…. The people we are responsible for do not hold us in high esteem. They don’t respect us because they get nothing from us.

11.2.4. ‘Take your association’: the search for alternative sources of prestige and social security

Mutual benefit schemes that provide support for income-generating activities to households may be critical to the continued existence and success of community-based programs for orphans (Foster, Makufa, Drew et al. 1997). In Ghana, one important strategy used by individuals and groups of people to mitigate harsh social conditions is to develop and depend on different cooperative support networks. These networks usually provide monetary, social, and other types of benefits to their members in their times of need, and especially during bereavement. The quality of these networks, that is, the benefits that the members derive from them, determine their level of participation and commitment to the networks. Members can renegotiate the value of their network by collectively agreeing to change its goal and expected benefits (Hanson 2005; Mikell 1995:21).
Although the MKQMA has been previously portrayed as existing purposely to support orphans, we know now that this portrayal is inaccurate. It is important to note that among the Ga-Dangme (including Manya Kloli), women’s kin groups, regardless of their objectives, are also economic entities (Field 1940; Robertson 1984). It is obvious that such an understanding has been integrated into the objectives of the MKQMA. The MKQMA was primarily supposed to directly engage its members to enhance their economic and political status. Unfortunately, it has failed to fulfill this original objective and some members even contend that their membership has instead worsened their conditions; the association does not provide support and cooperation in times of need. They cite the collapse of the welfare cooperative (Chapter 8) as evidence of how the association frustrates rather than fulfills their aspirations.

In the absence of a cooperative mechanism, the only support that the members could expect from the MKQMA was burial and funeral benefits, but it does not seem that even this is available. The clearest evidence of fissures in the MKQMA is the attitude of the members to supporting the funerary rites of a dead member. Funerals are very important ceremonies in Ghana, not because of their current showy and ostentatious nature in the midst of poor economic conditions, but because they are occasions when individuals and groups of people support the bereaved. A funeral provides space for members of a group to express their solidarity with and pay ‘last respect’ to the deceased. Respect may include playing a significant part in the funeral and burial rituals and providing financial and psychosocial support to the family of the deceased. The role of women in general is very significant as it reflects the nature of their relationships and the social network to which the deceased belonged (Aborampah 1999:257). The solidarity and the pain of the loss justify the increased commodification of grief (De Witte 2003).

Social groups in Ghana, whether their cause is political, religious, economic or recreational, provide funeral assistance to their members, both in formal and informal ways. This incentive encourages people, the older generation in particular, to join these groups. Fitting burials and funerals for royals are very important to members of their lineages and families, because the uniqueness of royal funerals embodies the significance of the deceased’s status and the honor of belonging to an exclusive group (Nketia 1955/1969; Kaplan 1993:63). For queen mothers,
funerals are symbolic and political ceremonies, where they sympathize, socialize, bond together, and reinforce the sense of community and leadership through the rituals that they perform, the places they sit, and so on.

The MKQMA is so disintegrated that the members cannot support each other in case of death. Between September 2008 and December 2009, I witnessed six funerals for queen mothers in LMK. Every queen mother who attended a funeral did so in her individual capacity. There was no collective representation at any of the funerals as is customary. There was no collective effort to sympathize with or provide support to the families of the deceased. One queen mother lamented the situation:

At the death of a member, we used to organize meetings to plan to support her burial and funeral. These days…. We don’t do that anymore. We attend the funeral, but it is not obligatory, each queen mother attends in her own capacity. When we meet at the funeral grounds we sit together and act as a united group, but we are not. There is nothing like contributing money for the family of the queen mother. If I make any donation, I do so as Manye [an individual] and not in the name of the association.

It would be extremely difficult for a group characterized as in the above statement to maintain its membership and influence, let alone grow. To the extent that members of the MKQMA could not give each other the kind of support that is almost taken for granted even in groups of much less social and political significance in Ghana raises questions about its stability.

Another challenge to the members of the MKQMA is the cost of membership. Membership in community-based groups is seen as contributing to improving household access to resources, and this in turn helps to improve household wellbeing, but the cost of participating in these groups on the household is hardly mentioned. According to Grootaert (1999), membership in such groups raises household expenditure, and the more active a participant is the higher the cost to her household. A single membership in a community-based group may increase household expenditure by 1.5 percent, and for a more active member, it could go as high as 3.2 percent. This suggests that queen mothers are spending part of their meager household budgets on their membership in the association, in spite of their claim that the association does not meet their objectives to enhance their status, pool and share resources, and to boost their participation.
in decision making. It is unsurprising, therefore, that queen mothers are seeking alternative sources of support, security, respect, and other benefits they do not get from the MKQMA.

Currently, the majority (67.3 percent) of queen mothers has shifted or intends to shift their allegiance and focus to economic, recreational, religious, and other social groups (Figure 11.2). They claim that the new groups provide social security in the form of economic benefits, respect, and group solidarity, which were unavailable in the MKQMA. Membership in these groups guarantees material and emotional support from fellow members in cases of illness, death, marriage, and others. The remainder one-third (33 percent) intends to either revive their membership in a previous group or to join one in the near future.

There is no restriction to the number of social groups that a queen mother or any citizen can join. In fact, it is an advantage to join many social groups because membership in each group guarantees some support. This means that queen mothers could maintain their memberships in the MKQMA and join new ones. Unfortunately, they substitute the new groups for the MKQMA, and they are doing so with more urgency. They are actually shifting their allegiance and commitment from the MKQMA and investing their resources and energies in the new groups. Almost 80 percent of queen mothers who have deserted the MKQMA to join other groups rate their participation in the activities of the new groups as high (14.3 percent) or very high (65.3 percent) (Figure 11.3).

Aside from joining other social groups, the members also alienate themselves from the association, thereby contributing to its instability. Among themselves and in their interactions with their citizens, they tend to denounce the association and affirm the negative perceptions that the citizens hold about it. They also tend to dissociate themselves from the negative practices, by often stressing their innocence as individuals. They pride themselves on their passive membership, inactivity, and general apathy towards the association. They also stressed that the association does not contribute anything to their economic wellbeing. One queen mother asserted her economic independence and high moral standing by distancing herself from the alleged corrupt practices, but also by lending credence to the allegations of corruption. She claims that:
Some people had big buttocks only after they received AIDS money. For us, we had big buttocks long before we even knew anything about AIDS.

She implies that, unlike the leaders, who depend on funds for AIDS programs to survive or to get a better life (“big buttocks”), her good life and wellbeing had nothing to do with misappropriating “AIDS money.” In effect, she does not live on donor support. Such utterances were intended to convince their citizens of their innocence and present themselves as credible. The extreme example of proof of economic independence and nonreliance on the MKQMA is the refusal to accept donor support for orphans, such as food rations, as pointed out early on.

In view of the challenges confronting the association, the queen mothers proposed steps for improving their work and to get more of their members to be more active. About one-fifth (20.4 percent) said they would like to have more information (‘openness’) on the work of their leaders, 16.3 percent said they would like to see a more effective leadership, 51 percent said they needed financial support to enable them engage in income-generating activities, and 12.2 percent did not respond to the question.

11.3. Summary and conclusions

Women’s participation in groups they self-initiate improves the wellbeing of their orphans. Unfortunately, very little is known about the challenges that women face as they depend on these groups, besides the lack of material resources. In this chapter, I have analyzed the factors that work against the MKQMA as it discharges its obligation towards orphans. I have focused on the shifting objectives of the group, its organizational structure, membership, and the participation of the members and the citizens.

The queen mothers expected that the association will be an opportunity for them to exercise their agency through direct participation in decision-making and other activities, and also to strengthen the ties between them through a mutual benefit scheme that will provide support to each other in times of need. By participating in the MKQMA, they had hoped that they would
also gain recognition for their political roles at the different levels of local and national politics. In their view, none of these objectives has been met.

Instead of being a source of empowerment as active agents for improving the lives of women and children, socially and politically, the friction in the association has further weakened the status of queen mothers as a political force. They remain at the fringes of local politics, outside of the critical core political group that makes the decisions about their lives and work with children.

The members see the association as one in which the minority literates manipulate the nonliterate and where some members and their orphans are used to attract external support for the benefit of others. These differences create pockets of interest groups, a situation that affects the stability of the association.

There are internal disagreements about the criteria for inclusion and exclusion and the legitimacy of the leaders. The narratives that frame these controversies are mainly directed at the position and personality of the PO. She is seen as an imposition on the association. The tensions are deepened due to poor communication between the leaders and the members to the extent that not even the most sensitive matters are explained to the members.

The association is unable to promote and maximize the contributions from the citizens because they (citizens) are either uninformed about the activities or are simply apathetic. Although the citizens regard highly the queen mothers as their leaders, they do not trust them as members of the MKQMA, which is perceived as an NGO. They see the MKQMA as exploiting the orphans for the personal gains of queen mothers. The allegations against the queen mothers may all not be based on facts, but they discourage local participation in mobilizing support for orphans.

The behaviors of the partners create more problems for the MKQMA and aggravate existing tensions. The partners tend to share the views of the leaders, probably with the assumption that the leaders truly represent the views of the queen mothers. In effect, leaders of the MKQMA appear to be fulfilling the needs of the partners rather than addressing the concerns of the members. They support the practices of the leaders as long as those practices facilitate the implementation of their programs. The partners may be ignorant about the collective sentiments
of the members, but their overt and covert support for the leaders reinforces the tensions between the members and leaders.

The negative perceptions about the MKQMA affect individual queen mothers. As ideal women and embodiments of virtues, queen mothers tend to avoid behaviors that may dent their image. In order to disassociate themselves from the current negative image of the MKQMA, they have become more apathetic towards the association’s activities. They affirm the negative public perceptions about the association and also fuel them by making their own allegations against their leaders. They join other social groups, which they claim fulfill the unmet need of respect and recognition, and also provide them the opportunity to directly participate in the affairs of groups. They become more committed to building these groups at the expense of the MKQMA, because of the high expectation that the new groups will support them in times of need. Unfortunately, none of these new groups focuses on orphans.

The challenges that confront the MKQMA affect the survival of the group and impact the lives of the orphans. It is through the active participation of queen mothers that orphans are identified and assessed for support. When queen mothers are alienated from the processes that improve caregivers’ access to support, they contribute to worsening the situation of orphans by denying them any support that may be available. Queen mothers think that improved information sharing, open leadership, and support for income-generating activities will improve the effectiveness of the MKQMA, and ease the burden of caring for orphans.
Figures for Chapter 11

Figure 11: 1 Biggest challenge facing the MKQMA

Source: Fieldwork 2009

Figure 11: 2 Queen Mothers’ group affiliation (outside MKQMA)

Source: Fieldwork 2009
Figure 11: 3 Level of Queen mothers’ participation in social groups

Source: Fieldwork 2009
CHAPTER 12
Summary and Conclusions

12.0. Introduction

The objective of this study was to address three key issues pertaining to the role of queen mothers of Manya Klo as orphan caregivers. To identify, characterize, and describe: (1) the socio-economic and cultural context in which queen mothers’ foster orphans; (2) the challenges of the Many Krobo Queen Mothers Association in supporting orphans; and (3) the needs of orphans from the perspectives of the caregivers and the orphans, and the outcomes of caregiving practices for orphans.

I pointed out the challenges and gaps in the research on childcare, by highlighting the key issues regarding partnerships between communities and external agencies, perspectives on female and male roles on the survival of orphans, the lack of context in orphan care research, and the approaches for identifying the needs of orphans and for measuring caregiving practices. In this chapter, I recap the findings of the study and draw some conclusions based on the findings.

12.1. Summary of findings

An overview of the social and historical context of HIV and AIDS in Manya Klo has shown that a multiplicity of unfavorable social, political, and economic factors led to the orphan crisis. Although attempts have been made to explain why many more women than men emigrated in the face of economic crises, these explanations are inconclusive.

Since women are the most infected with HIV and the most burdened with the responsibility for orphans, they also are the targets of policies and programs that aim to ameliorate the pain caused by the pandemic and to mitigate the orphan burden. Over-feminization may deny women the opportunity to reap the maximum benefits from available interventions, which tend to alienate men, household members, and orphans from research, policies, and support programs. This, therefore, limits the opportunities for men to be actively engaged to complement women’s...
responsibilities towards the infected and affected. The findings in this study show that chiefs and adult males generally play very influential roles in the lives of orphans. Chiefs wield more power than queen mothers and they are supposed to support the queen mothers to fulfill their responsibility to orphans.

I began the investigations into the MKQMA and the lives of orphans by addressing the conceptual and methodological issues that tend to cloud the analysis of crisis foster care in Manya Klo. I established a basis as to how we could achieve a better understanding of the phenomenon, by understanding it from the perspectives of the research participants. This approach is important because we do not assume that we are already knowledgeable about crisis foster care. Also, we adopt a flexible amalgam of frameworks, which allows us to collect different types of data from myriad sources to enrich our understanding of the situation of orphans and their caregivers.

I examined the experiences of queen mothers and the situation of orphans by, first exploring the contextual conceptualization of ‘care’, ‘caregiver’, ‘child’, and ‘orphan’. The meanings of these terms are critical to understanding the reasons orphans are fostered, and they reveal the tensions associated with adopting external meanings as the basis for determining beneficiaries of mostly imagined external support.

The meanings of ‘care’ and ‘caregiver’ are much more nuanced in Manya Klo and diverge from conventional meanings and applications. Caregiver is conceptualized as a position of power and has relatively little to do with direct provisioning for orphans. This distinction is important because it is at variance with the increased feminization of the burden of AIDS, which justifies targeting women and neglecting men. In the patrilineal society of Manya Klo, except in households headed by older women, most probably widows, it is men who may be regarded as caregivers in the sense that they hold absolute power and authority over children in their households, even though women may be providing the needs of the orphans. This usage also shows that orphancare research, which has focused on older women’s lack of resources, has not taken into account power as a factor in determining who occupies the position of caregiver.
In general, the care practices adopted by queen mothers are determined by the contextual values and ideas related to caregiving. For example, the Klo concept of a person as a cultural entity means that an orphan is a more complex object than the body-mind binary employed by development and state agencies. The orphan is an embodiment of several values and attributes (spiritual, physical, and social), all of which determine, among other things, her/his identity, needs, relationship with others, caregivers’ obligations, and society’s expectation of her/him.

Based on the contextual meanings, we have learned that orphans are not a homogeneous group. They are classified according to parental death and knowledge on the whereabouts of parents, (missing and unknown), and by their parents’ ethnicity. Some are classified as ‘home’ or ‘outside’. This classification may be linked to behavioral traits and may, therefore, be a potential basis for discrimination. Theoretically, this is significant because it adds a new perspective to the categorization of orphans.

The meaning of orphan is in flux due to the influences of NGOs, the state, and other agencies that largely determine the meanings of child/orphan that are applied in contexts like Manya Klo. The influences of these organizations and agencies are felt through policies, acts, conventions, and material support to orphan. Although the meanings employed by the external agencies (NGOs, state and donor agencies) differ from the local (Klo) meanings, caregivers and their relatives strategically adopt the external definitions because they are broader than the local meanings. Local meaning focuses on the death of two parents, but the external meaning includes even those who have lost one parent or with missing or unknown parents. This means that the external meanings, when applied, allow more children to be classified as orphans. Contrary to the expectations of the local community, the application of external meanings has led to frustrations and tensions because it does not necessarily lead to support for all orphans. The intense competition for resources from NGOs has also resulted in accusations of corruption against the queen mothers.

The position of the queen mother has been neglected because women leaders, scholars, and state agencies prioritize women’s participation in formal politics over strengthening women’s positions in traditional politics. The current interest in the role of female traditional leaders, and attempts to lift her from the doldrums of national politics to a position of relevance, can be
attributed to the weak extended family system and the failure of the state to provide the welfare needs of orphans. This new attitude is probably an indication that traditional female leadership will continue to play an important role in protecting orphans as long as the indigenous and formal support structures remain overwhelmed by the orphan burden.

The histories of the queen mother and of the MKQMA show that both institutions emerged from specific social and historical circumstances to meet specific needs of the society. The AIDS pandemic and the orphan crisis have had an enormous impact on the association, specifically in redefining its objectives and altering the functions of the queen mother. The focus on orphans, however, threatens the stability of the association because it diverts attention from the original objectives, which are to address the power, economic, and leadership needs of individual queen mothers. AIDS and orphans have generated a lot of national and international interest in the MKQMA as an innovative local mechanism for coping with an extraordinary crisis. The lack of a concrete initiative to enhance the status of queen mothers in addition to work on AIDS, however, affects their morale and makes group cohesion very difficult.

The formation of the MKQMA is, however, proof of the capacity of traditional institutions to transform to address contemporary challenges due to social, political, and demographic change. The leaders of the MKQMA define the success of the association in terms of their collaboration and partnerships with national and international organizations, improvement in the lives women and children, women’s ability to speak about their problems, and schooling by girls. These successes may, however, be exaggerated. The challenges are often understated, and usually referred to only as shortage of material resources. The association also, unfortunately, shows a lack of capacity to develop and implement an agenda, which would simultaneously meet the needs of the members and fulfill their obligations towards orphans, independent of external NGOs and state agencies. Its survival, therefore, appears to depend hugely on the continual support from external agencies.

The poor demographic and household characteristics and caregivers’ poor access to basic amenities reflect their daily struggles and how they affect the orphans. The queen mothers have weak social and economic indicators and weak human capital. Their households have high
dependency ratio with a majority of the members being children, orphans and nonorphans, with the census results suggesting an orphan crisis larger than previously suggested.

The burden of care and the lack of support from extended families compel the frail old caregivers to keep multiple menial and manual jobs in order to afford the basic needs of their orphans. Poor household incomes limit the survival options of the members and force them to concentrate on their physical survival and virtually neglect their psychosocial wellbeing. In any case, the households are not the same. The rural households with orphans are larger and poorer. The impact of the socio-economic status of the caregivers on the orphan is seen in school years lost. The circulation of orphans tends to be unidirectional, from the rural to the urban areas. This circulation pattern suggests that the greater burden of responsibilities may switch from rural caregivers to their urban counterparts.

The needs of an orphan are influenced by three sources; the caregivers and adult family members, the orphans, and NGO/state external agencies. Each of these agents has its own priorities. Adults place emphasis on immediate physical survival, while the NGOs prioritize a secured future. On the contrary, orphans are more concerned about improving their psychosocial conditions, especially their relations with their caregivers.

Contrary to claims that caregivers do not have the capacity to identify the psychosocial needs of their orphans, caregivers in this study identified the psychosocial needs of their orphans but did not have the means to address them. The available meager resources were committed to meeting the physical needs, thinking that the most effective means to satisfy the psychosocial needs is to provide the material needs.

The orphans are aware of their limited survival options and the extent to which their current vulnerabilities can affect their career choices. They want to become ‘somebody’, but the present hardships are already forcing some of them to opt for careers that require minimum financial commitments and shorter periods of schooling, such as driving instead of, say, engineering, accounting or law. They are aware of the dangers of HIV and would like to stay away from it. They intimated that children should be informed if their parents test positive for HIV; that way,
they could assist their parents better and also learn from their parents. Some of them have already assisted their parents through their illnesses and death.

In view of their weak social and demographic characteristics, the queen mothers had expected that the MKQMA would help them to improve their status and capacity to protect orphans. The shift in the association’s priorities has incurred the displeasure of the members. The hope that they would be directly and actively engaged to make decisions about their empowerment and cooperation, and political organization has not materialized. The tensions within the association have weakened their collective ability to mobilize to demand the political recognition that has been denied them. They are not recognized as a legitimate political entity at the MKTC, which is the most powerful political body within the MKTA.

Internal conflicts regarding membership and the manner in which leadership positions are created, assigned, and disposed of are major sources of tension. The administrative structure of the association defies any clear definition. The administrative structure does not fully employ the checks and balances inherent in the traditional political authority. It also does not apply the bureaucratic features of formal institutions. This confusing administrative structure has become a source of conflict among the members because it leads to informal ‘demotion’ of high ranking queen mothers.

The nonliterate members see the association as elitist and believe they are manipulated by the literates. There is also the perception that some queen mothers are exploited for the interests of other queen mothers and their orphans. Poor communication between the PO and the members, and also between her and the citizens and other subnational agencies, tend to inflame the negative views about the MKQMA. The citizens, however, regard the individual queen mothers highly as traditional leaders, but as a group (NGO), they see them as exploitative and corrupt. In any case, very little contributions are received by the queen mothers from their citizens, many of whom, unfortunately, believe that their leaders already receive adequate support from NGOs.

The practices of the partners sometimes complicate the problems faced by the MKQMA. Their sometimes uninform support for the leaders of the MKQMA antagonizes the members of the association. They appear to be condoning their practices against the rest of the membership.
They support the practices of the leaders as long as those practices facilitate the implementation of their programs.

In order not to be associated with the negative perceptions against the association, the queen mothers are deserting the MKQMA and joining other social groups, which they believe will serve their interests and give them the opportunities to directly engage in the issues that affect them. This disassociation is also intended to help maintain their status as ideal Klo women; that is, noble and clean (not corrupt). This reaction has a negative impact on the orphans. Orphans access support from the MKQMA through their queen mothers. The withdrawal of a queen mother from the association, therefore, implies that orphans who depend on their active participation may be denied the occasional support from the association.

In spite of their weak socio-economic statuses, queen mothers are ‘motivated’ to care for orphans, because doing so fulfills their mothering roles and responsibilities as leaders. Besides, children are valuable assets and providing for them guarantees caregivers social security in the future. The spiritual value of orphans and the social value of being a good caregiver are some of the reasons caregivers strive to honor their responsibilities towards orphans. They, however, would like to see an improvement in their situation. In this regard, they suggested that improved information sharing, open leadership, and support for income-generating activities would improve their effectiveness as caregivers and as leaders.

12.2. Conclusions

The orphans’ project by the MKQMA represents a cultural reaction to a real challenge, with implications for the lives of orphans and all who will intersect those lives in Manya Klo and in the Ghanaian context. It is an example of an innovative, grassroots response to a crisis that can be seen as a kind of cultural adaptation and resourcefulness. At the same time, it is an innovative initiative that is constantly under the influence of international NGOs/donors and state agencies that impose their ideas, values and agenda onto local strategies for supporting orphans (Goka 2006).
The increasing roles of the state and NGOs/donors in the affairs of orphans mean that the local and external partnerships for interventions will continue to exist, and this will increase rather than diminish the influence of external agencies in the lives of orphans. The asymmetrical power relationship between local groups and NGOs/donors, however, places the latter in a more powerful position to impose their values and interests on local communities. In this regard, external agencies need to be more sensitive to customary arrangements, values and expectations. There is the need to negotiate meanings of the terms and practices that they employ. Definitions do matter. Their implementation requires people in the communities where they are applied to make adjustments in their values and practices. Definitions determine how caregiving responsibilities are shared and help to identify beneficiaries of support. Anthropological research into orphans, therefore, must go beyond describing observed care practices to take a more critical look at the meanings of the concepts and terms which underpin these practices. This way, anthropologists would better inform the development agencies about how to support community-based programs.

International definitions, concepts, and indicators are value-laden, but they may be important guides to planning and implementing local solutions and may not have to be religiously applied in all cases. Certain kinds of assistance may jeopardize local initiatives, especially when they are imposed or rather when their application is not grounded in contextual ideas and values, but on the priorities of agencies (Foster 2002:3).

Contextual ideas, values, and priorities could be uncovered and explained through an understanding of the key concepts that are used in childcare practices. Anthropologists of children need to retool and ask new questions about current homogenized concepts employed in child research. Orphan researchers have treated ‘child’/‘orphan’ as monolithic concepts, each of which represent a single objective experience of children. In particular, the spiritual aspects of orphanhood are often ignored. This is because the meanings of child and orphan have not been based on local meanings. The links between the meanings of child and orphan, and the effects of the meanings of the former on the latter, have also been taken for granted in orphan research. The lack of attention to age and gender differences suggests that interventions for orphans do not adequately address the differences in the way female and male children grow physically and
mature socially. Also, the ways in which age and gender differences impact the lives of female and male children, in case they are orphaned, have been under researched. Understanding childcare concepts from the perspectives of local people is an important step towards knowing the ideas and practices that underpin foster care and having an in depth understanding of the conditions of orphans and their caregivers.

Analysis of crisis foster care based on critical understanding of fostering concepts could inform interventions that would address the specific needs of both orphans and their caregivers in culturally sensitive ways. This approach will help us to determine and prioritize orphans’ needs. It will help researchers and other experts to avoid over-generalization of knowledge about orphans, and to be more sensitive to the impact of adopting new fostering ideas and practices. Finally, the approach will give a firm theoretical basis for policies and programs for orphans and their families and for evaluating the effectiveness of fostering practices based on locally generated indicators.

External agencies support women’s groups to meet the needs of orphans by assisting them with material resources. At the same time, however, they disable and constrain these groups from challenging their ideas and practices, because members of women’s groups fear that they may antagonize the NGOs, and consequently lose their support.

When NGOs influence policies in order to create space for citizens to participate in issues such as the protection of orphans, the citizens become more alert about new opportunities and they tend to have higher expectations of their participation. For example, when they adopt NGO definitions of orphan, they do so with the hope that more children would receive support from external agencies. I believe that there is the need to engage community leaders and their citizens on what interventions can realistically deliver in order not to create tensions between the local leaders and their citizens.

The lack of male presence in orphan research needs to be investigated. Male involvement must, however, be examined beyond the physical presence of men in households and their direct contact with orphans, or obvious provisioning for orphans. It is true that older women bear the burden of care and support for orphans, but concentrating research resources on older-women-
headed households as the locus of the orphans’ situation may not reveal all that we need to know about orphans. The fact that there are orphans living with men, and male members of households are supporting older women to provide for orphans means that there is a greater need for current anthropological and other feminization approaches that must be directed at investigating the roles of men. Perhaps, in addition to the current feminization of orphan care, there may be the need for a ‘masculinizaton’ of care, whose objective will be not to reinforce male domination, but to identify and strengthen men’s contribution to orphan care. In Manya Klo, for example, such an approach will investigate issues such as: why have chiefs not taken any significant steps to mitigate the conditions of orphans? Such an investigation will help us to find the most effective ways to encourage men to contribute to improving the lives of orphans. The lack of interest in men denies women their support.

The impoverishment of the MKQMA as a community group, and the economic hardships within caregivers’ households, are two factors that researchers, child experts, and advocates have used to justify their demands for more resources to be channeled to the group and households. These demands are important, but they may be based on an underdiagnosis of the orphan crisis and an inaccurate assessment of the effectiveness of the women’s initiative. Besides the lack of material resources, very little is known about the challenges caregivers face as they depend on these initiatives.

The challenges associated with women’s community-based response to the orphan crisis cannot only be about lack of access to material resources and the economic vulnerability in women-headed households. It must also be about how available resources are equitably distributed and judiciously expended. In other words, anthropological research must explore ways in which community groups are ensuring that available resources are efficiently utilized to protect orphans. This means that researchers need to pay particular attention to the growing formalization of indigenous institutions as innovative responses to development challenges, including orphanhood. It also means that interest in women’s caregiving roles must look beyond descriptions of their economic weaknesses to examine their social ingenuity and related tensions as they negotiate the survival of their orphans and the enhancement of their statuses through membership in their self-initiated groups. Anthropological tools (qualitative and quantitative)
must be employed to establish the divergences in caregivers’ experiences and not to focus on the continuous homogenization of these experiences.

Inasmuch as NGOs, development agencies, and anthropologists would want claim that they employ noninterventive approach in dealing with community groups and other social institutions (Kavanagh 1993), it is also critical, as is with the MKQMA, to acknowledge that the formalization of women’s traditional leadership institutions is saddled by a muddle of challenges. The implications of this for social cohesion and for citizens’ engagement are enormous. Women who were hitherto unknown and occupied the lower echelons in traditional politics are gradually becoming the leaders who determine what society must do with orphans (cf. Chase al. 2006). The inability of the members of these groups to self-manage their semiformal identities and to self-determine their objectives and activities, suggest that researchers must investigate ways by which women’s skills could be developed to meet growing challenges of managing the traditional leadership roles and operating in the formal sector on NGOs and public agencies. In this regard, I believe that orphan researchers and culture care theorists alike, must not merely discover cultural care knowledge, but must suggest how the knowledge can be used to intervene in improving the social organization of orphan care by community groups.

If the future of the millions of orphans across sub-Saharan Africa depends on women’s ingenuity, creativity, and cultural responses, then more serious attention must be paid to the survival of these initiatives. More theoretical and practical questions need to be asked about these groups: Why do they start? How are they managed or led? What are the administrative checks and balances that they have? How is participation by members and citizens promoted? How do citizens contribute to their cause? How are the groups sustained and are they self-reliant? How fair are their distributive systems? among other questions. Without employing anthropological and other multidisciplinary frameworks and tools to critically understand and address the challenges of these groups, we will perpetuate the tendency to trumpet the importance of women’s groups without the benefits of a complete understanding of the factors that work against their efforts.
Against the backdrop of the situation of orphans in Manya Klo, I believe that the role of the extended family as a unit for protecting orphans and its rapid disintegration must be critically interrogated, especially against the continuous homogenizing discourses about its advantages in contemporary society. Even in closely knit traditional societies like Manya Klo, where children are considered to be ‘communal properties’, and kin groups as well as traditional leaders are well positioned to provide for orphans, there are indications that some orphans are without any kind of support from their kin groups. Under the circumstance, there may be the need to seriously re-evaluate the persistent blanket condemnation of institutional support. The rapid disintegration of the extended family unit in smaller nonurban communities is a pointer that perhaps, without institutional care, certain groups of orphans may be denied access to temporary relief. The benefits of children growing in the midst of their biological or extended families cannot be overemphasized. The families are in the better position to meet the children’s physical, social, and spiritual needs. Nevertheless, the collapse of these institutions and neglect of children in traditional societies are real and must be of concern to all who worry about children.¹

Unfortunately, however, there is no known alternative (indigenous and foreign) to the dysfunctional extended family and abandoning of children, other than advocating increased dependency on foreign donors. Where institutional support fulfills certain unmet needs of neglected orphans, there may be the need to reassess the usefulness of the institution and its role. The staff of the district Department of Social Welfare in LMK noted that, ‘sometimes the orphanage² is our savior’. The usefulness or otherwise of institutional (foster) support must, therefore, be reexamined and contextualized.

In discussing the orphan situation, there is, I believe, the propensity to continually romanticize the extended family system in Africa, as a mechanism for adequately providing for its members and orphans, including keeping the identities of orphans secret and treating them as other

² The New Covenant Centre for Human and Community Development is an NGO orphanage operated by a retired reverend minister. It is located at Nuaso New Town in LMK.
children. Today, the status of an orphan and her/his needs are not secret. Their images are made public, outside of their households, extended families, villages/towns, and country, in order for their caregivers to solicit support.

Extended family and women-led community-based initiatives like the MKQMA are effective mediators of care and support for orphans only as long as they receive support from external sources. It is clear that at the heart of the allegations and tensions among queen mothers and between queen mothers and their citizens, is the struggle for mostly nonexistent or at best patchy external assistance. There is no viable home-grown economic resource to sustain the work of the group. The bead and batik, tie and dye production established over a decade ago is still struggling to take off. On the other hand, depending on governments and philanthropic organizations, which also rely on the charity of other people and groups, may also be very unreliable. This is seen in the desperation of households when the NGOs and agencies that they rely on (for example CRS, Drah 2009) run out of funds.

Evidence in this research suggests that the extended family is overwhelmed by the demands of orphans, and providing care and support to orphans by queen mothers might not be as altruistic as it is thought to be; queen mothers as caregivers are worried about their own wellbeing as they are about orphans. Also opportunities for women to improve the lives of orphans and for self-empowerment may likely become tools for in-group oppression and animosity. It is also obvious that the wellbeing of orphans cannot improve when their caregivers have very poor demographic characteristics.

The MKQMA is a unique group of powerful women who have used their positions to create a strong response to a social tragedy. Currently, their greatest strength, to me, is their capacity to identify and monitor orphans in their respective communities. Their general modus operandi, however, may not differ very much from other scenarios across sub-Saharan Africa, where orphans live with older women, mostly their relatives, and receive support from NGOs and state agencies. It may not constitute a viable and sustainable alternative to other projects, which rely on NGOs and state agencies. It is yet to develop a program that would be self-sustaining without relying on external assistance.
Nevertheless, as a model group for traditional female leadership and social development, the MKQMA fills a void in the lives of the orphans and its apparent disintegration due to reasons mentioned above, may have serious repercussions for the orphans. It is crucial that it be supported to survive to complement state, NGO, community, and even familial efforts to improve the lives of orphans and the community as a whole. In this regard, it is important to see the MKQMA as an entity that is linked to, but different from, the institution of queen mother. The challenges identified by its members must be addressed based on their recommendations: improved communication between leaders and members, including procedures for seeking redress; clear administrative structures; as well as very explicit guidelines for taking up and leaving positions.

An institution whose objective is to improve the wellbeing of citizens cannot ignore the opinions of those for whom it exists. It is important for NGOs and agencies that support the MKQMA to recognize the important roles of institutions such as district assemblies and the traditional council in strengthening the credibility of the MKQMA through citizens’ participation. Sponsorships and collaborations for the association could also be opportunities for improving local inter-agency relationships, with the sponsors acting as mediators/facilitators of cooperation.

The partners of the MKQMA have shied away from micro-credit or income-generating activities and have focused on unreliable support to the queen mothers. I believe that a well-planned project managed by the members, but supervised by an external agency, is direly needed. This, in addition to a revived cooperative program like the one that failed, could be the most viable means by which the members could contribute to keep the project running. Again, these initiatives must have very explicit guidelines for making contributions and for distributing benefits, perhaps with the initial support of an external facilitator.

Aside from the questions raised in this chapter, we need to explore further the following:

1. How would the MKQMA operate when support from external sources (which is never guaranteed) ends?

2. What are the alternative models for supporting orphans?
3. Is it feasible to spread the queen mothers’ experiences culturally within Ghana in towns that do not have the numbers of queen mothers?

12.3. Notes on orphan research and methods/paradigms

Fostering orphans is a very complex social phenomenon, and it is becoming even more complicated as agencies external to the extended family increase their power and control over orphans. To understanding this oftentimes complex relationship, we need to expand current anthropological research paradigms by employing multidisciplinary frameworks that can help to uncover the knowledge that underpins the values and practices that promote or inhibit the wellbeing of orphans. Regardless of the paradigms employed, anthropologists must take more than rhetorical interest in the perspectives of orphans. The views articulated by the orphans are critical to understanding their problems and to the decisions and practices that affect their lives.

One of the major criticisms against child research is the lack of context and the application of Western middle class concepts as if they have universal validity (Singer 1998; Livingstone 2003). To avoid these challenges, I have not based my analyses of crisis fostering on any predetermined explanatory model or framework, but on the perspectives of the participants. These are the people who participate directly or indirectly in caregiving decisions and practices. The study is grounded in culture care theory (which is basically anthropology and) asserts that the meanings and expressions of care and related terms and practices are contingent; that is, they are determined by specific social context. These meanings are also affected by environmental (structural) factors, such as the NGO and State policies and programs, traditional authority, livelihood patterns, religion, cultural values and gender.

I have pointed out that although culture care theory is useful in uncovering the meanings of care, it is much more useful when it is used together with anthropological and other methods. Culture care theory alone is inadequate to measure the specific conditions and experiences of caregivers, and to quantify these experiences. Orphan fostering is multifaceted. This complexity has been revealed throughout the dissertation and has influenced the choice of the research methods. The combination of ethnographic (qualitative and quantitative) methods and projective techniques (or
rather, the ‘convergence of paradigms’) is needed to achieve a much more nuanced understanding of care for orphans. Collecting sensitive and nonsensitive data from multiple sources and multiple target groups on multiple topics require the application of multiple, but complementary, methods and techniques.

Over all, the mixed (integrated) methods allowed me to highlight the divergences and similarities in caregivers’ and orphans’ experiences. The approach to this study is different from previous approaches, which are based on researchers’ assumptions or other homogenized paradigms. The approach demonstrates the multi-disciplinary nature of childcare research and emphasizes the need to expand the paradigms employed for uncovering the meanings of fostering practices and using the knowledge that is generated to inform interventions. It also allowed for paying attention to local input in refining the design and implementation of the fieldwork.
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2011 Obinim is a fake pastor - Kennedy Agyapong General News of Friday,  

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ghanaweb.com
2011 HIV and AIDS render 160,000 children orphans in Ghana  

Queenmothers want House of Queens  

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http://search.yahoo.com/r/ ylt=A0oG7h3cHiZOqj4A9vFXNyoA; ylu=X3oDMTE2cDUxbW0wBHNIywNzcgRwb3MDMjYEY29sbwNhYzlEdnRpZANTTUwMzlfMjE3/SIG=12ogg13q8/EXP=1311142716/**http%3a//manyakrobo.blogspot.com/feeds/posts/default%3forderby=updated March 13, 2011

AIDS in Africa - University of Calgary  
Tinny Fetes 300 Orphans  

Calgary woman honoured as African Queen mother  
http://search.yahoo.com/r/ ylt=A0oG7h3cHiZOqj4A9vFXNyoA; ylu=X3oDMTE2cDUxbW0wBHNIywNzcgRwb3MDMjYEY29sbwNhYzlEdnRpZANTTUwMzlfMjE3/SIG=12ogg13q8/EXP=1311142716/**http%3a//manyakrobo.blogspot.com/feeds/posts/default%3forderby=updated Accessed May 23, 2011.

The Mirror
2009 (Kpong) Lower Manya Krobo: Slavery at Kpong: Women stand accused  

Queen mothers urged to be passionate about HIV/AIDS  
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Lower Manya Krobo to combat falling standards in BECE http://news.myjoyonline.com/education/201004/44723.asp April 15, 2010


Manya Krobo District Assembly

United Nation UU
Every Child is our Child http://uu-uno.org http://www.youtube.com/watch?v=R0C2WsmM8zU

Yensomu

APPENDICES

Appendix 1: Scenes from the field

Plate 1: Queen mothers thread glass beads during a meeting at Odumase – April 2009. (Picture credit: Bright B. Drah)

1 The pictures are used with permission from: the individuals shown, the Manya Klo Traditional Council, and Nana Mamle Okleyo, the paramount queen mother.
Plate 2: Queen mothers relax after a meeting at Laasi Park, Odumase – April 2009.
(Picture credit: Bright B. Drah)

Plate 3: With my ‘friends’ at the royal residence of Manyengua Nana Mamle Okleyo, the paramount queen mother. I was not ‘testing the mic’, I was choking…. I tried to laugh at a joke by one girl while sipping a drink of Sprite offered me by Nana Okleyo to ‘cool the heart’ – Odumase, October 2009. (Picture credit: Bright B. Drah)
Plate 4: Manye Maku at work at her Africana Beads Boutique, Kpong – February 2009  
(Picture credit: Bright B. Drah)

Plate 5: With (l-r) Manye Maku, Manye Larkwor and Manye Osieku after my ‘installation’  
as Manoyam Matse Seyelo (Deputy Chief for Development) of the MKTA – October 2009.  
(Picture credit: Bright B. Drah)
Plate 6: Manye Larkwor at the durbar grounds during the Ngmayem festival. Oklemekuku Memorial (Laasi) Park, Odumase – November 2009.
(Picture credit: Bright B. Drah)
Appendix 2: Guides for semi-structured interviews and focus group discussions

<table>
<thead>
<tr>
<th>A guide for focus group discussion with male and female key informants on crisis fostering in Manya Klo Traditional Area, (Ghana)</th>
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</thead>
<tbody>
<tr>
<td>Demographic characteristics of respondents/participants</td>
</tr>
<tr>
<td>Age</td>
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<td>Religion</td>
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<td>Education</td>
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<tr>
<td>Occupation</td>
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<tr>
<td>Number of Children</td>
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</table>

Begin with a ‘traditional’ ice breaker by asking respondents how they are doing. Proceed by asking about their family, children/grandchildren and also about ‘life’ generally.

1. Who do the people of Krobo regard as a child? Probe: the description/ characteristics of the person labelled or referred to as child; differences between male children and female children.

2. When does a child become an adult? Probe: When does a Krobo girl-/boy child cease to be a child (and become an adult)? Probe the processes, events, practices that mark childhood and the transition from childhood to adulthood.

3. What does a Klono mean when she/he says, ‘I ‘care’ for a child’? (What is the ideal meaning of [child] care?) This question is likely to generate a wide range of responses that may cover sub-themes like the actors involved and their responsibilities, the goal of parenting, the value of the child, etc. allow respondents to free list without prompting. Expand on each theme that is mentioned with probing questions such as ‘What do you mean when you say…’, ‘Can you explain’, etc. (Seeks to grasp the ideal/historical)

4. How did families and communities take care of children in need during your grandparents’ time?

5. What has changed regarding care of each other and children? Probe: How is it different today? What practices found in your grandparents’ time are still in place today? What practices that supported orphans or children in need are no longer in practice, but would be helpful if they were revitalized?

6. What changes have you noticed in the well-being of children in the past 5 years? Probe: emotional; health; educational; material... What about the well being oforphans?

7. What effect do you think HIV/AIDS is having on the well-being of children? (Ask this question only if it was not asked/answered or brought up earlier in the discussion)

8. Who is considered an orphan in Manya Krobo? Note the local terms used to describe an orphan and explore their meanings (literal or symbolic).

9. Describe the processes through which an orphan is fostered? Probe: who could be referred to as a child’s caregiver although this may be mentioned in the first topic, there may be the need to ask for more information. Also probe if the processes of crisis foster care are different from purposive foster care.

10. What are the needs of a child that must be provided by a caregiver? Probe: a list of these needs and
ask respondents to rank them in terms of their importance to the child. Reasons for the ranking. Who determines what a child needs? How are the needs of children defined, structured and negotiated?

11. How is foster care responsibility shared within the extended family? What roles do men play in providing care for children? Ask respondents to list as many responsibilities as possible and then ask them to describe each responsibility in terms of what it entails, its significance to the child how it is met.

What roles do women play in providing care for children? Ask respondents to list as many responsibilities as possible and then ask them to describe each responsibility in terms of what it entails, its significance to the child how it is met.

12. What happens to an orphan when the caregivers do not meet her/his needs? Probe for what may account for caregivers’ inability to provide the needs of children? - Male and female leadership responsibilities for orphan well being.

13. What happens if an extended family is having problems providing the needs of an orphan?

14. What contributions do children make to the household? Probe the household chores and other activities children engage in. Note the possible gendered dimensions of children’s contributions.

15. What may account for an orphan not been fostered? What are the consequences for a caregiver that fails to take responsibility for an orphan?

16. How have State and aid agencies’ provisions (policy and assistance) influenced crisis fostering practices in MKD? Probe for what it means for the people of Manya Krobo to rely on external support in order to meet the needs of their children?

Thank you very much for your very valuable contribution to this discussion.
A guide for focus group discussion with Queen Mothers on crisis fostering in Manya Klo
Traditional Area, (Ghana)

Demographic characteristics of respondents/participants
Age
Religion
Education
Occupation
Number of Children
Place of residence

Begin with a ‘traditional’ ice breaker by asking respondents how they are doing. Proceed by asking about their family, children/grandchildren and also about ‘life’ generally.

1. How did (QM) families and communities take care of children in need during your grandparents’ time?
2. What has changed regarding care of each other and children? Probe: How is it different today? What practices found in your grandparents’ time are still in place today? What practices that supported orphans or children in need are no longer in practice, but would be helpful if they were revitalized?
3. What changes have you noticed in the well-being of children in the past 5 years? Probe: emotional; health; educational; material... What about the well being of orphans?
4. What effect do you think HIV/AIDS is having on the well-being of children? (Ask this question only if it was not asked/answered or brought up earlier in the discussion). Probe: How HIV will affect the lives of the children (If they mention an increase or decrease, ask why this might happen). Will it increase the number of orphans or vulnerable children? How? Why?
5. Have you noticed more vulnerable children or orphans? Probe: the reasons for the increase or decrease in the number of orphans and vulnerable children in MK
6. Who is a queen mother, here in Manya Krobo? Probe for the qualities of the female that could be enstooled as queen mother (character, interests).
7. Is the position of queen mother inherited or achieved? Whether the position is inherited or achieved, probe how a female could become a queen mother. Are the processes for selecting queen mothers the same all over Manya Krobo? What are the variations? In which parts of Manya Krobo do we have these variations?
8. How do queen mothers become members of the queen mothers association? Is membership automatic for all queen mothers in Manya Kroboland? What requirements must be met for a queen mother to become a member of the association?
9. Describe the leadership structure of the queen mothers association. Probe how the positions within the queen mothers association are filled; is it by merit, or inherited, etc.
10. What are the responsibilities of a queen mother (as a leader)? Probe the different kinds of responsibilities as well as the powers of a queen mother.
11. How do the roles and responsibilities of the queen mothers complement those of their male counterparts? Probe the (complementary) leadership relations between queen mothers and their male counterparts/equivalents...

12. How is it that in Manya Krobo today it is the queen mothers that are responsible for the well being of the orphans?

13. How do children become part of the queen mothers’ program? Probe the processes involved and their backgrounds; parental, geographical/ethnic… i.e. what is meant by orphan… are they all orphans in the sense that they have lost a parent or parents?

14. Where do the children in the queen mothers’ program go after they turn 18 years old? What happens to children who are not part of the MKQMA programme?

15. How are queen mothers able to meet the needs of the children that they are responsible for? Probe the kinds of support, frequency and sources, (family, donors, organizations, philanthropists, FBOs, etc.). Access records if available.

16. What roles do chiefs play in the work of the Queen Mothers Association? Probe the specific roles that chiefs play in the program for orphans? Ask respondents to list as many responsibilities as possible and then ask them to describe each responsibility in terms of what it entails, its significance to the child how it is met

17. What happens when a queen mother is unable to meet the needs of a child under her care? If the queen mother are not able to meet the needs of the children why are they still receiving more children? What are the motivating factors?

18. What contributions do children make to their own well being? Probe the household chores and other activities children engage in. Note the possible gendered dimensions of children’s contributions.

19. What does it mean for the people of Manya Krobo to rely on external support in order to meet the needs of their children?

Thank you very much for your very valuable contribution to this discussion.
Guide for focus group discussion with Chiefs on crisis fostering in Manya Klo Traditional Area, (Ghana)

**Demographic characteristics of respondents/participants**
- Age
- Religion
- Education
- Occupation
- Number of children
- Place of residence

Begin with a ‘traditional’ ice breaker by asking respondents how they are doing. Proceed by asking about their family, children/grandchildren and also about ‘life’ generally.

1. How did families and communities take care of children in need during your grandparents’ time?

2. What has changed regarding care of each other and children? *Probe: How is it different today? What practices found in your grandparents’ time are still in place today? What practices that supported orphans or children in need are no longer in practice, but would be helpful if they were revitalized?*

3. What changes have you noticed in the well-being of children in the past 5 years? *Probe: emotional; health; educational; material... What about the well being of orphans?*

4. What effect do you think HIV/AIDS is having on the well-being of children? *(Ask this question only if it was not asked/answered or brought up earlier in the discussion). Probe: How HIV will affect the lives of the children (If they mention an increase or decrease, ask why this might happen). Will it increase the number of orphans or vulnerable children? How? Why?*

5. Have you noticed more vulnerable children or orphans? *Probe: the reasons for the increase or decrease in the number of orphans and vulnerable children in MK*

6. Is the position of a chief inherited or achieved? *Whether the position is inherited or achieved, probe how a male could become a chief. Are the processes for selecting chiefs the same all over Manya Krobo? What are the variations? In which parts of Manya Krobo do we have these variations?*

7. How do queen mothers become members of the queen mothers association? *Is membership automatic for all queen mothers in Manya Kroboland? What requirements must be met for a queen mother to become a member of the association?*

8. Describe the leadership structure of the Manya Traditional leadership/Council. *Probe how the positions within the Council are filled; is it by merit, or inherited, appointment, etc. The responsibilities of the different Manya Krobo chiefs.*

9. How is it that in Manya Krobo today it is the queen mothers are ones with responsibility for the well being of the orphans? *Probe: where are their male counterparts? Is the chiefs’ equivalent of the MKQMA? What are chiefs doing in support of the orphans in Manya Krobo?*
10. How do the roles and responsibilities of the chiefs complement those of their female counterparts? 
   *Probe the (complementary) leadership relations between queen mothers and their male counterparts/equivalents...*

11. What specific roles do chiefs play in the program for orphans? Ask respondents to list as many responsibilities as possible and then ask them to describe each responsibility in terms of what it entails, its significance to the child how it is met

12. How do children become part of the QM program? *Probes the processes involved and their backgrounds: parental, geographical/ethnic... i.e. what is meant by orphan... are they all orphans in the sense that they have lost a parent or parents?*

13. Where do the children in the QM program go after they turn 18 years old? What happens to children who are not part of the MKQMA programme?

14. How sustainable are the current orphan welfare strategies in Manya Krobo?

15. What may happen if the Manya Krobo community is unable to meet the needs of its orphans? If the QMs are not able to meet the needs of the children why are they still receiving more children? What are the motivating factors?

16. What contributions do children make to their own well being? *Probes the household chores and other activities children engage in. Note the possible gendered dimensions of children's contributions.*

17. What does it mean for the people of Manya Krobo to rely on external support in order to meet the needs of their children?

Thank you very much for your very valuable contribution to this discussion.
Guide for focus group discussions/ key informant interviews with children 6-11 years on Crisis fostering in Manya Klo Traditional Area, (Ghana)

Demographic characteristics of respondents/participants

<table>
<thead>
<tr>
<th>Age</th>
<th>Sex</th>
<th>Religion</th>
<th>Education</th>
<th>Place of residence</th>
</tr>
</thead>
</table>

Begin with an introduction of yourself and what the research is about. Assure respondents of confidentiality of the information to be provided.

1. Where do you live? *Probe who they live with; the length of stay at the present address. Also find out where they lived previously and with whom?*

2. For those of you who have moved from where you lived previously, how did you feel about coming to live with your present guardian? *Probe what their family, neighbors, or others have done differently for them at the time when they were being moved from their previous home?*

3. Where are your parents? *Probe how they found out about the death of their parent(s)? How they felt when they found out that their parent(s) had died? What was discussed with them concerning what would become of them after their parents had died? How helpful was the discussion? If no discussion took place, what would they have wanted to happen?*

4. Do you know of any child whose parent(s) are dead? *Where do they live? What do these children say about themselves (their living conditions, the people they live with…)? What may account for an orphan not been fostered?*

5. What activities were you doing during your mother/father’s illness? Who took care of your mother/father during their illness?

6. Do you have any items left by your late mother/father/guardian? *Probe: What happened to the items belonging to your late parents/guardians? How do you feel about the items you have? Is there any item left by your late parents/guardians that you would want to keep?*

7. What still bothers you about your parent(s) dying?

8. What sort of situation brings problems between: You and your guardian/parents? You and your guardian’s children? You and your siblings?

9. Tell me about your life and your daily routine. *Probe all the kinds of activities that a child may indulge in throughout the day – includes the things she/he does for herself/himself and/or for others (e.g., going to school, playing, errands they run for the family)*

10. What are the things you need to be able to grow well? Allow them to free list and then rank the listed items.
11. Use projective technique (animals): Take a look at each of the animals. Let us assume that all human beings like me, you and all the people that God has created are animals. Pick one animal that you think will best represent your parent/guardian. Tell me why you think the animal you have chosen represents your parent/guardian.

12. Who do you talk to when you have a problem? Probe: the kinds of things they ask their caregivers and the caregivers’ reactions. What kinds of issues do they have?

13. Who do you think must provide your needs? For each person, organization mentioned, probe which specific needs they have to provide.

14. What do you do when your parent/guardian are unable to provide you the things you need? Probe: how they feel; what do others say about them (the children and their caregiver)?

15. How do you feel about the fact that your ‘parent’/guardian have to rely on other people to be able to provide you with the things you need? Probe what they would have preferred instead.

16. How do you feel right now about your lives? Probe their response... e.g. why that? What do they like most about their lives? What do they like least about their lives?

17. What do you plan to be when you grow up? Probe if they think they can achieve their dreams taking into account the current conditions of life? Probe further their responses?

Thank you very much for your very valuable contribution to this discussion.
### Interview Guide for staff of the Department of Social Welfare Manya Klo Traditional Area, (Ghana)

1. Who is described as an orphan? (State and Klo definitions)
2. What are the source(s) of the definition
3. Who is regarded as a needy child?
4. How do families provide for the needs of orphans (e.g., parental care, shelter, education, clothing, health care)?
5. Has this always been the practice or has it changed? If it has changed, what do you think has caused the change?
6. Effects of HIV/AIDS on the situation of orphans and children in need? (Other categories of children in greatest need of support in the district)
7. Specific national policies regarding orphans in general? Are there district-specific ‘policies’/arrangements for orphans?
8. Is there a specific policy for orphans, children affected by AIDS? If not, are there plans for one in the future?
9. What efforts and measures are in place to ensure effective implementation and monitoring of existing policies?
10. What programs does the Department of Social Welfare have in place to support orphans? (What types, categories of children, age range of beneficiaries, and criteria for selection).
11. What are the difficulties that orphans face in this community?
12. List the three most important things you would like to be done for orphans in Manya Krobo.
13. Is there any collaboration between Department of Social Welfare and NGOs/charitable organizations? Successes of these programs…. Limitations of these programs How limitations can be and are being addressed
14. Is there any collaboration between Department of Social Welfare and the Manya Krobo Queen Mothers Association regarding the welfare of orphans? Successes of these programs…. Limitations of these programs How limitations can be and are being addressed
15. Assistance required by Department of Social Welfare) need to address issues related to orphans: (e.g., planning, technical support, capacity-building, logistics, and funding).
Interview guide for key informants of organizations and agencies on Crisis fostering in Manya Krobo District (Ghana)

Begin with an introduction of yourself and what the research is about. Assure respondents of confidentiality of the information to be provided.

Demographic characteristics of respondents/participants
Position…………………………………………. Organization
Role in MKQMA program

1. Explain for me the interest of your organization in the work of the queen mothers. *Probe the beginning of the collaborations/support – when it started and for how long?*

2. Who are these children that your organization supports? Are they all orphans? *Probe for the organization’s definition of orphans? Source of this definition?*

3. What kinds of support do you offer to the queen mothers in support of orphans? *Probe for specifics and also the frequency and periods (past, present and future). How are you able to verify the parental status of the children you support?*

4. Are there specific criteria that must be met for children or families to benefit from your services? If so, please explain.

5. How do you ensure that the support you provide actually reach the children? *Probe for checks and balances, monitoring systems.*

6. How has the support for the queen mothers affected the lives of the children? *Probe for sources on the effects of the support on the children – is it the QMs, the children, studies, etc.?*

7. How would you describe the management of your support by the QMs? *Probe their skills and capabilities as program managers. Is the organization satisfied with the management of its support? If yes, why and if no, why? Has the organization provided any managerial support to the queen mothers? If yes, why and what is the support? If not, why?*

8. What is the future of the relationship between your organization and the MKQMA? Is there any anticipation for a long working relationship/cooperation with the association?

9. Do you think HIV is changing the work that your organization performs? If so, how?

10. Does your organization have a regular mechanism for feeding information to and soliciting feedback from the community where you work? If yes, please describe.

11. How does the community contribute to your organization’s program?

12. Describe how you think your relationship with the community can be enhanced?

13. How does your organization monitor/evaluate its activities/programs?

14. How has your organization ensured sustainability of its programs?
Appendix 3: Guides for surveys

SURVEY – QUEEN MOTHERS

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
<th>Code</th>
<th>Instructions</th>
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<tbody>
<tr>
<td><strong>A101</strong></td>
<td>How does it feel being a queen mother (village/community) at this particular time? (Do not read responses)</td>
<td>[ ] 1 Very exciting</td>
<td>[ ] 5 Very stressful</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] 2 Exciting</td>
<td>[ ] 6 Don’t know</td>
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<tr>
<td></td>
<td></td>
<td>[ ] 3 Challenging</td>
<td>[ ] 7 No Response</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] 4 Stressful</td>
<td></td>
</tr>
<tr>
<td><strong>A102a</strong></td>
<td>What is your age?</td>
<td>_____ years</td>
<td>[ ] 888 Don’t know</td>
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<td></td>
<td></td>
<td></td>
<td>[ ] 999 No Response</td>
</tr>
<tr>
<td><strong>A102b</strong></td>
<td>Age group</td>
<td>[ ] 1 25-29</td>
<td>[ ] 5 45-49</td>
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<td></td>
<td></td>
<td>[ ] 2 30-34</td>
<td>[ ] 6 50-54</td>
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<td>[ ] 3 35-39</td>
<td>[ ] 7 55-59</td>
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<td>[ ] 4 40-44</td>
<td>[ ] 8 60-64</td>
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<td></td>
<td></td>
<td>[ ] 9 65+</td>
</tr>
<tr>
<td><strong>A103a</strong></td>
<td>In which country were you born?</td>
<td>[ ] 1 Ghana</td>
<td>[ ] 88 Don’t know</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] 2 Other ________________</td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td><strong>A103b</strong></td>
<td>If Ghana: in which region were you born?</td>
<td>[ ] 1 Western</td>
<td>[ ] 7 Brong Ahafo</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] 2 Central</td>
<td>[ ] 8 Northern</td>
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<td>[ ] 3 Gt.Accra</td>
<td>[ ] 9 Upper West</td>
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<td>[ ] 10 Upper East</td>
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<td></td>
<td></td>
<td>[ ] 5 Volta</td>
<td>[ ] 88 Don’t know</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] 6 Ashanti</td>
<td>[ ] 99 No Response</td>
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EDUCATION LEVEL

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<th>Finish</th>
<th>Did Not Finish</th>
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<tr>
<td>A104</td>
<td>[ ] 10 None</td>
<td>a</td>
<td>b</td>
<td>[ ] 10 P/Sec T/T</td>
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**SECTION 1: PERSONAL INFORMATION**

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<tr>
<td></td>
<td>[16] Don't know [17] No Response</td>
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<tr>
<td><strong>How many wives does your husband (partner) have?</strong></td>
<td>[1] No other wives Number ___ ___ [2] Don't know [3] No response</td>
</tr>
</tbody>
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**SECTION 2: PERCEPTIONS ON ORPHANHOOD**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
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<tbody>
<tr>
<td>(Multiple reasons allowed, but rank the reasons)</td>
<td>[9] Don't know [10] No Response</td>
</tr>
<tr>
<td><strong>In the past 2 years, have you seen an increase in the number of orphans living in your town/village/ neighbourhood?</strong></td>
<td>[1] Yes [2] No [3] Don't know [4] No Response</td>
</tr>
<tr>
<td><strong>In the past 2 years, have you seen an increase in the number of families taking care of orphaned children in your neighbourhood?</strong></td>
<td>[1] Yes [2] No [3] Don't know [4] No Response</td>
</tr>
<tr>
<td><strong>What is the reason for your response (A203)?</strong></td>
<td>[1] ___ ___ ___ ___ ___ ___ ___ ___ ___ ___</td>
</tr>
<tr>
<td>DO NOT READ THE LIST. (Multiple responses are allowed.</td>
<td>[6] Don't know [7] No response</td>
</tr>
</tbody>
</table>

401
<table>
<thead>
<tr>
<th>Section 3.1: Livelihood Issues: Household Economic Status</th>
</tr>
</thead>
</table>
| **A301** What work do you do (apart from being a *Manye* – queen mother)?
| [ ] Self-employed
| [ ] Unpaid family worker
| [ ] Casual worker
| [ ] Regular employee
| [ ] Domestic employee
| [ ] Student/Apprentice
| [ ] Retiree/Pensioner
| [ ] Unemployed
| [ ] Other
| [ ] Don’t Know
| [ ] No Response

| **A302** If employed, what is your main economic activity (apart from being a *Manye*)?
| [ ] Farming (Crops/Animal)
| [ ] Fishing
| [ ] Trading
| [ ] Craft & arts (bead-making)
| [ ] Sand winning
| [ ] Quarrying Manufacturing (soap, etc.)
| [ ] Construction
| [ ] Transport
| [ ] Other
| [ ] Don’t Know
| [ ] No Response

| **A303** Is your main economic activity an all year activity or is it a seasonal activity?
| [ ] All year round
| [ ] Seasonal
| [ ] Other
| [ ] Don’t Know
| [ ] No Response

| **A304** What are all the sources of livelihood/income earned in the past 30 days?
| [ ] No sources of income
| [ ] Trading
| [ ] Farming (Crops/animals)
| [ ] Fishing/hunting
| [ ] Lotto
| [ ] Crafts & artisanship (dress-, bead-making, etc.)
| [ ] Teaching
| [ ] Pension
| [ ] Relatives
| [ ] Remittances
| [ ] Traditional court fines
| [ ] NGO support
| [ ] Gifts from my ‘people’
| [ ] Other
| [ ] Don’t Know
| [ ] No Response

| **A305** What percentage of the household income is spent on each of the four needs you mentioned earlier? (please refer)
| [ ] Education
| [ ] Health
| [ ] Shelter
| [ ] Food
| [ ] Psychosocial-emotional support
| [ ] Religious
| [ ] Other
| [ ] Don’t know
| [ ] No Response

For multiple responses rank needs)

### Educational support

### Health care

### Shelter

### Food

### Psychosocial-emotional support

### Religious

### Other:
**SECTION 1: CONTRIBUTIONS TO THE HOUSEHOLD BUDGET**

- **A306** What contribution to children make to the household budget?
- **A307** Who is the primary provider of the needs of the child/children you have taken in?

**SECTION 4: PSYCHOSOCIAL ISSUES, QUEEN MOTHERS AND ORPHANS**

- **A401** How happy is the child/children?
- **A402** Are there any conflicts between the child/children you
| A403 | What are the common causes of conflicts between your children and the children you have taken in? (DO NOT read the list) *multiple responses allowed | [ ] House work | [ ] Jealousy | [ ] Unwelcoming attitudes/insults by guardian’s children | [ ] Fighting over food | [ ] Wanting attention | [ ] Ownership of clothes | [ ] Ownership of household items | [ ] Other __________ | [ ] 88 Don’t know | [ ] 99 No response |
| A404 | What do you do about the conflicts? (DO NOT read the list) *multiple responses allowed | [ ] Scold the children | [ ] Punish the children | [ ] Ask someone to talk to them | [ ] Talk with the children | [ ] Separate them | [ ] Consult with the school | [ ] Nothing, children resolve themselves | [ ] Other __________ | [ ] 88 Don’t know | [ ] 99 No response |
| A405 | With whom does the child you have taken in usually talk when she/he is worried or have a problem? (DO NOT read the list.) | [ ], Myself - Manye (queen mother) | [ ], Head of household | [ ], Grandfather | [ ], Grandmother | [ ], Uncle | [ ], Own brothers/sisters/cousins | [ ], Friends | [ ], School teacher | [ ], Pastor/Church member | [ ] 10 No one, keeps to him or herself | [ ] 11 Other __________ | [ ] 88 Don’t know | [ ] 99 No response |
| A406 | When the child talks about her/his parent(s), whom does she/he talk with? (DO NOT read the list) | [ ], Myself - Manye (queen mother) | [ ], Head of household | [ ], Grandfather | [ ], Grandmother | [ ], Uncle | [ ], Own brothers/sisters/cousins | [ ], Friends | [ ], School teacher | [ ], Pastor/Church member | [ ] 10 No one, keeps to him or herself | [ ] 11 Other __________ | [ ] 88 Don’t know | [ ] 99 No response |
| A407 | Have you ever talked with the child about the death of her/his parent(s)? | [ ], Yes | [ ], No | [ ] 88 Don’t know | [ ] 99 No Response |
| A408 | Who do you talk with when you are worried or have a problem related to the child/children? (Do NOT READ list.) | [ ], Other Queen Mothers | [ ], Household head | [ ], Spouse/partner | [ ], Parent | [ ], Close friend | [ ], Pastor/ church member | [ ], Neighbour | [ ] 88 Don’t know | [ ] 99 No Response |
| A409 | What is difficult about taking in other children? (Do NOT READ list.) | [ ], It gets hard financially | [ ], There is less food | [ ], Some children can’t go to school | [ ], I have no time to rest | [ ], I have to attend meetings and go places | [ ], Other __________ | [ ] 88 Don’t know | [ ] 99 No Response |
| A410 | What kind of help/support do you need to be able to provide the needs of the child/children? (Do NOT READ list. If respondents say ‘Money’, probe what they would use the money for) | [ ], Health care | [ ], Food | [ ], Support for children’s school fees | [ ], Clothing | [ ], Shelter | [ ], Psychosocial/emotional support | [ ], Child care support (at home) | [ ], Discipline | [ ], Employment | [ ], Other __________ | [ ] 88 Don’t know | [ ] 99 No Response |

**SECTION 5.1: HOUSEHOLD ACCESS TO SUPPORT SERVICES**

| A501a | Financial assistance for food? | [ ], Yes | [ ] 88 Don’t know |
| QA508. If you receive support from Manyemee akpee how regular is the support? | # of times in a: | [ ] \_ No | [ ] \_99 No Response |
| A508 |  | Week /\_\_/\_ | Month /\_\_/\_ | Year /\_\_/\_ | [ ] \_88 Don’t know | [ ] \_99 No Response |

| If you receive support from relatives/organization (other than Manyemee akpee) how regular is the support? | # of times in a: | [ ] \_ No | [ ] \_99 No Response |
| A509 |  | Week /\_\_/\_ | Month /\_\_/\_ | Year /\_\_/\_ | [ ] \_88 Don’t know | [ ] \_99 No Response |

**SECTION 5.2: ACCESS TO AND USE OF RESOURCES**

| QA508. If you receive support from Manyemee akpee how regular is the support? | # of times in a: | [ ] \_ No | [ ] \_99 No Response |
| A508 |  | Week /\_\_/\_ | Month /\_\_/\_ | Year /\_\_/\_ | [ ] \_88 Don’t know | [ ] \_99 No Response |

| If you receive support from relatives/organization (other than Manyemee akpee) how regular is the support? | # of times in a: | [ ] \_ No | [ ] \_99 No Response |
| A509 |  | Week /\_\_/\_ | Month /\_\_/\_ | Year /\_\_/\_ | [ ] \_88 Don’t know | [ ] \_99 No Response |

**SECTION 6.1: QUEEN MOTHER’S SUPPORT/ WORK**

| For how long have you been a Manye (Queen Mother)? | # of times in a: | [ ] \_ No | [ ] \_99 No Response |
| A601 |  | Week /\_\_/\_ | Month /\_\_/\_ | Year /\_\_/\_ | [ ] \_88 Don’t know | [ ] \_99 No Response |

| When did you first assume responsibility for an orphan? | Months /\_\_/\_ | [ ] \_ No | [ ] \_99 No Response |
| A602 |  | Years /\_\_/\_ | [ ] \_88 Don’t know | [ ] \_99 No Response |

| Who made the decision for you to take in the child? | [ ] \_ Solo mine | [ ] \_ Extended family | [ ] \_ Queen Mother (or association) | [ ] \_ Other | [ ] \_88 Don’t know | [ ] \_99 No Response |
| A603 |  | [ ] \_ No | [ ] \_99 No Response |

<p>| If it was not your decision to take in the child, | [ ] _ Yes | [ ] _88 Don’t know |
| A604 |  | [ ] _ No | [ ] _99 No Response |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>would you have taken in the child own your own (volition)?</td>
<td>[ ] 2 No</td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td>A605 Why did you take in the child?</td>
<td>[ ] 1, Nobody to take care of her/him</td>
<td>[ ] 99 Don’t know</td>
</tr>
<tr>
<td></td>
<td>[ ] 2 because I am a Queen Mother</td>
<td>[ ] 99 Don’t know</td>
</tr>
<tr>
<td></td>
<td>[ ] 3 An NGO asked me to</td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td>A606 Give reasons for your response?</td>
<td></td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td>A607 For how long have you been a member of the Manyemei akpee (Queen</td>
<td>Years /<strong>/</strong>/</td>
<td>[ ] 99 Don’t know</td>
</tr>
<tr>
<td>Mothers Association)?</td>
<td></td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td>A608 What is your position in the association?</td>
<td></td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td>A609 How did you get the post?</td>
<td>[ ] 1, Elected</td>
<td>[ ] 99 Don’t know</td>
</tr>
<tr>
<td></td>
<td>[ ] 2, Appointed (by ............... )  2</td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td></td>
<td>[ ] 3, Other</td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td>A610 In the past 6 months, how many meetings of the Queen Mothers</td>
<td>Number /<strong>/</strong>/</td>
<td>[ ] 99 Don’t know</td>
</tr>
<tr>
<td>Association have you attended? (If none go to A612)</td>
<td></td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td>A611 How many of the meetings were focused on orphans?</td>
<td>Number /<strong>/</strong>/</td>
<td>[ ] 99 Don’t know</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td>A612 Why have you not attended any meeting? (DO NOT read list)</td>
<td>[ ] 1, Very busy</td>
<td>[ ] 99 Don’t know</td>
</tr>
<tr>
<td></td>
<td>[ ] 2, Not invited</td>
<td>[ ] 99 Don’t know</td>
</tr>
<tr>
<td></td>
<td>[ ] 3, Not interested</td>
<td>[ ] 99 Don’t know</td>
</tr>
<tr>
<td></td>
<td>[ ] 4, Did not have money for transport</td>
<td>[ ] 99 Don’t know</td>
</tr>
<tr>
<td></td>
<td>[ ] 5, Meetings do not serve any purpose</td>
<td>[ ] 99 Don’t know</td>
</tr>
<tr>
<td></td>
<td>[ ] 6, Other</td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td>A613 How helpful has the Manyemei akpee (Queen Mothers Association)</td>
<td>[ ] 1, Very helpful</td>
<td>[ ] 99 Don’t know</td>
</tr>
<tr>
<td>been in providing support to families with orphans? (Multiple responses</td>
<td>[ ] 2, Helpful</td>
<td>[ ] 99 Don’t know</td>
</tr>
<tr>
<td>allowed)</td>
<td>[ ] 3, Not helpful</td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td></td>
<td>[ ] 4, Not helpful at all</td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td></td>
<td>[ ] 5, They waste my time</td>
<td>[ ] 99 Don’t know</td>
</tr>
<tr>
<td></td>
<td>[ ] 6, Other</td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td>A614 What specific things have the Manyemei akpee done for your orphan?</td>
<td>[ ] Distribute/give out information on HIV/AIDS</td>
<td>[ ] 99 Don’t know</td>
</tr>
<tr>
<td>(Multiple responses allowed)</td>
<td>[ ] Education support</td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td></td>
<td>[ ] Food support</td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td></td>
<td>[ ] Health support</td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td></td>
<td>[ ] Support orphans</td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td></td>
<td>[ ] Attract funding for orphans’ projects</td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td></td>
<td>[ ] Income generating activities</td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td></td>
<td>[ ] Nothing</td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td></td>
<td>[ ] Other</td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td>A615 What would you consider to be the biggest challenge for the</td>
<td>[ ] 1, Lack of open leadership</td>
<td>[ ] 99 Don’t know</td>
</tr>
<tr>
<td>Manyemei akpee generally?</td>
<td>[ ] 2, Greater involvement of all queen mothers</td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td></td>
<td>[ ] 3, Lack of management skills</td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td></td>
<td>[ ] 4, Lack of community involvement</td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td></td>
<td>[ ] 5, Low literacy level</td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td></td>
<td>[ ] 6, Lack of openness</td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td></td>
<td>[ ] 7, Other</td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td>A616 What do you see as the greatest challenge of being a Manye with</td>
<td>[ ] 1, Discipline</td>
<td>[ ] 99 Don’t know</td>
</tr>
<tr>
<td>responsibility for orphans?</td>
<td>[ ] 2, Shortage of finances</td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td></td>
<td>[ ] 3, Sickness</td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td></td>
<td>[ ] 4, Shelter</td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td></td>
<td>[ ] 5, School requirements</td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td></td>
<td>[ ] 6, Adjusting to prevailing situations</td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td></td>
<td>[ ] 7, Lack of food</td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td></td>
<td>[ ] 8, Lack of sleeping place</td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td></td>
<td>[ ] 9, Too much stress</td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td></td>
<td>[ ] 10, Other</td>
<td>[ ] 99 No Response</td>
</tr>
<tr>
<td>Question</td>
<td>Options</td>
<td>Response Options</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>A617 Do you think your opinion can influence the decisions that are made at the Manyemei akpee?</td>
<td>Yes, No</td>
<td>Don’t know, No Response</td>
</tr>
<tr>
<td>A618 Give reasons for your answer.</td>
<td></td>
<td>Don’t know, No Response</td>
</tr>
<tr>
<td>A619 In the last 6 months have you received any training?</td>
<td>Yes, No</td>
<td>Don’t know, No Response</td>
</tr>
<tr>
<td>A620 What type of training did you receive?</td>
<td>Training/When</td>
<td>Don’t know, No Response</td>
</tr>
<tr>
<td>A621 Which organization provided the training?</td>
<td></td>
<td>Don’t know, No Response</td>
</tr>
<tr>
<td>A622 How would you assess the training(s), generally?</td>
<td>Very helpful, Helpful, Not helpful, Not very helpful</td>
<td>They get in the way, Don’t know, No Response</td>
</tr>
<tr>
<td>A623 What do you think needs to be done to ensure a more active involvement of all Queen Mothers in the activities of the Queen Mothers’ Association?</td>
<td></td>
<td>Don’t know, No Response</td>
</tr>
<tr>
<td>A624 What will happen to the children you are responsible for if you should stop receiving support from NGOs and other groups? (Do not prompt any response, but do probe the sustainability of current projects)</td>
<td></td>
<td>Don’t know, No Response</td>
</tr>
<tr>
<td>A625 How do you intend to support the child (children) in case you stop receiving assistance from NGOs and others groups?</td>
<td>Extended family will support, Rely on the skills I have learned from the association, Organize my people to support</td>
<td>NGOs will continue to support, Other, Don’t know, No Response</td>
</tr>
<tr>
<td>A701 Apart from the Manyemei akpee are you a member of any other organization/associations/groups?</td>
<td>Yes, No</td>
<td>Don’t know, No Response</td>
</tr>
<tr>
<td>A702 If yes, what type of association/group do you belong? <em>multiple answers possible</em></td>
<td>Religious 1, Civil society groups (e.g. NGO, CBO, etc), 2 Ethnic-based association, 3 Recreational, 4 Political group</td>
<td>Don’t know, No Response</td>
</tr>
<tr>
<td>A703 How would you rank your involvement in the activities of the association?</td>
<td>Very high, High</td>
<td>Low, Very low</td>
</tr>
<tr>
<td>A704 What is your reason(s) for the above response?</td>
<td></td>
<td>Don’t know, No Response</td>
</tr>
<tr>
<td>A705 Apart from the Manyemei akpee have you ever heard of any other organization or group that</td>
<td>Yes, No</td>
<td>Don’t know, No Response</td>
</tr>
</tbody>
</table>
provides assistance to the orphans in Manya Krobo?

<table>
<thead>
<tr>
<th>A706</th>
<th>What do the organizations do for the orphans? (Multiple responses allowed)</th>
<th>[ ] Nothing</th>
<th>[ ] Distribute/give out information to Queen mothers</th>
<th>[ ] Provide health care support</th>
<th>[ ] Other</th>
<th>[ ] Don't know</th>
<th>[ ] No Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] Provide educational support</td>
<td>[ ] Provide food support</td>
<td>[ ] Other</td>
<td>[ ] Don't know</td>
<td>[ ] No Response</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How do you involve the people under your rule to ensure that the orphans get the support they need? (Encourage unprompted responses)

<table>
<thead>
<tr>
<th>A707</th>
<th>How do you involve the people under your rule to ensure that the orphans get the support they need? (Encourage unprompted responses)</th>
<th>[ ] Nothing</th>
<th>[ ] Provide information on orphans</th>
<th>[ ] Other</th>
<th>[ ] Don't know</th>
<th>[ ] No Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] Provide information on orphans</td>
<td>[ ] Raise funds from them</td>
<td>[ ] Involve them in planning activities</td>
<td>[ ] Other</td>
<td>[ ] Don’t know</td>
<td>[ ] No Response</td>
</tr>
</tbody>
</table>

SECTION 8: HIV/AIDS Issues

<table>
<thead>
<tr>
<th>A801</th>
<th>Do you talk to children in your household about HIV/AIDS?</th>
<th>[ ] Yes</th>
<th>[ ] No</th>
<th>[ ] Don’t know</th>
<th>[ ] No Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 88</td>
<td>[ ] 99</td>
</tr>
<tr>
<td>A802</td>
<td>Do you feel the need that children should know about HIV/AIDS?</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td>[ ] Don’t know</td>
<td>[ ] No Response</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 88</td>
<td>[ ] 99</td>
</tr>
<tr>
<td>A803</td>
<td>Do you suspect that any of the children living with you has HIV/AIDS?</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td>[ ] Don’t know</td>
<td>[ ] No Response</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 88</td>
<td>[ ] 99</td>
</tr>
<tr>
<td>A804</td>
<td>Have the children you suspect to be HIV positive been tested for HIV?</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td>[ ] Don’t know</td>
<td>[ ] No Response</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 88</td>
<td>[ ] 99</td>
</tr>
<tr>
<td>A805</td>
<td>What has happened to the children who tested HIV positive?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ] Don’t know</td>
<td>[ ] No Response</td>
</tr>
</tbody>
</table>

**END**
<table>
<thead>
<tr>
<th>Visit 1</th>
<th>Visit 2</th>
<th>Visit 3</th>
<th>Visit 4</th>
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</thead>
<tbody>
<tr>
<td>Date</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviewer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comment codes:
1 Appointment made for later today
2 Appointment made for another day
3 Refused to continue and no appointment made
4 Other (Specify)

### Section 1: Background

<table>
<thead>
<tr>
<th>B101a</th>
<th>What is your age?</th>
<th>_____ years</th>
<th>[ ] 088 Don't know [ ] 999 No response</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>B101b</th>
<th>Age group</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] 25-29</td>
<td></td>
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<td></td>
<td>[ ] 30-34</td>
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<td>[ ] 35-39</td>
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<td></td>
<td>[ ] 40-44</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] 45-49</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B102a</th>
<th>In which country were you born?</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] Ghana</td>
<td></td>
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<tr>
<td></td>
<td>[ ] Other _____________________</td>
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</tr>
</tbody>
</table>

*skip to A105*

<table>
<thead>
<tr>
<th>B102b</th>
<th>If Ghana: in which region were you born?</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>[ ] Western</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>[ ] Central</td>
<td></td>
<td></td>
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<td></td>
<td>[ ] Gt.Accra</td>
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<tr>
<td></td>
<td>[ ] Eastern</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Volta</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Ashanti</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B103</th>
<th>RECORD SEX OF RESPONDENT</th>
<th>[ ] Male</th>
<th>[ ] Female</th>
</tr>
</thead>
</table>

### EDUCATION LEVEL

<table>
<thead>
<tr>
<th>B104</th>
<th>What is the highest level of education you have attained?</th>
<th>Finish</th>
<th>Did Not Finish</th>
<th>Finish</th>
<th>Did Not Finish</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] None</td>
<td>a</td>
<td>b</td>
<td>[ ] 10 P/Sec T/T</td>
<td>a</td>
</tr>
<tr>
<td></td>
<td>[ ] Kindergarten</td>
<td>a</td>
<td>b</td>
<td>[ ] 11 P/Sec Nurs</td>
<td>a</td>
</tr>
<tr>
<td></td>
<td>[ ] Primary</td>
<td>a</td>
<td>b</td>
<td>[ ] 12 Polytechnic</td>
<td>a</td>
</tr>
<tr>
<td></td>
<td>[ ] Middle</td>
<td>a</td>
<td>b</td>
<td>[ ] 13 University</td>
<td>a</td>
</tr>
<tr>
<td></td>
<td>[ ] JSS</td>
<td>a</td>
<td>b</td>
<td>[ ] 14 Non Formal</td>
<td>a</td>
</tr>
<tr>
<td></td>
<td>[ ] O Level</td>
<td>a</td>
<td>b</td>
<td>[ ] 15 Koranic Stage</td>
<td>a</td>
</tr>
<tr>
<td></td>
<td>[ ] Voc/Comm</td>
<td>a</td>
<td>b</td>
<td>[ ] 16 Post-sec</td>
<td>a</td>
</tr>
</tbody>
</table>
| B105 | What is your religion?  
| B106 | To which ethnic group do you belong? | [ ] Ga/Dangme [ ] Ewe [ ] Akan [ ] Hausa [ ] Other [ ] Don’t know [ ] No Response |
| B107 | How long have you lived here in years? | [ ] Don’t know [ ] No Response |
| B108 | What is your marital status? | [ ] Married [ ] Divorced [ ] Widowed [ ] Never Married [ ] Separated [ ] In relationship/not married [ ] Don’t know [ ] No response |
| B109 | (MALES): If married, how many wives do you have? | [ ] No other wives Number ___ ___ [ ] Don’t know [ ] No response |
| B110 | How many children of your own do you have? | [ ] No children Number ___ ___ [ ] Don’t know [ ] No response |

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**SECTION 2: PERCEPTIONS ON ORPHANHOOD**

| B201 | What are the reasons that children are being orphaned in Manya Krobo?  
(Multiple reasons allowed, but rank the reasons) | RANK  
| B202 | In the past 2 years, have you seen an increase in the number of orphans living in your town/village/neighbourhood? | [ ] Yes [ ] No [ ] Don’t know [ ] No response |
| B203 | In the past 2 years, have you seen an increase in the number of families taking care of orphaned children in your neighbourhood? | [ ], Yes [ ], No [ ] 88 Don’t know [ ] 99 No Response |
| B204 | What is the reason for your response (B203)? | [ ], Poverty [ ], Lack of love/support for children [ ], Too many children [ ], Focus on nuclear family [ ] 16 NGO support [ ] 88 Don’t know [ ] 99 No Response |
| B205 | What are the biggest needs of orphaned children? **DO NOT READ THE LIST. (Multiple responses are allowed. For multiple responses rank needs)** | RANK [ ] 1 Financial support [ ] 2 Educational support [ ] 3 Health care [ ] 4 Shelter [ ] 5 Food [ ] 6 Psychosocial-emotional support [ ] 7 Religious support [ ] 8 Discipline [ ] 9 Clothes [ ] Other: __________________________ [ ] 88 Don’t know [ ] 99 No Response |

**SECTION 3.1: LIVELIHOOD ISSUES: HOUSEHOLD ECONOMIC STATUS**

| B301 | What is your employment status? | [ ], Self-employed [ ], Unpaid family worker [ ], Casual worker [ ], Regular employee [ ], Domestic employee [ ], Student/Apprentice [ ], Retiree/Pensioner [ ], Unemployed [ ], Other [ ] 88 Don’t know [ ] 99 No Response |
| B302 | If employed, what is your main economic activity (apart from being the head of the household)? | [ ], Farming (Crops/Animal) [ ], Fishing [ ], Trading [ ], Craft & arts (bead-making) [ ], Sand winning [ ], Quarrying Manufacturing (soap, etc.) [ ], Construction [ ], Transport [ ], Food vendor [ ], Labourer [ ], Herbalist [ ], Seamstress [ ], Crack kernels [ ], Distillery [ ], Security officer [ ], Mason/block manufacturer [ ], Drinking bar operator [ ] 88 Don’t know [ ] 99 No Response |
| A303 | Is your main economic activity an all year activity or is it a seasonal | [ ], All year round [ ], Seasonal [ ] 88 Don’t know [ ] 99 No Response |
### B304: Sources of Livelihood
- **What are all the sources of livelihood/income earned in the past 30 days?**
  - [ ] No sources of income
  - [ ] Farming (Crops/Animal)
  - [ ] Fishing
  - [ ] Trading
  - [ ] Craft & arts (bead-making)
  - [ ] Sand winning
  - [ ] Quarrying Manufacturing (soap, etc.)
  - [ ] Construction
  - [ ] Transport
  - [ ] Food vendor
  - [ ] Labourer
  - [ ] Herbalist
  - [ ] Seamstress
  - [ ] Crack kernels
  - [ ] Distillery
  - [ ] Security officer
  - [ ] Mason/block manufacturer
  - [ ] Drinking bar operator
  - [ ] Teaching
  - [ ] Pension
  - [ ] Relatives
  - [ ] Remittances
  - [ ] Traditional court fines
  - [ ] Gifts from my ‘people’
  - [ ] Other ___________________
  - [ ] 88 Don’t Know
  - [ ] 99 No Response

### B305: Household Income
- **What percentage of the household income is spent on the four needs you mentioned?**
  - [ ] Food
  - [ ] Housing/Shelter
  - [ ] Clothes
  - [ ] Health
  - [ ] Education
  - [ ] Psychosocial-emotional support
  - [ ] Religious
  - [ ] Other
  - [ ] 88 Don’t Know
  - [ ] 99 No Response

### B306: Children’s Contribution
- **What do children contribute to the household budget?**
  - [ ] Food
  - [ ] Housing/Shelter
  - [ ] Clothes
  - [ ] Health
  - [ ] Education
  - [ ] Psychosocial-emotional support
  - [ ] Religious
  - [ ] Farming
  - [ ] Domestic chores
  - [ ] Nothing
  - [ ] Other
  - [ ] 88 Don’t know
  - [ ] 99 No Response

### B307: Primary Provider
- **Who is the primary provider of the needs of the child/children you have taken in?**
  - [ ] Food
  - [ ] Housing/Shelter
  - [ ] Clothes
  - [ ] Health
  - [ ] Education
  - [ ] Psychosocial-emotional support
  - [ ] Religious
  - [ ] 88 Don’t know
  - [ ] 99 No Response

### B308: Financial Support
- **Do you financially support children?**
  - [ ] Yes
  - [ ] 88 Don’t know
<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
<th>Don’t know</th>
<th>No Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who do not live in this household?</td>
<td>[ ]2</td>
<td></td>
<td></td>
<td>[ ]99</td>
</tr>
</tbody>
</table>

**SECTION 3.2: LIVELIHOOD ISSUES: ASSETS**

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
<th>Don’t know</th>
<th>No Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you own any properties/assets?</td>
<td>[ ]1</td>
<td></td>
<td></td>
<td>[ ]88</td>
</tr>
<tr>
<td>What properties/assets do you own?</td>
<td>[ ]1</td>
<td></td>
<td></td>
<td>[ ]99</td>
</tr>
<tr>
<td>How did you acquire this property/asset?</td>
<td>[ ]1</td>
<td></td>
<td></td>
<td>[ ]88</td>
</tr>
<tr>
<td>What are you doing with the property/asset?</td>
<td>[ ]1</td>
<td></td>
<td></td>
<td>[ ]99</td>
</tr>
</tbody>
</table>

**SECTION 3.3: LIVELIHOOD: SUPPORT & SURVIVAL**

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
<th>Don’t know</th>
<th>No Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you receive support from Manyemei akpee (Queen Mothers Association), what is the nature of the support?</td>
<td>[ ]</td>
<td></td>
<td></td>
<td>[ ]99</td>
</tr>
<tr>
<td>If you receive support from relatives/organization (other than Queen Mothers) what is the nature of the support?</td>
<td>[ ]</td>
<td></td>
<td></td>
<td>[ ]99</td>
</tr>
<tr>
<td>What do you see as the greatest challenge as a member of this household?</td>
<td>[ ]</td>
<td></td>
<td></td>
<td>[ ]99</td>
</tr>
</tbody>
</table>

**SECTION 4: FOOD**

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
<th>Don’t know</th>
<th>No Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yesterday, how many meals did the family eat?</td>
<td>[ ]2</td>
<td></td>
<td></td>
<td>[ ]99</td>
</tr>
<tr>
<td>[ ]3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### SECTION 5: HEALTH

<table>
<thead>
<tr>
<th>B501</th>
<th>Which of the following sicknesses/injuries are very common among members of the household?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fever/malaria/headache</td>
</tr>
<tr>
<td></td>
<td>Gastro intestinal/diarrhoea/stomach ache</td>
</tr>
<tr>
<td></td>
<td>Body/waist pains</td>
</tr>
<tr>
<td></td>
<td>Injury/Accident</td>
</tr>
<tr>
<td></td>
<td>Dental</td>
</tr>
<tr>
<td></td>
<td>E Skin condition</td>
</tr>
<tr>
<td></td>
<td>Ear, Nose or throat</td>
</tr>
<tr>
<td></td>
<td>Coughing</td>
</tr>
<tr>
<td></td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td></td>
<td>Epilepsy</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B502</th>
<th>From whom/where do members of the household usually seek health care/service when sick/injured?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Private hospital/clinic</td>
</tr>
<tr>
<td></td>
<td>Public hospital/clinic</td>
</tr>
<tr>
<td></td>
<td>Community health centre</td>
</tr>
<tr>
<td></td>
<td>Missionary hospital/clinic</td>
</tr>
<tr>
<td></td>
<td>Pharmacist/chemical (drug) store</td>
</tr>
<tr>
<td></td>
<td>Herbalist/traditional healer</td>
</tr>
<tr>
<td></td>
<td>Spiritual healer/prayer camp</td>
</tr>
<tr>
<td></td>
<td>Self</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B503</th>
<th>What is the reason for your choice of the first source of treatment?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>It is more effective</td>
</tr>
<tr>
<td></td>
<td>Illness is not serious</td>
</tr>
<tr>
<td></td>
<td>Best/only health facility</td>
</tr>
<tr>
<td></td>
<td>We are Catholics</td>
</tr>
<tr>
<td></td>
<td>Cheaper</td>
</tr>
<tr>
<td></td>
<td>Because of NHIS</td>
</tr>
<tr>
<td></td>
<td>First aid</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B504</th>
<th>Are all the children in this household covered by the national health insurance scheme?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

### SECTION 6.1: TYPE OF DWELLING AND OCCUPANCY STATUS

<table>
<thead>
<tr>
<th>B601</th>
<th>What type of dwelling does your household occupy?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Single family house</td>
</tr>
<tr>
<td></td>
<td>Apartment/flat</td>
</tr>
<tr>
<td></td>
<td>Room (s) [compound house]</td>
</tr>
<tr>
<td></td>
<td>Room (s) [other type]</td>
</tr>
<tr>
<td></td>
<td>Several huts/buildings [same compounds]</td>
</tr>
<tr>
<td></td>
<td>Several huts/buildings [different compounds]</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B602</th>
<th>How many rooms does this household occupy? (Excluding bathrooms, toilet, kitchen)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number /<strong>/</strong>/</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B603</th>
<th>What is your present occupancy status in the dwelling?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Own</td>
</tr>
<tr>
<td></td>
<td>Rental</td>
</tr>
<tr>
<td></td>
<td>Non-rental (family house)</td>
</tr>
<tr>
<td></td>
<td>Non-rental (housing support)</td>
</tr>
<tr>
<td></td>
<td>Perching/Squatting</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B604</th>
<th>Record type of outside wall. (Ask only if you are not sure.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mud/mud bricks</td>
</tr>
<tr>
<td></td>
<td>Wood</td>
</tr>
<tr>
<td></td>
<td>Corrugated iron</td>
</tr>
<tr>
<td></td>
<td>Stone/burnt bricks</td>
</tr>
<tr>
<td></td>
<td>Cement</td>
</tr>
<tr>
<td></td>
<td>Cement &amp; mud</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B605</th>
<th>Record type of floor in the house. (Ask only if you are not sure.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mud only</td>
</tr>
<tr>
<td></td>
<td>Mud with mats on it</td>
</tr>
<tr>
<td></td>
<td>Cement only</td>
</tr>
<tr>
<td></td>
<td>Cement with mats</td>
</tr>
<tr>
<td></td>
<td>Part cement/ part mud</td>
</tr>
<tr>
<td></td>
<td>Tile only</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

414
| B606 | Record type of roof on the house. (Ask only if you are not sure.) | [ ] Thatch (Grass/straw) | [ ] Asbestos | [ ] Corrugated sheets | [ ] Wood (bamboo/iron) | [ ] Other ______________________ |
| B607 | Ask if you could be allowed to take a look at the child’s sleeping place (and sleeping materials) | [ ] Mosquito nets | [ ] Mattress | [ ] Raffia mat | [ ] Bare floor | [ ] Sleeping/cover cloth | [ ] Pillow |

### SECTION 6.2: UTILITIES AND AMENITIES

| B608 | What is the source(s) of drinking water for your household? (Multiple responses allowed) | [ ] Indoor plumbing | [ ] Inside standpipe | [ ] Water vendor | [ ] Water truck/tanker service | [ ] Neighbouring household | [ ] Other ______________________ | [ ] River, lake, spring, pond | [ ] Rain | [ ] Other ______________________ | [ ] 88 Don’t know | [ ] 99 No Response |
| B609 | What is the main source of lighting for your dwelling? | [ ] Electricity (mains) | [ ] Generator | [ ] Lamp (kerosene, gas) | [ ] Candle, torches (flashlights) | [ ] 5 Other ______________________ | [ ] 88 Don’t know | [ ] 99 No Response |
| B610 | What is the main fuel used by the household for cooking | [ ] Wood | [ ] Charcoal | [ ] Gas | [ ] Electricity | [ ] Kerosene | [ ] Other ______________________ | [ ] 88 Don’t know | [ ] 99 No Response |
| B611 | What type of toilet does your household use? | [ ] Flush toilet | [ ] Pit latrine | [ ] Pan/bucket | [ ] KVIP | [ ] 5 Other ______________________ | [ ] 88 Don’t know | [ ] 99 No Response |

### SECTION 7: HOUSEHOLD ACCESS TO SUPPORT SERVICES

| B701a | Financial assistance for food? | [ ] Yes | [ ] No | [ ] 88 Don’t know | [ ] 99 No Response |
| B701b | If yes, who provided the assistance? | [ ] Relatives | [ ] GOG (LEAP) | [ ] Plan Ghana | [ ] QMA | [ ] OIC | [ ] GAC | [ ] Yensomu | [ ] Child’s relatives | [ ] Neighbours | [ ] 88 Don’t know | [ ] 99 No Response |
| B702a | Direct food assistance? | [ ] Yes | [ ] No | [ ] 88 Don’t know | [ ] 99 No Response |
| B702b | If yes, who provided the assistance? | [ ] Relatives | [ ] GOG (LEAP) | [ ] Plan Ghana | [ ] QMA | [ ] OIC | [ ] GAC | [ ] Yensomu | [ ] Child’s relatives | [ ] Neighbours | [ ] 88 Don’t know | [ ] 99 No Response |
| B703a | Financial assistance for education? | [ ] Yes | [ ] No | [ ] 88 Don’t know | [ ] 99 No Response |
| B703b | If yes, who provided the assistance? | [ ] 1. Relatives | [ ] 4. Yensomo | [ ] 7. Child’s relatives |
|       |                                 | [ ] 2. GOG (LEAP) | [ ] 5. Neighbours | [ ] 8. Don’t know |
|       |                                 | [ ] 6. QMA        |                        |                    |
|       |                                 | [ ] 7. OIC        | [ ] Yensomo           |                    |
|       |                                 | [ ] 8. GAC        | [ ] Child’s relatives |                    |
|       |                                 | [ ] Neighbours    | [ ] 8. Don’t know     |                    |
|       |                                 | [ ] 9. Don’t know | [ ] 9. No Response    |                    |
| B704a | Clothing assistance?             | [ ] 1. Yes        | [ ] 88 Don’t know     | [ ] 99 No Response |
|       |                                 | [ ] 2. No         |                        |                    |
| B704b | If yes, who provided the assistance? | [ ] 1. Relatives | [ ] 4. Yensomo       | [ ] 7. Child’s relatives |
|       |                                 | [ ] 2. GOG (LEAP) | [ ] 5. Neighbours     | [ ] 8. Don’t know |
|       |                                 | [ ] 6. QMA        | [ ] Yensomo           |                    |
|       |                                 | [ ] 7. OIC        | [ ] Child’s relatives |                    |
|       |                                 | [ ] 8. GAC        | [ ] 8. Don’t know     |                    |
|       |                                 | [ ] Neighbours    | [ ] 9. No Response    |                    |
| B705a | Financial assistance for medical care? | [ ] 1. Yes   | [ ] 88 Don’t know     | [ ] 99 No Response |
|       |                                 | [ ] 2. No         |                        |                    |
| B705b | If yes, who provided the assistance? | [ ] 1. Relatives | [ ] 4. Yensomo       | [ ] 7. Child’s relatives |
|       |                                 | [ ] 2. GOG (LEAP) | [ ] 5. Neighbours     | [ ] 8. Don’t know |
|       |                                 | [ ] 6. QMA        | [ ] Yensomo           |                    |
|       |                                 | [ ] 7. OIC        | [ ] Child’s relatives |                    |
|       |                                 | [ ] 8. GAC        | [ ] 8. Don’t know     |                    |
|       |                                 | [ ] Neighbours    | [ ] 9. No Response    |                    |
| B706a | Financial assistance for accommodation? | [ ] 1. Yes | [ ] 88 Don’t know     | [ ] 99 No Response |
|       |                                 | [ ] 2. No         |                        |                    |
| B706b | If yes, who provided the assistance? | [ ] 1. Relatives | [ ] 4. Yensomo       | [ ] 7. Child’s relatives |
|       |                                 | [ ] 2. GOG (LEAP) | [ ] 5. Neighbours     | [ ] 8. Don’t know |
|       |                                 | [ ] 6. QMA        | [ ] Yensomo           |                    |
|       |                                 | [ ] 7. OIC        | [ ] Child’s relatives |                    |
|       |                                 | [ ] 8. GAC        | [ ] 8. Don’t know     |                    |
|       |                                 | [ ] Neighbours    | [ ] 9. No Response    |                    |
| B707a | Psychosocial/emotional support/counselling? | [ ] 1. Yes | [ ] 88 Don’t know     | [ ] 99 No Response |
|       |                                 | [ ] 2. No         |                        |                    |
| B707b | If yes, who provided the assistance? | [ ] 1. Relatives | [ ] 4. Yensomo       | [ ] 7. Child’s relatives |
|       |                                 | [ ] 2. GOG (LEAP) | [ ] 5. Neighbours     | [ ] 8. Don’t know |
|       |                                 | [ ] 6. QMA        | [ ] Yensomo           |                    |
|       |                                 | [ ] 7. OIC        | [ ] Child’s relatives |                    |
|       |                                 | [ ] 8. GAC        | [ ] 8. Don’t know     |                    |
|       |                                 | [ ] Neighbours    | [ ] 9. No Response    |                    |

**SECTION 8: QUEEN MOTHER’S SUPPORT/ WORK**

| B801  | Have you ever heard of any organization or group that provides assistance to orphans in Manya Krobo? | [ ] Yes | [ ] 88 Don’t know    |
|       |                                                                                                  | [ ] No  | [ ] 99 No Response   |
| B802  | Please tell me the names of all the organizations that you know that provide assistance to orphans and vulnerable children. | Plan Ghana | [ ] 88 Don’t know    |
|       |                                                                                                  | An NGO  | [ ] 99 No Response   |
|       |                                                                                                  | An orphanage |                         |
| B803  | What do the organizations do?                                                                   | [ ] Nothing | [ ] 88 Don’t know    |
|       |                                                                                                  | [ ] Distribute/give out information to Queen mothers | [ ] 99 No Response  |
|       |                                                                                                  | [ ] Provide educational support |                   |
|       |                                                                                                  | [ ] Provide food support |                   |
|       |                                                                                                  | [ ] Provide health care support |                 |
| B804  | What does the Manyemee akpee do?                                                                | Support orphans | [ ] 88 Don’t know   |
| **Section 9: Psychosocial Issues** |
|-------------------|-------------------|-------------------|-------------------|
| **B901** How happy are the child (children) you have taken in? | [ ] Happy | [ ] The same, sometimes happy, sometimes not | [ ] Very unhappy, sad |
| **B902** Are there any conflicts between the child/children you have taken in and other children in your household? | [ ] Yes | [ ] No | [ ] Don’t have own children |
| **B903** What are the common causes of conflicts between children in the household? | [ ] House work | [ ] Ownership of clothes |
| (DO NOT read the list) *multiple responses allowed | [ ] Jealousy | [ ] Ownership of play/household items |
| | [ ] Unwelcoming attitudes/insults by guardian’s children | [ ] Petty arguments |
| | [ ] Fighting over food | [ ] Don’t know |
| | [ ] Wanting attention | [ ] No response |
| **B904** What do you do about the conflicts? | [ ] Scold the children | [ ] Nothing, children resolve themselves |
| (DO NOT read the list) *multiple responses allowed | [ ] Punish the children | [ ] Other |
| | [ ] Ask someone to talk to them | [ ] Other |
| | [ ] Talk with the children | | |
| | [ ] Separate them | [ ] Don’t know |
| | [ ] Consult with the school | [ ] No response |
| **B905** With whom do the children you have taken in spend most of their time? | [ ] Myself – head of household | [ ] 1st School teacher |
| (DO NOT read the list.) | [ ] Manye (Queen Mother) | [ ] 2nd Pastor/Church member |
| | [ ] Grandfather | [ ] No one, keeps to him or herself |
| | [ ] Grandmother | [ ] Other |
| | [ ] Uncle | [ ] Don’t know |
| | [ ] Own brothers/sisters/cousins | [ ] No response |
| | [ ] Friends | |
| **B906** With whom do the children you have taken in usually talk when they are worried or have a problem? | [ ] Myself – member of household | 1st |
| (DO NOT read the list. Allow 2 choices) | [ ] Manye (Queen Mother) | |
| | [ ] Grandfather | |
| | [ ] Grandmother | |
| | [ ] Uncle | |

1st | 2nd
<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
<th>Other</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
| Do the children who you have taken in know what caused their parent(s)' death? | [ ] 1. Yes  
[ ] 2. No                                                                                                      |       |     |    |
| When they do talk about their parent(s), whom do they talk with? (DO NOT read the list.) | [ ] 1. Myself – member of household  
[ ] 2. Manye (Queen Mother)  
[ ] 3. Grandfather  
[ ] 4. Grandmother  
[ ] 5. Uncle  
[ ] 6. Own brothers/sisters/cousins  
[ ] 7. Friends                                                                 |       |     |    |
| Have you ever talked with the children about the death of their parent(s)? | [ ] 1. Yes  
[ ] 2. No                                                                                                      |       |     |    |
| How has the illness or death of their parent(s) affected the children's daily life (circumstances, etc.) if at all? (DO NOT read the list.) | [ ] Their school attendance has declined/stopped  
[ ] Their grades have worsened  
[ ] They get sick more often  
[ ] They do more housework or farm work  
[ ] They have to take care of smaller children  
[ ] They have to take care of a living parent                                                                 |       |     |    |
| How has the illness or death of their parent(s) affected the way the children feel about life? (DO NOT read the list.) | [ ] 1. Sad, unhappy  
[ ] 2. Sad, but determined to face the future  
[ ] 3. Worried  
[ ] 4. Scared  
[ ] 5. Isolated, alone  
[ ] 6. Angry                                                                                     |       |     |    |
| Who do you talk with when you are worried or have a problem regarding the child (children)? (Do NOT READ list.) | [ ] Queen Mother  
[ ] Other household head  
[ ] Spouse/partner  
[ ] Parent  
[ ] Close friend                                                                 |       |     |    |
| What is difficult about taking in other children? (Do NOT READ list.) | [ ] It gets hard financially  
[ ] There is less food  
[ ] Some children can’t go to school  
[ ] I have no time to rest                                                                 |       |     |    |
| What kind of help/support do you need? (Do NOT READ list.)(If they say “Money,” probe to find out what they would use the money for.) | [ ] 1. Health care  
[ ] 2. Food  
[ ] 3. Support for children’s school fees  
[ ] 4. Clothing  
[ ] 5. Shelter  
[ ] 6. Psychosocial/emotional support                                                                 |       |     |    |
### SECTION 10: HIV/AIDS ISSUES

<table>
<thead>
<tr>
<th>Question</th>
<th>Option</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you talk to children in your household about HIV/AIDS?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you think parents with HIV or AIDS should talk about their health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>condition with their children?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes or maybe, why is that? (Do not read the response.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If no, why? (Do not read the response.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you suspect that any of the parents of the children you have taken</td>
<td></td>
<td></td>
</tr>
<tr>
<td>in died from HIV/AIDS?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you suspect that any of the children living with you has HIV?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has any of the children been tested for HIV?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where is the child (children) who have been tested for HIV?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**END**
**SURVEY C – CHILDREN**

001 Questionnaire ID Code |C|___ |___ |___ |
002 District__________________________
003 INTERVIEWER: Code [____ |____] Name__________________________
004 DATE INTERVIEW: ______\_____ \____ Town/Village: ________________________________
CHECKED BY BRIGHT: Signature: __________________________ Date: ________________

<table>
<thead>
<tr>
<th>Visit 1</th>
<th>Visit 2</th>
<th>Visit 3</th>
<th>Visit 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviewer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comment codes:
1 Appointment made for later today
2 Appointment made for another day
3 Refused to continue and no appointment made
4 Other (Specify)

### SECTION 1: BACKGROUND

| C01   | In what month and year were you born? | Month [___ |___ ] Year [___ |___ |___ |___ ] | [ ] 88 Don’t know [ ] 99 No Response |
|-------|--------------------------------------|-----------------------------------------------|-----------------------------------------------|
| C02a  | In which country were you born?      | [ ] Ghana [ ] Cote d’Ivoire [ ] Nigeria       | [ ] 88 Don’t know [ ] 99 No Response          |
| C02b  | If Ghana: in which region were you born? | [ ] Western [ ] Central [ ] Gt.Accra [ ] Eastern [ ] Volta [ ] Ashanti | [ ] Brong Ahafo [ ] Northern [ ] Upper West [ ] Upper East [ ] 88 Don’t know [ ] 99 No Response |
| C03   | RECORD SEX OF CHILD                  | [ ] Male [ ] Female                            | [ ] 88 Don’t know [ ] 99 No Response          |
| C04   | To which ethnic group do you belong? | [ ] Ga/Dangme (Klo) [ ] Ewe [ ] Akan [ ] Hausa | [ ] Other                                     |
| C05   | What is your religion? (If Christian, note denomination. E.g. Presbyterian, Methodist, etc.) | [ ] Christian [ ] Moslem [ ] Traditional | [ ] 88 Don’t know [ ] 99 No Response          |
| C06   | Have you ever been in school?        | [ ] Yes [ ] No                                 | [ ] 88 Don’t know [ ] 99 No Response          |
| C07   | Why have you never been to school?   | [ ] Death of parents [ ] Death of guardian(s) [ ] Financial problems [ ] Illness [ ] Lack of school space | [ ] 88 Don’t know [ ] 99 No Response          |
### C108. Are you currently in school?
[ ] 1. Yes
[ ] 2. No -> C201
[ ] 38. Don’t know
[ ] 99. No Response

### C109. What school do you go to?
[ ] 1. Government
[ ] 2. Private
[ ] 3. Community
[ ] 4. Koranic
[ ] 38. Don’t know
[ ] 99. No Response

### C110. What class are you in? (Fill in appropriate class.)
[ ] 38. Don’t know
[ ] 99. No Response

### C111. Which year did you last attend school? (Fill in appropriate year.)
[ ] 38. Don’t know
[ ] 99. No Response

### C112. State the reasons for not currently attending school. (Do not read the response.)
- Death of parent(s)
- Death of guardian(s)
- Drop out
- Failed exams
- Financial problems
- Got a job
- Illness
- Lack of support
- Not enrolled yet
- Pregnancy
- Other
[ ] 38. Don’t know
[ ] 99. No Response

### SECTION 2.1. BACKGROUND INFORMATION ON FATHER
Prepare the respondent for the next section by highlighting to him/her that these questions are sensitive. (Take note of the subsections and use them as “breaks” in the interview to retain the respondent’s interest and composure)

### C201. Is your father alive?
[ ] 1. Yes -> C206
[ ] 2. No
[ ] 38. Don’t know
[ ] 99. No Response

### C202. When did he die?
Month /__/__/__/
Year /__/__/__/
Can’t remember 0
[ ] 38. Don’t know
[ ] 99. No Response

### C203. What do you think was the cause of his death? (Do not read the response.)
[ ] 1. Poverty 1
[ ] 2. Motor Accident 2
[ ] 3. HIV/AIDS 3
[ ] 4. Tuberculosis 4
[ ] 5. Malaria 5
[ ] 6. Crime 6
[ ] 7. Juju 7
[ ] 9. Other
[ ] 38. Don’t know
[ ] 99. No Response

### C204. *(Interviewer: If father died from an illness, then ask. Otherwise, skip to Q205.)* During the time that your father was ill, what did you do for him? *(Multiple responses allowed)*
[ ] 1. Talk to her 1
[ ] 2. Cook for her 2
[ ] 3. Take her to seek health care 3
[ ] 4. Other
[ ] 38. Don’t know
[ ] 99. No Response

### C205. After your father died, what did you do to help yourself feel better?
[ ] 1. Talked to a friend
[ ] 2. Talked with a relative
[ ] 3. Cried
[ ] 4. Other
[ ] 38. Don’t know
[ ] 99. No Response

### C206. What has changed in your daily life List circumstances – post code)
[ ] 38. Don’t know
| C207 | Are you living with your father right now? | [ ], Yes | [ ] No | [ ] Don’t know | [ ] No Response | Skip to C212 after this response |
| C208 | Why don’t you live with your father? (Do not read the response. CIRCLE response mentioned.) | [ ] No | [ ] Yes | [ ] Don’t know | [ ] No Response |
| C209 | Do you ever visit your father? | [ ], Yes | [ ] No - C210 | [ ] Don’t know | [ ] No Response |
| C210 | How often do you visit your father? | [ ], Weekly | [ ], Monthly | [ ], Every 3 months | [ ], Every 6 months | [ ] Annually | [ ] Other | [ ] Don’t know | [ ] No Response |
| C211 | If you don’t visit him, please state briefly why not | [ ] No | [ ] Yes | [ ] Don’t know | [ ] No Response |

### SECTION 2.2. BACKGROUND INFORMATION ON MOTHER

Prepare the respondent for the next section by highlighting to him/her that these questions are sensitive. (Take note of the subsections and use them as “breaks” in the interview to retain the respondent’s interest and composure)

| C212 | Is your mother alive? | [ ], Yes - C215 | [ ], No | [ ] Don’t know | [ ] No Response |
| C213 | QC211. When did she die? | Month /___/___ | Year /___/___/___ | [ ] No Response | [ ] Don’t know |
| C214 | What do you think was the cause of her death? (Do not read out. Circle if mentioned. You will need to probe a little.) | [ ], Poverty | [ ], Motor Accident | [ ], HIV/AIDS | [ ], Tuberculosis | [ ], Malaria | [ ] Crime | [ ], Juju | [ ], Other | [ ] Don’t know | [ ] No Response |
| C215 | (Interviewer. If mother died from an illness, then ask. Otherwise, skip to Q216.) During the time that your mother was ill, what did you do for her? (Multiple responses allowed) | [ ], Talk to her 1 | [ ], Cook for her 2 | [ ], Take her to seek health care 3 | [ ], I never saw her | [ ] Other | [ ] Don’t know | [ ] No Response |
| C216 | After your mother died, what did you do to help yourself feel better? | [ ], Talked to a friend | [ ], Talked with a relative | [ ], Cried | [ ] Other | [ ] Don’t know | [ ] No Response |
| C217 | What has changed in your daily life (circumstances, and so on) since your mother died? | List circumstances – post code | [ ] Don’t know | [ ] No Response | Skip to C301 after this response |
| C218 | Are you living with your mother right now? | [ ], Yes | [ ], No | [ ] Don’t know | [ ] No Response |
| C219 | Why don’t you live with your mother now? | [ ] No | [ ] Yes | [ ] Don’t know | [ ] No Response |
| C220 | Do you ever visit your mother? | [ ], Yes | [ ], No - C218 | [ ] Don’t know | [ ] No Response |
### C221: How often do you visit your mother?
- [ ] Weekly
- [ ] Monthly
- [ ] Every 3 months
- [ ] Every 6 months
- [ ] Annually
- [ ] Other
- [ ] Don't know
- [ ] No Response

### C222: If you don't visit her, please state briefly why not
- [ ]

### SECTION 3.1: CHILD GUARDIAN-RELATIONSHIP; INTRODUCTION
Prepare the respondent for the next section by highlighting to her/him that these questions are sensitive. (Take note of the subsections and use them as “breaks” in the interview to retain the respondent’s interest and composure)

### C301: How are you related to your guardian?
- [ ] Mother
- [ ] Father
- [ ] Aunt
- [ ] Uncle
- [ ] Grandmother
- [ ] Grandfather
- [ ] Sister
- [ ] Brother
- [ ] Manye (Queen mother)
- [ ] Neighbour
- [ ] Cousin
- [ ] Other
- [ ] Don’t know
- [ ] No Response

### C302: Which of the following statements best describes how you feel living in this home?
- [ ] I feel very happy
- [ ] I feel happy
- [ ] I feel happy sometimes
- [ ] I feel sad
- [ ] I feel very unhappy
- [ ] Don’t know
- [ ] No response

### C303: Give reasons why you feel this way? (Do not read the response.)
- [ ] I don’t go hungry
- [ ] There are clothes
- [ ] They treat me well
- [ ] I go to school
- [ ] I am beaten
- [ ] I am mistreated
- [ ] Have more chores
- [ ] Other
- [ ] Don’t know
- [ ] No Response

### C304: What do you do in your leisure time? (Do not read response. X if mentioned.)
- [ ] Football, other sports, physical activity
- [ ] Non-physical games, dolls
- [ ] Being with friends, talking
- [ ] Being with family
- [ ] Talking to guardian
- [ ] Watch TV/video
- [ ] Dance, music, drama
- [ ] Reading
- [ ] Art and crafts
- [ ] Nothing
- [ ] Other
- [ ] Don’t know
- [ ] No Response

### SECTION 3.2: CHILD GUARDIAN-RELATIONSHIP

### C305: Who is the first person you talk to when you have a problem or are worried? (DO NOT read the list. Allow one unprompted response. Probe for second person they talk to)
- [ ] Manye (Queen Mother)
- [ ] Head of household
- [ ] Grandfather
- [ ] Grandmother
- [ ] Uncle
- [ ] Own brothers/sisters/cousins
- [ ] Friends
- [ ] School teacher
- [ ] Pastor/Church member
- [ ] No one, keeps to him or herself
- [ ] Other
- [ ] Don’t know
- [ ] No response

### C306: What happens when you disobey
- [ ] Cautioned/advice
- [ ] Nothing happens
<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
<th>Option 4</th>
<th>Other</th>
<th>Don’t know</th>
<th>No Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your parents/guardian?</td>
<td>[ ] Denied food</td>
<td>[ ] Caned</td>
<td>[ ] Scold</td>
<td>[ ] Other</td>
<td>[ ] Don’t know</td>
<td>[ ] No Response</td>
<td></td>
</tr>
<tr>
<td>C307 Before Manye began to take care of you, how well did you know her?</td>
<td>[ ] Very well</td>
<td>[ ] A little bit</td>
<td>[ ] Not at all</td>
<td>[ ] Other</td>
<td>[ ] Don’t know</td>
<td>[ ] No Response</td>
<td></td>
</tr>
<tr>
<td>C308 Before Manye began to take care of you, how often did you see/visit her?</td>
<td>[ ] Lived in same household, all the time</td>
<td>[ ] A few times a week</td>
<td>[ ] A few times a month</td>
<td>[ ] Rarely</td>
<td>[ ] Never</td>
<td>[ ] Don’t know</td>
<td>[ ] No Response</td>
</tr>
<tr>
<td>C309 What do you like most about Manye?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[ ] Don’t know</td>
<td>[ ] No Response</td>
<td></td>
</tr>
<tr>
<td>C310 What would you not like Manye to do (to you or for you)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[ ] Don’t know</td>
<td>[ ] No Response</td>
<td></td>
</tr>
<tr>
<td>C311 How do you get along with the other children in your current household?</td>
<td>[ ] Very well</td>
<td>[ ] Well</td>
<td>[ ] Poorly</td>
<td>[ ] Very poorly</td>
<td>[ ] Not applicable (no other children)</td>
<td>[ ] Don’t know</td>
<td>[ ] No Response</td>
</tr>
<tr>
<td>C312 How do you get along with your guardian?</td>
<td>[ ] Very well</td>
<td>[ ] Well</td>
<td>[ ] Poorly</td>
<td>[ ] Very poorly</td>
<td>[ ] Don’t know</td>
<td>[ ] No Response</td>
<td></td>
</tr>
<tr>
<td>C313 Which of the following statements describes your parents/guardians?</td>
<td>[ ] Very strict, I fear</td>
<td>[ ] Easy to approach/less strict</td>
<td>[ ] Asks my opinion/explains things to me</td>
<td>[ ] Don’t know</td>
<td>[ ] No Response</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SECTION 4: FOOD INTAKE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[ ] Don’t know</td>
<td>[ ] No Response</td>
<td></td>
</tr>
<tr>
<td>C401 How many meals do you usually have per day?</td>
<td>[_____] meals</td>
<td>[ ] Don’t know</td>
<td>[ ] No Response</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C402 What is your usual meal like?</td>
<td>(List all food eaten)</td>
<td>[ ] Don’t know</td>
<td>[ ] No Response</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C403 How many meals did the family eat yesterday?</td>
<td>Write amount</td>
<td>[ ] Don’t know</td>
<td>[ ] No Response</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SECTION 5: LIVELIHOOD – ECONOMIC CONTRIBUTION TO HOUSEHOLD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[ ] Don’t know</td>
<td>[ ] No Response</td>
<td></td>
</tr>
<tr>
<td>C501 At what age did you start doing things yourself such as washing/bathing, taking care of other siblings, participating in farming/economic activities etc.? (Probe specific activity and age)</td>
<td>Activity</td>
<td>Age</td>
<td>[ _____ ]</td>
<td>[ _____ ]</td>
<td>[ _____ ]</td>
<td>[ _____ ]</td>
<td></td>
</tr>
</tbody>
</table>
a. Bathing/washing | [ ____ ] | [ ____ ] | [ ____ ] | [ ____ ] | [ ____ ] | [ ____ ] |
b. Farming | [ ____ ] | [ ____ ] | [ ____ ] | [ ____ ] | [ ____ ] | [ ____ ] |
c. Cooking | [ ____ ] | [ ____ ] | [ ____ ] | [ ____ ] | [ ____ ] | [ ____ ] |
d. Selling/trading | [ ____ ] | [ ____ ] | [ ____ ] | [ ____ ] | [ ____ ] | [ ____ ] |
e. Child care | [ ] Don’t know | [ ] Don’t know | [ ] No Response |
| C502 How often do you engage in these activities?                        | Activity | Frequency | [ _____ ] | [ _____ ] | [ _____ ] | [ _____ ] |
a. Bathing/washing | [ _____ ] | [ _____ ] | [ _____ ] | [ _____ ] | [ _____ ] | [ _____ ] |
b. Farming | [ _____ ] | [ _____ ] | [ _____ ] | [ _____ ] | [ _____ ] | [ _____ ] |
c. Cooking | [ _____ ] | [ _____ ] | [ _____ ] | [ _____ ] | [ _____ ] | [ _____ ] |
### SECTION 6: CHILD PARTICIPATION IN QUEEN MOTHERS’ ACTIVITIES

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Percentage</th>
<th>Cash</th>
</tr>
</thead>
<tbody>
<tr>
<td>C503 What is your contribution (percentage) to the household (Probe form of contributions)</td>
<td>Food Housing/Shelter Clothes Health Education Psychosocial-emotional support Religious Other</td>
<td>[ ] Don’t know [ ] No Response</td>
<td>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td>
</tr>
</tbody>
</table>

| Labour | [ ] Food [ ] Housing/Shelter [ ] Clothes [ ] Health [ ] Education [ ] Psychosocial-emotional support [ ] Religious [ ] Other | [ ] Don’t know [ ] No Response | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] |

| C601 How many times have you been to the Queen mother’s office in the last three months? | [ ] Never [ ] Once [ ] Twice [ ] Three times | [ ] Four times [ ] Other [ ] Don’t know [ ] No Response | [ ] [ ] [ ] [ ] [ ] |

| C602 What did you go to do at the queen mothers’ office (Respondent can choose more than one response) | [ ] Collect food [ ] Collect money [ ] Meet people (from Accra or ablotsi) | [ ] Meet the queen mothers [ ] Other [ ] Don’t know [ ] No Response | [ ] [ ] [ ] [ ] [ ] |

| C603 What kinds of ‘things’ have you received from the Queen Mothers Association? (Things received either directly by the child or indirectly through her/his queen mother) | [ ] School uniforms [ ] School fees [ ] Money [ ] Food items | [ ] Nothing [ ] Other [ ] Don’t know [ ] No Response | [ ] [ ] [ ] [ ] |

### SECTION 7: DECISION MAKING PROCESSES

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Percentage</th>
<th>Cash</th>
</tr>
</thead>
<tbody>
<tr>
<td>C701 For how long have you been living with Manye?</td>
<td>[ ] Less than 1 year [ ] 1-2 years [ ] 3-4 years [ ] 5-6 years</td>
<td>[ ] Other [ ] Don’t know [ ] No Response</td>
<td>[ ] [ ] [ ] [ ] [ ]</td>
</tr>
</tbody>
</table>

| C702 Where did you live before you came here?                            | [ ] [ ] [ ] [ ] [ ]                                                   | [ ] Don’t know [ ] No Response | [ ] [ ] [ ] [ ] [ ] |

| C703 What was the main reason for your moving to this home? (More than one response is possible.) | [ ] Death of father [ ] Death of mother [ ] Death of guardian [ ] To attend school | [ ] Death of mother and father [ ] Other [ ] Don’t know [ ] No Response | [ ] [ ] [ ] [ ] [ ] |

| C704 How many homes have you lived in so far including this one since your parents/guardians died? | Number of homes | [ ] Don’t know [ ] No Response | [ ] [ ] |

| C705 Before your parent(s)/guardian died did they make plans for you and your brothers and sisters about where you will live? | [ ] Yes [ ] No | [ ] Don’t know [ ] No Response | [ ] [ ] |

| C706 If so, were your parents/guardians’ wish carried through?            | [ ] Yes [ ] No | [ ] Don’t know [ ] No Response | [ ] [ ] |
| C707 | Would you prefer that you lived with another person? | [ ] 1. Yes  
[ ] 2. No  
[ ] 3. Don’t know  
[ ] 4. No Response |
| C801 | Do you have any personal items left for you by your mother/father/guardian? | [ ] 1. Yes  
[ ] 2. No  
[ ] 3. Don’t know  
[ ] 4. No Response |
| C802 | What items do you have? | [ ] Photos  
[ ] Letters  
[ ] Work tools  
[ ] Bible  
[ ] Jewellery  
[ ] Other  
[ ] 3. Don’t know  
[ ] 4. No Response |
| C803 | When do you look at or use these things? | [ ] 1. When I am sad  
[ ] 2. When I am feeling lonely  
[ ] 3. When I want to be closer to my late parents/guardians  
[ ] 4. Other  
[ ] 3. Don’t know  
[ ] 4. No Response |
| C804 | How do you feel when you see these things? | [ ] Content  
[ ] Happy  
[ ] Warm  
[ ] Sad  
[ ] Angry  
[ ] Any time  
[ ] 3. Don’t know  
[ ] 4. No Response |

**SECTION 8.1: PSYCHOSOCIAL ISSUES – SPECIAL ITEMS**

| C805 | How often would you say that you prefer to be alone, instead of playing with other children? | [ ] 1. Often  
[ ] 2. Sometimes  
[ ] 3. Never  
[ ] 4. Any time  
[ ] 5. Don’t know  
[ ] 6. No one, keeps to myself  
[ ] 7. Other  |  
| C806 | Who do you play with? | [ ] My own brothers or sisters  
[ ] Cousins  
[ ] Step-, foster-siblings  
[ ] Friends  
[ ] Other  
[ ] 3. Don’t know  
[ ] 4. No Response |
| C807 | How often do you feel hopeful about the future? | [ ] 1. Often  
[ ] 2. Sometimes  
[ ] 3. Never  
[ ] 4. Any time  
[ ] 5. Don’t know  
[ ] 6. No one, keeps to myself  
[ ] 7. Other  |  
| C808 | What kinds of things do you worry about? | [ ] 1. Family  
[ ] 2. School  
[ ] 3. Health  
[ ] 4. Money  
[ ] 5. Other  
[ ] 6. No thing  
[ ] 7. Don’t know  
[ ] 8. No Response |
| C809 | Tell me something about your life that makes you happy? | [ ] 1. Very happy  
[ ] 2. Happy  
[ ] 3. Not happy at all  
[ ] 4. Sad  
[ ] 5. Very sad  
[ ] 6. Other  
[ ] 7. Don’t know  
[ ] 8. No Response |
| C810 | Who do you admire most? (Interviewer. Please indicate name and profession of person admired.) | [ ] 1. saint  
[ ] 2. hero  
[ ] 3. famous person  
[ ] 4. other  
[ ] 5. Don’t know  
[ ] 6. No Response |
| C811 | What would you like to become when you grow? | [ ] 1. Saint  
[ ] 2. Hero  
[ ] 3. Famous person  
[ ] 4. Other  
[ ] 5. Don’t know  
[ ] 6. No Response |
| C812 | Looking at your life right now, do you think you can become what you want to be? | [ ] 1. Yes  
[ ] 2. No  
[ ] 3. Don’t know  
[ ] 4. No Response |
| C813 | How do you feel about your life at this very moment? | [ ] 1. Very happy  
[ ] 2. Happy  
[ ] 3. Not happy at all  
[ ] 4. Sad  
[ ] 5. Very sad  
[ ] 6. Other  
[ ] 7. Don’t know  
[ ] 8. No Response |
| C814 | How do you feel about your future? | [ ] 1. Very hopeful  
[ ] 2. Hopeful  
[ ] 3. Scared  
[ ] 4. Other  
[ ] 5. Don’t know  
[ ] 6. No Response |
<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who will you say has the ultimate responsibility to improve your living</td>
<td>[ ] Myself</td>
<td>[ ] Parents</td>
<td>[ ] NGO</td>
</tr>
<tr>
<td>conditions and why?</td>
<td>[ ] Siblings</td>
<td>[ ] Children</td>
<td>[ ] Other</td>
</tr>
<tr>
<td>[ ] Government</td>
<td></td>
<td></td>
<td>[ ] Don’t know</td>
</tr>
<tr>
<td>[ ] No Response</td>
<td></td>
<td></td>
<td>[ ] No Response</td>
</tr>
<tr>
<td>What are the reasons for your answer (above)</td>
<td>[ ] Nothing</td>
<td></td>
<td>[ ] Don’t know</td>
</tr>
<tr>
<td>[ ] Other __________</td>
<td></td>
<td></td>
<td>[ ] No Response</td>
</tr>
<tr>
<td>How often do you go to church or mosque (or any other place of</td>
<td>[ ] Often</td>
<td>[ ] Don’t know</td>
<td>[ ] No Response</td>
</tr>
<tr>
<td>worship depending on her/his religious background)</td>
<td>[ ] Sometimes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Never</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Why do you go to church or mosque</td>
<td></td>
<td>[ ] Don’t know</td>
<td>[ ] No Response</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often do you pray?</td>
<td>[ ] Often</td>
<td>[ ] Don’t know</td>
<td>[ ] No Response</td>
</tr>
<tr>
<td></td>
<td>[ ] Sometimes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Never</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What would you ask God if you should meet him at this moment?</td>
<td>[ ] Nothing</td>
<td>[ ] Don’t know</td>
<td>[ ] No Response</td>
</tr>
<tr>
<td></td>
<td>[ ] Other __________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does Manye (queen mother) talk to you about HIV/AIDS?</td>
<td>[ ] Yes</td>
<td>[ ] Don’t know</td>
<td>[ ] No Response</td>
</tr>
<tr>
<td></td>
<td>[ ] No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you think parents with HIV or AIDS should talk about their health</td>
<td>[ ] Yes</td>
<td>[ ] Don’t know</td>
<td>[ ] No Response</td>
</tr>
<tr>
<td>condition with their children?</td>
<td>[ ] No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, why? (Do not read the response. CIRCLE response mentioned.)</td>
<td>[ ] So children can prepare emotionally</td>
<td>[ ] So children can avoid being infected with HIV</td>
<td>[ ] So children can know what to do when parent is sick/dies</td>
</tr>
<tr>
<td></td>
<td>[ ] So children can prepare practically</td>
<td>[ ] So children can know why parent died</td>
<td>[ ] So that wills, property can be discussed</td>
</tr>
<tr>
<td></td>
<td>[ ] Other __________</td>
<td></td>
<td>[ ] So that guardians can be appointed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>[ ] Other __________</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>[ ] Don’t know</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>[ ] No Response</td>
</tr>
<tr>
<td>If no, why? (Do not read the response. CIRCLE response mentioned.)</td>
<td>[ ] Can’t stand it</td>
<td>[ ] Shameful for parents to suffer/die from HIV/AIDS</td>
<td>[ ] HIV/AIDS issues are for adults</td>
</tr>
<tr>
<td></td>
<td>[ ] It is upsetting, sad to talk about</td>
<td>[ ] Other __________</td>
<td>[ ] Other __________</td>
</tr>
<tr>
<td></td>
<td>[ ] Nothing one can do to prepare</td>
<td></td>
<td>[ ] Don’t know</td>
</tr>
<tr>
<td></td>
<td>[ ] Children may not keep a secret</td>
<td></td>
<td>[ ] No Response</td>
</tr>
</tbody>
</table>

**END**